


PATHOGRAPHIES: VOICES OF ILLNESS

## Breathe

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### Abstract

This is a personal essay about breasts. It focuses on my experiences as a young girl, moving through adolescence to a history of breast cancer in my family, including my mother's breast cancer diagnosis. As a physician, patient, and wife, I reflect on the choices that I have to make and what this means for my identity as a woman and mother.

**Keywords:** breast cancer; loss; narrative medicine; breasts; breast cancer prevention

Breathe in! Breathe out! Breathe in! Breathe out! What is happening? I can do this. Breathe in! Breathe out! Practice what you were taught in India. Ohhhhhmmmmmm. Concentrate. Cool air in. Warm air out. Why does my body feel so hot? I am only wearing underwear. Why is it so hot? I can't breathe! Yes, I can! Will this button break? Can I crush it? The plastic feels hot and sweaty. I have to push the button. I have to get out of here. No, I am strong. I can do this. Start over. Impermanence. Observe. Equanimity. It will be over soon. It is so hot! I'm sweating! I feel the sweat on my back. Do not focus on that. Back to the breath. Please. Please. I can do this. I try to breathe. With a breath, I notice my ribs, pain-crushed against the hard plastic. All I feel is the sweat. I try to adjust, hitting the back of my head. I focus on my breath again. Hard plastic on my forehead. Hard plastic in my hand, in my hand-sweat. On my back, sweat. It feels like more, pooling on the small of my back. I am here again. What!?! Ugh, breathe! I push the button.

"I need a break, just a minute."

"If we stop, we may have to start over, and you might have to come back to get another MRI," he says.

My voice trembling, "I just need a minute. Can someone come in to help me? I need someone to uncover me."

"So, you want me to stop?"

"Yes, please."

A woman comes in, "Don't move, and don't get up."

"Can you take off the blanket, please?"

She lifts the blanket off my soaking, defeated body. The cool air lifts some of the heaviness. Suddenly, I get the chills. I didn't make it. I want to cry. Why is this happening? I don't want to be here. I should be at home with my kids or at work. I want to be anywhere but here.

"I'm sorry, I couldn't breathe. It got too hot. I was sweating."

"It's okay. Do you want to keep going?"

“Yes, I can finish. Thank you.”

MRIs are loud and tight. I do not remember my first MRI like this. This MRI was different. This was the MRI just a couple of months after my mom died of metastatic breast cancer.

As a physician, I saw all the telltale signs that the end of her life was coming. The reality of what breast cancer means for me still exists and lives in me. What does this mean for my family? Does this mean that I will get breast cancer earlier? Will I have the same fate as my mom? So many questions about what this means for me as a female, a mom, and a wife; my womanhood; and motherhood.

Jessica Rabbit’s famous line, “I’m not bad, I’m just drawn that way,”<sup>1</sup> in the movie *Who Framed Roger Rabbit* captivates a social construct of breasts that comes to mind when I think of breasts and my childhood. She is one of animation’s most well-known sex symbols, manifesting society’s abstraction of breasts and beauty. As a young girl, what does this look like? It looks like the Barbie I started to play with when I was about three years old. Growing up to have big sexy breasts and to be curvaceous, that is what I wanted when I hit puberty. Boy, did that happen!

The end of my seventh-grade summer and the beginning of the eighth grade was a rapid transformation. Suddenly, teenage boys and girls alike wondered if I stuffed toilet paper in my bra. In the eighth-grade gym class, as in the seventh grade, I had to change my gym clothes in front of everyone, but now two things were different. My body was foreign. I wanted to defend myself, saying, “This is what God gave me!” and “I do not stuff my bra!”

Precipitously, young adolescent girls looked over their shoulders, curious to know if what people around the school were saying was true. “Did she take some pills over the summer to grow breasts? Her dad is a doctor,” would be the random whispers in the hallways. I remembered counting the minutes and seconds until the end of the day so that I could go home, where I could just be myself. I would not have any unnecessary stares or hear inappropriate, tactless comments. “Dr. Flores, my dad, is a primary school principal.” I want to tell them, “You are f-ing stupid! Do you not even know the difference between a doctor of medicine and a doctor of education?!” We were all teenagers; no one knew anything and yet knew everything all at the same time.

Luckily, as other girls started to catch up, I did not stand out as much. I loved blending in again. My breasts were there, just not the center of attention as before. Yet insecurities continued to pop up all over the place. I wonder if a boy liked me for me or if he wanted to get to first base to find out the truth behind the *knockers*. It was perplexing and made me wish I did not have them. Maybe then I would know if he liked me for me. My swim coach would say, “You don’t have to go as far down as the other girls. You can do it!” she loudly exclaimed as I did my push-ups. My arms were skinny; I was 5 foot 2 inches, weighing 105 pounds with 34 double-Ds. I wish I could have been more quick-witted to say, “I have more to carry,” although it probably would have earned me more push-ups for being a smart-ass.

I was a teenager when I started to consider breast reduction. I convinced my mom to take me to a plastic surgeon. After the evaluation, I decided not to go through with it. I chickened out. Had breasts become part of my identity? That doubt lasted only a few years until I finally got the breast reduction. The burden of my heaviness, both literally and figuratively, lifted. Since breasts are perpetually linked with society’s ideal women—big or small—they mean something more to someone else.

Even now, many years later, the meaning of my breasts has changed. From a symbol of youth to the essence of womanhood and motherhood, the uneasiness changed from embarrassment and self-doubt to fear. My family’s history of breast cancer includes my mom; my aunt; four great-aunts, two of whom were non-fraternal twins; and three second cousins, all with breast cancer.

Close to four million women live with a breast cancer diagnosis, with an estimated 43,600 women dying of breast cancer annually.<sup>5</sup> I am a Hispanic woman. And studies have found that “Hispanic and Latina women in the United States have about a 20 percent lower incidence of breast cancer than the general population. This is a 1 in 10 chance compared to the national rate of 1 in 8.”<sup>2</sup> My Myriad Genetic Testing<sup>3</sup> cancer risk did not show positive inheritance for BRCA1 or BRCA2 mutation, yet I still have about a 40% lifetime risk of having breast cancer.<sup>4</sup> Childbearing-aged women diagnosed with breast

cancer battle with decisions between a family and their life. Breast cancer treatments increase the risk of infertility, and infertility treatments increase the risk of breast cancer. However, some women undergo both at different stages throughout their lives. I know many women who have faced breast cancer and infertility.

In the end, my faith carries me so far. I still have decisions to make. Medical interventions are limited in some cases. It is also hard to decide when hindsight is 20/20, knowing that it will ultimately not change the now. Knowing early about genetic testing may allow decisions for preventive intervention. As my cancer genes are unknown, medications for cancer risk reduction and treatment, such as Tamoxifen,<sup>5</sup> have indeterminate benefits. Tamoxifen did not stop my mom's progression from localized to metastatic cancer. And my doctor does not know if Tamoxifen will help me, yet recommends it because these are the current breast cancer prevention guidelines. Side effects, such as hot flashes, mood swings, and risk of a venous thromboembolic event like a stroke, do not seem risk free for something that is not guaranteed to work, given my history.<sup>6</sup>

Breast cancer is the number one cancer affecting women. Now it comes to my choices. Invasive surgery, such as mastectomy, is a personal choice since so much of female identity goes into breasts. Actress Angelina Jolie chose mastectomy publicly. She is a leading influencer on women who want to change their fate. Jolie says, "I hope other women can benefit from my experience. Cancer is still a word that strikes fear into people's hearts, producing a deep sense of powerlessness." Does society affect my view about whether I should move forward with a possibly lifesaving surgery or confront an MRI machine and mammogram alternating every six months for the rest of my life? I faced that question every day, and I had to make a choice. I felt like every day that passed was an opportunity to protect myself and protect my family.

On the first anniversary of my mother's death, I started Tamoxifen. About two months later, the first symptom I noticed was my inability to sleep. One leg in the covers, one leg out. Repeat. All night long. I couldn't sleep. My lifetime achievement award for being able to sleep literally anywhere had gone out the window. I was hot, and then I was cold. I was frustrated. I am frustrated. I have never had trouble sleeping. How can this be happening? I am stressed, and the relief and peace I get while I sleep is gone. This sucks. Breathing exercises are starting to help relax my mind between the awakenings, but my sleep is still not the same.

Then I started to notice that I couldn't see. I couldn't see up close, and I couldn't see as well far away anymore either. Could this be a symptom or am I just tired? I look it up. Yup, blurry vision. What?!? I didn't know this would happen! I usually get a hint of blurry vision when my eyes have been staring at a computer all day. Not anymore. A symptom I had not heard of (so not hypochondriasis) is now tormenting my daily routines. It happens daily as I squint my eyes, trying to focus. My mind is scrambled and distracted by the fact that I am taking a cancer drug without having cancer.

And the hardest symptom to deal with is the absence of my words. My brain feels like it is in a cloud. I vaguely remember feeling like this during sleepless nights when my kids were babies—the sleepless nights to get up to feed them or just because they didn't sleep. The words do come to me, just a little slower, at their own speed, like the tortoise finally crossing the finish line.

More and more, I wonder if this was the right decision. Like any patient, grappling with the risks and the benefits changes as the symptoms of adverse effects are tilted. Instead of womanhood, I know precisely when "mother nature" should arrive—as my emotions are heightened. Maybe it's hormonal or lack thereof (no *Aunt Flo*). Its replacement—the flow of tears, closet thoughts, increased adrenaline, anger, feelings, my mother's absence—I feel it. Heavy. The lack of my period, induced prematurely by medication, reminds me of what I am trying to avoid: not the fear of aging itself but the unknown/undiscovered genes that increase my risk of breast cancer despite taking medications. For now, I will keep taking the medications... and practice slow deep breaths—breathe in, breathe out, breathe in, breathe out.

### Notes

1. Zemeckis R, *Who Framed Roger Rabbit?* Burbank, CA: Touchstone Pictures, Amblin Entertainment, and Silver Screen Partners; 1988.
2. Davis J, Breast cancer in Latina and Hispanic women. *WebMD*, accessed on 15 Mar 2022; available at <https://www.webmd.com/breast-cancer/breast-cancer-latina-hispanic-women> (accessed 13 June 2023).
3. My Myriad myRisk® Hereditary Cancer Test is genetic testing for eight cancers, including breast, ovarian, colorectal, endometrial, melanoma, pancreatic, gastric, and prostate.
4. Breast cancer: Statistics. ASCO, January 2021, accessed on 27 Mar 2022; available at <https://www.cancer.net/cancer-types/breast-cancer/statistics> (accessed 13 June 2023).
5. Tamoxifen reduces breast cancer risk by 30 to 50% in premenopausal women and 40 to 50% in postmenopausal women. Tamoxifen. *Breastcancer.org*, accessed on 13 June 2023; available at <https://www.breastcancer.org/treatment/hormonal/serms/tamoxifen> (accessed 13 June 2023).
6. See note 5.

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