

BJ and Abby Jackson on Supporting Intimate Relationships

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BJ: We really learned right away. It was truly your family and your friends that get you through anything. You cannot do anything alone. You may be 18 to 24 years old, the average age of the military members getting injured, but the best shape of your life, it doesn't matter. When I woke up, I was 102 pounds. I went on much like the weight loss diet that Dave went on, just a different war.

My wife came down when I got injured. They sedated me, kept me in sedation for six weeks, because she said to do it. She didn't want to deal with me yet, I guess. But in my sedation, I did a lot of things, ripping out tubes and fortunately for me, I didn't rip out my food tube. I ripped out the ones that were down lower. So I went through the sedation and was ripping out tubes and fighting and trying to figure out where I was and all that. And all I could, I guess dream of or the visions that came to me was how I got injured. How my wife got injured. How I got to where I was. And they'd wean me off every now and then and say, "You're in Brooks Army Medical Center, San Antonio, Texas. This is where you're at."

My wife came down and was there when I woke up. I'll let her talk a little bit about that before I get into anything else, but I instantly realized when I woke up and saw my wife there that I wouldn't have to go it alone. I was 22 years old and we had two young daughters. Much like Dave, you think, "Wow, I'm different. Is my wife going to love me for who I am? Am I going to be accepted by my friends how I am?" I'll let her get into a little bit of the first part of this. She can remember a lot more than me.

Abby: That still holds true today. I'm Abby and the better the half. And it's, you know, not only just the looks, but the brain too. We, like he said, we have two young girls. When my husband first got injured, our youngest one was two months and our oldest at the time was almost two years. We did everything together. We went places; we took care of our kids in shifts. It was, you know, a huge life-altering change just to have him gone for a year, which he kept telling everyone, "Oh, no, no. I'm going to be back in 180 days, 180 days." I guess there's something equivalent about that. You get benefits after 180 or something, I don't know how it works. But early on, we were an O3 injury, so we thought, you know, just stepping into this, it was going to be a quick 180 days, we're going to be back. And I'm telling him, "Oh no, you're going to miss the first birthday." You know, I'm laying the guilt on. "You're going to miss Christmas." You know, "Just stay home."

And I guess I should rewind this a little. His position was almost a voluntary position. There were some other people in his unit that could have took his place. And he said, "Nope, I'm going to go. I signed up for this. This is my job. This is what I'm going to do."

And I on the other hand was saying, "Yeah, we can find a new job." You know? "Stay home, please." It didn't work out that way. And so before he went, I also said to him, "You know, I want to have more kids. We should, you know, have a boy. You know, what if something happens?" There was an even bigger rewind, I guess.

Gosh, it's a so much harped topic, but we weren't married at the time. We had always been together. Our girls were together. We decided that things worked the way we were, you know? Let's not try and fix anything that's not broken. So he begs me to marry him before. And I'm like, "Oh no. You know, we'll get married when you get back. Everything will be the same." And he says, "Well no, because if something happens, it won't be the same, you know? I need a next of kin. I need, you know, my benefits to go to the girls, you know? I need this, this leadership from you." And I said, "Oh all right. But you've got to promise me, you know, when you come back, we'll get remarried and I get to have my bachelorette party and everything." You know, this is the big -- you know, when you're young, you know, you're a woman, you plan your wedding your whole life. And I said, I said, "Okay, I'll give this commitment to you. I'll go ahead and marry you." And we got married in two weeks. The fastest planned wedding I think in our history so far.

And so we get married, and I'm thinking, well, you know, I want more kids, I want a little boy. You know, he would carry the name on. He says, "Oh, we'll do that when I get back." And I'm like, "Well, wait a minute. We just have to get married before you left, because, you know, in case something happens. What if you don't come back?" I said, "How am I going to get the boy if you don't come back?" Things kind of didn't work out that way. And so he says, "No, we're just going to get married."

But we get to the injury, and I received a phone call and I'm thinking, "Oh my goodness. A whole other life-altering change. How am I going to get to Brook Army. How are we going to be there? Who's going to watch the kids while I'm there? How long am I going to be there?" And so the doctor says to me, "Oh, just a week or so. And it's warm here. Bring nice clothes and you can leave the children at home." Which at the time I should have known was a reassuring thing. He says, "If we get to a point where we feel like your husband won't make it, then we'll send for your children."

So I had a little bit of knowledge going in that, okay he's at least well enough that we're not going to be saying goodbyes. But, the only information I knew was that they weren't sure where they were going to send him, because he was both burns and amputations. And so we were in Landstuhl, Germany -- he was in Landstuhl, Germany waiting to determine whether burns were going to be more pressing or his amputations were. We ended up at Brook Army Medical Center, wonderful care and staff.

And so I enter this room. Before I get to enter the room, the nurse says to me, "You know, maybe we should go over some medications that you could possibly start taking. This is some of the things that we've been through." And I'm thinking, "I just flew, you

know, straight through the night. I really thought I was going to see my husband. You know, can we go in? I just want to see my husband." And I don't think they thought that I was prepared, but I was prepared. I mean it had been almost six months and I missed him. I just wanted to see him, you know? I didn't care what he looked like. I didn't care where we had been. I don't care what machines are going on. "Can you just open the door please? Let me in."

And so they opened the door and here's my husband. And he's laying in the bed and he is like they had said, very burned, very charred. The image always comes to me of barbecued chicken on the grill. I don't know why. I cannot eat barbecued chicken on the grill anymore because every time I see it, I think of all the burn patients that I've seen. And that's a very -- for those of you who have not seen it, very much what it looks like. And so I go in and he's got tubes everywhere and they have him tied down. And they had his legs in casts, which I think was the biggest surprise for me. I didn't expect to see casts. I expected to see amputations. And it wasn't that way.

And so walk over to him and take his hand and I'm holding his hand. And my husband is very feminine, very feminine. He has fingernails and I'll have him show you. But he has always taken very nice care of his fingernails. Like much nicer than mine. So I'm very jealous, I guess is the problem. I would love to have his fingernails. But we're standing at the edge of his bed, and I'm holding his hands and his fingernails are dirty. They're black. There's a couple that are broken. And I turned to the nurse and say, "Do you have a fingernail filer?" And she looks at me kind of funny. And I said, "My husband would be devastated to know his nails looked like this."

I don't know if I was just oblivious to everything else that was going on, but I'm thinking, well, he's probably going to be devastated to know that he's an amputee and other things, but I was concerned mostly about the things that I could fix and I could deal with to make him feel like the person he once was. And I still, to this day, I think kind of baby him that way. What can I fix. And it's really not about fixing, it's what can we do together to make a new relationship, a new start, a new beginning. Because nothing will quite be the same as it was or will be. But that's for an everyday change for everybody. I think everything in everyone's life changes and the adaptations are made so much more easier when it's not a traumatic injury or something that is just like one day you wake up and, you know, your whole life has changed.

For us, usually change takes time and, you know, you progress slowly. We have a little baby out here and if you took pictures and looked at his birth to where he is now, I actually wouldn't have know those changes. But I know for my husband to come home, and leave at the same age that the one right out here is, and to now come home to an almost one-year-old, the changes were drastic. And so I think we have over time learned

that, for us, things change very quickly and we just try and help each other be there that way. And I'll let him tell you a little bit more about where we're going. I think we're kind of running out of time too.

BJ: Like she said, she was right there when I woke up. That was the biggest thing for me. When I talk to the guys from my unit that were with me that day, it was a lot later on, almost two years, two full years after the injury, they said, "All we can remember is you yelling for your wife and kids." They said, "You didn't yell in pain, you didn't yell why, you didn't ask why, you haven't asked why yet. All you yelled for was your wife and kids." It truly is your wife that gets you through it. It truly is your loved ones that get you through it or your friends.

My kids were a big part of my recovery. For the single guys, I know the guy that beat me to the hospital, so to speak. He got injured in Germany. He was on orders to go to Iraq. He was rail loading our vehicles for us. He was an amputee. My wife saw him in the parking lot. He was down there by himself. He had nobody. He was, what, 22 as well, had nobody. One of his biggest things when I talked to him for the first time, just us two sitting together kind of doing our male bonding thing. Being in the military you build that camaraderie pretty quick and have a lot in common I guess. But one of the first things he said to me is, "How do I get a girl?" "What do you mean how do you get a girl?" He said, "Well I have burns all over my body, I'm an amputee. Half the time I have to sit in a wheelchair. Half the time I limp." He's missing one leg below the knee, but he had, if you know anything about the rail loads or rail loading the vehicles in Germany, it's electric rails. He stood up on a tank, the electric line hit his head, which burned him from the head down.

He is now married. He has two children. It didn't last too long. He's outgoing, but he didn't know how to act in front of girls. He'd go out to the nightclubs or the bars or the restaurants or church trying to pick up women and he would find that he was more self-conscious of himself and his body and his image than he had been before. He was an outgoing guy, great guy, but that was his biggest challenge is how to relate back to, I guess, the opposite sex? How do I relate back to other people?

There's no real thing set up in the hospital. When we got injured saying, "Here's how you get from point A to point B dealing with the outside society." All we had at that time was each other. I know the VA has improved a lot on this topic and the DOD has improved a lot in this topic, but there's a lot more to go. I know for us that are married and have the spouses already, it's how the spouse deals with it, because you at the time, as they mentioned earlier, are saying, "I don't want nothing to do with her right now. I don't know how you're going to accept me."

The biggest breakdown is the communication of it all. You're timid to communicate with your loved ones on a particular topic, especially myself. I'm from Des Moines, Iowa where

we're pretty conservative when it comes to sexuality or finances or politics or anything else.

For my wife, early on, I had PTSD, a small brain injury that they're just now starting to diagnose early on. It was just I didn't learn past the sixth grade for some reason, is what they thought. But I guess my wife was front me. She said, "Here, we could wait, we could wait." Or how do you -- I would ask questions. I would say, "Well how do you expect me to be intimate when I have no legs, my arm's in a cast."

I guess, for me ripping out the tubes it was my catheter tube. I ripped it out three or four different times. So I had other complications, on different medications that kind of don't help the intimacy as far as your sexuality and your personality and all that. But my wife was willing and open and honest to communicate with me and kind of coached me through anything of how to, I guess communicate back with her. And if it wasn't for her and the coaching and, I guess respect of, we can wait, and we need to communicate. When she went to the doctor and asked the doctor, "Well, he's having problems and he don't want to get into a sexual relationship yet." The doctor she asked said, "Oh, it'll come in time." Didn't offer no advice. That's all they could say, is it'll come in time. So I appreciate everyone coming out and really looking at this subject and taking it, not just as a grain of salt, taking it full-blown. And hopefully you could be the mouths and eyes and ears of this cause and move forward with it. Go ahead.

Abby: He's so much more natural at this than me. He does this all the time and I'm just kind of the opposite. I think the only thing that --

BJ: Not this topic.

Abby: Not this topic. I'm better at the topic. He's better at the public speaking and I do the topic. Just roughly, I think that as a spouse and being in the hospitals and doing some of the things that come outside of the hospital and in the bedroom, I guess would be good too, it's definitely a subject that's not brought up. In fact I think maybe his recovery would have went a little bit faster if I thought, you know, I could climb in bed with him or I could hold his hand, or you know, touch him in a way that a wife would touch a husband. But you have nurses that come in and out, you have med techs, you have, you know, physical therapy. You have everything that's going on outside of that and the relationships are just not -- they're being built new with physical therapy and occupational therapy and people that can't climb in bed with him either, I guess. At least that's what they say. But I didn't know. I didn't know if I could, like Dave said, close the curtain. Are you allowed to do that in the hospital? Yeah, I know, but so here's me, you know, I'm like, "Yeah, where's that doctor? I better not shut the curtain right now." You know?

And so I think that maybe that needs to be something that we could address a little bit better and hopefully that's something you could take back from this, because you don't

really know what the boundaries are or the lines. And I know now in Iowa, we are behind a little bit on some things, but my recent hospital stay, they now actually have double beds for the husband to sleep with the wife while they're in the hospital. And they're starting to do some of the same things in care giving facilities and stuff, which is nice, because had I known there was room for me, I would have, you know, climbed right up in there and maybe that would have helped us a little bit more too. I think that's about --

BJ: And a lot of it, I think, with the young service members it's not sexuality, it's sex. And they don't look at the mental aspects of sexuality. We're 18 to 24 years old. Our hormones are running and we want to get back to sex, not sexuality. So the more education in sexuality and not just sex, would help a lot of the younger service members. I mean, like I said, the best physical shape, the prime of their life, they're wanting to get out to the nightclubs and the bars to meet the opposite sex and they're not looking at sexuality as -- perhaps Mitch enlightened us to a few years ago. The first time speaking on the panel, how do paralyzed individuals approach sexuality if they're paralyzed from the waist down or the chest down? A lot of that isn't, I guess, public knowledge to a lot of us, especially being in those states that don't talk about sex or sexuality as much.

Audience Member: Welcome to Texas.

BJ: Yeah, welcome to Texas. The thing about, does it still work that she said over there. It took a few years. My unit was underneath the General Karpinski that was in charge of the prison scandal thing, so it took a few years for the guys that pulled me out to get their bronze stars. And the few of them that got injured in the incident I was in, it took them a few years to get their purple hearts awarded to them. And it ended up to where we went out, and she was pregnant with our third child, our boy, and it was amazing how blown away the guys were from my unit. Just the fact that I could still have children even though I'm a double amputee. I never understood that. But a lot of general knowledge of disabilities needs to be brought more to the forefront, and it is with the more disabilities coming back from this war with the amputations, the burns the head traumas, the paralyzations. And a lot of it I think could be taught earlier on, even in your schools of different disabilities and I guess how to react with different disabilities.

Question #1: When the doctor told you it would take time to re-establish sexual intimacy, how did you take that advice?

Abby: I was a little hesitant to even ask him more. I was kind of sure like, "Does he just say that because he doesn't know what else to tell this crazy lady to get out of his room?" You know? So I went back to my husband, and I said, "Well they said it was going to take time." And he was a burn patient, and I think that I have just a little bit of medical background and I think that maybe possibly ripping the catheters out could have caused some damage. We were on some antidepressants, which can cause sexual delays. We were also dealing with burnt skin.

And so just the point of getting an erection to me, I'm thinking that would be like, you know, when you scrape your knee and you don't want to bend it anymore and then you have to straighten it out sooner or later to walk. I'm kind of thinking, "Well, sooner or later we're going to have to stretch that skin back out." You know? I don't know what else to tell, you know? And so I'm telling him, "You know, we'll just get" -- and this is funny -- "we'll just get half-hard, and if it hurts, you know, then we'll stop." And then, you know, we would each time just go a little -- and I said, "Eventually it's going to be like bending your knee, you know? You're going to be able to straighten it right on out."

But so we continued to just slowly take our time. And I mean, it was great advice. I don't know if that's what he wanted me to take home and do with it, but that's kind of what we did. And I think it was very generic. I think it was my first real eye-opener, like, okay, they don't know either. And you can't ask somebody who doesn't know themselves. And I see you like that answer, but they don't. I mean, you really -- I didn't know. And my husband says he's going to write a book called "The Many Positions of a Double Amputee" just so people will know. And I think it's a very serious statement that you don't know and you just really have to trust your partner and talk to them and say, "How do we do this?"

Question #2: As you try to reestablish the sexual relationship, was it more important to first have the conversation about, "How do we get started, is this okay?" Or was it more important just to re-establish some physical contact and just kind of go for it without talking about it? I'm a counselor and I work with injured soldiers and their families and so I work with folks on how to do that. So I'm interested in how you guys were able to negotiate that, if you're comfortable talking about it.

BJ: Communication was basically the biggest part, but like she said and I kind of mentioned that after being away from your wife for six months and being 18 to 24, you first want to get to the physical aspect and worry about the rest later. So after realizing the communication and, I guess, talking through different scenarios, talking through how, I guess my pain level or my being comfortable or anything, it kind of came with I guess more, like the doctor said, it takes time. But they didn't allude to what aspect he was talking about would take time. And I think that was the hardest thing for her to understand. And with me even being injured at all, not only in the sexuality, just in any aspect at all, I didn't want to talk about any of my injuries with my loved one.

For us early on, someone that's been there and done that is the best thing, the best person for us. Not a psychologist or psychiatrist or anybody that has a degree on their wall. It's the person that's lying in the bed next to me that's going through the same thing. And it does take us a while to understand that, well maybe that psychologist or that psychiatrist with the degree on the wall could look up in their books or through their knowledge of how to help us with this aspect, taken that we can fully talk about it and communicate to them what we're experiencing or our problems. We definitely adapt and

overcome real well being in the military and going through this with our brothers and sisters in arms and we learn from each other. But communication at any level or any, I guess, recovery is the key.

Abby: Really quick, I think the problem that we've seen a lot was I wasn't in the military and I didn't know how to adapt and overcome very quickly. I knew that I missed my husband. I knew that I wanted to be intimate again. I knew that I definitely wanted to have more children. And I knew that he wasn't interested in me. And so a big red flag to me was, well, "What did I do?" You know? "Why doesn't he want to have sex? Why doesn't he want to touch my hand?" Or, "Why isn't he asking me to get in the bed? Am I the only one that's feeling like I want in the bed?" And so I think I've realized while at Brook Army Medical Center, a lot of wives or girlfriends or others do tend to feel that way. There's an automatic almost rejection from the soldiers for themselves that they put off a rejection towards the spouse or girlfriend or significant other that they're not sure how to adjust or adapt to that themselves. Like Dave said, "Are you rejecting me because I'm rejecting myself? Or what is exactly going on?" And I think a lot of young people get so wrapped up in it that they're like, "Look, there's nothing. You know, I'm great. I look good. I've got both my legs. I'm going to go get me a man tonight." You know? Forget you. And I think that happens all too quickly, very much often. I say that light-heartedly and my husband knows that I love him and that wasn't my intention, but you've got to look at the statistics and the reality. There are young people who do think that way and they operate on that level. And that's what a lot of problem I think is happening is. And then you're left with the soldier who's in the bed by himself thinking, "Great. That was what was going to happen." You know, I think kind of the communication really has to be there.