TESTIMONIOS OF IMMIGRANT LATINA BREAST CANCER SURVIVORS:

A Chicana Feminist Perspective on Survivorship, Conocimientos, and Collective Healing

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Abstract: This paper aims to contribute to a broader understanding of the lived experiences of Latina immigrants as they confronted and survived their breast cancer diagnosis. Guided by Chicana and Latina feminist principles, we gathered testimonios that explore and document how twelve immigrant Latinas battled breast cancer and cultivated individual and collective healing strategies. Through their testimonios, we see how immigrant Latinas made sense of their diagnosis and survivorship, reconstructed understandings of femininity and familismo and overcame the challenges of navigating the U.S. medical system as Spanish speakers. Their testimonios also reveal how Latina immigrant breast cancer survivors built support systems within their communities and local organizations. We argue the urgency of linguistic and culturally relevant support for immigrant Latinas surviving breast cancer who are often marginalized by the medical health care system in the U.S.

Keywords: *Chicana Latina feminism, testimonios, breast cancer, survivorship, immigrant Latinas*

This paper aims to contribute to a broader understanding of the lived experiences of Latina immigrants confronting a breast cancer diagnosis. Guided by a Chicana and Latina feminist epistemology and framework (Delgado Bernal 1998; Galván 2014), we gathered testimonios to create knowledge that critically explored and documented how twelve immigrant Latinas battled breast cancer and cultivated both individual and collective healing strategies (Cervantes, Flores Carmona, and Torres Fernández 2018).

Health literature on breast cancer, which features women's experiences with illness, more often than not does not foreground Latinas' lived experiences nor privileges their own stories (Chabram-Dernersesian and de la Torre 2008). We documented testimonios of Latina breast cancer survivors to reveal dynamics of power, agency, and forms of resistance not often recorded in official histories (Latina Feminist Group 2001). As a methodology in the field of women's health, testimonios have the potential to deepen knowledge of the ways Latina immigrants battle breast cancer and foster personal and communal healing approaches (Cervantes, Flores Carmona, and Torres Fernández 2018). Indeed, the use of testimonios in women's health research is very limited when it comes to studies addressing breast cancer among Latinas (Sarmiento 2013; Ortiz 2009). According to the most recent American Cancer Society report (2018), breast cancer is the leading cause of death among Latinas in the United States. Latinas/os/xs are the largest minority group in the U.S. (Clemetson 2003), which makes the omission in research about the understanding of Latinas with breast cancer even more egregious.[1] Latinas are less likely to get breast cancer screenings. Factors that account for these lower levels of mammography screenings include inadequate insurance coverage, language barriers, lack of transportation, and work and childcare commitments (Feliciano-Rivera et al. 2022). Higher levels of education, income, and insurance coverage among Latinas increases the probability they will access breast cancer screenings (Miranda, Tarraf, and González 2011). Latina immigrants, however, encounter multiple barriers to breast health care, exacerbated by intersecting social factors such as being working class, monolingual Spanish speakers, and breast cancer survivors, all of which add layers of structural challenges and compound their vulnerabilities.

Latinas are more likely to have advanced stages of breast cancer and adverse prognosis by the time they are diagnosed (Nahleh et al. 2018). Because they are less likely to receive clinical breast exams and screening mammograms than non-Latina Whites (Bird et al. 2010), they receive late diagnoses at higher rates, indicating how health injustice and inequity particularly affect Latinas.[2] In general, Latina immigrants seem to have more difficulties in accessing health services due to unfamiliarity with the healthcare system and their lack of English proficiency (Alegría et al. 2008). Moreover, Latina immigrants have limited access to culturally and linguistically appropriate services and health cancer care support (Janz et al. 2009). Research on breast cancer health disparities between Latinas and other U.S.-based racial groups suggests that they encounter contextual and psychological factors that impact them more (Shavers and Brown 2002). In addition, Latinas appear to be at risk for poor quality treatment following breast cancer diagnosis relative to non-Latinas (Yanez, Thompson, and Stanton 2011).[3] Given this dismal reality for Latinas and their breast health, it is important to develop studies about breast cancer that center on "the experiences and analytical frameworks of minority groups" (Chabram-Dernersesian and de la Torre 2008), like Latinas. Thus, we advance this health research using Latinas' testimonios as "integral to knowledge creation" (Espino et al. 2012) that would be useful in addressing the particular health services needs of Latinas, while also privileging their ways of knowing and meaning making.

Some Western academic research on breast cancer among Latinas emphasizes how cultural constructs such as fatalismo, or fatalism, result in differences in how Latinas pursue or access treatment for breast cancer compared to White women, a framework that positions Latinas through a deficit-based lens (Hubbell et al. 1995; 1996). In other studies, the cultural construct of familismo, or loyalty, reciprocity and solidarity among familia is a source of strength, resistance and liberation (Cruz 2001; Sabogal et al. 1987; Suarez 1994). This strength-based view demonstrates how familismo might result in Latinas being more likely to accept and commit to a proposed treatment for their breast cancer as they put their family's needs before their own. Chicana and Latina feminist scholars have questioned the persistent lack of cultural sensitivity, cultural competency (Martinez, Chavez, Hubbell 1997), and the enduring cultural deficit perspectives about Latina's cultural practices and values (i.e., motherhood and familismo) (Caballero et al. 2017) that result in incomplete understandings about the structural challenges they face accessing equitable health care. Guided by Chicana and feminist principles, this project performs research grounded in anti-Eurocentric and anti-patriarchal methodologies that draw from cultural intuition (Delgado Bernal 1998) to collect testimonios of twelve Latina immigrant breast cancer survivors. By centering their own voices, these testimonios reveal the sense making they employed regarding their diagnosis and survivorship, the reclaimed understandings of femininity and familismo they created, and the navigational strategies they used to traverse the U.S. medical system as Spanish speakers.

Thus, this paper highlights dynamics of power, agency, and resistance. It reveals various healing processes and contributes to the breast cancer survivorship literature with its singular focus on Latinas and Latina immigrants. Below, we will briefly discuss our methodology within a Chicana and Latina feminist perspective, and how our positionalities informed our approach and analysis. We will then describe the twelve Latina immigrant breast cancer survivors who provided testimonios, followed by our analysis of their testimonios. Three themes organize this section: meaning making about breast cancer and survivorship; reconstruction of femininity and familismo; and navigating medical systemic challenges. Excerpts from the testimonialistas throughout ensure their voices remain centered.

Chicana and Latina Feminist Epistemologies and Testimonios

Testimonios, as a methodology that follows Chicana and Latina feminist tenets, are "a form of expression that comes out of intense repression or struggle, an effort by the disenfranchised to assert themselves as political subjects through others, often outsiders, and in the process to emphasize particular aspects of their collective identity" (Latina Feminist Group 2001, 13). Furthermore, The Latina Feminist Group (2001) considers women's testimonios as a sitio from which to theorize gender (Pérez 1991) as well as cultural, economic, and political borders (Bañuelos 2006; Burciaga and Tavares 2006; Delgado Bernal 2006; Holling 2006). In this sense, testimonios show the dynamics of power, agency, and resistance in women's lives (Chabram-Dernersesian 1992; Fregoso 2003; Sandoval 2000).

Testimonio as methodology has the potential to encourage revealing or sharing counter stories that "acknowledge and tell how bodies are maps of oppression, of institutional violence and stress, of exclusion, objectification, and abuse" (Latina Feminist Group 2001, 12). In addition, testimonios capture "conversations with power" (Hurtado 2003, 3) and help reveal how oppressive systems of authority specifically affect Latina immigrants on a daily basis (Latina Feminist Group 2001; López and Davalos 2009). Sharing testimonios reflects a strong feminista tradition of theorizing from the brown female body, breaking silences, and bearing witness to both injustice and social change (Anzaldúa 1990; Moraga and Smith 1983). Testimonios often recount narratives of oppression and marginalization that elicit social change (Delgado Bernal, Burciaga, and Flores Carmona 2012). Those who bear witness, read, or hear the testimonios of others might reach new conocimientos or understandings about women's lived experiences (Delgado Bernal et al. 2009). Indeed, testimonios frequently reflect socio-political and cultural realities, modeling examples of research that have a relational dynamic and function as a liberating experience (Watson 2019).

Scholar-Activists: Chicana/Latina Feminists

As Chicana and Latina feminists, we recognize that theory and methodology must not linger in academic abstraction but promote praxis that transforms the present (Anzaldúa 1987; Moraga and Smith 1983; Saldívar-Hull 1999). Chicana and Latina feminist praxis and epistemology "both challenge the claims of objectivity and link research to community concerns and social change" (Téllez 2005, 49). In the tradition of women of color feminists (Anzaldúa and Keating 2002), our research aligns with a "political vision of research as a vehicle for meaningfully engaging the world and collectively acting within it, in order to name it and transform it" (De Genova 2005, 25). As such, this women's health research with immigrant Latinas—who are often marginalized by the medical health system—is a political intervention. As Chabram-Dernersesian and de la Torre (2008) contend:

> Seminal investigations have largely been written in case study from the dominant narrative genre in medicine and initially by male physicians and academics…who, no matter how empathetic, inevitably impose an external interpretation on the patient's experience. As Chicana feminists, we recognize that such an approach doubly silences those patients who are both Latina and women and wish to tell their own stories.

Our multiply situated identities have led us to this work of uplifting the voices of Latina immigrants diagnosed with breast cancer. I, Mónica (1st author), grew up in the northern part of Spain, Galicia, emigrated to The

Netherlands and then moved to the U.S. I, Natalia (2nd author), am a political refugee from Colombia who came to the U.S. to escape violence, drug wars, civil war, gendered violence, and displacement. I, Marielos (3rd author), am the daughter of immigrants from El Salvador and I experienced the struggles of navigating healthcare systems with family members suffering from breast cancer. Our positionalities, as well as our relationship with the testimonialistas, informed this paper on Latina immigrant breast cancer survivorship. As mujeres, as immigrants, as Spanish speakers, and as beings that have been oppressed and damaged with multiple agravios, we work in solidarity with other women. We have a strong commitment to serve marginalized communities and give back to communities we identify with and belong to. Equally important, we consider our scholarship an opportunity to both foreground the lived experiences of Latina immigrants and create shared sitios that promote social transformation.

We have all worked closely with Latina immigrant women in various capacities and have developed empathy and the skills to connect with them in these challenging circumstances by sharing who we are and why we are interested in documenting their lived experiences. While our respective positionalities may provide us an insider perspective to the experiences of Latina immigrants, it is important to acknowledge how intersectional identities and the impact of our immigration status, language and socioeconomic status influence our access to healthcare. Below, we will describe the mujeres in our study, followed by an analysis of the three themes identified in their testimonios.

Las "Mujeres": Immigrant Latina Breast Cancer Survivors

The mujeres[4] in this article represent a small portion of the hundreds of women the first author, Mónica, encountered in her work as a community mental health bilingual psychologist in a hospital setting on the East Coast of the U.S. Her first encounter in therapy with a Latina breast cancer survivor moved and inspired Mónica to research breast cancer patients. Twelve participants were recruited via email through Mónica's professional connections with local agencies providing health services to Latinas. The majority of the testimonialistas lived in Massachusetts and had health insurance due to state law (Janett 2013). Three women lived in other states: Michigan, Virginia, and California. Each of these three women were covered by private insurance through their respective employers. They represented a variety of Latinidades, as they were born in different Latin American countries, including Honduras, Costa Rica, Cuba, Mexico, and the Dominican Republic with six of them originating from Puerto Rico. These women self-identified as Latinas or, as is often the case with immigrants, with their country of origin. All of them migrated as young adults or adults to the U.S., except for one woman who left Cuba as a child. The youngest woman was forty-six years old. The oldest was seventy-eight years old, and were mothers, with some already grandmothers or great-grandmothers. The majority of the mujeres worked in blue-collar jobs and three of them worked in the teaching field. All had a diagnosis of breast cancer at least five years prior to the year the interviews were conducted, meeting the medical standard of a breast cancer survivor (Denlinger et al. 2014)

Informed by Chicana and Latina feminist principles, our qualitative inquiry process included creating a safe space to cultivate the confianza and respeto Latinas value. In these exchanges, mujeres sabias shared their testimonios in their own words and language of choice. Out of all the participants, seven were bilingual (Spanish and English speakers) and five were monolingual Spanish speakers. As a result, all except one shared their testimonios in Spanish. Six of the testimonios were collected at La Promesa,[5] a breast cancer organization for the Puerto Rican/Afro Caribbean community, in an industrial city located on the east coast. This organization was the only Latina-centered organization dedicated to providing culturally informed and culturally relevant care for Latina women diagnosed with breast cancer. The women served by La Promesa or working as mentors came from Puerto Rico, Colombia, Honduras, the Dominican Republic, and El Salvador. Mentors provided support to women diagnosed with cancer during group sessions, home visits, and/or hospital accompaniment.

At La Promesa, Mónica, the main researcher, interacted with the testimonialistas on different occasions while they participated in group activities, meals, and informal conversations. Testimonios were shared at La Promesa, as this safe space already nurtured trust and engagement with the women through culturally responsive activities that Mónica participated in alongside the women. This involvement was congruent with our Latina and Chicana feminist methodological approach, relied on Mónica's clinical background as a counseling psychologist, and drew from the cultural communication approaches and values of the mujeres. Mónica's various positionalities (i.e., mother, immigrant, Latina, Spanish speaking), candidness and Spanish-speaking skills facilitated her connections with them. The testimonios were recorded with the permission of the participants and transcribed verbatim. All three authors coded each testimonio and created a map with themes. The conceptual analysis was guided by a Latina and Chicana feminist theoretical framework. We discussed our interpretations, considered additional perspectives based on existing literature, our personal and professional experiences, and compared the themes each author identified. The resulting themes identified for each participant were placed in a collective testimonio map. Common themes across all the participants were further classified into three final themes: 1) meaning making about breast cancer and survivorship; 2) reconstruction of femininity and familismo; and 3) navigating medical systemic challenges. Below, several excerpts from the various testimonios exemplify the three themes.

Meaning Making About Breast Cancer and Survivorship

The collective testimonios of the immigrant Latinas revealed how they confronted the real possibility of death and how they made meaning of breast cancer diagnosis and later survivorship. For instance, the participants expressed that cáncer significa la muerte o cuando uno oye la palabra cáncer, piensa en la muerte. Yet the women navigated the fear and trauma evoked by the news of their diagnosis differently, with some expressing they had to be strong and fight the disease to be there for their loved ones, while others felt guilty for neglecting their health or perhaps doing something to cause the cancer. Herminia was thirty-nine years old when she was diagnosed with breast cancer, and she blamed herself for this diagnosis.

> La noticia me impactó mucho, pensé en la muerte. Fue algo muy traumático. Por primera vez, me sentí sin rumbo y sin dirección. Fue un shock. No me lo esperaba, siendo tan joven; estaba a punto de cumplir cuarenta años cuando me diagnosticaron. Entonces, comencé a sentirme mal, esa noticia no me la esperaba. Me sentía resentida con la vida. Me puse a pensar: yo no le he hecho nada malo a nadie. ¿Qué podría haber hecho? Tal vez hice algo y tal vez no lo recuerdo. No sé. Tengo mucho resentimiento conmigo misma. Tal vez, no me presté atención porque nadie en la familia tenía cáncer, pero ¿cómo podría pensar en eso?
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> [The news really shocked me, I thought about death. It was something very traumatic. For the first time, I felt aimless and

> without direction. It was a shock. I did not expect it, being so young; I was about to be forty years old when I was diagnosed. Then, I started to feel bad, that was the news that I did not expect. I felt resentful with life. I started thinking: I have not done anything wrong to anyone. What could I have done? Maybe I did something and maybe I do not remember it. I do not know. I have a lot of resentment for myself. Maybe, I did not pay attention to myself because nobody in the family had cancer but how could I possibly think about it?]

All the Latina immigrants similarly tried to find a reason or cause for their diagnosis.

They also celebrated survivorship after five years with no detectable cancer as an important milestone of their survivorship experience. An essential component of survivorship for all the Latinas interviewed was making it to the five-year mark with no new diagnosis or recurrent breast cancer diagnosis. Making it to this five-year mark gave these women a sense of existential growth by teaching them to live in the moment. This achievement is echoed in Helena's testimonio:

> Cuando me diagnosticaron, el médico me dijo que tenía un cuarenta por ciento de posibilidades de sobrevivir. Me quedaban como cinco años de vida, así que tuve que organizar mi casa y tirar las cosas innecesarias. Entonces mi vida pasó a ser muy diferente, era muy diferente. Mi vida estaba a punto de desaparecer, así que quería estar lista para morir y relajarme. Entonces, incluso hasta el día de hoy, sólo vivo por un mes en el momento, no hago planes para el próximo año. Tengo planes para el mes de julio, nada más allá de eso no los

> tengo, porque me aterrorizaba la posibilidad de que me volviera el cáncer, pero no volvió y después de cinco años sigo viva y cuidando a mi familia.
>
> [At the time I was diagnosed, the doctor told me I had a forty percent chance of survival. I had like five years to live so I had to organize my house and throw away the unnecessary things. Then my life happened to be very different, it was very different. My life was about to be gone so I wanted to be ready to die and relax. So even to this day I only live a month at the time, I do not make plans for next year. I have plans for the month of July, anything further than that I do not, because I was terrified with the possibility that my cancer will come back but it did not come back and after five years, I am still alive and taking care of my family.]

Helena's testimonio revealed how being diagnosed with breast cancer had a deep psychological impact as she had to confront the possibility of death with different coping mechanisms such as living in the moment, recognizing what was important in her life, and the renewed sense of purpose or appreciation for her life and caring for family. Many testimonialistas described their diagnosis as shocking and their survivorship as an individual process and transformative.

Reconstruction of Femininity and Familismo

As a result of the changes to their bodies, the mujeres interviewed here shared the various ways they reconstructed their ideas of femininity, how they reconfigured and understood their bodies, their identity, and their relationship to self and others. How these women recast their femininity and identity varied according to age, their status as mothers, their involvement in intimate relationships, as well as their connection with other women with similar cultural backgrounds and value systems. Importantly, some women such as Virginia, Marta, and Miranda, shared how they resisted social impositions of femininity and demanded their new bodies be accepted. They increased the "visibility" of the physical impact of breast cancer by not hiding or disguising the changes to their bodies as breast cancer survivors. This was apparent at many La Promesa events and activities.

In addition, several women questioned societal messages associated with femininity, noting "yo no soy mi pelo" (I am not my hair), or refused breast reconstruction as a reflection of conventional notions of womanhood. In the testimonio below, Virginia from Costa Rica recalled her distinct viewpoint and lived experiences as the only Latina attending a hospital support group on the east coast. When addressing the group topics discussed, she emphasized her role as a caregiver and as a mother, as well as her strong sense of familismo as more elemental to her identity as a woman than breasts are:

> Me di cuenta de que mi experiencia era muy diferente a la de otras personas. Por ejemplo, muchas mujeres hablaban de cirugía plástica, o que no tenían senos. Era algo para ellos como, como dicen, vanidad. Sin embargo, para mí era supervivencia. Durante mi cirugía, mi vanidad murió (risas) y luego fue supervivencia (risas). Si, no tengo senos, pero no me importa, no me importa que perdí todo mi cabello, no me importa tener que usar lentes, no me importa si tengo que usar muletas, pero para mí lo más importante es estar viva. Quiero estar viva de cualquier manera. Si me despierto por la mañana y puedo respirar, eso es suficiente para mí. A mi marido no le importan mis pechos, a mí tampoco me importan porque tengo un hijo discapacitado. Le dije a las mujeres del grupo, todas esas cosas con las que tienen que lidiar, yo las tengo todas, pero mi vida es muy diferente a la suya.

> [I realized that my experience was very different from other people. For example, many women spoke of plastic surgery, or that they did not have a breast. It was something for them like, as they say, vanity. However, for me it was survival. During my surgery, my vanity died (laughs) and then it was survival (laughs). Yes, I have no breasts, but I do not care, do not mind that I lost all my hair, I do not mind having to wear glasses, I do not care if I have to use crutches but for me the most important it's to be alive. I want to be alive in any way. If I wake up in the morning and I can breathe, that is enough for me. My husband does not mind about my breasts, I do not care either because I have a disabled child. I told the women in the group, all those things that you have to deal with, I have all of them, but my life is very different from yours.]

Virginia expressed how she regarded her bodily changes differently than the other non-Latinas in the group. She prioritized the need of being alive, equipped with a functioning body that enabled her to care for her child with a disability. She claimed a version of femininity where body image was secondary in her life. Her values align with typical cultural norms regarding motherhood and familismo. Further, the body transformations experienced by these women implied a process of acceptance of a new self within their family and social circles. For instance, Marta, a teacher from Cuba, who came to the U.S. as a young child revealed in English how the specific changes her body endured were collectively shared by a larger community of women. Instead of covering herself and hiding her illness, she tried to educate others at the middle school where she taught and was transparent with her students about the changes she experienced:

> I told my students, "There are going to be times that I am not going to have anything on my head." I want the kids to know, I have no

> problems explaining, coming to your classroom, whatever. I really feel like, especially women with cancer, they have enough to deal with. If your head is hot, scratchy, or uncomfortable, do you have to deal with that too?

Some testimonios in this paper revealed the importance of sharing space with other women diagnosed with cancer, illustrating the importance of hermandad to heal as survivors in comunidad. Being a member of a support group, such as the one at La Promesa, allowed Herminia, Helena, Miranda, Jimena, and Linda to feel needed, acknowledged, and valued. It also validated their experiences and encouraged them to relate to others in similar situations. For example, Miranda from Honduras expressed how the connection with other women was a transformative experience. She shared how the nurturing and safe environment at La Promesa helped her through the emotional and physical changes she endured by feeling accepted and supported. Through her group sessions, she was able to meet other Latina immigrant women, bond with them over their shared experiences, and support others through the ongoing challenges:

> Estoy muy agradecida y haría cualquier cosa, hacer trabajo voluntario a cambio de toda la ayuda. Cuando vengo aquí y G me pide que haga algo, estoy muy contenta de hacerlo y ayudar a las señoras que son mayores que yo. Porque, para mí, es una forma de devolver todo lo que nos han dado aquí. Por eso, estoy feliz porque he recibido mucho apoyo del grupo. He conocido a muchas mujeres que siempre están apoyando, cuando vamos al hospital, vienen a visitarnos. Estoy feliz por eso porque tengo muchas amigas y he conocido a mucha gente. Salí a caminar, a clases de nutrición y a clases de pintura. Tenemos muchas otras clases y estoy agradecida

> por esto, por tener estas oportunidades. Soy feliz y uno siempre se siente bien aquí. Es como una familia.
>
> [I am very thankful, and I would do anything, do volunteer work in return for all the help. When I come here and [the group coordinator] asks me to do something, I am very glad to do it and help the ladies who are older than I am. Because, for me, it is a way to pay back for all the things they have given us here. Therefore, I am happy because I have received much support from the group. I have met many women who are always supporting each other when we go to the hospital, they come to visit us. I am happy about that because I have many friends and I have met many people. I went for walks, to nutrition class, and painting class. We have many other classes and I am thankful for this, for having these opportunities. I am happy and one always feels good here. It is like a family.]

Miranda, who describes other group members as familia, highlights the value of these intentional shared spaces for Latina immigrants and breast cancer survivors. This pointed to the value of being in non-medicalized spaces, in sites where women do not feel pressured to meet dominant patriarchal constructions of femininity, and in a place where they could relate to other women with similar values and lived experiences. This sense of connection and community corresponds with the Latino cultural values of collectivism and familismo. In many testimonios, women echoed how important it is for them to "be there for others" and "with others." Similarly, themes of solidarity, support, amistad and connections were emphasized in their testimonios. In essence, for these mujeres, notions of femininity are re-oriented in their role as caretakers and as members of a larger sisterhood. All of the testimonialistas had children and all considered family as one of the most important aspects in their lives. Some Latinas expressed a fulfilling connection to their transnational families, their children and their cultural group. Their illness and survivorship were happening in relation to others who they care for, as friends, mothers, grandmothers, great grandmothers and partners. The reconstruction of their femininity and identity was connected to their relationships, rather than their bodies or figures.

Navigating Medical Systemic Challenges

Navigating the U.S. medical system emerged as a salient theme. Some of the systemic challenges the testimonialistas had to navigate included diagnosis delivery, linguistic injustices, access to information, and power differentials with medical providers. Their testimonios recounted how they maneuvered through medical services throughout their journeys as marginalized Latina immigrants. Often, their first encounters with the U.S. medical system were when they first received their diagnoses. Berta, a self-identified Mexican woman in her fifties, spoke about receiving the diagnosis over the phone:

> Mi doctor de cabecera recibió la noticia y me lo dijo por teléfono. Entonces, lloré. Creo que lloré durante dos días. Si el doctor me hubiera dicho OK está bien, debe venir para una cita. Lo hubiera sabido en persona. Al menos, lo hubiera sabido entonces y tal vez lo hubiera procesado mejor en el consultorio del doctor. Creo que lo hubiera preferido en persona, entrar y decir que tenía cáncer. Lo hubiera preferido en persona.
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> [My primary physician got the news and he told me over the phone. So then, I cried. I think I cried for two days. If the doctor would have said, "OK, you need to come in for an appointment." I would have known it in person. At least, I would have known then and

> maybe processed it better in the doctor's office. I think I would have preferred it in person, to come in and say that I had cancer. I would have preferred it in person.]

Berta recalled this event as very intense and emotional. She emphasized the importance of personal interaction with her health care provider to humanize the delivery of a serious diagnosis. Because of Berta's cultural preference for personalismo, she would have preferred a doctor with a more interpersonal approach to deliver such life-changing news.

These women also faced systemic barriers that affected not only themselves personally, but also their respective families, in particular their children. For instance, Jimena from Puerto Rico expressed her concerns about the lack of support and access to interpreters for Spanish-speaking patients like herself:

> En ese momento, no tenía intérprete. El intérprete era mi hijo de diez años. Fue algo muy duro. Yo sufría y mi bebé sufría porque tenía que traducir y tenía que estar ahí para mí. Luego, cuando venían a casa, tenía que decirle a mi hijo que no fuera a la escuela porque enviaban a una enfermera americana y yo no hablo inglés. Yo quisiera decir que cuando pasan cosas así y la gente no sabe el idioma, que manden a alguien que sepa el idioma porque los niños sufren cuando ven sufrir a su madre. Tenía que ver lo que me estaban haciendo y traducir. Mi bebé estaba llorando al verme pasar por eso.
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> [At that time, I had no interpreter. The interpreter was my ten-year-old son. It was something very hard. I was suffering and my baby was suffering because he had to translate and had to be there for me. Then when they used to come [for] home [visits], I had to tell my child to

> not go to school because they sent an American nurse and I do not speak English. I would like to say that when things like this happen and people do not know the language, they should send someone who knows the language because the children suffer when they see their mother suffering. He had to see what they were doing to me and translate. My baby was crying seeing me going through that.]

Jimena highlights the trauma inflicted on her son because of the lack of trained translators. These types of barriers cumulatively add to the burdens immigrant Latina breast cancer patients encounter when navigating complex yet monolingual medical systems, and it has a detrimental impact not only on their own, but also on their family member's psychological, emotional, and mental health. A consequence of having a breast cancer diagnosis is the need to confront the possibility of death. These existential crises also affect women's sense of dignity and agency, impacting their roles as mothers and caregivers. Therefore, spaces to process and come to terms with the reality of their own death are very important. Linda, a monolingual Spanish speaker from the Dominican Republic attending the support group at La Promesa, noted the importance of having culturally and linguistically responsive groups that could help her and other women recover, feel connected, and gain a sense of belonging:

> Cuando venimos aquí a este grupo, ayuda mucho porque puedo hablar el idioma español. Este es el único grupo español aquí. Te sientes bien hablando tu propio idioma. Cuando vienes aquí a hablar con todas las mujeres, ves las diferentes situaciones y a veces ves que tu problema es pequeño. Hay mujeres que tienen situaciones más grandes que la mía, y eso ayuda, me da fuerza.

> [When we come here to this group, it helps a lot because I can speak the Spanish language. This is the only Spanish group here. You feel good speaking your own language. When you come here to talk to all the women, you see the different situations and sometimes you see that your problem is a small one. There are women who have situations bigger than mine, and that helps, it gives me strength.]

Being part of a community of Latina immigrants who spoke their language, the testimonialistas had the opportunity to nurture bonds and manifest overlapping identities as breast cancer survivors, immigrants, and Latinas. Attending support groups within their communities, including welcoming and accessible spaces like La Promesa that are culturally and linguistically competent, seemed to be a powerful source of support on multiple levels. First, it united women across different identities, including country of origin, language, race, ethnicity, and survivorship. Secondly, it underscored how survivorship is not only a physical process where women get medical treatment, but it is also a psychological and emotional process that can be ameliorated by connecting with others with similar experiences. In essence, the collective encounters where women shared their testimonios were frequently intense and emotional but they fostered connection, reflection, and healing as it provided a space to process conflicting feelings and concerns.

As shared here, testimonialistas theorized and made meaning of the changes their bodies suffered during their treatments and their relationship to their body during and after breast cancer. Moreover, cultural bonds helped them share some of their most vulnerable moments during this incredibly trying crisis. These shared sets of cultural values and norms helped each woman remember that they do not have to bear this ordeal alone; other hermanas and family members who were there showed solidarity and support. In conclusion, their testimonios highlight how harrowing it is to be diagnosed with breast cancer and confront death; and how healing it was to ground an understanding of femininity in familismo as part of the process of survivorship. Finally, their testimonios show the additional layers of linguistic and cultural trauma they faced when navigating monolingual systems of care in the U.S. Together, these commonalities demonstrate the relevance of having Latina support groups within their communities.

Survivorship, Conocimiento and Collective Healing

The testimonios of Herminia, Berta, Helena, Virginia, Marta, Miranda, Jimena, and Linda contribute to an understanding of the transformative healing process they engaged as breast cancer survivors. Their testimonios gave insight to the ways these mujeres confronted their own mortality and made sense of their changing bodies and their sense of self. In their testimonios, they reclaim their survivorship by accepting their physical changes, questioning societal impositions to look a particular way or disguise the physical impact of the illness. The mujeres instead re-constructed their relationship to their body.

These testimonios also displayed their interactions with structures of systemic power as they exposed the discriminatory practices within the medical system. Indeed, both the medical healthcare system in the U.S. and health research studies about women tend to homogenize the breast cancer experience and their survivorship process instead of acknowledging and recognizing the systemic barriers that Latina immigrants often encounter such as: inadequate health care and coverage, health disparities, discrimination, language barriers, access to education, isolation and historical institutionalized racism (Shavers and Brown 2002; Miranda, Tarraf, and González 2011). Several testimonialistas revealed the significance of personalismo in their interactions with medical providers throughout their treatment and survivorship (Hubbard et al. 1996; Kneece 2017), emphasizing that diagnosis should only be delivered in person. New training modalities are needed for physicians and other healthcare providers to facilitate culturally responsive communication with Latinas focusing on providing information and prevention (Goldman and Risica 2004). It is also imperative to re-consider how the structural oppression, lack of support, and linguistically inadequate services within systems affect Latina immigrants diagnosed with breast cancer and their families (Lantz et al. 1994). In particular, it should be a main priority to eradicate the common practices of using children as interpreters and translators in health settings. Documenting the health needs and best practices within integrated systems of care, such as those in this study, aim to address the barriers in medical systems that impact the well-being and sense of self of Latina immigrant breast cancer survivors and their families (Lopez-Class et al. 2012). To enhance access to healthcare, we call for language justice practices in the U.S. medical system when working with Latina immigrants (Buki et al. 2008).

The testimonios also provide a deeper understanding of how proactive and resilient Latinas diagnosed with breast cancer are challenging the passive, submissive, and stereotypical construct of marianismo[6] associated with Latinas (Hurtado 2003; Nieto Gomez 1997). Instead, these women were agents in their own recovery, despite marginalization and mistreatment by the health system in the U.S.[7] By sharing their lived experiences, these Latina testimonialistas transcended pain, created a space for healing, and transformed the traumatic memories their bodies remember (Flores-Ortiz 2003). Importantly, Latina immigrants emphasized the importance of helping other Latinas by creating support groups targeted for them in their communities, affirming the importance of preventive health care programs for Latina breast cancer survivors and their families within their local communities (Clavelle et al. 2015; Hubbell et al. 1995; Kneece 2017). As a result, we propose the creation of local groups to support Latina women in their communities that incorporate their families in the process of survivorship (Buki, Reich, and Lehardy 2016; Buki et al. 2008).

This work contributes new knowledge to the field (Espino et al. 2012) as these Latina immigrant breast cancer survivors' testimonios challenge dominant medical breast cancer discourse in the U.S. The commercialization of women's illnesses, pain, and suffering through "pink-ribbon-themed breast-cancer products" infantilizes women (Ehrenreich 2001, 46-47) and mirrors what Anzaldúa described as the "objectification of women's bodies, silencing their suffering to take power and control over them" (Barros 2020). Latina immigrant breast cancer patients and survivors deserve better.

The Chicana and Latina feminist epistemology that guided us, not only centered Latina immigrants' lived experiences, but also invited survivors to reclaim a sitio and discourse that would otherwise be silenced or marginalized by dominant discourses (Flores Carmona and Luciano 2014). As Latina identified scholars, we will continue to pursue scholarly research that draws from and is co-constructed with our communities, guided by theories and methodologies that reflect Latina/o/x communities' strength-based knowledge and practices (Deeb-Sossa 2019; Manzo et al. 2020; Flores and Torreiro-Casal 2022). We will also foreground the diverse conocimientos and collective healing done in our communities, in particular by Latina immigrants who suffer from injustice and multiple agravios. We hope our work initiates structural changes that benefit our communities and build bridges of solidaridad and hermandad, rooted in feminist research practice in public health and academia. We express our gratitude to the testimonialistas who shared their lived experiences: thank you for trusting us with your wisdom and knowledge.

Notes

[1] Of the three major U.S. Latina groups (Mexican-American, Puerto Rican, and Cuban), Mexican Americans, the largest Latina group in the U.S., are the least likely to use preventative services for cancer screening (Suarez 1994).

[2] Latinas/os/xs in the United States are disproportionately affected by health care barriers. Latinas/os/xs have been historically marginalized and are currently vulnerable to inequality in health care systems. Latinas/os/xs from lower socio-economic and undocumented immigration status are amongst the most vulnerable groups suffering from health injustice. For more information see https://hiaucb.files.wordpress.com/2017/04/access-to-healthcare-for-latinosEnglish.pdf.

[3] The research by the Avon Foundation for Women also shows how mortality rates differ for Cuban, Mexican, Puerto Rican and Central and South American women with breast cancer in the U.S. Mexican and Puerto Rican women are more likely to die from breast cancer than other Latina women in the U.S.: see https://www.hindawi.com/journals/jce/2016/8784040/abs/ng.

[4] All the participant names are pseudonyms.

[5] A pseudonym.

[6] Marianismo is the construct and concept that reflects that women should be the spiritual family leaders, remain abstinent until marriage, and be submissive to their husbands. The name originates from the Catholic Church's image of the Virgin Mary. See https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118970843.ch306.

[7] Latinas in the U.S. suffered from racist medical practices such as the sterilization of Latinas' bodies without their consent. See https://pubmed.ncbi.nlm.nih.gov/33826372/.

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