

Editorial Note on Brain Injury after Marriage

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Editorial Note

Multiple layers of medical care, recovery and psychosocial support are needed for OPTIMAL REHABILITATION OUTCOMES following brain injury. Rehabilitation initiatives provide strategies to encourage best-case scenarios for holistic individual wellbeing and proactive support for the role of caregivers. While conventional medical models differentiate patient well-being and caregiver support as distinct areas of patient care, marriage and family therapy considers marital quality to be related to individual wellbeing and marital stability. Applying these results to a population with traumatic brain injury suggests the likelihood of improved patient outcomes through evaluations and interventions of marital consistency. There is the potential for improving overall recovery by decreasing psychosocial stressors known to lead to reduced health-related functioning. In addition, a substantial number of traumatic brain injury caregivers are partners who, as opposed to other caregivers, such as parents, also have a major burden. Improvement in marital stability following traumatic brain injury increases the possibility that supportive quality of treatment will be obtained by patients who are cared for by spouses.

While similar or partial components of marital quality have been explored in the field of brain injury recovery, current research is largely rooted in an individualistic perspective. By either studying caregiving spouses and associated pressures or the medical, psychological, and psychosocial effect on the injured spouses, with little evaluation of the relationship between individuals, researchers have tried to understand the post injury marriage. In the categories of marital stability and marital consistency, studies that have analyzed this partnership are mainly structured. Stability-focused research has shown vastly disparate results regarding marital dissolution rates, leaving caregivers and patients confused about the chances that relationships can remain together after brain injury. Researchers who have researched the consistency of the relationship have sought to build a holistic image of married life after traumatic brain injury, but have also evaluated the viewpoint of only one partner. Therefore, while these studies disclose results relevant to the married partnership, they simply express marital expectations about the nature of the marriage. Stability rates

must be explained and marital quality must be measured from within the structural context, long embraced by marriage and family scholars, in order to functionally evaluate the relationship between marriage and other components of patient care.

Current critical reports have previously sought to build a detailed image of marriages after brain injury by including research that examine individual findings that are thought to impact marital relationships.

The current analysis, however, is limited to research, including at least one direct relational examination. By removing research testing individual constructs, it is possible to conceptualize a true image of the context of awareness about marital functioning in the field of recovery.

The contributions and shortcomings of current research examining marriage and traumatic brain injury that integrate relational outcome measures will be critically analyzed by this study. It will review research exploring the relations between brain injury and marital stability. Next, it will address current literature presenting findings on the connection between traumatic brain injury and marital quality. A discussion of available information along with analytical constraints and existing knowledge gaps will be included in each of these reviews. An overview of paradigmatic assumptions, relational models, after critical review of the literature, there will be presentations and relationship tests from the area of marriage and family counseling. In order to fully translate theories of marriage and family therapy into an operational guide in the field of recovery, marriage and family therapy studies will create a correlation between marital quality and marital stability, as well as marital quality and individual health within the general population. Finally, a proposed systematic research platform based on existing rehabilitation literature, theoretical assumptions of marriage and family therapy, and proven ties between marital quality and rehabilitative components will be presented. This latest strategic review of brain injury marriages will provide the opportunity to clarify the correlation between marriages and traumatic brain injury, provide guidance for action, and lead to the long-term enhancement of recovery performance.

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