

Feeling Good

BREAST CANCER SPECIAL: THIS TIME IT'S INTERPERSONAL

ALL IN THIS TOGETHER

▶ **ROUGHLY ONE IN EIGHT** American women will develop invasive breast cancer in her lifetime. And so, in a way, will her family and friends. Though the diagnosis of any illness—or even the news of increased risk—inevitably has an impact on a patient's relationships, the fallout is perhaps never more varied and unpredictable than with breast cancer. "When a woman is diagnosed, I ask her to make a list of people she can depend on," says Hester Hill Schnipper, manager of oncology social work at Beth Israel Deaconess Medical Center in Boston and a two-time breast cancer survivor herself. "I guarantee that when she looks at it a year later, she'll be wrong about at least one. Some people vanish, while others you've never imagined would step up, do." Will breast cancer strain bonds that were once considered unbreakable? Or will it be the catalyst that brings families closer, fortifies marriages, and deepens friendships? Here, real-life stories of love put to the test.

BY *Leslie Goldman*

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MOTHERS AND DAUGHTERS

THERE'S NO ME WITHOUT YOU

CATHY CASSATA HAS a memory of sitting on her parents' bed at age 6, tossing her mother's prosthetic breast in the air and trying to catch it. "One day I asked her what it was," says Cathy, now 40 and a journalist in Mount Prospect, Illinois. "She said, 'Oh, that's mine,' and put it in her bra. I realized then my mom was different."

As a teenager, Cathy knew that her mother, aunt, and grandmother were diagnosed with breast cancer in their 30s. On Cathy's 21st birthday, her mom, Barbara, elaborated: When Cathy was a toddler, she accidentally kicked Barbara in the chest, causing pain that sent her to the doctor, then the oncologist. Without that kick, the disease—already at stage III—would likely have gone undetected.

Over the years, Barbara had several remissions and recurrences. In 2007, Cathy learned she was pregnant on the same day her mother learned that the intense headaches she'd been having were due to breast cancer that had metastasized to her brain.

"I felt selfish," says Cathy, "because while I wanted her to meet her grandchild, I also wanted her there to guide me through being a new mom." As Barbara's pain became excruciating, however, Cathy shifted

her focus from delivery-room dreams to helping relieve her mom's suffering. Barbara died at 61, six months before Cathy's son was born.

The mother-daughter bond "may be the most complicated and layered of all human relationships," says social worker Hester Hill Schnipper. When you put breast cancer in the mix, things get even more complex. "There are so many intense feelings: sadness, anger, guilt, terror," she says. What's more, as women have children at older ages, oncologists are likely seeing more breast cancer patients with small children. And although breast cancer in young women is still rare, more than 250,000 women living in the U.S. today were diagnosed before age 40, according to the Young Survival Coalition—meaning some mothers face the painful task of watching their daughter battle the illness. In many cases, the cancer may be successfully treated within a year or so, and the family can move on. But when a woman has recurrences or develops an incurable form, "cancer can become a lifelong companion," Schnipper says.

Breast cancer has loomed over the Henning family of Grayson, Georgia,

for half a decade. Jill, a 50-year-old former pastor, beat the disease in 2013, only to have it metastasize last year. She's outlived her initial prognosis, but doctors can't predict how long she'll continue to respond to treatment, so she's committed to making memories with her daughters, Ashleigh, 16, and Sarah, 21. Jill has always shown up at cross-country meets to cheer on Ashleigh; the cancer has spread to her lungs, making yelling difficult, but she's still there—ringing a brass bell.

Having a mom staring down incurable breast cancer can be especially tough for a teenager. "My friends are thinking about math tests, boys, whether they'll make varsity," Ashleigh says. "I have those worries, too, plus I have this other thing to think about." Then there's the guilt she feels when she and Jill bicker. It hits her: "Oh, shoot, Mom has cancer. I should cherish my time with her."

Ashleigh is grateful—and says the cheering bell, which used to embarrass her, has become her secret weapon: "I start hearing it a quarter mile away, and the sound motivates me to finish."

A mother with breast cancer may fear for her children's future not just



A WOMAN HAS A **50%** CHANCE OF PASSING DOWN A BRCA1 OR BRCA2 MUTATION TO THE NEXT GENERATION.

Women with a family history of breast cancer should start getting a clinical breast exam every six months and a mammogram every year at least ten years before the age of the earliest diagnosis in the family (but not before age 25 or after 40).

—Memorial Sloan Kettering Cancer Center



because she's leaving them behind; she may worry that they'll develop the disease, too. Jill had genetic screening to determine whether she carried a BRCA mutation, which would dramatically increase the risk for her daughters, and came up negative. But mothers who test positive may experience crippling self-blame, irrational though that may be. When Pittsburgh writer Debby Tepper Glick, diagnosed with breast cancer in 2001 at age 48, got tested four years ago, she was crushed to find out she carried the BRCA2 mutation—and, another test revealed, her daughter did, too. “I knew it wasn't my fault, but I was so sad this would be part of my legacy.”

Sofia Garcia, PhD, a clinical psychologist at Chicago's Robert H. Lurie Comprehensive Cancer Center of Northwestern University, helps women like Glick reframe their discovery. “It can be difficult to tell family members they carry a genetic mutation, but it can empower them to take proactive steps”—like getting tested themselves.

Deborah Lindner, MD, a physician from Chicago, discovered she was BRCA1-positive in 2007 and elected to have a double mastectomy. After delivering a daughter in 2012 and a son in 2013, she also had her ovaries removed. Instead of her family being haunted by the specter of illness, Lindner says she intends to raise health-conscious kids who, at an age-appropriate time, will understand what breast cancer is and what they can do to prevent it. “It's like discussing safe sex practices. We give kids tools to help them deal with life's challenges.”

Cathy Cassata is now a mom to Ben, 11, and Cayla, 8. The kids spent the tenth anniversary of their grandma's death watching family videos and making pizza with her famous dough recipe. “I often think, *How did my parents get through it?*” Cassata says. “Not just the fear, but the physical and emotional demands of raising small kids when you're not well.” Those videos, though, bring back memories of how her mom was always there

for her and her siblings, even when exhausted from chemo. Cathy hasn't yet told her kids the family's full cancer story. Maybe she'll share it—fateful kick and all—when Ben turns 21, “just the way my mom told me.”

SIBLINGS

MY SISTER'S KEEPER

CATHERINE GORDON and her older sister, Karen, never had the chance to become close when they were young. At age 16, when Catherine was just 12, Karen became pregnant and moved out to marry her boyfriend. Over the ensuing decades, their lives took very different paths.

They were drawn together for a fraught period in the late '90s, when Karen was diagnosed with brain cancer. Catherine, living in Toronto, was working 90 hours a week at her corporate communications job, yet flew to Vancouver to be with Karen during treatment. Once the cancer was in remission, though, they returned to their hectic lives on opposite sides of the country.

But about ten years later, when Catherine's marriage was failing, Karen, who was divorced and remarried, reached out to offer support and advice. That's probably why, in 2015, when Catherine found a lump in her right breast, she knew whom to turn to. “Karen was one of the first people I called,” she says.

When a biopsy showed cancer, Karen, now living in California, again leaped into protective-big-sister mode. “After my mastectomy, Karen flew out and stayed with us,” Catherine

says. Midway through Catherine's chemo, Karen came back to Toronto again to attend her sister's treatments and try on wigs with her. “She gave my husband the week off and took care of me,” Karen says.

And then, almost one year to the day after Catherine's diagnosis, Karen called with some shocking news of her own: “You're not going to believe this, but I just found out I have breast cancer, too.” Their roles were suddenly reversed, with Catherine taking the everything's-gonna-be-all-right tone. Karen was nervous about telling their 82-year-old mother. “She's strong, but both daughters?” Karen says. “And I'd already had brain cancer!” So Catherine calmly broke the news on a three-way call.

Today Catherine, 59, and Karen, 64, chat often, just to check in or ask for advice, cancer-related and otherwise. This fall they'll celebrate their good health at a family wedding, and they recently went to a gathering for their mom's birthday. “My mum told everyone how happy she was to have us all together,” Catherine says. While all the cancer news was harrowing, it



Having a sister with breast cancer approximately doubles your risk.





THANKS TO THE **50,000+** WOMEN WHO PARTICIPATED IN THE TEN-YEAR SISTER STUDY, WE NOW KNOW, AMONG OTHER THINGS, THAT HIGHER LEVELS OF PHYSICAL ACTIVITY FROM AGE 5 TO 19 ARE ASSOCIATED WITH A LOWER BREAST CANCER RISK, AND THAT WOMEN EXPOSED TO TOBACCO SMOKE THROUGHOUT CHILDHOOD HAD A **17%** HIGHER BREAST CANCER RISK.

brought these two faraway sisters closer than they'd ever been.

Cancer does sometimes breathe new life into a relationship. Clinical psychologist Sofia Garcia, PhD, says that when people learn they have a potentially life-threatening illness, it can motivate them to reevaluate what matters, and "that often includes looking at their relationships."

Dale P. Sandler, PhD, is the chief of the Epidemiology Branch at the National Institute of Environmental Health Sciences and principal investigator of the large-scale Sister Study, dedicated to sussing out the environmental, lifestyle, and genetic factors influencing breast cancer. "We've seen sisters who were not close growing up coming together to learn about how their childhood circumstances and exposures may have contributed to their disease," she says. The reminder of all they've shared—experiences, biology—can create a new bond.

But it can also emphasize their differences, as Jordan Murphy, 28, a PR professional in Dallas, discovered. When her mother developed breast cancer and tested positive for the BRCA2 gene in 2014, her three daughters also underwent genetic testing. Jordan tested negative; her sisters, Lauren, 33, and Lesley, 31, are positive, like Mom. Jordan was relieved by her result: "I saw an aunt die from cancer, and it was *terrible*," she says. But the news also ignited some longstanding feelings of envy. "My mom has always had a really close connection with my sisters, and now they have this new thing—the BRCA2 gene—in common. I almost feel left out."

As perverse as that might sound, Lauren sees where Jordan is coming from. "She's the youngest," she says, "and maybe already felt like she wasn't always in the same club."

After testing positive, Lauren, who plans to eventually have her ovaries and breasts removed, decided to become pregnant sooner rather than later, providing Mom with her first

grandchild. Meanwhile, Lesley underwent a prophylactic double mastectomy plus reconstruction—similar to what her mother had done. (Bilateral risk-reducing mastectomy, like Lesley had and Lauren will have, has been shown to reduce risk of breast cancer by at least 95 percent in women with a BRCA1 or BRCA2 mutation.) Now she refers to Mom as her "boob twin." A travel blogger, Lesley often brings her mother on jet-setting adventures.

As for Jordan, she'll get to keep her breasts, but won't have much peace of mind. "A year ago, I found a lump," she says. "The doctor said, 'You're still high risk and need to get ultrasounds every year.' That was disheartening. I'm in my 20s and need annual ultrasounds?!"

Which is to say, it's complicated. Just like sisterhood.

ROMANTIC PARTNERS

AND CANCER MAKES THREE

IT'S NOT SURPRISING that breast cancer treatment, which can alter or destroy a woman's secondary sex characteristics, can also alter and destroy her body image and sex life. Besides the loss of sensation associated with surgery, chemotherapy can plunge a patient into temporary or permanent early menopause (a.k.a. chemopause), which comes with decidedly unsexy symptoms like vaginal dryness, weight gain, and an extinguished libido. Estrogen-blocking medications, which may be used for up to ten years to lower recurrence risk, have similar effects.

Before breast cancer survivor Bonnie Annis was diagnosed, in 2014 at age 56, she and her husband of 20 years cherished their twice-a-week sex life. Then Annis had a double mastectomy. After she and her husband weighed the risks of

reconstruction, she decided against it. Her husband was a doting caregiver, helping her get dressed in the morning and adjusting her pillows at night to accommodate the drainage bulbs in her chest.

When Annis's libido returned about four months postsurgery, she was at first elated, then crushed to find her spouse's desire had fizzled. "I did my best to look pretty," she says. "I made sure my makeup was just right. I put on lingerie. But it didn't matter. He treated me as if I was fragile, like he might hurt me if he touched me."

Annis woke one night to hear her 6'4" "rock of a husband" weeping beside her. He revealed he was terrified of losing her to a recurrence; he was also saddened by the changes in her personality. Indeed, Annis agrees that cancer transformed her from an "outgoing people person" to "a reclusive agoraphobic," afraid to leave home without prosthetics. "He felt like he didn't know me anymore."

The worst part: Her husband admitted he missed her precancer body. "He grieved what he considered the loss of my femininity and, yes, my breasts," she says.

The chasm between them widened a few months later, when she discovered he'd been using the tablet she'd given him for Christmas to view porn, which he said was a new practice for him. When he came home from work to find the tablet smashed in the driveway, he confessed that he'd been trying to escape into a fantasy world. Annis was devastated. "I thought he'd accepted my mastectomies as necessary, but I was wrong. I began to second-guess my decision not to reconstruct," she says.

Three years later, Annis says she and her husband are still deeply in love ("We hug, kiss, and cuddle, and we function as a team"), but they're no longer sexually intimate. "We've both accepted that our marriage has changed. But while cancer broke my body, we won't let it break us."

Jaime Pedigo, 37, of Spring Hill, Kansas, says her breast cancer experience was so traumatizing, she went on antidepressants. “Not only was I a new mom with cancer,” she says, “but within two weeks of diagnosis, my doctors were expecting my husband and me to make huge decisions, like whether we wanted to freeze embryos.” When Pedigo began feeling relief from the medication, she encouraged her husband to try it, too. “The stress was taking a toll; he would lose his cool very quickly, then come back ten minutes later crying and apologizing. Plus, he felt like so much attention was on me, but he needed support, too.” Now they’re relieved to be depression-free, off the meds, and back to laughing together. However, the experience caused lasting damage, says Pedigo: “It killed whatever sex drive we had left.”

Sex is often the elephant in the doctor’s office. It loomed over Marc Silver of Chevy Chase, Maryland, as his wife, Marsha Dale, planned her breast cancer treatment in 2001. “I

wanted to ask her oncologist if we could still have sex,” he says. “But how could I? Wouldn’t that make me seem self-centered?”

Silver instead found himself constantly striving to be the world’s best partner. When a physician recommended bilateral mastectomy, he jumped in and told Dale he’d love her no matter what. “She looked at me and said, ‘How would you feel if the doctor told you he needed to cut off your penis?’” says Silver. “She didn’t want me to be Mr. Fix It; she needed me to listen to her talk about how she felt.” Silver wrote the book *Breast Cancer Husband* for partners like him, and 14 years later, it’s still popular.

Social worker Hester Hill Schnipper says many spouses struggle: “A husband often acts as chief cheerleader during his wife’s treatment, but he may be angry, scared of losing her, or overwhelmed. And he likely feels guilty about being anything other than completely supportive.”

A patient in a same-sex partnership can experience her own unique difficulties. In some cases, introducing her wife or girlfriend to doctors can feel like coming out,

over and over. “LGBT cancer patients have to weigh the value of being open against their concerns about discrimination—at a time when they may be least equipped to fight it,” says Liz Margolies, a licensed clinical social worker and founder and executive director of the National LGBT Cancer Network. “Yet if the patient stays silent, her partner may feel invisible. Negotiating every encounter this way puts pressure on relationships.”

On the other hand, Margolies notes, queer women tend to report feeling less pressure to get breast reconstruction, and she’s heard from patients that their partners are often more accepting of their decision to go flat than men in heterosexual relationships might be. That doesn’t mean there’s no emotional conflict in forgoing reconstruction: Being with a partner who has two healthy breasts “can be a constant reminder of the body a patient used to have before treatment,” Margolies says.

For their part, Silver and Dale have maintained intimacy by redefining erogenous zones and re-navigating satisfaction. “There are back rubs,



70%
OF BREAST
CANCER
SURVIVORS
SUFFER
SEXUAL
PROBLEMS
IN THE FIRST
TWO YEARS
AFTER THEIR
DIAGNOSIS.

One small study found that women diagnosed with cancer were about five times more likely to divorce or separate than men who got cancer.



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foot massages,” Silver says. Dale, whose hair loss made her self-conscious, recalls her husband taking pains to help her feel beautiful when he removed her wig to make love. “She has a lovely bald head, and her ears are sort of elfin,” says Silver. “Cancer splits you apart, and your home feels overrun with medication, bills, and reminders of the disease. It’s so important to do things that bring you together and allow you, for a few moments, to forget all of that.”

Humor can smooth bumps in the road, too. Ashli Brehm, 36, of Omaha, says jokes were a crucial coping mechanism for her and her husband as she underwent treatment for stage II cancer in 2015. At a “Bonboobvage party” before her double mastectomy, he was the bartender, serving up Mamma-ritas and Slippery Nipples. And as Brehm’s hair started growing back after chemo, he helped her name each new look: the Eminem, the Ellen, the Keith Urban. “Look, I’m a 36-year-old in menopause—we need a gallon of lube just to have sex,” says Brehm. “We have to find what’s funny because otherwise, it would be too sad.”

FRIENDS

IT TAKES A VILLAGE

IN 2017, Jamie Dahl, then 43, and Julie Nordeen, then 44, were best friends from high school living happily parallel lives. Their houses in La Crosse, Wisconsin, were two blocks from each other; their birthdays, one day apart; their kids, the same ages. Then Dahl learned, in March of that year, that she had breast cancer. She told Nordeen the next day, after drop-off in the school parking lot.

Nordeen was stunned, not only because this was happening to her dearest friend, but also because she’d felt a lump in her own breast a couple of months earlier. Two days later, the radiologist who’d helped diagnose Dahl pointed to a mass on Nordeen’s ultrasound. A biopsy confirmed breast cancer.





A 2017 study of more than **9,000** women with breast cancer found that those who were socially isolated had a **43 percent** higher risk of recurrence and a **64%** higher risk of dying from breast cancer, compared with counterparts who had large social support networks.

Nordeen's chemo started first, so she helped Dahl's kids get comfortable with a bald head by letting them rub hers. Dahl was first to go through double mastectomy and reconstruction; her daughter, then 8, taught Nordeen's sons how to give hugs postsurgery without hurting their mom. Twice the friends had simultaneous chemo sessions, during which they'd walk their IV bags down the hall to say hi. "Jamie had just gotten her Benadryl"—administered for nausea—"and she was looped," Nordeen says, laughing. "When she saw me, she burst out, 'Wow, you're beautiful!'"

Dahl and Nordeen offered each other a shoulder to cry, laugh, and lean on. "Your connections with friends and family are the number one way to nurture your emotional health, which is critical during and

after treatment," says Marissa Cangin, PsyD, an assistant clinical professor of psychology with the City of Hope in Duarte, California.

Of course, Nordeen and Dahl's situation—from best friends to breast cancer friends—is unusual; more often it's the other way around. "Cancer buddies, the ones you meet in waiting rooms or support groups, become so close, so fast," social worker Hester Hill Schnipper explains. "You can immediately talk to each other in an authentic way."

When Lori Marx-Rubiner, from Encino, California, and AnneMarie Ciccarella, from Long Beach, New York, found each other on social media in 2011, they had little in common besides a rare type of breast cancer. Ciccarella, then 54 with a son and daughter in their early 20s, had been finished with treatment for four years and was struggling in a troubled marriage. Marx-Rubiner, at the time 45, had a teenage son and was happily married to her college sweetheart. Yet the two hit it off, and soon their bond went beyond cancer. "We'd visit and talk for hours," says Ciccarella. "It was like we shared the same brain."

But in July 2017, Marx-Rubiner told Ciccarella she was halting her treatment. When Ciccarella realized what that meant, she rushed to her friend's side. Two weeks later, at Marx-Rubiner's funeral, Ciccarella was overcome with grief. She thought, *Why am I still here and Lori isn't?*

Survivor's guilt is not uncommon among breast cancer friend groups. Clinical psychologist Sofia Garcia, PhD, says it often includes the minimizing of one's own experience. The survivor may even have the irrational feeling that she's somehow at fault. Schnipper encourages survivors to remember that no matter what, they've paid their dues, and recommends finding an oncology-savvy therapist.

Breast cancer doesn't always bring friends closer. After discovering a

lump in her left breast in 2014, Jocelyn Mader, now 36, started a Facebook page to update friends and family during her treatment for stage III cancer. At first, friends rallied; coworkers raised nearly \$2,000 to help her cover medical costs. But as she blogged in raw detail about chemo, lumpectomy, lymph node removal, and 38 sessions of radiation, the calls dwindled.

When friends disappear, "it's often because they don't know what to do, or the cancer feels threatening to their own mortality," Garcia says. "You're entitled to feel angry, but it's important to acknowledge that while you can't control your friends' response, you can control whether you rebuild those relationships."

Mader eventually forced herself not to take the disappearances personally. Having a few heart-to-hearts helped. "I reached out to one friend and told her I missed her," Mader says. "She said she'd had some great things happen, like a promotion, and worried that if she shared them, I'd feel hurt. She also admitted that it terrified her when I was diagnosed at such a young age." Over coffee and a good cry, the two reconnected.

For besties Dahl and Nordeen, their friendship has not only survived cancer but thrived. There was one awkward moment, when they found out Dahl would need four rounds of chemo compared with Nordeen's six. ("Part of me felt like I had to stay after school while she got to go out to recess," says Nordeen. "But I was thrilled for her.") And Dahl admits she sometimes worries that her friend will look at her and be reminded of a terrible time in their lives. But Nordeen insists cancer has only strengthened their bond. "The day before my mastectomy, we were sitting on a low wall in my front yard," she recalls. "A car drove by, and the woman just stared. I said to Jamie, 'What, she's never seen two bald girls sitting on a wall, talking?' We died laughing."

