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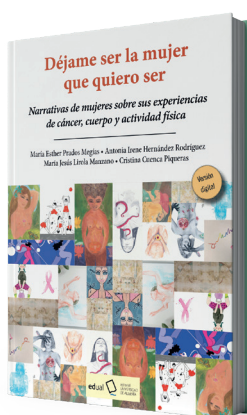
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Déjame ser la mujer que quiero ser
 Narrativas de mujeres sobre sus
 experiencias de cáncer, cuerpo y
 actividad física

María Esther Prados-Megías, Antonia Irene
 Hernández-Rodríguez, María Jesús Lirola-
 Manzano, y Cristina Cuenca-Piqueras
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Judit Martínez Abajo¹

¹ Department of Didactics of Music, Visual Arts, and Movement Education, Faculty of Education and Sport, Vitoria-Gasteiz Campus, University of the Basque Country (EHU), Vitoria-Gasteiz (Spain).

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Déjame ser la mujer que quiero ser. Narrativas de mujeres sobre sus experiencias de cáncer, cuerpo y actividad física is a research-based work that offers valuable insight into how women participating in a physical exercise program for breast cancer survivors (Eficán) cope with the disease with the invaluable support of their social networks.

The book is grounded in the Eficán project, which examines how a strength-training program contributes to improving the physical health of women who have survived cancer. In its second phase, the project was expanded through a qualitative study using a biographical-narrative approach (Denzin & Lincoln, 2015; Prados-Megías & Rivas, 2017). The researchers employed techniques such as biographical narratives, in-depth interviews—which the participants preferred to call *narrative encounters* (Sánchez & Prados-Megías, 2023)—and focus group interviews, or *group narrative encounters*. Through these narratives, participants express their concerns, doubts, and forms of resistance as they navigate the experience of illness. The biographical-narrative approach provides a more personal and intimate perspective, one that encourages conversation, reflection, and dialogue with breast cancer survivors. In doing so, it advances a humanizing form of research that makes it possible to understand people's lived experiences while critically examining dominant discourses and practices.

The researchers listened carefully to the survivors' voices, seeking to co-construct knowledge, as Clandinin (2013) advocates. During the more than five months they spent together at the CorpoEDuca-M Laboratory, they became aware of additional concerns that emerged throughout the process. Although the physical training was essential for improving the participants' physical health, the women also needed to share how the experience of cancer had affected their bodies and their lives—from healthcare and medical treatment to their fears and anxieties. The analysis of the data gave rise to a series of emergent categories, which are explored in the book's four chapters: the first, *Afrontar la enfermedad* (*Coping with the Disease*); the second, *La atención médico-sanitaria* (*Healthcare*); the third, *Redes de apoyo* (*Support Networks*); and the fourth, *Sobre el proyecto Eficán* (*About the Eficán Project*).

The first chapter examines how cancer survivors cope with the disease. It addresses every stage of the experience, from receiving the diagnosis and navigating medical protocols and decision-making to coming to terms with the diagnosis itself. The women emphasize the need for healthcare protocols that provide not only clinical guidance but also emotional and psychological support. They underscore the importance of empathy and of healthcare professionals who know how to listen and place

themselves in their patients' shoes. At critical moments such as a biopsy, they need accurate, detailed information as well as sufficient time to process it. They also stress the importance of personalized care, in which they are clearly informed about what to expect throughout their treatment, the procedures they are likely to undergo, the side effects of treatment, and the ways in which hair loss or mastectomy may affect their sense of bodily identity. They must learn to accept their changed bodies while hoping that others will accept them as well. The participants also reflect on socially imposed ideals of beauty associated with femininity and sexuality. They explain that physical activity has helped them come to terms with their bodies, while criticizing the stereotypical ways in which cancer continues to be portrayed. As the authors conclude, "Their testimonies speak of learning to be a woman, and to do so, the socially imposed image of the superwoman must first be erased" (p. 74).

The second chapter focuses on healthcare, specifically the relationship between patients and healthcare professionals. At the time of diagnosis, the women interviewed describe a lack of humanity and empathy on the part of healthcare providers, who often deliver information in a detached manner. At a time of profound uncertainty, they experience this emotional distance acutely. They spend a lot of time waiting but little time being attended by healthcare professionals, and they report receiving limited information about their treatment options. They call for more welcoming environments where they can express their vulnerability, fear, and loneliness with greater comfort and dignity. Once chemotherapy has ended, many of the women describe feeling abandoned, as they receive little follow-up support during a stage often marked by lasting physical and emotional consequences. While they acknowledge the professionalism of healthcare staff, they also advocate for increased staffing in oncology and for multidisciplinary teams that include complementary therapies, psychological and social support, vocational guidance, and specialists in physical activity, physiotherapy, and nutrition. Studies such as Ramírez et al. (2017) have demonstrated the benefits of physical exercise in the recovery of breast cancer survivors. The women interviewed emphasize the importance of having access to qualified professionals who can guide them in improving their health through physical activity, stressing that simply handing patients a brochure with recommended exercises is not enough.

The value of support networks is explored in the third chapter. For the women interviewed, these networks consist primarily of their partners, parents, and children. At times, these relationships provide support; at others, they become

overprotective, and this dynamic works in both directions. The women acknowledge that they try to shield their families from suffering and that they become more flexible and permissive with their children. Yet support also comes from beyond the family. As one participant explains, "Friendships are important because you find out who you can really count on" (p. 99). Others note that cancer has made them more selective: "I don't want anyone in my life who drains me" (p. 99). They describe having to endure insensitive comments from others: "Suddenly, everyone seems to know more about cancer than you do—even though you're the one living through it firsthand. People often say things that hurt: 'You'll see, you'll recover; medicine has come such a long way these days (...)' or 'Don't worry, everything will be fine.' The truth is that no one knows that for sure—least of all you, the person living through it. Those people drain me; I don't want them by my side" (p. 100).

In the final chapter, the women reflect on the Eficac project and recognize that "the value of the program stems from listening carefully to what the women have experienced" (p. 108). The benefits they describe extend well beyond physical improvements, although they also suggest that "the program should offer a broader range of activities, not only upper-body strength-training exercises but also other forms of movement and physical training" (p. 112). The program has played a significant role in their recovery, helping them establish self-care routines while also fostering support networks among women facing similar experiences. Altogether, the participants' accounts suggest a process of empowerment, through which they advocate for improvements such as higher-quality psychosocial care. This research has been carried out with patience, care, and deep commitment, qualities that are evident in the participants' reflections. They express surprise that the researchers considered their stories worth listening to and describe feeling genuinely understood and valued.

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