This article describes one woman’s experience with the shock and fear of a breast cancer diagnosis and the power of exercise in helping her cope, adjust, and regain her hope during treatment. Whenever appropriate, practitioners should encourage patients to be physically active to improve physical and psychosocial adjustment and outcomes.

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Shock

A cancer diagnosis can change a person forever. When diagnosed with breast cancer in 2013, I was scared, embarrassed, and initially in denial. I thought to myself, “I cannot have breast cancer! I’m a single mother. I’m one of the healthiest people I know. This must be a mistake: I have no family history, I eat organic, and I exercise every day.” I then experienced what I call the “Erin Brokovich phase.” I found out that two former college roommates had been diagnosed with breast cancer in previous years, and I immediately started researching information about the water quality in the town where we attended college. It wasn’t until I fully considered the prevalence of breast cancer that I backed off from focusing on the how and why this happened.

It wasn’t odd for me to be called back for a second mammogram. I was told I had dense breasts the first time I had a mammogram. I remember a doctor telling me, “The good news is you have perky breasts; the bad news is you are at higher risk.” I was nervous every summer when I went for my routine mammogram. This angst has been well documented. I’ve seen some of my closest friends put off getting their mammograms for years because they were scared of finding out whether they had breast cancer. This is understandable but illogical. As we know, finding out that you have breast cancer earlier is better than finding out later.

Fear

I was visiting my parents when I received the call telling me I needed a follow-up mammogram. My then 13-year-old daughter was sitting next to me, and I felt the panic wash across my face. The administrator setting up my appointment explained that there were some differences (asymmetry) from my previous mammogram. “It’s probably nothing, but better to be safe.” More fear. This time, it was something. After my second mammogram, I was immediately ushered into a room for an ultrasound. I saw it, and I knew instinctively that what I saw on the screen did not belong there. The next few days were hazy. I had to get my films and make appointments to find a surgeon and get a biopsy. More fear, but also denial. I kept telling myself, “It couldn’t be cancer. There’s no way. I am too healthy.”

As all of this was taking place, I had the usual life chaos going on. It was late August, and I was preparing for my fall semester. I had some work going on in my house, so there was dust and furniture everywhere. I was shuttling my daughter to and from various activities and getting ready to put her on a plane alone, for the first time, to visit her grandparents in Chicago. Things had just begun to gel in a relationship that was very important to me. I was coming up for tenure and needed one more publication; publish or perish was my reality.

My mother drove up to accompany me for the biopsy on Monday, August 19. I asked the surgeon that morning, “When will I find out if it is cancer?” She said, “Andrea, this has to come out.” There was my answer. It finally began to sink in. Every healthcare professional I encountered was patient, compassionate, and professional—and confident that it was cancer. It was. I scheduled my surgery for four days later. I wanted it out.

Those next few days were terrifying. My daughter was visiting her grandparents, so my daily responsibilities tapered off. I started to let friends know
about my diagnosis but didn’t find any comfort talking about it. They were scared and didn’t know what to say to me. They all knew somebody who had had breast cancer; some of these stories were good, and other stories were not. More fear. The information on the Internet freaked me out even more. There seemed to be a steady stream of blogs about stages, scores, and types of cancer, surgery, radiation, and chemotherapy—and a lot of fear. I needed some hope.

Adjustment

To clear my head, I decided to go for a long walk. I’ve always been active; I love to hike, bike, and run. I ran the Marine Corps Marathon, several half marathons, and many 10k and 5k races. I remember a critical point in my life in early adolescence when I realized playing sports made me feel better about myself, my body, and my relationships, and it gave me the clarity necessary to navigate those years. Since that time, exercising has been a part of my everyday life. In the past, my motivation to stay active mostly centered on general health benefits, weight loss, and appearance. Simply put, I knew I always felt better after I exercised.

As I set out for that walk to clear my head, I took my first deep breath in a while, I still get a wave of fear. So much has happened. I now have a 16-year-old, I earned tenure, and my boyfriend was and is still there for me. I was about to go through. It felt good to surrender. This was how I coped. These walks helped me prioritize myself, let go of what I couldn’t control, and accept what was going on; they gave me a sense of peace.

A lot happened after my surgery. I waited for test results and decisions that would dictate my treatment. While going through treatment, I kept exercising, but not like I used to prediagnosis. It wasn’t something on my list I had to cross off, I didn’t keep track of distance and speed, and it wasn’t just for weight loss. I did what felt good. I mostly walked, but I walked a lot; it felt right. I refer to this as the “Forrest Gump phase.” I also took on other habits for physical and mental health. I made myself healthy shakes. If I didn’t feel like calling someone back, I didn’t. If I didn’t want to do something, I said no. I surrounded myself with my family and friends who were supportive. I went to bed early. I stayed present. For the first time in a long time, I took very good care of myself.

Hope

Unfortunately, fear doesn’t abate easily. August 2016 was three years since I was diagnosed, and every once in a while, I still get a wave of fear. So much has happened. I now have a 16-year-old, I earned tenure, and my boyfriend was and is still there for me in very important ways. I take tamoxifen to reduce my risk of breast cancer recurrence. Although I don’t spend quite as much time prioritizing myself, I continue to exercise every day.

Because of my experience, one of my professional goals is to help other women who are diagnosed with breast cancer realize the value of being active during treatment. I am a college professor and teach women’s health, nutrition, and lifespan development and health. My experience with breast cancer has expanded my research interests to include the impact of physical activity on girls’ and women’s health, breast cancer survivorship, body image, and quality of life. Substantial evidence suggests that being active can reduce the risk for getting breast cancer and lower rates of recurrence. Other documented benefits include improved fitness level, lower body mass index, increased psychological well-being, and reduced risk for cancer-related morbidity and mortality (National Cancer Institute, 2009).

My experience taught me that being active has the potential to be physically and psychologically transformative immediately after diagnosis and during treatment. My hope is that practitioners will encourage their patients to exercise, even if it begins as just a walk around the block. It would be a game changer if we could prescribe exercise for patients with cancer and give them the resources they need to be healthier as they navigate treatment. Cancer or no cancer, writing this reminds me of how important it is to be kind to yourself, surround yourself with supportive people, be vulnerable and strong simultaneously, slow down, let go, get outside, be present, breathe, eat healthy, and, most importantly, keep moving.

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Reference