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Dinah Tetteh

Bowling Green State University, dtetteh@bgsu.edu

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Angelina Jolie's ovaries: Influence of metaphors of the ovary and ovarian cancer on
public discourse of ovarian cancer

Dinah Tetteh

School of Media & Communication,

Bowling Green State University, OH

dtetteh@bgsu.edu

Abstract

Ovarian cancer is the deadliest of all gynecologic cancers; yet public discourse about and understanding of the disease is limited. Metaphors used to discuss the ovaries and ovarian cancer may have a role to play in the limited public discourse about the disease. In this article, I offer a critical analysis of the limited visibility for ovarian cancer in the public sphere using Angelina Jolie's case as an example. Jolie announced in 2013 that she had had double mastectomy and may in the future remove her ovaries because of an inherited faulty BRCA1 gene and a family history of cancer. I argue that presentation of Jolie's decision as coming from an informed woman who understood her medical choices, coupled with public perception of the breast as a symbol of sexuality, made the public to be more receptive of the decision. I contend further, however, that making her plan for preventative treatment of ovarian cancer secondary to that of breast cancer even though her risk of dying from ovarian cancer is higher, points to current public notions of ovarian cancer. The breasts are sexualized in American culture hence the "heavy" media presence of Jolie's mastectomy but an absence of public discourse about ovarian cancer.

By using Angelina Jolie's situation as a case in point, I do not mean to suggest that her decision was right or wrong; neither am I advocating for removal of healthy ovaries. I am only using her case to highlight how current discussion (or non-discussion) of ovarian cancer does little to bring the severity of the disease to the public radar.

Keywords: ovarian cancer, breast cancer, Angelina Jolie, metaphor,

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Introduction

Ovarian cancer is the deadliest of all gynecologic cancers. It has the lowest survival rate and more than half of women diagnosed with the disease will die within five years (National Cancer Institute, National Institutes of Health & U.S. Department of Health and Human Services, 2012). About 1.3 percent of women will be diagnosed with ovarian cancer in their lifetime (National Cancer Institute, 2012; National Cancer Institute, National Institutes of Health, and U.S. Department of Health and Human Services, 2012). The majority of women with ovarian cancer are diagnosed at an advanced stage of the disease, contributing to the high recurrence and mortality rates of the disease (Schink, J. C., 1999). Added to this is the gloomy fact that medical testing for the disease is often inaccurate (Reinberg, 2005). Thus, the disease has long been described the "silent killer" because it supposedly presents no obvious symptoms until it has advanced. However, most patients and survivors of the disease claim it actually presents "shouting" symptoms even at its early stages just that these signs are too general and most women do not take them seriously (Gubar, 2012; Holmes, 2006). Holmes (2006) recounts retrospectively that prior to her diagnosis with ovarian cancer "I did know of the changes I now call cancer, but I didn't know what I knew" (p. 476). Even though ovarian cancer kills more women than breast cancer, breast cancer gets more attention in terms of research and funding and thus more awareness and public education than other cancers that affect women (Kitzinger, 2000).

The risk of ovarian cancer is higher for some women than for others. Women with family history of ovarian and/or breast cancer and those with some gene mutations are considered at risk. Mutations in the BRCA1 and BRCA2 genes are known to be responsible for some percentage of epithelial ovarian cancer and breast cancer (Easton et al., 1995; King, Marks & Mandell, 2003). When identified, women in this category undergo genetic testing and are referred to genetic counselling where oophorectomy (surgical removal of ovaries) is recommended if childbearing is not desired; however, if the woman is considering having children, it is recommended she undergoes periodic screening for early detection of the disease (Holmes, 2006). This is based on the notion that “hereditary determines risk” (Ji, 2014, para. 16). Oophorectomy as preventative treatment option for ovarian cancer is known to reduce risk of disease but does not eliminate it entirely, and whether it impacts survival depends on early diagnosis of the disease (Kauff et al., 2002). On the other hand, it leads to conditions such as medically-induced menopause and attendant problems including cardiovascular disease, post-surgery infections, among others (Finch et al., 2011).

Some women see oophorectomy as a way of taking control of their health and the disease so as to avoid putting themselves and loved ones through the suffering brought on by the disease. Hallowell (2006) found that at-risk women's choice of treatment option for ovarian cancer is influenced by reflections on experiences of relatives affected by the disease and perceptions of what the future holds for them (at-risk women) and their families. Thus, a decision for treatment of ovarian cancer in the present is influenced by both past and future considerations of pain and suffering for self and others (Hallowell,

2006). However, some scholars argue that this radical treatment option is unwarranted and may be influenced by misinformation about the disease (Ji, 2014).

In this article, I use the case of U.S. actress and director Angelina Jolie to argue that metaphors of the ovaries and ovarian cancer influence social constructions and public discourse of ovarian cancer. I decided to focus on Angelina Jolie because she is a public figure, her case is recent, and her announcement about having mastectomy generated a lot of public discussion about cancer (Michel, 2014). Jolie is an Oscar-winning actress and director, ambassador for the United Nations High Commissioner for Refugees (UNHCR), author, and mother (Biography, 2014; Michel, 2014). She is married to actor Brad Pitt, and lost her mother, Marcheline Bertrand, to ovarian cancer in 2007 (Bio, 2014; Jolie, 2013; Michel, 2014).

I argue that Jolie's announcement of breast removal and reconstruction surgery was hailed because of more acceptable notions of the breasts and breast cancer in the American society. Her decision was framed as coming from an empowered and informed woman who understood her medical choices. On the other hand, the way the preventative treatment for ovarian cancer was presented as secondary (that is, if it will take place at all), coming after breast cancer, points to the fact that society is still hesitant to admit the severity of ovarian cancer. As will be seen in the discussion below, when at-risk women become aware of the preventative treatments available to them to offset both breast and ovarian cancer, they choose breast removal first and talk about having the ovaries removed later. This is understandable given that the risks of having the ovaries removed are greater than those for removal of the breasts (Gessen, 2013). I argue, however, that

this trend points to limited visibility for ovarian cancer and the discomfort associated with imagining the disease much less talking about it publicly. But this does not make the disease any less fatal.

This article is important because it highlights how illness metaphors influence narratives and perceptions about that illness, related medical decisions, and where/on whom the burden of responsibility is placed. It is hoped that this article will provoke the public to consider how metaphors used to discuss the ovaries and ovarian cancer may be inhibiting public discussions of the disease. Furthermore, this article fulfills, in part, calls for more public discourse about ovarian cancer as a way of creating awareness and education about the disease.

My aim in this article is not to suggest that Angelina Jolie's decision was right or wrong; neither am I implying what she should have done. I am also not advocating for oophorectomy as a preventative treatment for ovarian cancer. I am only using her case to highlight how society still perceives ovarian cancer; how current discussion (or non-discussion) of ovarian cancer does little to highlight the severity of the disease even though it is the deadliest of all gynecologic cancers. I argue that such public perception of the disease needs to change if more awareness and education about the disease is to be created and if the disease is to be brought to the public radar.

In the first part of this article, I lay out the theoretical framework including usefulness of metaphors in shaping social constructions of issues, and medical metaphors of the ovaries and ovarian cancer. Part II of the article uses the critical lens to analyze

Angelina Jolie's decision to have double mastectomy and possibly oophorectomy in the future, as a preventative measure for cancer.

Part I: Theoretical Framework

How Metaphors Shape Narratives

Metaphors as used in narratives of illness take the form of those used by the medical establishment and society to discuss an illness and those used by patients in making meaning of their experience with an illness. Metaphors in the first category can be used to cast negative or positive light on a disease and people's experience with it and reinforce stereotypes, hence the argument by some scholars to be weary when using metaphors (Sontag, 1997). On the other hand, metaphors used to express one's embodiment of an illness and describe exactly how one experiences the illness are pertinent (Holmes, 2011). This is because metaphors enable access to and/or understanding of the feelings and expressions of other people, and have the potential to create relationships (Holmes, 2011). Thus, while there is a need to refrain from using certain metaphors because they kill and present the ill and illness in a negative light (Sontag, 1997), we cannot completely stop using metaphors as doing so will be like "ceasing to eat or to breathe" (Holmes, 2011, p. 265).

Lakoff and Johnson (1980) notes that we live within and by metaphoric constructions; metaphors influence relations to the self and others, our perceptions, thought processes, and actions. Metaphors help create and define realities; they shape realities by highlighting some aspects of an issue and hiding other aspects (Holmes, 2011; Lakoff & Johnson, 1980). Metaphors shape the narratives we make of the experiences we

go through in life; we make meaning of experiences in our bodies based on knowledge of the self and the culture in which we live—based on a “process of triangulation between inside and outside data points” (Holmes, 2006, p. 478). Thus, metaphors and the issues and experiences they are used to describe are important because they influence individual and policy actions taken towards those issues; these metaphors leave residues of varied emotions depending on how they are used and the meaning conveyed (Holmes, 2011). Hence, we need to determine which metaphors matter in terms of influencing the thoughts and actions of people. This is because metaphors influence the “imaginary narratives” (Holmes, 2011, p. 265) constructed around a particular issue; metaphors determine narratives.

Metaphors have long been used in discussions around cancer. The military metaphor including expressions such as “fight,” “overcoming” and “war on cancer” is the most prevalent in cancer medicine (Jasen, 2009; Penson, Schapira, Daniels, Chabner & Lynch, 2004). In the case of ovarian cancer, for instance, metaphors used to discuss and describe the ovaries and ovarian cancer, to a greater extent, influence societal perception and understanding of the disease. Thus, much as metaphors about the ovaries and ovarian cancer sometimes negatively influence public perception of the disease, these metaphors are nonetheless important for meaning-making; lack of the appropriate metaphors can produce “imaginative gaps” and influence actions taken in relation to the disease such as calling the doctor to complain about symptoms (Holmes, 2006).

Metaphors of the Ovaries and Ovarian Cancer

Historically, the ovaries were believed to be responsible for a host of disorders in women including excessive desire for sex, overeating, attempted suicide, and painful menstruation, leading to a surge in medical procedures to remove the ovaries not as a way of treating diseases of the ovary but to control other sociocultural problems believed to have been caused by the ovaries (Barker-Benfield, 1972; Gubar, 2012; Holmes, 2006). This “female castration” was invented in 1872 by Robert Battey who resolutely defended the procedure even when evidence suggested that the procedure did not cure the supposed abnormalities in women. It turned out the nature and functions of the ovaries were misunderstood at the time. The ovaries were projected as responsible for almost all disorders in women and society, an explanation that was accepted by some women who began to look at the ovaries with suspicion; the ovaries were projected as monstrous, to be precise. Needless to say that these perceptions of the ovaries were based in societal beliefs about gender roles, with an aim to protect male identity (Barker-Benfield, 1972).

Metaphors used to discuss the ovaries are often not pleasant, producing unsavory images in the mind of the public and inspiring women to do all they can to detach themselves from these organs (Holmes, 2006). As explained by Holmes (2006), most of the visual representations of ovarian cancer in the public sphere use the image of flowers. Diseased ovaries are usually depicted in the form of dead and/or diseased flowers. The imageries created by these visual representations are those of lack of energy, depletion and demise (Holmes, 2006). Actual images of ovarian tumors are also not appealing, thus discouraging the public from thinking and talking about ovarian cancer (Holmes, 2006; Stacy, 1997). Ovarian tumors can be “monstrous and fascinating,” to use the words of

Stacey (1997); they are usually very large and some can contain bodily parts such as teeth, hair and nails (Stacey, 1997). This, coupled with a history of use of medical metaphors to describe processes in the female body including menstruation and menopause as a failure of some sort (Martin, 2001), does not help in constructing a positive narrative about ovarian cancer. It is noteworthy that menstruation and menopause come about as a result of functions of the ovaries; hence not surprising that the ovaries are often despised since menstruation and menopause also used to be considered abnormalities. The ovaries are often projected as sites for deficiencies and excess, a description that shapes public perception of the organs and ovarian cancer (Holmes, 2006). For instance, Crossen (1942) argued for removal of the ovaries after menopause because the ovaries have “fulfilled their reproductive and endocrine functions. They are no longer an important part of the economy but vestigial structures which carry a special tendency toward cancer” (p. 1487). She noted further that female sexual desires and instincts may exist without the ovaries; basically that the functioning of the female body can continue without the ovaries.

The breasts, on the other hand, are seen as essential elements of femininity and sexuality; defining organs women cannot do without. This portrayal of the breasts has influenced understanding of breast cancer not only as a physical disease but as a disease that threatens womanhood, hence deserving public attention (Michel, 2014). Additionally, the position of the breasts on the female body makes it visible enough to “invite” and encourage public discourse, although the discourse is often feminine in nature (Holmes, 2006; Michel, 2014). Images of the breasts and breast cancer in public sphere are often

positive and beautiful, a way of reclaiming the feminine beauty lost to the disease (Holmes, 2006; Michel, 2014; Sulik, 2011). And of course breast cancer lends itself more to the battle-like cancer metaphors because of the high survival rate, compared with ovarian cancer which most of the time has poor prognosis thus fitting to use metaphors that portray the disease as an enemy which attacks without warning (Gubar, 2012; Jasen, 2009).

Drawing from Martin's (2001) argument that metaphors used to describe menopause and menstruation imply a failure of the female system to produce, I argue that metaphors and visual representations of the ovaries create negative views of ovarian cancer and subtly encourage detachment from the ovaries. This leads to limited discussions of the disease in the public sphere and subsequently limited awareness about the disease. "Ovarian tumors . . . are not part of our daily vocabulary for either drama or hypochondriac humor," remarks Holmes (2006, p. 491). There are other narratives of the disease presented in film and some television programs including Margaret Edson's play *Wit* (1999 as cited by Gubar, 2012; Deshazer, 2003) which can foster understanding of the disease and invoke activism (Deshazer, 2003; Holmes, 2001); however, these are rare.

Holmes (2011) blames the timing of her diagnosis with ovarian cancer on the limited public metaphors—"public imaginative gap" (Holmes, 2006, p. 477)—for the ovaries and ovarian cancer; she had limited metaphors to articulate the symptoms she was experiencing in her body. Indeed, there is limited public knowledge about ovarian cancer (National Ovarian Cancer Coalition, n.d.). This situation is complicated by the "unvisualizable" nature of the disease (Holmes, 2006, p. 488); there are no signs on the

body to help visualize it. However, patients and survivors of the disease claim ovarian cancer actually speaks through its symptoms but the “speech of ovarian cancer” (Gubar, 2012, p. 16) is often unheard or unheeded by both patients and physicians. The symptoms are very general that they are often attributed to other conditions such as menopause, yeast infection, and indigestion (Gubar, 2012)

This confirmation from patients and survivors that the disease actually presents signs has led to a shift in metaphors used to describe the disease from the “silent killer” to the “whispering disease” (Jasen, 2009). This shift is important given that the type of metaphor used to describe and discuss the disease can be powerful in shaping understanding of the disease, causing misinformation and diverting attention from symptoms (Jasen, 2009). As argued by Homles (2006), using metaphors such as “whispering,” “silent” and “killer” to describe the disease points to a public attitude of shame toward to the ovaries and ovarian cancer since people whisper about things they are ashamed to openly talk about. Thus, I contend that this perception of the disease is so engrained in the public sphere that people feel more comfortable talking about other women cancers such as breast cancer than ovarian cancer. It is distressing to discuss ovarian cancer in private life, let alone in public, probably because the disease usually has no “happily-ever-after” endings (Gubar, 2012, p. 23).

While campaigns by nonprofit organizations to raise awareness about ovarian cancer can aid erase stereotypes about the disease, campaign artifacts including bracelets and ribbons minimize the severity of the disease and make it harder for the public to visualize the disease—to visualize what it is like to have ovarian cancer (Homes, 2006).

The situation is made harder by the visual culture in which we live which makes it difficult for people to visualize their interior organs (Holmes, 2006). The ovaries are hidden in the body hence there is no visual mark on the body to invite people to visualize it, compared to the breasts (Holmes, 2006). Ovarian cancer remains somewhat visible to the medical eyes only; very few people think about the ovaries unless there is a medical reason to do so and even then, that has to be done with the assistance of medical personnel or technology (Holmes, 2006). Therefore, our view and understanding of the ovaries and ovarian cancer is often mediated mainly because of the position of the organs in the body; a situation that further promotes alienation from the ovaries and less talk about ovarian cancer. Medical practitioners “appear to be more directly engaged with the disease than the person whose body contains it,” Gubar (2012, p. 62) attests.

Part II: Evidence from Popular Culture

Many people in American society have been affected by ovarian cancer and many women have died from it; among these are well-known figures in popular culture. However, most of the time when ovarian cancer is discussed in the public sphere, hardly are any of these people mentioned. This is probably because most of these personalities did not survive the disease and as noted by Gubar (2012) stories with no happily-ever-after endings are hard to receive by the public. For instance, Coretta Scott King, widow of Martin Luther King, died of ovarian cancer in 2006 at the age of 78. She was diagnosed at stage III of the disease (Applebome, 2006). Pop music singer and songwriter Laura Nyro also died of ovarian cancer in 1997 at the age of 49. Nyro was diagnosed in 1995 and died two years later; her mother also died of ovarian cancer years earlier

(Holden, 1997; Biography, 2015). Another public figure who died of ovarian cancer is Elizabeth Tilberis, editor-in-chief of Harper's Bazaar magazine. Ms. Tilberis used her situation to educate the public about ovarian cancer with two informative articles on the disease appearing in the magazine in 1994 and 1996; she also wrote about her battle with the disease in a book titled "No Time to Die". Ms. Tilberis became president of the Ovarian Cancer Research Fund in 1997 and died in 1999 at age 51 (Schiro, 1999). More recently, too, America lost Diem Brown, the MTV reality star, to ovarian cancer. She died in 2014 at age 34. For the purposes of this article, I will focus on Angelina Jolie's case. Jolie does not have ovarian cancer but has a risk of the disease.

Angelina Jolie's Decision with her Breasts and Ovaries

On May 14, 2013 U.S. actress and director Angelina Jolie announced in an op-ed in *The New York Times* that she had had double mastectomy as a preventative measure because of an inherited mutated BRCA1 gene and a family history of cancer (Jolie, 2013). A decision which has come to be known as "Angelina Jolie effect" because of the influence it has had on other women to get genetic testing and take preventative measures (Kluger & Park, 2013; Sunnybrooks Health Sciences Center, 2014). Jolie notes her gene mutation put her at 87% chance of getting breast cancer and 50% chance of having ovarian cancer. She explains her decision to have her breasts removed first was because her risk of breast cancer was higher than that for ovarian cancer and because of the complexity of the breast removal procedure. There was no mention of when she would take care of the ovaries. She describes her decision as "proactive" and as a way of managing the risk of having cancer (Jolie, 2013).

Jolie was shown as owning her decision, as evident in the title of the op-ed “My Medical Choice” (Jolie, 2013). She also talked about her mother’s death to ovarian cancer and how she did not want to put her children through similar pain by death to cancer. She says,

“We often speak of “Mommy’s mommy,” and I find myself trying to explain the illness that took her away from us. They have asked if the same could happen to me. I have always told them not to worry . . .” (Jolie, 2013, para. 2).

Thus, her decision to undergo double mastectomy and future plans to remove her ovaries was influenced by considerations of past and future pains and/or suffering related to cancer. She witnessed her mother’s suffering and did not want to put herself and family through a similar situation. Hallowell (2006) argues that such considerations play a big part in cancer risk management decisions by at-risk women. Furthermore, Jolie indicated having been educated about her risk and treatment options, and brought out her selfless motive for coming public with her decision by saying it was for the benefit of other women:

I wanted to write this to tell other women that the decision to have a mastectomy was not easy . . . For any woman reading this, I hope it helps you to know you have options. I want to encourage every woman, especially if you have a family history of breast or ovarian cancer, to seek out the information and medical experts who can help you through this aspect of your life, and to make your own informed choices (Jolie, 2013, para. 11, 14).

Presentation of such a radical medical decision as the choice of an empowered, well-informed woman influenced how the public received the news. After her decision was made public, Jolie was hailed by sections of the U.S. public as brave, courageous and as setting an example for other women (Kluger & Park, 2013; Michel, 2014). Indeed, so widespread was the effect of her decision on other women that there was reportedly an increase in genetic testing and counselling among at-risk women after her announcement (Michel, 2014; Sunnybrooks Health Sciences Center, 2014).

Giving more visibility to the Breasts than the Ovaries, Again

Bold and empowering as Jolie's decision may seem, implicit in such a move is a seeming neglect of an equally devastating women's cancer, ovarian cancer. The op-ed was about her mastectomy, with little hint of future plans to remove her ovaries also. The difference between Jolie's risk of getting breast cancer and her risk of ovarian cancer was 27%, hence her decision to take care of the breasts first. This is understandable considering her age (37 years old) and the fact that removing her ovaries can lead to early menopause and other medical problems. The procedure reduced her chances of getting breast cancer to under 5% (Jolie, 2013). She had this to say of her breast reconstruction surgery:

It is reassuring that they [her children] see nothing that makes them uncomfortable. They can see my small scars and that's it. Everything else is just Mommy, the same as she always was (Jolie, 2013, para. 12).

However, I ask: how about her risk of ovarian cancer? What about the fact that Jolie is at higher risk of dying from ovarian cancer than from breast cancer? Jolie lost her

mother to ovarian cancer in 2007. Certainly ovarian cancer is not as high on the public radar as breast cancer is. Could this be as a result of societal perceptions of the ovaries and ovarian cancer based on metaphors often used to describe the disease? Why were the ovaries ignored, even if temporarily? Is it because they are positioned in the interior of the body as such do not draw attention to themselves as do the breasts? These were the questions flooding my mind as I read the op-ed in the *New York Times*.

I argue that Jolie's decision points to the lack of public discourse about ovarian cancer in American society; ovarian cancer discourse is muted by discourse around more "popular" cancers such as breast cancer. Indeed, the American media space was filled with discussions about breast cancer following Jolie's announcement; but very little was said about ovarian cancer during that time, as always. This goes to support claims that ovarian cancer does not lend itself well to the "early diagnosis," "overcoming" and "war" rhetoric of breast cancer, thus limiting public discourse about the disease (Jasen, 2009). The ovaries are not glamorous in reality and depictions of them in the public sphere are also abysmal thus discouraging the public from thinking and talking about ovarian cancer (Holmes, 2006). But if we do not talk about the disease, how will the public, and women in particular, learn to pay attention to the organs and catch signs of ovarian disease early? If in expressing our "medical choices" we give prominence to the "big name" cancers to the neglect of the less popular ones such as ovarian cancer, how is the public to be sensitized that ovarian cancer exists, is affecting many lives, and is deadly? These are question society including scholars with interests in feminist and women's issues, communication scholars, and other stakeholders need to be deliberating even as we aim

to increase awareness and education about ovarian cancer, and deconstruct gendered notions of the disease.

As argued elsewhere in the media, some commentators suggest it was not necessary for Jolie to consider removing her ovaries even though doing so would reduce her risk of ovarian cancer down to a single digit as well. These people argue that having her ovaries removed was too risky and may be uncalled-for (Gessen, 2013; Ji, 2014). They note further that ovarian cancer is over-diagnosed such that women who in fact do not have the disease end up going through treatments for the disease, leading to unnecessary pain and inflated statistics about the disease (Ji, 2014). This proposition is meaningful; but I argue that such discussions about the disease and its treatment options only increase public misconceptions about the disease and further silence discussions about the disease.

Indeed, the breasts and ovaries symbolize different things in society: one as a symbol of sexuality and femininity and the other as a symbol of production and/or non-production (Holmes, 2006; Langellier & Sullivan, 1998; Martin, 2001; Michel, 2014). The ovaries and breasts are sites of conflicting cultural and social meanings of what it means to be woman. The body in ovarian cancer is also the battleground for “fighting” a disease science and medicine are trying so hard to gain a handle on, a situation which leads to subjection of the female body to grueling and sometimes dehumanizing treatments (Gubar, 2012). While more work has been done over the years to deconstruct the effects of breast cancer on a woman’s body image and sexuality and hence increased positive public perception of breast cancer (Langellier & Sullivan, 1998), little work has

been done on ovarian cancer. This has made talks about the breasts and breast cancer common while there is still struggle to openly discuss the ovaries and ovarian cancer. There are limited survival accounts/narratives of ovarian cancer, compared to breast cancer, because the disease is still less known and because the treatment regimen is grueling that survivors' accounts may not be inspiring if they want to be honest about their experiences; and of course "it is hard to read stories with no happily-ever-after endings" (Gubar, 2012, p. 23).

Conclusion

Drawing from the literature on how metaphors of the ovaries and ovarian cancer can influence public perception of and discourse about ovarian cancer, I used Angelina Jolie's decision to have her breasts removed (and perhaps her ovaries at a later date) as a cancer preventative measure to argue that metaphors still influence perceptions of illness. I argue that how Jolie's medical decision was constructed as coming from an empowered, well-informed woman, her owning of the decision and projecting her coming public with it as a way to empower other women, in addition to sexualized perceptions of the breasts, influenced how the public received her news. However, her narrative did not touch on ovarian cancer even though her risk of dying from ovarian cancer was greater. This points to the limited presence ovarian cancer has in the American public sphere, a situation I argue may be due to the metaphors used to discuss the ovaries and ovarian cancer.

As noted, the aim of this article was not to imply that Angelina Jolie's decision was right or wrong; neither am I advocating for oophorectomy. I only used her case to

show how current discussion (or non-discussion) of ovarian cancer does little to highlight the severity of the disease.

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