

Physical Injury and Intimacy: Managing Relationship Challenges and Changes

The injuries of war are life-changing events for service members and their families. One important area of change frequently not discussed is how physical injuries affect emotional and sexual relationships. For service members who are single, the impact of injury on sexual performance is also an important issue that is part of one's recovery and likely to become more critical over time.



Physical war injuries include mild to severe traumatic brain injuries (TBI), 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, even violent behavior can also accompany physical injury. Each and/or any of these conditions occurring together compromise intimacy — the ability to engage in and derive pleasure from emotional closeness and sexual activities.

This fact sheet describes key areas of concern around physical injury and intimacy, and provides tips for improving intimacy in the context of a changed relationship. Experts in trauma have prepared this fact sheet to communicate useful information to and hope for our nation's wounded warriors and their families.

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 level of sexual activity as before the injury, 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. Discuss such issues with your doctor who may consider adjusting the medications to decrease sexual side effects.

Helpful strategies to overcome the challenges of pain include:

- **Communication:** Partners need feedback from the injured person about what is and is not comfortable
- **Consultation:** Occupational or physical therapists can suggest other ways to enjoy sex that reduce the likelihood of pain
- **Timing:** Try planning time together when pain is diminished
- **Creativity:** Explore activities and positions that put less stress on painful areas

Traumatic Brain Injury (TBI) and Intimacy

The brain regulates many aspects of sexuality. Even slight damage to these areas can affect 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 realizing 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

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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, childlike behavior, and injury-related changes in judgment can lead to role changes within the couple that make it difficult for the non-injured to see the injured 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 partner may need to initiate romantic activities. In many cases, an expression of interest 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.

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. 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.

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.

Tips for improving intimacy

Reestablishing intimacy after a physical injury is sometimes compounded by stress and/or stress related disorders rather than the physical disability. Posttraumatic stress disorder, depression, anxiety, and alcohol and/or drug misuse interfere with one's ability to enjoy emotional and physical expressions of intimacy, including sexual activity. Here are some tips to improve relationships affected by stress.

- Find nonsexual ways to feel close
- Take time to work on building your relationship by spending time together doing things you both enjoy
- Talk about your feelings, hopes, and desires with your partner at a time when you are both calm and ready to listen
- If your partner needs more time and space, respect that need
- Depending upon energy level and emotional availability, schedule intimate opportunities for times when both of you are more likely to be available and ready to participate
- Get treatment for PTSD, depression, substance misuse, or any other problem that appears to be getting in the way of your relationship
- If medication for depression, anxiety, or PTSD appears to be the problem, talk to your doctor

Resources:

<http://www.vetcenter.va.gov/>
http://www.vetcenter.va.gov/Military_Sexual_Trauma.asp
<http://www.militaryonesource.com/>
<http://couragetotalk.org>



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CSTS is a partnering center of the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, and a component site of the National Child Traumatic Stress Network