

## Physical Injury and Intimacy: Helping Wounded Warriors and their Loved Ones Manage Relationship Challenges and Changes

The impact of physical injury and polytrauma challenges the emotional and sexual relationships of injured service members and their loved ones. It is important that providers in primary, behavioral health, rehabilitative and spiritual support settings address concerns around intimacy. For service members who are single, the impact of injury on sexual performance is also an important area of discussion as part of their recovery and perspective on the future.



Physical war injuries include mild to severe traumatic brain injuries (TBIs), spinal cord injuries leading to different levels of paralysis, amputations, burns, disfigurement and others injuries with potentially lasting effects. Emotional disorders such as depression, anxiety, posttraumatic stress disorder (PTSD), misuse of alcohol, tobacco and drugs, or behavioral changes such as increased impulsiveness, aggressiveness or even violent behavior, can also accompany physical injury. Conditions such as these, especially when they are co-occurring, compromise intimacy.

This fact sheet addresses key areas of patient concern around physical injury and intimacy, and recommends approaches for the improved care of our nation's wounded warriors and their families. A companion fact sheet for injured service members and loved ones, *Physical Injury and Intimacy: Managing Relationship Challenges and Changes*, has useful information and tips for improving intimacy.

### Addressing Patient Concerns Around: *Physical Limitations that Affect Sexual Functioning*

Despite the reality that some injuries, by their very nature, make it difficult or impossible to engage in the same sexual activity as before the injury, it is important to let patients know that a satisfying sex life is still possible. Although many people report a decline in sexual activity following a severe injury, over time sexual activity usually

increases again. Couples who reestablish a satisfying sexual relationship do so by:

- Understanding that sex is more than just intercourse
- Redefining the goal of sexual activity as mutual pleasure and expression of love rather than erection and orgasm
- Developing greater variation in their sexual activities
- Experimenting and communicating with their partner about what is pleasurable

### *Managing Pain*

Pain can interfere with the enjoyment of physical affection and intimacy. Both the injured and his/her partner may hold back because they are fearful of causing pain. Medications used to manage pain can affect sexual desire and sexual performance. If relevant to a patient's care, discuss this with service members and loved ones. Share with them the strategies below to help overcome the challenges of pain:

- **Communication:** Remind patients that partners need feedback from the injured person about what is and is not comfortable
- **Consultation:** Consider consultation with occupational or physical therapists who can suggest other ways to enjoy sex that reduce the likelihood of pain
- **Timing:** Suggest they plan time together when pain is diminished
- **Creativity:** Encourage patients and their partners to explore activities and positions that put less stress on painful areas

### *Traumatic Brain Injury and its Implications*

Explain to patients that certain areas of the brain are important for regulating and controlling many aspects of sexuality. Any slight damage to these areas can impact on

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how sexual urges are expressed and how the sexual organs will work. Some people with a TBI seem pre-occupied with sex, speak about sex at inappropriate times, or demonstrate inappropriate sexual behaviors, often without awareness that they are making others uncomfortable. They may appear to have greater sexual drive than before, but it is more likely that the part of the brain that helps us hold back or inhibit impulses and urges has been damaged. Responding to inappropriate behaviors in a firm and consistent manner can help improve the situation. These issues can also be addressed with medications, behavioral programs, and counseling.

In some cases TBI leads to apathy and passivity, resulting in seemingly less interest or motivation to engage in romantic or sexual activities. In addition, personality change, regressed or childlike behavior, and injury-related changes in judgment can lead to role changes within the couple that make it difficult for the partner to see the injured person as a romantic partner. It is important for partners to understand the reasons for such changes so they do not misinterpret the behavior as lack of caring. The non injured partner may need to initiate romantic activities. In many cases, an overture from the partner is all that is needed to engage the injured person's interest.

### **Self-Image**

A physical injury can affect one's self-image in a number of ways. An injured person may believe that he/she is no longer attractive, or worry that a partner will be "turned off" by the injury. When an injury changes the way a person is able to be sexually intimate, he/she may feel ashamed or question their identity as a man or woman.

Communication is key in overcoming self-image barriers. Talking about these concerns with a partner provides an opportunity for couples to reassure each other and offer support. When a body part is amputated or becomes nonfunctional, it is a loss. An injured person may need to take time to mourn for the loss in order to be ready to move forward.

Some couples find it particularly challenging when the injured person is dependent on a partner for help with wound care, hygiene, or mobility. When couples feel their relationship is primarily one of care giving, it can be difficult to relate to each other as romantic partners. Making time for romantic activities is important. This may require some extra planning. Some couples find it helpful to have another person take over the care giving activities in preparation. Others find ways to combine romance and care giving. Creativity can help couples find solutions that work for them.

### **Provider Resources**

- Book — *Back From the Front*, Aphrodite Matsakis, Ph.D.
- The American Association of Sexuality Educators, Counselors and Therapists (AASECT), <http://www.aasect.org/>
- Sexual Health and Fertility After Brain Injury and Spinal Cord impairment <http://www.scisexualhealth.com/sandd.html>
- Resources from Dr. Stanley Ducharme <http://www.stanleyducharme.com/resources/index.html>
- Spinal Cord Injury Information Network <http://www.spinalcord.uab.edu/>

### **It is important that service providers:**

- Educate themselves about sexuality and disability. Doctors, nurses, rehabilitation therapists, and behavioral health providers can all play a role in helping patients with this important topic.
- Ask about sexual intimacy concerns at each step. Even during an acute hospitalization or in an intensive care unit, people are wondering as to the future of their marriage, the ability to children or their future attractiveness. Sometimes patients are uncomfortable bringing up the topic, so health care providers may need to start the conversation.
- Validate patient concerns and offer to provide information and helpful resources when appropriate.
- Consider and share with patients the potential impact of prescribed medications.
- Acknowledge challenges, but communicate hope and encourage creativity.
- Share the information in this fact sheet with colleagues who interface with injured service members, their loved ones, and service member couples. Communicate key points that address physical limitations, managing pain, the impact of TBI on intimacy, and the impact of physical injury on one's self-image.
- Encourage couples to address these issues together in order to prevent emotional erosion.