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Running head: JOLIE'S MASTECTOMY

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Abstract:

In 2013 Angelina Jolie revealed in a *New York Times* editorial that she underwent a preventive double mastectomy earlier that year. This qualitative study examines the social meaning of that *Times* piece. Using fantasy theme analysis, I unearth the story the American media told about Jolie, her surgery and her editorial. I find that newspapers and magazines dramatized Jolie's gender traits and portrayed her as an ultra-feminine hero protected from the physical and social threats of breast cancer.

Beautiful Disease: The Story of Angelina Jolie's Mastectomy in the American Media

On May 14, 2013, actress Angelina Jolie revealed in a *New York Times* editorial that she underwent a preventive double mastectomy three months earlier. In the Op-Ed titled "My Medical Choice" Jolie said she opted for the surgical treatment after testing positive for a genetic mutation linked to breast and ovarian cancer. She provided reasons for her medical decision and details of her personal experience, and she captured considerable attention for doing so. In what the media called "The Angelina Effect" (Kluger & Park, 2013; Reid, 2013), Jolie made headlines and started conversations about breast cancer prevention. On the day of her announcement, Google searches for "mastectomy" skyrocketed, and visits to its respective Wikipedia page increased by 23,000 percent (Reid, 2013). Jolie's editorial landed her on the covers of *Time* (Kluger & Park, 2013) and *People* (Tauber, 2013), and its online version received over 1,700 comments (Jolie, 2013). This loud response demonstrated how celebrities can pique public interest in health and disease. With her *Times* editorial, Jolie became a social force in the modern breast cancer movement.

Angelina Jolie is a leading American actress, director and screenwriter who has won an Academy Award, three Golden Globe awards and two Screen Actors Guild Awards (Bio, 2013). She has been recognized by *People* (2006) and *Vanity Fair* (2009) as the "World's Most Beautiful Woman" and by *Forbes* (Pomerantz, 2013) as Hollywood's highest-paid actress. She has also been applauded for her humanitarian efforts, especially for her work with the United Nations High Commissioner for Refugees (UNHCR). In 2003 Jolie received the United Nations Correspondents Association's first-ever Citizen of the Year Award (Bio, 2013), and in 2013 she received the Jean Hersholt Humanitarian Award (Stedman, 2013).

In terms of her personal life, Jolie is known for her relationship with fiancé Brad Pitt, as well as her famous father Jon Voight and mother Marcheline Bertrand, who died of ovarian cancer in 2007 (Bio, 2013).

Breast cancer is the second most common cancer among American women (NCI, 2013). The National Cancer Institute estimated over 232,000 new cases of invasive breast cancer for 2013 and predicted 39,620 female deaths. It is perhaps not surprising that this cancer ignites intense fear among women, especially considering the pervasive social factors surrounding the disease. As Aronowitz (2007) explained, "Breast cancer evokes a devastating blow to sexuality and femininity as well as more universal fears of pain, suffering and loss of life" (p. 19). Women's fear of breast cancer transcends concerns for disease and death because the cancer implicates cultural understandings of womanhood and femininity. Because breast cancer is more than a physical disease, it merits attention from a social perspective.

This study examined the social meaning of Jolie's *New York Times* Op-Ed in order to better understand the larger breast cancer culture. It analyzed American newspapers and magazines to collect the story they told about Jolie, her preventive mastectomy and her public announcement. In this way, the study approached the media as storytellers that share and reflect cultural values and beliefs. It interrogated the press stories for gendered understandings of breast cancer, highlighting the relationship between femininity and cancer messages. By viewing media coverage of Jolie's Op-Ed through a cultural lens, the study explored breast cancer as a complex social construction.

Before engaging with media coverage of the present study, it is important to consider the studies that preceded it. Therefore, I will first review literature on the

mediated nature of breast cancer and discuss the disease's association with popular understandings of femininity, sexuality and maternity. Then I will explore the researched relationship between beauty and health, characterize the typical breast cancer survivor, and construct the study's conceptual framework. Using Bormann's (1972) symbolic convergence theory and fantasy theme analysis, I will next analyze American media coverage of Jolie's Op-Ed, highlighting particular character, setting and action themes that create a rhetorical vision. From this rhetorical vision I will illustrate the media narrative, contrasting it with the narrative told by Jolie herself and finally commenting on its social implications.

Literature Review

Breast Cancer in the Media

The media play an important role in providing health and illness information to the public (Baker, Lepley, Krishnan, & Victory, 1992; Kline, 2003). In television broadcasts, newspapers and magazines, members of the media share stories about disease with the larger culture; they create narratives from medical information. These illness narratives feature an increasing number of celebrities as spokespeople for disease awareness, prevention and treatment (Beck, Aubuchon, McKenna, Ruhl, & Simmons, 2013). As actors, athletes, musicians and politicians make headlines for sharing their personal diagnoses and experiences, disease becomes a social construction, a public experience imbued with cultural meaning.

Many researchers have explored the media's impact on health-related attitudes and behavior (Kline, 2003; Signorielli, 1993). Notable events like a celebrity cancer diagnosis may generate coverage and garner attention capable of changing health behavior. The

number of colorectal cancer screenings, for example, increased after former President Ronald Reagan's cancer experience in 1985 (Brown & Potosky, 1990). Similarly, the number of colonoscopies increased after news anchor Katie Couric underwent a live colonoscopy on *The Today Show* in 2000 (Cram et. al, 2003), and cervical screening rates increased after Jade Goody died from cervical cancer in 2009 (Bowring & Walker, 2010). As these studies demonstrated, media coverage of celebrity illness may influence personal medical decisions. Kelaher et. al (2008) suggested that this influence may be strongest among individuals who demographically resemble the celebrity role model.

In the case of breast cancer, celebrity role models may include Sheryl Crow, Melissa Etheridge, Christina Applegate, Olivia Newton-John and Suzanne Somers (Webley & Curtis, 2013). In sharing their personal experiences with breast cancer, these modern celebrities follow the precedent set by Shirley Temple Black in the 1970s. The first public figure to disclose her illness, Black opened up to *McCall's* magazine in 1973. In response the public regarded her as a courageous woman who "removed the veil of secrecy and shame associated in our society with breast cancer" (Lerner, 2001, p. 171). The year after Black's announcement, First Lady Betty Ford revealed details of her own breast cancer experience. Following Ford's candid discussion about her radical mastectomy and advocacy of cancer prevention, mammography bookings increased considerably (Corbett & Mori, 1999). There were similar results when Nancy Reagan revealed her breast cancer diagnosis in 1987 (Nattinger, Hoffmann, Howell-Pelz, & Goodwin, 1998) and when pop singer Kylie Minogue revealed hers in 2004 (Chapman, McLeod, Wakefield, & Holding, 2005). As these case studies illustrated, celebrity power has impacted the breast cancer movement.

A Culture of Breasts and Beauty

Commenting on awareness efforts made visible by media, celebrities and other advocates, scholars have characterized breast cancer as particularly newsworthy. Saywell, Beattie, and Henderson (2000) explained that breast cancer is unlike other illnesses “because of the specific ways that its bodily site—the female breast—is sexualized in popular representations” (p. 37). Similarly, King (2006) commented that “the fact that breast cancer affects a highly valued part of the human body that is both sexually charged (at least in Western cultures) and symbolic of a woman’s role in reproducing life has made it more conducive to a positive public response” (p. 113). As these authors noted, the breasts are cultural symbols of femininity and sexuality; they are the “quintessential signs of womanly value” (Sotirin, 2004, p. 123). Breast cancer discourse, in turn, is also often feminine in nature (Sulik, 2011).

Illustrating this feminine discourse, King (2006) described the media’s gendered representations of female breast cancer survivors. The women portrayed are “uniformly youthful (if not always young), ultrafeminine, slim, immaculately groomed, radiant with health, joyful and seemingly at peace with the world” (p. 102). This image resembles that of the first breast cancer spokeswomen, “icons of all-American, hypernormal femininity” like Temple and Ford (King, 2006, p. 112). Media depictions of these survivors emphasize physical beauty by highlighting feminine dress, grooming and appearance. Breast cancer portrayals “overwhelmingly represent the normalizing feminine aesthetic—a survivor who is happy, whole, restored and better than ever” (Sulik, 2006, p. 45).

Images of beautiful breast cancer survivors illustrate a larger media portrait of women’s appearances. The media supply ideological constructions of feminine beauty; they assign cultural value to women’s physical bodies (Meyers, 2012). Holmes & Redmond

(2006) explained that “the famous body is often the medium through which dominant ideological messages about gender, race, class and sexuality are transmitted” (p. 124). The female celebrity body, in other words, creates and maintains hegemonic ideas of beauty, and it is the standard against which women judge themselves (Cashmore, 2006). According to Wolf (1995), the media’s narrow, stereotypical standard of beauty serves to psychologically and politically undermine women’s worth. Female beauty is “a currency system like the Gold standard” (p. 12), a system that essentially equates a woman with her beauty (p. 222). Beauty is a cultural construction conflated with a woman’s social worth.

The relationship between a woman’s worth and her beauty is especially important in cultural discussions about breast cancer, a disease that affects physical markers of feminine beauty. Sulik (2006) explained, “Since breast cancer places the social integrity of a woman’s body in jeopardy, restoring the feminine body (or at least normalizing its appearance) is a sign of victory in the war on breast cancer” (p. 14). Victory stems from external appearance instead of internal health. Wolf (1991) similarly described the importance of physical beauty in our culture: “Our society does reward beauty on the outside over health on the inside” (p. 230). Macdonald (1995) elaborated: “It is not the body as a functioning or dysfunctioning system that has been culturally related to female identity, but those aspects of the female body that are attractive to men” (p. 194). Obsessed with breasts, our heteronormative culture often focuses more on these specific body parts than on whole women.

The social constructs of beauty, celebrity and illness are important in the recent breast cancer case of ultrafeminine celebrity Angelina Jolie. Following the announcement of the actress’s preventive double mastectomy earlier this year, the media dedicated

headlines and cover stories to her personal experience; they crafted illness narratives about her cancer prevention narrative. Because Jolie is often considered the world's "most beautiful woman" (*People*, 2006; *Vanity Fair*, 2009)—a sex symbol who represents physical ideals—her story offered an opportunity to explore the relationship between femininity and breast cancer. It presented a means by which to investigate gendered understandings of the disease.

Unlike previously researched portrayals of cancer survivors, this study involved a breast cancer "previvor"—a woman who survived an increased cancer risk. It analyzed media coverage of Jolie's proactive medical decision, which may have been particularly newsworthy given its genetic basis. Henderson and Kitinger (1999) noted that many depictions of breast cancer focus on the role of family history in the disease's development. "Although many breast cancer stories are, in media terms, newsworthy," they explained, "breast cancer genetics has the added dimension of soft value appeal" (1999, p. 569). Considering this added soft-value dimension, it was important to examine Jolie's case in both news and entertainment media. Understanding her story of prevention may deepen our understanding of breast cancer culture. Such was the goal of this paper. Supported by the conceptual framework of symbolic convergence theory and fantasy theme analysis, this study explored the story told by the American media about Jolie's preventive choice.

Symbolic Convergence and Fantasy Theme Analysis

Ernest Bormann's (1972) symbolic convergence theory explains the "appearance of a group consciousness, with its implied shared emotions, motives and meanings, not in terms of individual daydreams and scripts but rather in terms of socially shared narrations or fantasies" (Bormann, 1985, p. 128). Put simply, symbolic convergence theory examines

how members of a group share fantasies in order to form cohesiveness. By sharing a common fantasy—a “creative and imaginative interpretation of events that fulfills a psychological or rhetorical need”—group members establish solidarity with one another (Bormann, 1985, p. 130). They establish a common understanding of the symbols around them; they achieve “symbolic convergence.” As Bormann explained, “if several or many people develop portions of their private symbolic worlds that overlap as a result of symbolic convergence, they share a common consciousness and have the basis for communicating with one another to create community” (1983, p. 102). A shared interpretation of events unites people in a symbolic community.

The method of fantasy theme analysis depends on fantasy themes and rhetorical visions. First, a fantasy theme is a “word, phrase, or statement that interprets events in the past, envisions events in the future, or depicts current events that are removed in time and/or space from the actual activities of a group” (Foss, 2009, p. 95). A fantasy theme is classified as one of three types—setting, character, or action—all of which combine to create a larger narrative, or a rhetorical vision. Bormann defined a rhetorical vision as a “unified putting-together of the various scripts that gives the participants a broader view of things” (1985, p. 133). Put differently, the vision is a “swirling together of fantasy themes to provide a particular interpretation of reality” (Foss, 2009, p. 97). It provides a cohesive sense of reality.

Though initially conceptualized to describe small group communication, fantasy theme analysis has been applied to other rhetorical messages. For example, Bishop (2003) analyzed news coverage of Fred Rogers, Hubbard (1983) analyzed romance novels, and Garner, Sterk and Adams (1998) analyzed teenage magazines. Foss (1979) examined the

Equal Rights Amendment, while Huxman (2000) examined leaders of the women's rights movement. Bormann (1972) explained how fantasies transcend the small group context:

The dramatizations which catch on and chain out in small groups are worked into public speeches and into the mass media and, in turn, spread out across larger publics, serve to sustain the members' sense of community, to impel them strongly to action (which raises the question of motivation), and to provide them with a social reality filled with heroes, villains, emotions and attitudes. (p. 398)

Rhetorical critics may explore the fantasies that chain out in the mass media, such as those within media coverage of Jolie's breast cancer. Sharf and Vanderford (2003) suggested that stories of illness help us understand health and disease: "Like other types of stories, illness narratives are implicitly appealing and comprehensible because they make use of familiar elements with which we have learned to shape our perceptions of the world" (p. 15). Media stories of breast cancer authenticate the illness experience; through setting, character and action elements, media coverage offers a way to understand breast cancer and those affected by it.

Method

Guided by Bormann's (1972) symbolic convergence theory, I employed fantasy theme analysis to discover the American media's story about Angelina Jolie's mastectomy. I used relevant, widely circulated newspapers and magazines to analyze print media coverage of her medical editorial. Drawing first from American newspapers with the highest circulation (Lulofs, 2013a), I examined articles from five major newspapers: *The Wall Street Journal*, *The New York Times*, *USA Today*, *Los Angeles Times*, and *The New York Daily News*. From these papers I collected news and editorial stories about the celebrity's

preventive surgery, including each article written about Jolie in the week following her announcement (May 14, 2013 - May 21, 2013). I aimed to achieve saturation by considering every article published about Jolie during this period. Then I gathered relevant stories from three widely circulated American magazines: *Time*, *People*, and *Entertainment Weekly* (Lulofs, 2013b). In all, I analyzed 37 newspaper articles and 3 magazine stories. Using the dramatic lens of fantasy theme analysis, I uncovered the symbolic reality underlying these articles—that is, the collective story told by the media about Jolie's mastectomy.

I chose to examine newspaper and magazine articles because they are traditional and accessible forms of media. Research suggests that individuals may trust traditional media channels more than they trust some emerging ones. For example, scholars discovered that people perceive newspapers as more credible than online news, blogs and microblogs (Kiouisis, 2001; Schmierback & Oeldorf-Hirsh, 2012). In addition to the newspapers, I included popular news and entertainment magazines to explore breast cancer in the context of soft news (Henderson & Kitzinger, 1999) and entertainment-based health messages (Gray, 2007).

Using guidance from Bormann (1972) and Foss (2009), I studied the selected media coverage by way of two tasks: first, I analyzed the articles for setting, character, and action themes, and second, I constructed a rhetorical vision from these coded themes (2004, p. 114). I identified key words, phrases, and quotes that related to settings, characters, and actions, and then I reconstructed the material into a composite story. In other words, I relied on fantasy themes as “the primary unit of analysis” (Cragan & Shields, 1998, p. 98), separated these units of analysis into setting, character, and action categories, and then

located patterns among them to construct the rhetorical vision. Setting themes located the scene of the events, character themes described the actors and their characteristics, and action themes depicted their behavior. Taken together, the themes created a rhetorical vision that reflected the media narrative.

When locating fantasy themes and constructing a rhetorical vision, I engaged in an iterative, reflexive process characteristic of qualitative research (Maxwell, 2013). I read the newspaper and magazine articles multiple times, revisiting the selected artifacts to make new connections and deepen my understanding of the larger media story about Jolie's mastectomy. This understanding, of course, reflected my own "unique framework and biases" (Foss, 2009, p. 18), but it rested on artifacts that represented a broader context. It was my goal to construct a rhetorical vision of setting, character, and action themes that characterized typical American media coverage of Jolie's mastectomy. I present these findings in the section that follows.

The Story of Jolie's Editorial in the American Media

The media narrative about Jolie's medical editorial was depicted in setting, character and action fantasy themes. Collectively, these themes illustrated the story told by American newspapers and magazines about the celebrity's medical decision and public announcement.

Setting

The story of Jolie's mastectomy differed from traditional stories in that it occurred in a rhetorical place rather than a geographical one. It was set in the Op-Ed section of *The New York Times*, where Jolie announced her preventive mastectomy on May 14, 2013.

According to the newspapers and magazines selected for this study, the physical setting of

Jolie's surgery was less important than the abstract one of her public announcement. Though several articles did mention the actual site of her procedure—the Pink Lotus Breast Center in Beverly Hills, CA—the story's primary action occurred on the newspaper page. Jolie's 954-word editorial provided a verbal space for Jolie to write her medical announcement and for the general public to read it.

According to the media narrative about Jolie's mastectomy, the *New York Times* editorial was a setting over which Jolie had a unique sense of control. The Op-Ed page allowed the celebrity to describe her medical decision in her own words. It enabled her to act before other media sources—to share a first-person account of her preventive surgery before gossip magazines could share their own speculative accounts. *The New York Daily News* explained that Jolie “wrote the Op-Ed so she'd have full control. Every word is her word and can't be twisted or taken out of context” (Garvey, Niemietz, & Cartwright, 2013, p. 23). *USA Today* offered similar insight about the choice to disclose in *The New York Times*:

Jolie may have worried that the news would leak out, resulting in blaring tabloid coverage about her health crisis. In fact, that has happened before: In 2008, Christina Applegate was forced into discussing on TV her breast cancer and mastectomy because someone leaked her medical records to *The National Enquirer*. (Puente, Freydkin, & Mandell, 2013, p. 1A)

The media justified the location of Jolie's *New York Times* editorial; the setting provided a space for the celebrity's own words.

More than a space for personal words, the editorial was an incredibly public setting in the larger story about Jolie's mastectomy. According to the media coverage, the celebrity's disclosure occurred in a “high-profile” newspaper (Walsh, 2013, p. 5) and it

“reverberated across the globe” (Puente, Freydkin, & Mandell, 2013, p. 1A). *USA Today* described the Op-Ed page as “the highbrow equivalent of the cover of *People* or the 8 a.m. hour of *Today*” (Barker, 2013, p. 2A). It was an accessible setting with international reach.

Character

The media narrative starred two primary characters: Angelina Jolie as the hero and breast cancer as the villain. Secondary characters included Jolie’s partner Brad Pitt and the couple’s six children, as well as the world’s other women who may be at risk for breast cancer themselves.

Jolie, Leading Lady and Health Hero

Appropriately, Jolie was the central character in coverage of her preventive mastectomy. She was the media narrative’s hero, a superwoman pitted against the lurking villain of breast cancer. In the selected newspapers and magazines, Jolie was characterized in terms of her beauty, sexuality, motherhood, care work, optimism and bravery. In other words, the media stories portrayed their female protagonist using several traditionally feminine virtues along with masculine courage. They depicted Jolie as the “season’s real-life superhero” (Weitzman, 2013, p. 5), a “leading lady” who courageously embraced her womanly traits throughout her medical experience (Grady, Parker-Pope, & Belluck, 2013, p. 1A). According to the media, Jolie’s femininity remained intact while she learned of her breast cancer risk, underwent a preventive mastectomy, and announced her experience to the world.

Beautiful. Newspapers and magazines often cited Jolie’s physical appearance in articles about her health. They described her as “The World’s Most Beautiful Woman” (Weitzman, 2013, p. 5), an “international icon of beauty” (Gorman, 2013, p. 1A) who was

“unattainably beautiful” (Weitzman, 2013, p. 5). In this media narrative, Jolie was the single-most attractive woman, and her celebrity career depended on this quality. *Time* explained that her “very name signals beauty” and “her profession depends on it” (Kluger & Park, 2013, p. 30), while *People* explained that her “image is tied to her iconic beauty” (Tauber, 2013, p. 66). Interestingly, Jolie’s image was immaculate even after her health procedure. *The Los Angeles Times* described her as “stunning” before and after her surgery (Gorman, 2013, p. 1A), and *USA Today* called her “the new, gorgeous poster woman for a procedure that should be, and hopefully soon will be, de rigueur” (Barker, 2013, p. 2A). According to the media, Jolie’s external beauty was significant even in discussions of her internal health.

Sexual. Like her beauty, Jolie’s sexuality was a common characteristic in media articles about her mastectomy. The actress was described as a “fecund sex symbol” (Puente, Freydkin, & Mandell, 2013, p. 1A) and a “young, sexy woman” who allowed “some of her most sensuous parts to be removed” (Tauber, 2013, p. 66). As reported in the media, this “big sex symbol with famous breasts” (Puente, Freydkin, & Mandell, 2013, p. 1A) underwent a surgery related to her sex appeal. *The New York Daily News* encapsulated her entire experience with a sexual connotation: It was a “medical bombshell” (Evans, 2013, p. 10). The importance of Jolie’s sexuality was underscored by media descriptions of her long-term relationship with “Hollywood heavyweight” and “lover” Brad Pitt (Dillon & Hutchinson, 2013, p. 4). Reinforcing the strength of the couple’s intimate relationship, *People* described their interactions after Jolie’s mastectomy: “Brad and Angie seemed very happy. They were affectionate and sweet to each other” (Tauber, 2013, p. 66). Pitt supported Jolie and thereby added to “his already considerable stock as a dreamy good

guy” (Puente, Freydkin, & Mandell, 2013, p. 1A). As illustrated by Jolie’s sexual appearance and relationship with Pitt, the media portrayed Jolie as a sexual character.

Maternal. Newspapers and magazines invoked the couple’s six children to characterize Jolie as a culturally ideal mother. They endorsed motherhood as the primary reason she underwent the preventive mastectomy. For example, *USA Today* reported that Jolie’s genetic testing revealed an “anomaly that gave her an 87% chance of developing breast cancer that could leave her children motherless” (Gallagher et al., 2013, p. 8A). To protect her children, Jolie opted to remove both breasts. The selected newspaper and magazine articles quoted Jolie’s Op-Ed to illustrate how this surgery alleviated her maternal fear: “I can tell my children that they don’t need to fear they will lose me to breast cancer” (Jolie, 2013; see Beekman, 2013, p. 5; Dillon & Hutchinson, 2013, p. 4; Gorman, 2013, p. 1A). Jolie’s motherhood was important in characterizing Jolie as the central character of the larger media narrative. Jolie knew her children needed her (*USA Today*, 2013), and she was “focused on providing maternal strength and safety” for them (Tauber, 2013, p. 66).

Caring. According to press accounts, Jolie thought not only of her children, but also of other women facing breast cancer. In the media narrative, she altruistically shared her health information to help these women—to guide, inspire and care for them. She “reassured” them and “eased some of their fear” (Gallagher et al., 2013, p. 8A). According to the media coverage, Jolie performed this feminine care work for the good of others. She set “a good example to so many vain girls and women today, and to her children” (*USA Today*, 2013) and “performed an important public service” (Greenman, 2013, p. 32). The newspaper and magazine articles related Jolie’s cancer advocacy to her other activist work.

USA Today, for example, established her as a good person concerned about social issues:

“What’s striking about Angelina Jolie for these past seven or eight years is how she marries her public persona for what she perceives to be the public good” (Puente, Freydkin, & Mandell, 2013, p. 1A). *The New York Daily News* offered a similar assessment:

Jolie has always embraced the privilege of her rare platform and has famously used it to raise awareness for the issues that matter to her. This is true not only in her role as a devoted UN ambassador and special envoy, but also as an artist.

(Weitzman, 2013, p. 5)

As she has done for other causes, Jolie used her fame to help others affected by breast cancer, and the media endorsed this portrayal.

Optimistic. Not only caring, maternal, sexual and beautiful, Jolie was also optimistic in the narrative told by the media. Four days after her mastectomy she was “in good spirits with bountiful energy” (Dillon & Hutchinson, 2013, p. 4) and five weeks later “there was never a word of complaint or any sign of the pain she may have been in” (Tauber, 2013, p. 66). The media used a cheery tone to describe even the unappealing parts of Jolie’s Op-Ed. According to *USA Today*, Jolie “*joked* [emphasis added] that the initial surgery left her feeling like ‘a scene out of a science fiction film’” (Gallagher et al., 2013, p. 8A). She remained positive in the media narrative. With Pitt and her six children she “devised a way to make recovery fun” (Mandell, 2013, p. 2A), and they viewed the experience as an enlightening one: “Rather than thinking of it as a loss, they added something to their lives” (Puente, Freydkin, & Mandell, 2013, p. 1A).

Brave. Feminine in appearance, behavior and attitude, Jolie was also depicted as a brave character. In newspaper and magazine articles, she had “life-saving courage”

(Abcarian, 2013, p. 2A). Her message was “brave and important” (USA Today, 2013) and “even bolder” than that of earlier breast cancer spokeswomen (Grady, Parker-Pope, & Belluck, 2013, p. 1A). “Brava to this woman’s enormous appetite for life,” said *Entertainment Weekly*, “and to her bold decision to reclaim control of her future” (Valby, 2013, p. 34). To further characterize Jolie as courageous, the media relied on quotes from breast cancer survivors like Sheryl Crow: “I commend Angelina Jolie for her courage and thoughtfulness in sharing her story today regarding her mastectomy. So brave!” (Puente, Freydkin, & Mandell, 2013, p. 1A).

Breast Cancer, A Threatening Villain

Antithetical to Jolie in the media narrative was the terrifying risk of breast cancer. A threat to women’s health and femininity, this villainous character was described in newspapers and magazines with evil terms. It was sinister and fearsome. According to the media, the “fear of cancer [was] a horrible thing” (Gorman, 2013, p. 1A), and “having the BRCA gene [put] fear in your family” (Evans, 2013, p. 10). Jolie’s “terrifying medical test result” put her in an “unenviable position” (Wallace, 2013, p. 26A) and gripped her in the “most frightening challenge of her life” (Tauber, 2013, p. 66). The villain of breast cancer intended to harm Jolie and other women. As reported by *The New York Daily News*, which quoted Jolie’s original Op-Ed, this sinister character lurked silently in the dark: “There are ‘many women who do not know they might be living under the shadow of cancer’” (Dillon & Hutchinson, 2013, p. 4). According to the media, breast cancer can scare all women. *Time* reported that Jolie announced her cancer risk with “an eye toward the 12% of all women who will one day develop breast cancer and the 100% who worry about it” (Kluger & Park, 2013, p. 30). In the media narrative, no woman was spared from breast cancer concerns.

Action

The media narrative portrayed Jolie in two action themes. In the first theme, Jolie underwent her double mastectomy, and in the second she announced it to the public. The first theme captured the celebrity having the actual surgery, thus performing a functional action that preserved her health. In this inwardly focused theme, she lowered her risk of developing breast cancer. The press narrative's second theme was outwardly focused; it captured Jolie sharing details of her experience, an expressive action that was glamorized and romanticized by the media. In this theme the media-created Jolie character preserved her femininity.

Preserving health: Jolie undergoing the mastectomy

The media described Jolie preserving her health in newspaper and magazine articles about her preventive medical choice. This action theme was reflected in statements about her decision-making process, most of which mentioned factors like her breast cancer gene, family history of cancer and concern for her own life. *The New York Daily News* offered a typical rationale of Jolie's medical decision:

Like an increasing number of women, Jolie reached a crossroads on learning that her DNA includes a gene, known as BRCA1, which carries an 87% risk of developing breast cancer. The gene also signals a 50% risk of developing ovarian cancer, the disease that killed her mother at age 56. (Greenman, 2013, p. 32)

Upon learning of her genetic mutation, Jolie opted for surgery to reduce her cancer risk. In this action theme, she "joined a growing number of women who have used genetic testing to take control of their health" (Brown, 2013, p. 8A). The celebrity "chose to desexualize the whole discussion about her body and turn it into a medical thing" (Puente,

Freydkin, & Mandell, 2013, p. 1A). In other words, she made a medical rather than a cosmetic decision; she acted as a health advocate rather than a sex symbol. Newspapers and magazines depicted Jolie valuing her internal health over her external beauty.

Preserving femininity: Jolie announcing her mastectomy

In the narrative's second action theme, the press portrayed Jolie announcing her mastectomy to the public. This theme depicted Jolie preserving her femininity, as it emerged from media articles that romanticized and glamorized her disclosure. *USA Today* reported that Jolie's "stunning" revelation raised cancer awareness to "Hollywood heights" (Puente, Freydkin, & Mandell, 2013, p. 1A). She lent dazzling star quality to breast cancer. According to *The Los Angeles Times* she worked magic on the cause: "With the stroke of a pen, she [made] genetic testing seem less fearsome and [helped] destigmatize mastectomy" (Abcarian, 2013, p. 2A). In writing about her operation, Jolie added her "powerful voice to an issue often burdened by fear and shame" and received "klieg light attention" for doing so (Puente, Freydkin, & Mandell, 2013, p. 1A). Attaching herself to the breast cancer cause, Jolie maintained her spot in the public limelight.

While in the public, Jolie's media-created character worked to preserve her external beauty. The media narrative relied heavily on Jolie's own editorial to illustrate this action. Of all the words in her *New York Times* Op-Ed, the magazines and newspapers most often quoted those that pertained to her beauty. These quotes described her post-mastectomy, post-reconstruction breasts: "The results can be beautiful," and "On a personal note, I do not feel any less of a woman. I feel empowered that I made a strong choice that in no way diminishes my femininity" (Jolie, 2013, p. A25). Speaking of her children's reactions, Jolie also wrote that "it is reassuring that they see nothing that makes them uncomfortable. They

can see my small scars and that's it. Everything else is just Mommy, the same she always was" (Jolie, 2013, p. A25). According to *Time*, these appearance-related passages were Jolie's "loveliest and most resonant"—and with them, "the most stunning woman in the world redefined beauty" (Kluger & Park, 2013, p. 33). *The New York Daily News* and *USA Today* agreed: "She's redefined beauty" (Puente, Freydkin, & Mandell, 2013) and "recast ideas about sex symbols" (Weitzman, 2013, p. 5). In this action theme, the media-created Jolie character acknowledged and emphasized the link between breasts and femininity.

Though her "personal note" about femininity was a relatively short aside in an otherwise medical editorial, the media depicted Jolie boldly commenting on gender. By writing the announcement, the media claimed, the actress used her body to make a social statement. *Time* reported that Jolie "has long been a symbol of the feminine ideal—which in its shorthand sense has meant feminine beauty. Her body has been a key dimension of her fame; now it may be an even bigger dimension of her influence" (Kluger & Park, 2013, p. 33). *The New York Daily News* also alluded to the social importance of Jolie's body by invoking one of the actress's films—*In the Land of Blood and Honey*—which showed how "women's bodies remain a political battleground" (Weitzman, 2013, p. 5). As Jolie did in the particular film, the media narrative about her medical announcement showed her commenting on public portrayals of the female body.

In depicting Jolie involved in an internal and an external action theme, the media insisted that Jolie "encourages us to view strength and beauty together, and from a wider lens" (Weitzman, 2013, p. 5). In good health and appearance, Jolie dramatically reduced her breast cancer risk and set an example for others to do the same.

A Rhetorical Vision of Breast Cancer Prevention: Discussion and Conclusions

Using setting, character, and action themes, the American media told a story about Jolie's mastectomy that feminized, sexualized, and romanticized the medical procedure. In the rhetorical space of the *New York Times*, the beautiful actress heroically saved herself and others from an impending threat of cancer. She underwent a preventive double mastectomy and then announced it, caring for health and femininity alike by doing so. In this media narrative, Jolie overcame both the medical and social risks of breast cancer. She cared for her family and for other women while still maintaining her ultra-feminine appearance and optimism. The media-created Jolie character illustrated the ideal breast cancer "previvor"; with health and beauty, she emerged as a brave, selfless hero.

The American media constructed a rhetorical vision of Jolie's mastectomy from deeply held beliefs about gender and illness. Newspapers and magazines told a story about the actress's medical disclosure that reflected that of the popular breast cancer culture. It emphasized ideal femininity, maternity and positivity. It painted a picture of a perfect breast cancer fighter—a beautiful, sexual, maternal, caring, and optimistic woman who saved her life and femininity from the disease. By drawing on gendered understandings of womanhood, this narrative described Jolie's disclosure in overwhelmingly feminine terms. Put simply, the American media gendered Jolie's medical Op-Ed.

The story told by the media about Jolie's Op-Ed differed from that told by the Op-Ed itself; the media narrative contrasted Jolie's own narrative of her medical decision. The actual *New York Times* editorial was primarily an educational health article. Jolie provided information about the BRCA1 breast cancer gene, as well as its risks and treatment options. She explained her multiple preventive procedures and advocated for increased access to genetic testing in other countries. In this Op-Ed narrative Jolie was both the author and the

central character. She acted as a mastectomy patient and spokesperson who used her famous personal voice to raise awareness about breast cancer prevention.

While the Op-Ed itself focused on health, media articles *about* the Op-Ed focused on Jolie's public persona. The media narrative maintained and reinforced her feminine image. It drew heavily on the few editorial excerpts about her gender identity and told a cultural story about the relationship between gender and illness. This story promoted femininity over health by emphasizing the passages of Jolie's Op-Ed related to physical appearance. The words "beautiful" and "femininity" were regularly quoted in newspapers and magazines, even though they were just two of the 954 words in Jolie's editorial. In the larger media narrative, these words served to characterize Jolie by her beauty. They helped portray a woman who maintained her feminine appearance in spite of her breast cancer risk and preventive surgeries. In the media narrative about Jolie's Op-Ed, Jolie resembled the typical feminine hero in breast cancer discourse. Sulik (2011) identified this brave and beautiful breast cancer survivor as a "she-ro":

With femininity intact, either through normalization processes or using breast cancer as a badge of honor, the she-ro is a feminine hero with the attitude, style, and verve to kick cancer's butt while wearing 6-inch heels and pink lipstick. She returns from the battle, if not victorious, then revitalized and transcendent. (p. 16)

Like the she-ro archetype, Jolie beat the enemy of breast cancer in the media story about her preventive mastectomy. She prevented the cancer from attacking altogether. Normalizing her feminine appearance through breast reconstruction, she quickly recovered from her medical and cosmetic procedures with female style and grace. Jolie's

positive, feminine experience in newspapers and magazines matches that described by breast cancer scholars like King (2006) and Sulik (2011).

Jolie's breast reconstruction was rarely mentioned explicitly in media coverage, but her cosmetic recovery was implicitly essential in the narrative. Implants allowed Jolie to reestablish her feminine exterior—to reclaim the appearance of her breasts, a highly valued sign of womanhood (Ferguson & Kasper, 2000). When newspapers and magazines celebrated Jolie's beauty, they reinforced the link between physical appearance and womanly value. In the media narrative Jolie's normalized appearance was beautiful; she met the standards of "normal" beauty with breast implants. She reflected and reinforced dominant ideologies of femininity.

By emphasizing Jolie's beauty in their coverage, the media encouraged an aesthetic approach to cancer treatment, an approach Lorde (1980) criticized in her own cancer narrative. Lorde worried about the cultural pressure placed on women affected by breast cancer. To her implants made the disease "a cosmetic problem, one which can be solved by a prosthetic pretense" (p. 177). According to Lorde, society ought to free female breast cancer patients from the pressure to appear conventionally beautiful. "Prosthesis offers the empty comfort of 'Nobody will know the difference,'" she wrote, but women should be free to "affirm the difference" (p. 61). They should be able to escape ideals of feminine appearance, if they choose.

Along with Jolie's appearance, the media narrative emphasized Jolie's maternal role to gender her experience. In this narrative, information about breast cancer was situated in the context of Jolie's maternity. Medical details were not presented as primarily objective, educational facts, but rather as context for Jolie's family-focused medical decision. Jolie

worried about her breast cancer risk mainly for her family's sake; she could not allow cancer to rob her children of their mother. Jolie wrote about maternal love in her Op-Ed, and newspaper and magazines highlighted her passages in the media narrative. They surrounded these passages with medical information. This portrayal of Jolie's motherhood is consistent with past research about mothers in the media (Douglas & Michaels, 2004). The ideal mother is loving, self-sacrificing and child-centered.

The media narrative about Jolie's mastectomy defined breast cancer in cultural terms. Embedded in newspaper and magazine coverage were stereotypical notions of femininity and maternity, which may influence the way individuals prevent or treat breast cancer themselves. As Bormann's (1972) theory of symbolic convergence would suggest, the media narrative serves a communal function by providing a coherent depiction of breast cancer prevention. It unites individuals via socially constructed ideas of the cancer experience; the chained-out media story joins people in symbolic convergence. Given the considerable impact of other celebrity health disclosures (Chapman et al., 2005; Corbett & Mori, 1999; Nattinger et al., 1998), the media narrative about Jolie's medical announcement deserves close scrutiny. Its narrow portrayal of femininity and strict focus on beauty ignores the diversity of individuals affected by breast cancer. It overlooks the complexity of the mastectomy experience and promotes one course of cancer prevention over others.

If the narrative about Jolie prevails as dominant, individuals may struggle to understand experiences that differ, and examples that deviate from the common rhetorical vision may be marginalized or stigmatized. Mastectomized women may be unable to conceptualize their bodies as normal, feminine, or beautiful without breasts. Others may feel societal pressure to cover surgical scars or to wear wigs for the sake of feminine

normalization. Women may feel inadequate if their own distressing or discomfoting medical experiences differ from Jolie's positive and transformative one. It is important, therefore, that the media identify and explore other narratives of cancer prevention and treatment—to illustrate alternative portraits of beauty, sexuality, motherhood, and caregiving in breast cancer culture.

The exploration of contrasting perspectives may be especially important given the neoliberal tone underlying Jolie's illness experience. Women may look to Jolie as a medical role model, as inspiration for their own medical choices. Jolie's story—in the media narrative and her own narrative alike—functioned not only as a community-building tool, but also as a patient-empowering one. It encouraged personal responsibility for health. Jolie championed genetic testing as a way for individuals to shape their own personal destinies. In her *New York Times* editorial she explained her own take-charge attitude upon learning of her genetic cancer risk: "Once I knew that this was my reality, I decided to be proactive and to minimize the risk as much I could" (Jolie, 2013, p. A25). Reiterating the importance of personal responsibility, she ended her editorial on a similar note: "Life comes with many challenges. The ones that should not scare us are the ones we can take on and take control of" (Jolie, 2013, p. A25).

Jolie's proactive attitude was championed by media reports. As the *New York Daily News* explained:

For 15 years, Jolie has adopted roles—onscreen and off—that suggest passivity is neither sexy, nor useful, nor heroic. But empowerment is. In announcing her choice to alter her body in order to potentially save it, she reminded everyone that we may

have more power than we realize when it comes to shaping our own fates.

(Weitzman, 2013, p. 5)

Individuals were encouraged to emulate Jolie's proactivity in managing their own health. This neoliberal argument introduces the need for further research on media portrayals of individual and societal orientations to health. As with the media's narrow characterization of breast cancer survivors and "previvors," the emphasis on individual responsibility may ignore problems of the larger social environment.

The American media's story about Jolie's medical editorial reflected the social climate in which it was created. This study highlighted socially constructed ideas of breast cancer and underscored the ways society has shaped common understandings of the disease. As researchers continue to explore breast cancer messages from a cultural vantage point, we may better understand the disease that threatens not only women's physical health but their social experiences as well.

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