Couples and Cancer

During the past decade, as a sexuality counselor at a large regional cancer center, I have heard many emotions expressed during counseling sessions. I have witnessed the vulnerability of men as those whose physical size suggests strength and power crumble in the face of the fallout from cancer. I have seen physically fragile women draw from a well of strength and overcome functional impairment that would bring many of us to our knees. I have observed, with no small degree of amazement, couples young and old overcome significant odds to grow closer and stronger despite the toll that cancer and its treatment take on them. I have learned what intimacy truly means—not as a euphemism for sexual activity, but the heart-to-heart connection between two people who have seen the worst of themselves and yet, in the eyes of the other, only kindness and love reflected back.

But there are times, not often, when my breath is taken away by the words of an angry spouse or a belligerent patient, and they remind me to think about the pain that same voice must cause to those against whom their feelings are directed. This week, the husband of a patient called me to ask why I had told his wife that I wanted to see them together. I patiently explained that sexual problems are never fixed by just one of the couple attending and that this is a couple’s issue and will only be solved by the two of them together. His response was an assault to my ears: “My wife is the cancer survivor and I am the cancer victim!”

I have played that statement over and over in my mind since that phone call. I recognized immediately that the word victim pushes a lot of buttons for me. I worked at a community HIV/AIDS clinic in the 1980s and 1990s. A lot of talk in the media at the time was about “innocent victims,” usually children and recipients of tainted blood transfusions or blood products (yet another value-laden term), and an implication that everyone else—predominately gay men and injection drug users—was not innocent and somehow deserving of that terrible fate. I argued with reporters about their use of the word victim, and I think that I managed to change some minds. Victim also reminds me of weakness, and that is not what I see every day in my practice. My patients show strength, courage, and ingenuity as they figure out how to love and be loved in this new normal life that they have created in the aftermath of treatment. The thesaurus lists, among others, the following synonyms and related words for victim: loss, prey, loser, underdog, and martyr.

A victim also is described as a person who is the object of abuse or ridicule, a laughingstock, fall guy, scapegoat, or whipping boy. Those words do not describe the men and women who sit in my office each day, their faces hopeful, their hands often held in those of the person who loves them most.

Lest you think that I work in a Pollyanna world where everything is unicorns and rainbows, I have counseled women who told me that they kicked their partner out soon after their diagnosis because that was the wake-up call that prompted them to start a new life after cancer, and that meant getting out of an unfulfilling marriage. I occasionally hear of a wife or girlfriend who fled when the going got tough, who couldn’t or wouldn’t see past the immediate hardship of surgery and radiation or chemotherapy.

Some studies suggest that relationships grow stronger and more intimate after cancer (Hawkins et al., 2009); other studies suggest that sexual problems may precipitate conflict within the relationship (Fobair & Spiegel, 2009). Perhaps we who observe couples in the midst of the trauma of cancer like to think that the partners of our patients are selfless, loving, and supportive. Perhaps we do not want to know about the misery and loneliness that accompany the suffering behind closed doors. Do we ask about abuse in all of its forms—physical, emotional, sexual—as our colleagues in other areas of nursing do, or do we stay comfortable behind our rose-colored glasses?

I have observed, with no small degree of amazement, couples young and old overcome significant odds to grow closer and stronger despite the toll that cancer and its treatment take on them.

I continue to think about the husband’s angry words on the phone. I can see his wife’s face as she sat in my office, a soggy tissue mopping her eyes. It has been seven years since her diagnosis and treatment and the pain has not gotten better; it tears at her heart and, for that, we have no medication. And yet I know that he is in pain too, and he has no idea how to deal with it. In reality, there are two victims here, not victims of cancer, but of a relationship that lost its way. I hope to have a chance to help them find their way back to each other, or to a happier life apart.

References


Anne Katz, RN, PhD, is a clinical nurse specialist at the Manitoba Prostate Centre, an adjunct professor in the Faculty of Nursing at the University of Manitoba, and a sexuality counselor for the Department of Psychosocial Oncology at CancerCare Manitoba, all in Winnipeg, Manitoba, Canada. Katz can be reached at ONFEditor@ons.org.

Digital Object Identifier: 10.1188/13.ONF.105