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Marriage Stability after Traumatic Brain Injury

Overview



- 2010 US Census data revealed an overall divorce rate of 9.0% for males and 11.7% for females. These rates fluctuate within age groups, with most divorces occurring between ages 40 and 74.
- Divorce rates among couples where one individual has experienced a traumatic brain injury (TBI) tend to be higher than the CDC-reported national average. The most recent study to examine this trend in 2007 found that 8% of their sample was separated and 17% were divorced at follow up (three to eight years later). Yet, numerous studies claim vacillating divorce rates among couples where a spouse has suffered a TBI; some are below 20% and others above 50%.
- In addition to post-TBI marriage break down rates fluctuating, the time it takes for marriages to break down (actual separation or divorce) can also fluctuate from 5-9 years. Often when marriages break down, couples stop at the separation phase and do not finalize the divorce. This can cause statistics to be misleading, depending on how researchers define marriage breakdown.
- Generally, marriage stability and adjustment to post-injury life increase as the couple gets older, and decrease with heavy burden (i.e. financial strain). In addition, overall relationship components have been shown to be stronger indicators of marriage stability than individual personality traits of each spouse.

Potential Factors in Separation and Divorce

- Age of the couple:** Older couples have lower rates of marriage breakdown.
- Length of marriage (pre-injury):** The longer a couple has been married pre-injury, the more likely they will stay married post-injury.
- Cause of injury:** More couples separate or divorce when the cause of the TBI is violent.
- Length of unconsciousness (LOC):** Some studies have found that the longer the LOC, the higher the chance of post-injury separation or divorce. Note that other studies have not found this trend, though, so this warrants further investigation. It is unclear why this trend might exist.
- Age of the injured spouse:** Younger patients with TBI tend to lack insight into their TBI and also tend to lack insight for longer periods of time, as compared older patients. This may affect stress on uninjured spouses.
- Mood swings:** Changes in neurobehavioral characteristics are a primary cause of stress on uninjured spouses. This is due to how unpredictable the injured spouse can be post-TBI. Such characteristics can include obsessive behavior, social disengagement, and aggression.
- Lower sexual arousal:** While not significant, it has been found that a lower libido in the injured spouse is associated with higher rates of post-injury marital breakdown.

The Uninjured Spouse



- Typically, uninjured spouses notice and/or report negative changes in marriage stability more often than the injured spouse.
- Many uninjured spouses experience a role change post-injury that can contribute to marriage instability. For example, in heterosexual marriages where the husband is injured, wives often describe their new role as being “like a mother” or even a caretaker.
- Similarly, if the uninjured spouse was previously not the primary supporter of the family, they usually take on that role post-injury. This is often in addition to helping care for their injured spouse and can be hard on the marriage, especially if children are involved.
- It is typical for uninjured spouses to feel that they have lost the “companion” side of their partner. However, both spouses still tend to report commitment to each other, mutual friendship, and mutual affection post-injury.
- Also, when comparing uninjured spouses and parents as primary post-injury caregivers, uninjured spouses report lower mood and higher levels of family dysfunction.

The Injured Spouse

- ⦿ Not surprisingly, the injured spouse often verbally exhibits feelings of gratefulness to their partner, but not physically or emotionally. This creates uncertainty and tension between the two spouses, as communication is multi-faceted.

Sexual Satisfaction



- ⦿ It is common for the uninjured spouse to report a decrease in marriage satisfaction, including sexual satisfaction. This is commonly due to the injured spouses' decrease in sexual desire, or the desire to have sexual intercourse on a regular basis. However, even though the injured spouse' sexual desire is lower, when they do have intercourse, their sexual satisfaction remains high. This adds to the frustration of the uninjured spouse.
- ⦿ Thus, uninjured spouses tend report lower sexual satisfaction than their partners while injured spouses tend to report higher rates of sexual satisfaction. Injured spouses tend to also mistakenly believe that their uninjured partners are as sexually satisfied as they are.
- ⦿ Often this post-injury decrease in sexual satisfaction is also because the injured spouse feels like a stranger to their partner. It takes time for the couple to reacquaint and sometimes this does not completely happen.
- ⦿ Occasionally sexual desires can increase and become aggressive in the injured spouse, which can lead to potentially dangerous situations for their uninjured partner.
- ⦿ Nevertheless, it is believed that with counseling, couples can achieve satisfactory sexual relations post-TBI. It is possible for both spouses to feel satisfied in their sexual relationship and also feel that their partner is satisfied.

Resources

- ⦿ Create a network of doctors and counselors, namely a primary care physician and family-marriage counselor. This can be known as your "rehabilitation team."
- ⦿ Be sure to meet with your rehabilitation team regularly; frequently review your joint, couple-oriented goals with the team.
- ⦿ If possible, seek out team members who specializes in couples struggling with post-TBI repercussions.
- ⦿ Establish a clear system of communication between you and your spouse, other family members, and your rehabilitation team.
- ⦿ If a couple does decide to separate, these same resources can also be utilized to ease the stress of further marital breakdown.

References



- ⦿ Garden, F., Bonke, C., & Hoffman, M. (1990). Sexual functioning and marital adjustment after traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 5, 52-59. (As cited in Godwin, 2011)
- ⦿ Godwin, E.E., Kreutzer, J.S., Arango-Lasprilla, J.C., & Lehan, T.J. (2011). Marriage after brain injury: Review, analysis, and research recommendations. *Journal of Head Trauma Rehabilitation*, 26, 43-55.
- ⦿ Gosling, J., & Oddy, M. (1999). Rearranged marriages: Marital relationships after head injury. *Brain Injury*, 13, 785-796.
- ⦿ Kreutzer, M., Dahllof, A.G., Gudjonsson, G., Sullivan, M., & Siosteen, A. (1998). Sexual adjustment and its predictors after brain injury. *Brain Injury*, 12, 349-368. (As cited in Godwin, 2011)
- ⦿ Kreutzer, J.S., Marwitz, J.H., Hsu, N., Williams, K., & Riddick, A. (2007). Marriage stability after brain injury: An investigation and analysis. *NeuroRehabilitation*, 22, 53-59.
- ⦿ Thomsen, I.V. (1984). Late outcome of very severe blunt head trauma: A 10-15 year second follow-up. *Journal of Neurology, Neurosurgery, and Psychiatry*, 47, 260-268.
- ⦿ US Census. (2012). Statistical abstract of the United States: 2012. Population section, pp. 53. Retrieved from www.cdc.gov.
- ⦿ Webster, G., Daisley, A., & King, N. (1999). Relationship and family breakdown following acquired brain injury: The role of the rehabilitation team. *Brain Injury*, 13, 593-603.
- ⦿ Wood, R.L., Lioffi, C., & Wood, L. (2005). The impact of head injury neurobehavioral sequelae on personal relationships: Preliminary findings. *Brain Injury*, 19, 845-851.
- ⦿ Wood, R.L., & Yurdakul, L.K. (1997). Change in relationship status following traumatic brain injury. *Brain Injury*, 11, 491-502.

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