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Research Article

Partner Touch, Work, and Mental Health in a COVID-19 Lockdown

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Abstract

Increases in mental health struggles have been reported throughout the COVID-19 literature, but not widely in the combined contexts of physical contact and work environment. The present study examined the impact of touch on psychological issues of individuals working inside and outside of their homes who participated in the COVID-19 Lockdown Activities Survey (N=186). The type of touch assessed within this study was partner touch, defined as the physical contact between participants and their partners or friends. Previous studies have indicated that most Americans have experienced increased psychological symptoms, such as stress and depression, related to work during the COVID-19 pandemic. The COVID-19 Lockdown survey incorporated stress concerns such as financial worry, contracting the virus, and feeling isolated. Within the present study, the data indicated that increased physical touch of a partner or friend reduced stress levels in individuals working outside of their homes during a COVID-19 lockdown. In contrast, individuals working from home showed higher stress levels when they did not touch friends or partners at all and when they touched them "a lot", suggesting a limit to the ability of touch to alleviate stress. The findings emphasized the importance of balanced positive, physical connections during times of pandemics. Self-reported data from a non-representative cross-sectional sample limits the generalizability of these results. Nevertheless, they highlight a need to explore the benefits and limitations of touch quantity in greater depth within home environments and American society.

Keywords: Partner touch; Friend touch; Work setting; Psychological issues; COVID-19

Partner Touch, Work, and Psychological Issues during a COVID - 19 Lockdown

Touch is vital to the experience of being human and is an important strategy for non-verbal communication that is used throughout individuals' lifespans. While touch can be functional, it is also key to providing comfort, reducing distress, and conveying affection [1-3]. However, in 2020, the rapid spread of COVID-19 led to the declaration of the COVID outbreak as a pandemic resulting in lockdowns and social distancing [4]. Physical touch became scarce for many due to the crucial need to reduce the spread of the virus. Research by Pierce suggested that social distancing led to touch deprivation, specifically identified as touch starvation [3]. According to Field, et al., touch deprivation during the 2019 COVID lockdown was associated with psychological problems [5,6].

It is important to consider how specific types of touch may serve as self-care or protective factors that reduce the impact of mental health struggles. While the impact of caregiver touch has been greatly explored throughout the COVID-19 literature, the implications of partner touch have been minimally addressed [6]. Of further consideration, COVID quarantines and lockdowns shifted many individuals' place of work from office buildings to their personal residences and for essential workers who had to work outside of their homes, increased the danger of contracting COVID. It is possible this factor of work setting also contributed to psychological problems and individuals' varying needs for partner touch.

Partner Touch

Partner touch is defined in the current study as the physical contact between the participant and a close friend or partner. There are numerous life circumstances where direct skin-to-skin contact with a partner is not possible including long-distance

relationships. Spouses of soldiers, incarcerated persons, and individuals who travel for work are just a few examples. Exploring elements of social touch, particularly partner touch, in relation to the COVID-19 pandemic not only provides us with insight into how individuals are impacted by quarantines, but possibly a deeper general understanding of how the absence and presence of partner touch impacts psychological well-being. Research by von Mohr et al. demonstrated that during the COVID-19 pandemic individuals reported missing intimate forms of touch, particularly hugs and kisses, more than many other forms of contact [7]. As well, Burleson et al. reported that an absence of affectionate touch during the pandemic increased psychological distress [8].

We must also be cognizant that negative consequences to physical and psychological health as a result of touch deprivation is not a new concept. In fact, over the past two decades Field [9-13] affirmed the negative impact of touch deprivation to overall adult well-being, adult well-being in a COVID-19 lockdown, and children's aggressive behaviors. Building upon this work, it is key to supporting well-being during a COVID-19 pandemic to explore specifically how the presence and frequency of partner touch (e.g., some, a lot) influence health and psychological issues.

Work Environment

Whether working from home or traveling to work outside of home, COVID-19 rapidly changed the work force climate around the world [4]. Specifically, individuals in the medical field became essential frontline healthcare workers in many areas putting their physical safety at risk. Schools closed and adults who were caregivers and working were suddenly responsible for continuing on in their everyday obligations to their job and educating their children from home. Other individuals shifted to working from home. Finally, a large group of people became unemployed or unable to find work during the COVID-19 pandemic.

Findings vary among research studies as to the impact of work setting on mental health. For example, Zhang and Chen [14] completed a cross-sectional, population-based, multi-country study that showed those working at home did not experience mental health struggles, whereas those working at other places (i.e., not their typical workplace or home) presented with a 55% higher likelihood of experiencing deterioration to their mental health. Yet according to Trógolo et al. [15], individuals working from home and unemployed individuals reported numerous stressors related to work that emerged during the COVID - 19 pandemic, including work-family conflicts, burnout, decreases in life satisfaction, anxiety, and depressive symptoms. Bell et al. discovered that essential workers, working outside of their homes, demonstrated a 59% greater risk for moderate levels of anxiety and 19% greater risk of poor well-being compared to non-essential workers working both in and out of their home environments [16].

Purpose of the Present Data Analyses

The intent of the current data analysis was to explore the associations between partner touching and the factors of health, work environment (i.e., working within the home or outside of the home), and psychological problems based on an archival database of a COVID-19 lockdown survey. As well, analyses were conducted to determine the impact of varying degrees of touch on stress levels within individuals working inside and outside of their homes. It was hypothesized that partner touch would be positively associated with health and work and negatively associated with psychological problems. It was also predicted that partner touch would have a greater impact on the stress levels of participants working outside of their homes during the COVID-19 lockdown when compared to the impact of partner touch on stress of those working from home. The final hypothesis was based upon the knowledge that individuals working outside of the home in 2020 often consisted of essential workers who were exposed to high levels of stress, threat of contracting the COVID illness, and extreme fatigue.

Method

Participants

A G* power analysis indicated that a sample size of 224 was required for an alpha of .05 and 80% power. The participants included individuals (N=260) who ranged from 18-82 (M=47 years). Gender was distributed 79% female, 18% male and 3% other (non-specified). Ethnicity was distributed 68% Non-Hispanic White, 21% Hispanic, 3% Black and 8% other (non-specified). Professions were distributed 35% office worker, 30% academic, 15% managerial, 12% medical and 8% labor. The average income was $72,572, 28% were unemployed and 69% worked at home. Twenty-three percent lived alone.

Procedure

A flyer was posted on Facebook giving a brief description of the study, including some sample items and the age criterion of being greater than 18 years old. The Facebook flyer included a link to Survey Monkey, an online survey development cloud-based software where participants completed the COVID-19 Lockdown Activities Survey which consisted of 11 scales and a total of 87 items. The survey was conducted between April 1, 2020, and April 30, 2020, and the data were directly transported to SPSS for data analyses.

Measures

The survey included demographic items, including those previously highlighted (age, gender, ethnicity, profession, income, type of employment, working at home, and living alone). The following five scales were created specifically for this survey

to relate to activities and stress associated with the COVID-19 lockdown. The participants rated the items on the scales from zero meaning "not at all" to three meaning "a lot" including the:

1) Health Scale (15 items) (Cronbach's alpha=.66) which included exercise (inside exercise, outside exercise, and outside exercise with others as well as the types of exercise like walking and running), touching (touching partner, touching kids, and touching self, e.g. brushing in shower, yoga, and stretching as well as the types of touching like hugging and backrubs), COVID- 19-related safety practices including washing hands and social distancing, self-care, spiritual activities (meditating and feeling spiritual), and liking being at home. A factor analysis yielded three factors contributing to 47 % of the variance on the Health Scale score: Factor 1 "Self/ Spiritual Care" included Meditating (.74), Self-Care (.68), and Feeling Spiritual (.77) items that together explained 23 % of the variance; Factor 2 "Touching" included the items Touching your kids (.75) and Touching your partner or friend (.72) that explained 14% of the variance; and Factor 3 "Exercise" included the items Outside exercise (-.89) and Exercise outside with someone else (-.76) that explained 10% of the variance;

2) Media/Communications Scale (10 items) (Cronbach's alpha=.58) including talking on the phone, texting, on Internet, gaming, Facebook/Instagram time, receiving and sending messages/media about the virus, engaging in Zoom/Skype/ Facetime activities (e.g. Yoga, meditation), watching the news, watching other TV programs, and watching movies. A factor analysis yielded four factors contributing to 61 % of the variance on the Media/Communication Scale score: Factor 1 "Entertainment" included the items Watching movies (.84) and TV programs (.80) that explained 23 % of the variance; Factor 2 "Communication" included phone use (.80), texting (.70) and Zoom (.63) that explained 14% of the variance; Factor 3 "Social Media" included being on internet (.78) and Facebook time (.60) that explained 13% of the variance; and Factor 4-"COVID News" that included watching the news (.79) and messaging about the virus (.60) that explained 11% of the variance;

3) Connecting Scale (4 items) (Cronbach's alpha=.41) which included connecting with friends, trying to connect with old friends, helping children do homework, and receiving support from others;

4) Working Scale (6 items) (Cronbach's alpha=.61) including cooking, caregiving, housekeeping, paperwork, creative work, and working on projects/hobbies; and

5) Stress Scale (11 items) (Cronbach's alpha=.78) which included worrying about getting a virus, worrying about your financial status, wanting this experience to end, feeling isolated, feeling lonely, feeling bored, feeling touch deprived, snacking, drinking alcohol, napping, and getting "cabin fever". A factor analysis yielded three factors contributing to 56 % of the variance on the Stress Scale score: Factor 1 "Stimulation deprivation" included the items Feeling Isolated (.86), Feeling lonely (.86), Feeling bored (.74),Getting cabin fever (.70), and Feeling touch deprived (.65) that together explained 34 % of the variance; Factor 2" Worrying" included the items Worried about finances (.67) and Worried about the virus (.47) explained 12% of the variance; and Factor 3 "Stress behaviors" included the items Napping (.68) and Snacking (.53) that explained 10% of the variance.

The standardized scales on the survey included 4 PROMIS Subscales (each item was rated on a 5-point scale as 1= never, 2= rarely, 3= sometimes, 4= often, and 5=always) which included the: 1) **PROMIS Anxiety Subscale** (4 items) (Cronbach's alpha=.88) which included I felt fearful, I found it hard to focus on anything other than my anxiety, my worries overwhelmed me, and I felt uneasy; 2) **PROMIS Depression Subscale** (4 items) (Cronbach's alpha=.91) that included I felt worthless, helpless, depressed, and hopeless; 3) **PROMIS Fatigue Subscale** (3 items) (Cronbach's alpha=.92) including I felt fatigued, I had trouble starting things because I'm tired, and I felt run-down; and 4) **PROMIS Sleep Disturbance Subscale** (4 items) (Cronbach's alpha =.86) that included my sleep quality was bad, my sleep is not refreshing, I had a problem with my sleep, and I had difficulty falling asleep.

The second standardized scale was a PTSD Screener entitled "**PTSD-8: A short PTSD Inventory**" (8 items) (Cronbach's alpha=.92).15 This inventory is introduced by the statement "If you're being reminded of a traumatic experience, please rate how much the following have bothered you during the lockdown" as: 0) not at all, 1) rarely, 2) sometimes, and 3) most of the time. The items are recurrent thoughts and memories of the event, feeling as though the event is happening again, recurrent nightmares about the event, sudden emotional or physical reactions when reminded of the event, avoiding activities that remind you of the event, avoiding thoughts or feelings associated with the event, feeling jumpy/easily startled, and feeling on guard.

The last item on the COVID-19 Lockdown Activities survey was an open-ended question "Please tell us about anything you feel that has been positive about the lockdown." Survey Monkey then provided a listing of the most frequently used words and the percentiles for that item.

Results

A correlation analysis was conducted on the touching partner/friend rating (Table 1). In this sample, responses to the open-ended question on the types of touching the partner/friend included hugging (39%), hugging and kissing (21%), kissing (6%), backrubs and massage (20%), holding hands (6%), high fives (2%), sex (3%), and sleeping together (2%). The results of the correlation analysis on the touching partner/friend variable yielded significant correlations ($p < .05$ with most at $p = .000$). Positive correlations

were noted between the touching partner or friend rating and the positive variables including the Health Scale score and items on that scale. Comparably, negative correlations were observed for the negative effects variables including total scores and items on the Stress Scale, the PROMIS Depression Subscale, the PROMIS Anxiety Subscale, and the PTSD-8 Inventory. Demographic variables including living alone was negatively correlated with touching partner/friend, and younger age was positively correlated with the touching friend/partner variable.

Measure	Correlation coefficient	p level
Health Scale Score	.48	.001
Working Scale Score	.25	.01
Stress Scale Score	-.16	.05
PROMIS Depression Subscale Score	-.19	.01
PTSD-8 Inventory Score	-.22	.005

Table 1: Significant Associations between Partner or Friend Touch and COVID-19 Lockdown Activities Survey scales and subscales scores.

Correlational analyses carried out with work setting (working in the home and outside of the home) revealed a significant association between working from home and the stress subscale ($r = .17$, $p < .01$). The correlation between working outside of the home and stress was not significant. Work setting was not associated with other psychological problems of anxiety or depression as reported in previous studies.

A one-way ANOVA was conducted to examine whether the stress levels of participants working from home differed depending on the frequency of partner touch (0=Not at all, 3=A lot). The results indicated differences in mean stress $F(2, 238) = 5.78$, $p < .005$ as a function of the amount of partner touch ratings.

A PostHoc test conducted using the Tukey HSD test suggested that participants working from home who did not engage in partner touch at all ($M = 28.27$, $SD = 6.57$) had the highest scores on the Stress Subscale, higher than participants who gave ratings of 1 ($M = 24.83$, $SD = 3.31$). However, participants working in their homes who responded with 2 showed a slight decrease in stress subscale scores ($M = 25.37$, $SD = 4.68$) and those who reported touching partners "a lot" presented with stress subscale scores higher than those who responded with ratings of 2 and 1, but less than participants who did not engage in partner touch at all ($M = 25.78$, $SD = 6.74$).

Discussion

These results show that partner touch is associated with positive health behaviors and work activities during the COVID-19 lockdown of April 2020. These findings align with previously presented research that highlights the importance of intimate touch to well-being [8]. Additionally, in the current study, partner touch was negatively correlated with psychological problems. These data support the previously reported relationship between affectionate or intimate touch and psychological health [2,3,7,9].

The findings in this study also emphasize that working from home is associated with increased levels of stress. While the results demonstrated that partner touch was associated with decreased stress in individuals working from home, the pattern was not linear. In fact, the current study supported an inverted u pattern to the amelioration of stress by partner touch. Specifically, the findings showed that while those working from home who touched their partners "a lot" during the COVID-19 pandemic reported lower levels of stress than those who did not touch their partners at all, participants who touched their partners "a lot" demonstrated higher scores on the Stress subscale than those who reported ratings of 1 or 2 (indicating less touching of partners or friends). As such, the possibility exists that there is a limitation to the benefit of partner touch for individuals working from home during a COVID-19 pandemic. However, it is important to acknowledge that study participants were predominantly non-Hispanic white females. Thus, the results of the non-representative sample would not be generalizable to the larger population or other countries. Future studies may utilize more heterogeneous populations or investigate more environmental variables as covariates.

Since the COVID-19 lockdown of April 2020, additional quarantines and lockdowns have occurred following the emergence of new strains of the COVID virus and large numbers of infection [17]. The uncertainty of the length of COVID-19 modified lifestyles may contribute to the psychological problems of adults in the U.S. As such, it is important to recognize the benefit and limitations of acts considered to serve as healthy behaviors or self-care, such as partner touch. Longitudinal research could be beneficial to gaining a deeper understanding of the consequences of long-term COVID on individuals around the world. The results from the current study may help inform mental health diagnostic and treatment processes to reduce psychological problems that transpire during periods of confinement or isolation, such as COVID lockdowns or quarantines [18].

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