



Background



Trauma

- Trauma is a psychological and physical phenomenon affecting up to 80% of the population, making it a common and prevalent concern (de Vries and Olf, 2009).
- The American Psychiatric Association (APA) defines trauma as exposure to actual or perceived threats of death, sexual violence, serious injury, exposure to war, natural or human disasters, or torture (APA, 2013). These adverse events have long-term repercussions on mental health.
- Possible psychological disorders resulting from trauma include post-traumatic stress disorder (PTSD), adjustment disorders, and mood disorders, to name a few.
- Additionally, traumatic events that are unpredictable and uncontrollable in nature are more likely to lead to trauma-related disorders.

Trauma and Control

- Control is an essential psychological concept. Control of oneself is a fundamental basis for an individual's perception of free will (Bandura, 2001).
- Control is related to how one copes with stressful events, particularly traumatic events. Traumas threaten one's ability to possess and exert control (Frazier, 2011).
- Some authors have contended that the perception of losing one's freewill and environmental control during an event is important enough to be included in the definition of trauma in the DSM (Foa, Zinbarg, & Rothbaum, 1992).
- A history of trauma may lead to alterations in behavior and changes in perception of the world; these responses are likely an attempt to avoid or suppress unsettling thoughts and affect (Viglione, Towns, & Lindshield, 2011).
- To compensate for loss of volition during a traumatic event, victims frequently exhibit a need for higher levels of control in their lives, in personal, interpersonal, and environmental domains. This may include increased need for structure, avoidance of new experiences, and desire for lower cognitive load. This amplified need for control is also referred to as cognitive rigidity (Steinmetz, Loarer, & Houssemand, 2011).
- In recent studies, cognitive rigidity as a coping mechanism for trauma has been shown to have negative consequences for psychological well-being (Joseph & Gray, 2014; Keith, Velezmore, & O'Brien, 2015).

Trauma, Touch, & Intimate Relationships

- Touch is an integral component of interpersonal relationships, one often used to express love and connection (Harlow, 1958) and to communicate emotions (e.g., sympathy; Hertenstein, Keltner, App, Bulleit, & Jaskolka, 2006).
- Intimate relationships use touch as a medium to convey social support and to enhance a sense of security between parties (Robinson, Hoplock, & Cameron, 2015).
- Physical affection, particularly within intimate relationships, is linked to higher satisfaction with one's partner and increased overall quality of the relationship (Gulledge, Gulledge, & Stahmann, 2003).
- We propose that after trauma, cognitive rigidity may affect both one's environment and private life, including intimate relationships. Increased need for structure within intimate relationships may result in a constant need for reassurance via touch; there is a higher demand for security and connection with the intimate partner.
- We also suggest that a combination of fear and anxiety leads traumatized individuals to maintain higher levels of awareness and perceptual control of their surroundings (e.g., hypervigilance), and this need for control negatively affects interpersonal relationships
- Current research lacks empirical evidence regarding how touch within intimate relationships is affected after trauma.
- A pilot study in our lab suggested that traumatized individuals were more likely to be dissatisfied with touch received from their partners yet simultaneously wish for more partner touch.

Hypotheses



- **Hypothesis 1:** Those who have experienced trauma will report more dissatisfaction with current touch and desire for more touch in their intimate relationships.
- **Hypothesis 2:** This relationship will be mediated by desire for control and cognitive rigidity.
- **Hypothesis 3:** Desire for control will be positively correlated with cognitive rigidity.

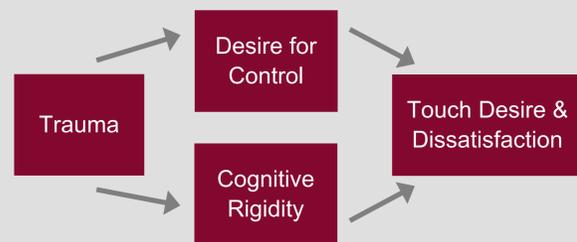


Figure 1. Hypothesized Model

Methodology

- Participants will be recruited through Amazon Mechanical Turk
 - These participants will be aged eighteen and over and from the United States.
- An initial pre-screen survey will be conducted to find at least 200 participants who have experienced trauma and also are in an intimate relationship.
 - Inclusion criteria will include at least one previous traumatic event and having a current intimate relationship with the same partner for at least six months.
- Eligible participants will then be surveyed to examine how trauma may facilitate or hinder desire for more touch, dissatisfaction with current touch, desirability of control, and cognitive rigidity.
 - Questionnaires will include the following:
 - ❖ *Exposure to Trauma Events and Life Events Questionnaire* (Böddvarsdóttir & Elklit, 2007). Yes/No questionnaire with added component of frequency and intensity of trauma.
 - ❖ *Desirability of Control Scale* (Burger, 1979). Example: "When it comes to orders, I would rather give them than receive them."
 - ❖ *Resistance to Change Scale* (Oreg, 2003). Example: "When things don't go according to plans, it stresses me out."
 - ❖ The Touch Scale will be used to gauge views on intimate touch (Brennan, Wu, & Love, 1998).



Expected Results



- We expect to find that desire for more touch and dissatisfaction with current touch will be higher in those who have experienced trauma, and that this link will be mediated by the need for control. Desire for control will also be positively related to cognitive rigidity.

Discussion



- The proposed research will examine how touch, as a medium for social support and security, may affect intimate relationships post trauma. An increased need for relational control and structure may influence one's desire for more touch and affect satisfaction with current touch.
- If results support the hypotheses, this will suggest that desire for control and cognitive restriction due to trauma affects the quality of and amount of touch desired from intimate partners. This finding may explain previous results suggesting that traumatized individuals are more likely to be dissatisfied with touch received from their partners yet simultaneously wish for more partner touch.

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