As chaplain serving a burn unit and trauma ICU, the author discusses common issues faced by burn survivors and their families. Writing from his personal experience, he also explains how recognition of his Shadow Gifts and incorporation of them into his ministry enable him to "pay it forward" to others who walk the path of healing from burn injuries. A reflection based on his experience as a burn survivor was published earlier this year. See “Called through Grace,” PlainViews 9, no. 23 [January 6, 2010]: Spiritual Development.

A COLLEAGUE LED ME TO THE BURN CENTER, opened the door and literally shoved me inside. My legs shook, my mouth felt dry and my stomach churned. Suddenly, I was eleven again.

On a cold morning back then, I’d leaned too close to the stove and my flannel shirt had caught fire. I panicked and ran before I finally remembered to stop, drop and roll. By then, I’d been burned over 40 percent of my body. I nearly died in the hospital from a subsequent blood infection.

In the immediate aftermath, I felt ashamed for having brought this injury on myself and for encumbering my family with concern, but during my hospitalization, I met a compassionate chaplain. He helped me to heal from more than the physical injury by teaching me to forgive myself. His accepting me made me feel like God had forgiven me. It was a simple and profound lesson in grace that served as a foundation for my later entry into ministry.

Following my ordination, I spent eighteen years in the parish before transitioning into hospital chaplaincy. During clinical pastoral education (CPE), I had no trouble visiting any other part of the hospital—not even the morgue. The one place I consistently avoided was the Burn Center, which ironically was next to the chapel and pastoral care offices. God has a strange sense of humor.

Discovering Shadow Gifts

I was introduced to the Jungian concept of the Shadow Gift during CPE. The Reverend Susan Lunning, my supervisor, encouraged us to discover our individual Shadow Gifts, referencing Dr. Patrick B. McGinness:

[The shadow is] the unconscious repository of an individual's unacceptable impulses and characteristics (and painful experiences). Disowned and unacceptable parts of ourselves are shoved out of our awareness into the shadow. We used the shadow to hold those parts of ourselves that we learned were bad or unacceptable.¹

McGinnis says the Shadow Gift is not always a negative experience; it also contains portions of beauty and goodness that one cannot own—the lost self.

Discovering my Shadow Gift meant revisiting my walled off shame and horror from the burn experience and reintegrating it into the rest of my psyche. It meant facing an old demon and transforming a weakness into a strength. Even though I knew there was healing and new life to be
found in reopening this old wound, I desperately wanted to avoid reentering memories of the sights, sounds, smells and ultimately, the horrific pain of being a burn patient.

Though it was a shock when my colleague shoved me through the Burn Center door, once I got my bearings, I noticed a weight falling away. Easing into it gently, I first visited patients with minor burns who were about to be discharged. Over time, I worked into more serious situations. Although I've now learned to effectively separate the patient's pain from my own, occasionally I encounter tactile reminders that bring me back to my own pain. When flashbacks occur, I've found the best way to work through the experience is to acknowledge them and deal with them directly in supervision. I have found that journaling is cathartic and helps immeasurably in coping with the daily horrors of this ministry.

Every bit as much as the chapel, the Burn Center is my spiritual home. I serve other trauma units, but nowhere else do I identify more with the patients, their families and the staff. Burn injuries have been described as the worst injury that the human body can endure and survive. Part of me did die when I was burned, but, like the Phoenix rising from the ashes, I also was reborn. I carry my scars, but now claim them as my badge of healing, rather than shame. It's been a sacred privilege to shepherd others through their own transformations.

**Common issues for burn survivors and their families**

Having said a lot of hellos and goodbyes to burn patients and their families through the years, I've noticed some common burn-related issues and emotions relevant to their spiritual and emotional care.

**Guilt and shame**

Burn patients feel these emotions most frequently when the accident occurred because of inappropriate risk taking, such as using gasoline to light a campfire. Friends and family may feel that they have failed to protect burn patients. Whether or not these feelings are appropriate, they are powerful. Sometimes burns happen because of abuse and/or neglect, e.g., inappropriate anger directed at a child for soiling a diaper, leaving an elderly relative unattended to fall asleep with a lit cigarette. Some guilt and shame is deserved, but other times it is inappropriate and undeserved. Only when these feelings are acknowledged and explored will healing begin. The chaplain's accepting presence may facilitate the process of forgiveness.

**Anger**

Because of cultural prohibitions, it’s often difficult to acknowledge anger directed at people who are sick or injured. Frequently, such feelings simmer beneath the surface and leak out in poisonous ways. Deservedly or undeservedly, anger often is directed at other family members out of a need to place blame or responsibility for the accident. Large burns require long hospitalizations. Families find their lives disrupted; they feel frustrated and helpless, so the hospital staff becomes a convenient target for their anger. Typically, this last originates from perceptions of quality of care and/or perceived miscommunication/lack of communication. Chaplains may be instrumental in averting problems by leading patient/family meetings with the hospital staff so that questions may be answered and concerns addressed in a calm manner. Similarly, in caring for staff, chaplains are invaluable in alleviating or preventing compassion fatigue and burnout.

**Posttraumatic shock**

In his 1996 book, *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*, Donald Kalsched writes about posttraumatic stress disorder (PTSD) and our human attempts to adapt to trauma. We do adapt, he says, and our defenses—shock, dissociation, disorders of memory and focus—are survival mechanisms. When traumatic events are repeated familial or environmental forms of abuse, our defenses kick in and block, in various ways, the acute aspect.
In other instances, e.g., military trauma, sudden violence, accidents, burns, our defenses are overwhelmed and unable to cope. Visual reenactments, sounds, smells and colors may trigger recurrent, unpredictable and vivid memories of the trauma. These nonverbal but somatic and psychological memories remain lodged in our brains long after the physical injury has healed. For example, burn patients often experience recurring nightmares. Decades after my own injury, the smell of burned meat makes me queasy, and I want to run from the room.

Physical pain, hospitalization and, later, the searing sense of shame, anger and accruing worry cannot be shaken from either body or mind. When the immediate shock of a trauma lessens, the personal horror deepens. To be caught off guard is a state of defenselessness, like an infant’s speechless cry. Kalsched asserts the only way out of this kind of trauma is through it. Needless to say, this is a perilous journey.

**Grief and loss**

Loss always accompanies a burn injury though it may come in varied forms:

- Loss of appearance, whether by scarring or amputation.
- Loss of the former self.
- Loss of loved people and/or pets.
- Loss of home and possessions.
- Loss of employment because of time spent away recuperating, being no longer able to do the job and/or loss of the worksite.
- Loss of time and sometimes loss of relationships. Burn injuries often require long-term hospitalization and rehabilitation in faraway places. Following house fires, families may be geographically separated as well. This may shift relationship dynamics, and marriages may not survive. The patient’s changed appearance also may be a factor.
- Loss of control over one’s life and future.

All these losses must be grieved because part of the past died with the fire. Chaplains may be helpful in exploring individual losses, aiding the healing process and helping to forge a new image and reality.

**Pain**

The skin has billions of nerve cells. Unless these were destroyed, there are few things more excruciatingly painful than a burn. As pain colors how we see the world and affects our ability to heal and to find hope, pain management is a critical part of burn care. Great strides have been made in making burn pain more tolerable, thus aiding in healing and restoring a sense of well-being; however, it cannot be completely eradicated. Sometimes burns cause permanent damage to nerve cells leaving patients to endure a measure of chronic pain for the rest of their lives.

Burn patients may downplay their level of discomfort out of fear of becoming addicted to pain medication and suffer unnecessarily as a result. Chaplains may be advocates for patients, encouraging them to speak up for their needs with regard to pain management.

**Fear of disfigurement**

Life is forever changed by a burn accident. Not only are there physical scars, there also are psychological scars. Whether or not it actually shows in their appearance, burn patients feel differently about themselves and are more self-conscious because of their injuries. The care of scar tissue becomes a lifelong responsibility. Healing from a large burn requires them to grieve the loss of their former lives and to make peace, not only with changes in their appearance but changes in
their very selves. Scar tissue is tougher than normal skin; recovering burn patients also need tough psychological scar tissue to protect their spirits from the stares of people who see their changed appearances. Chaplains may help burn patients claim their scars as badges of strength and survival.

**Sexual dysfunction**
Because of the scarring nature of large burns, patients’ self-perception often changes. Similarly, spouses/partners may see them differently. Beyond visual appearances, nerve damage may result in chronic pain or numbness that affects sexual response. Often severely burned patients withdraw socially. An important part of burn treatment is offering spiritual and psychiatric intervention for patients and their partners in order to help them cope with this new reality.

**Substance abuse and mental illness**
While some burn patients are simply victims of circumstance, the majority carry predisposing factors. Dr. Charles A. Welch states that there is a high incidence of burns occurring to people in altered states. Citing a study of 155 adults who had sustained burns, MacArthur and Moore found that 59 percent of women and 38 percent of men had such predisposition. Drug and alcohol abuse was the most prevalent factor, affecting 36 percent of the predisposed group; 21 percent suffered from senile degeneration; and 20 percent had been diagnosed with chronic mental illnesses, e.g., schizophrenia, bipolar disorder. Of the predisposed persons, 76 percent suffered their burns at home, typically in a fire involving a bed or mattress.

This high-risk profile was confirmed by Rockwell et al., who found that the majority of adult burn victims in their study were unemployed, depressed and acting carelessly at the time of the burn. Similarly, children from disturbed or disadvantaged families are at increased risk for burns.

**Infection**
The skin is the body’s largest organ and serves as a barrier to infection. When it is compromised, the body is left wide open to opportunistic bacteria. Controlling infection is a critical part of burn care as this is the most common complication and the major cause of death. Despite the fact that new antibiotics have done wonders in containing or eliminating once fatal infections, there is continued mutation into drug-resistant strains.

It is crucial that anyone who visits a burn patient honor all infection control protocols to the letter as the patient’s life literally is at stake. The necessary gowns, gloving and masking required to enter a burn patient’s room is a poignant reminder of isolation and alienation from the mainstream of life. Burn patients are often lonely as people are less inclined to visit out of fear as well as the inconvenience of infection control procedures. Chaplains who are willing to go the extra mile to bridge the gap may be invaluable reminders of God’s shepherding presence through this difficult journey.

**Community and support**
Ministry to family is critical throughout the hospital stay. Meeting separately with patients and family member may provide an opportunity for each to say things that they would not feel at liberty to disclose in the other’s presence. An additional way in which chaplains may be valuable to recovering burn patients and families is to create a network of former patients/families who are willing to serve as guides and resources to those new to the journey.

**A personal note**
Although other people’s burn stories often are quite different than mine, we do share a measure of commonality. However, unless it feels extremely relevant and appropriate, I don’t share my own story with them. When I do, it is just before they are discharged.
In sharing my own burn story through this article, I realize how much my future ministry has been shaped by this event. From my own scars and suffering, I am linked to others who bear their own pain and woundedness. I see God’s hand at work both in the pain and in the healing while discovering my Shadow Gift. Finally, I am grateful for the angels God put in my path and dedicate my life to “paying it forward” to others who venture down this same road.