

Brochure Explains It's Possible to Experience Physical Intimacy in Life After Burns

BY KATHY J. EDWARDS, PHD

"Annie" will never forget the day she got engaged to "Jake." How many people do you know who can say their fiancé proposed in Room 9 of the burn unit? Within a few hours, her joy had turned to anxiety as she started thinking about the wedding, the honeymoon—and sex. "Was Jake marrying her because he felt sorry for her?" she wondered. "Was he willing to give up a normal sex life and settle for someone covered with scars on over half her body?"

Annie and Jake decided on a small wedding at the county courthouse with just a few friends. She didn't have the energy to plan anything more. They got married two months after she got out of the hospital, squeezing it in between therapy appointments and visits to the outpatient clinic. On their honeymoon Jake took some clothes, hiking shoes and a book to read while Annie did her therapy exercises. Annie took an airplane splint, pulleys, a two pound weight, red and green therabands, pink putty, two sets of pressure garments, coban, tubigrip, silicone sheets, and Elta lotion. She also took clothes, hiking shoes, and a large dose of insecurity about her sexuality and physical attractiveness.

Over a year later Annie was asked to fill out a survey as part of a research project at one of her outpatient clinic appointments. The survey asked patients to rate their adjustment to various aspects of life after a burn injury on a scale of 1-5. A rating of one meant poor progress, five meant excellent progress. Annie filled out the survey: return to work, 5; socializing with friends, 5; resuming hobbies, 5; participating in sports, 5; enthusiasm for life, 5; sexuality, 2.

INTIMACY: LIFE AFTER BURNS

A team of researchers at the University of Iowa Hospitals and Clinics Burn Treatment Center realized

they were seeing a number of patients like Annie who seemed to be making a successful recovery in many areas of their life, and yet struggled with sex and physical intimacy after a burn injury. They created a brochure called "Intimacy: Life After Burns" to address the needs of these patients. Janet Findlater, RN, MA, explains, "When we first created the brochure I think we all hoped that we could simply give it to patients and that would resolve the issue. What we have found is that people come back after reading the brochure and they have questions for the staff. We are now in the process of creating a second brochure for staff to educate them on how to talk to patients about sex and intimacy."

Faith Roberts, BSN, CRRN, spoke about sexuality at the World Burn Congress 2001. She explained that it's common for people to be thinking about their sexuality even when they are lying in a hospital bed in an ICU. She explained that men seem to worry more about their ability to perform while women are usually more concerned with whether anyone will ever find them attractive again. She emphasized the importance of dialogue between health care providers and patients who have questions about sex. She also encouraged dialogue between relationship partners as one of the keys to overcoming sexual problems in relationships.

The brochure created by the University of Iowa (UI) group addresses both physical and psychological stresses from a burn injury that may affect sexuality. The following sections contain excerpts of the information in the brochure in italics.

LOSS OF SKIN SENSITIVITY

Skin is our most basic sexual organ. When the skin is disrupted, it can change how we experience giving and receiving touch. One exercise is for partners to slowly

explore each other's bodies with touch to learn what causes pain or gives pleasure. (During this exercise sexual climax and the genital area should be avoided.) The goal of this exercise is learning what feels good to each of you.

DECREASED ENERGY LEVEL

It will take time for your body to completely heal from a burn injury. During this time much of your energy is going toward healing and you may have less energy for other activities including intimacy. Choose a time during your day when your energy level is optimal and when your pain is less. Planning times for intimacy allows you to save energy for your time together.

DECREASED MOBILITY AND PAIN

Decreased mobility and the resulting discomfort can affect what is comfortable for you sexually, and may require you both to be creative and patient. If you are experiencing pain from your burns during sex, try taking pain medication about one-half hour to one hour before the anticipated sexual relations. If decreased mobility is a problem, take time to stretch before or as part of your lovemaking. You and your partner may need to be creative and find alternative positions that are pleasurable to both of you.

BODY IMAGE AND SELF-ESTEEM

Changes in your body image challenge your self-esteem and may cause tension in your relationships. When a person has experienced a severe injury it is normal to narrow your focus to put time and energy on healing. However, to your partner, this narrowed focus may seem selfish and uncaring. Your partner needs to know that as you heal—and this may take months—things will get better. Your partner may tend to take personally any reluctance on your part to be intimate, but this is part of the normal healing and adjustment process.

OVERCOMING DEPRESSION AND ANXIETY

The changes caused by a burn injury, and your reaction to them, may lead to feelings of depression and anxiety. Think about your strengths. Recognize what you can do. Don't focus on what you can't do. If feelings of depression and anxiety persist, discuss them with your health care provider. You may benefit from medication or counseling.

WHAT IS NORMAL?

The Intimacy brochure explains that a normal sex life is one you and your partner decide is comfortable and gives you both pleasure. Because your life has been changed by the injury and your normal routine has been disrupted, at least for a time, you and your partner will need to figure out what works for the two of you. *Communication is the key. Talking can be the best sexual aid; the worst enemy of sexual health is silence.*

Annie recalls that some of her problems with sex were directly related to the physical aspects of her burn injury and they went away with time. "I can remember a period when the itching was so bad that I couldn't think about anything else. I got so good at tuning out the sensations from my body, that it took a long time to learn how to tune in again when the pain and itching finally subsided."

The biggest hurdles Annie had to overcome were feelings of inadequacy and unattractiveness because of her scars. "Jake would tell me that he didn't even notice my scars anymore. When he looked at me, he just saw me and thought I was still attractive. At first I thought he was just saying that to be nice." Two years after her injury Annie attended the World Burn Congress. It was the first time she had ever seen other people with burn injuries who weren't wearing bandages or pressure garments.

"One of the things that helped me the most was seeing a lot of other people with burn scars. After just a few days I got to where I could look at people and not notice that they had burn scars. Once I learned I could do that with other people, I realized that people could do that with me, too. It made me understand that Jake meant it when he said he just saw me and not the scars."

Annie and Jake are going to celebrate their fourth wedding anniversary next month. When they look back on the early days of their marriage it's amazing to see how far they have come. Annie explains, "life seems normal again. I feel good about myself." She realizes Jake didn't marry her because he felt sorry for her and he didn't have to give up a normal sex life after all.

For information on the intimacy brochure contact Lyn Dee Sheridan or Janet Findlater at 319-356-1616.



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The Phoenix Society, Inc. • 1835 R W Berends Dr. SW • Grand Rapids, MI 49519-4955 • 800.888.BURN • www.phoenix-society.org

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