



Acceptance of cravings: How smoking cessation experiences affect craving beliefs



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ARTICLE INFO

Article history:

Received 23 August 2013

Received in revised form

14 May 2014

Accepted 15 May 2014

Available online 12 June 2014

Keywords:

Smoking cessation

Craving

Metacognition

Beliefs

ABSTRACT

Metacognitive models theorize that more negative appraisals of craving-related thoughts and feelings, and greater efforts to avoid or control these experiences, exacerbate suffering and increase chances the person will use substances to obtain relief. Thus far, little research has examined how attempts to quit smoking influence the way people perceive and respond to cravings. As part of a larger study, 176 adult smokers interested in quitting participated in two lab sessions, four days apart. Half the sample began a quit attempt the day after the first session; craving-related beliefs, metacognitive strategies, and negative affect were assessed at the second session. Participants who failed to abstain from smoking more strongly endorsed appraisals of craving-related thoughts as negative and personally relevant. Negative appraisals correlated strongly with distress and withdrawal symptoms. Attempting to quit smoking increased use of distraction, thought suppression and re-appraisal techniques, with no difference between successful and unsuccessful quitters. Negative beliefs about cravings and rumination predicted less change in smoking one month later. Results suggest that smoking cessation outcomes and metacognitive beliefs likely have a bidirectional relationship that is strongly related to negative affect. Greater consideration of the impact of cessation experiences on mood and craving beliefs is warranted.

Published by Elsevier Ltd.

While nearly everyone who tries to quit smoking experiences nicotine cravings (e.g., thoughts about smoking, behavioral urges, physical discomfort, subjective sense of deprivation; May, Panabokke, Andrade, & Kavanagh, 2004; Sayette et al., 2000; Shadel, Niaura, Brown, Hutchinson, & Abrams, 2001), the frequency and persistence of these cravings vary from person to person. Increasingly, researchers and clinicians are interested in understanding how the ways people think about and respond to cravings relate to idiosyncratic craving intensity. Specifically, several models of maladaptive cognition suggest that appraising unwanted thoughts and internal sensations in negative, non-accepting, overly personal or catastrophic ways exacerbates unwanted thoughts across a spectrum of psychopathology (e.g., Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Rachman, 1997; Segal, Williams, & Teasdale, 2001; Wells, 2000). Cognitive theories of obsessions, for example, highlight overestimation of the personal significance of thoughts (e.g., *This thought means I am a bad person*),

“thought-action fusion” or flawed beliefs about the strength of the connection between thoughts and actions (e.g., *Having this thought means I will undoubtedly act on it*), and unrealistic desires to maintain perfect thought control (e.g., *I must control this thought*; Clark & Purdon, 1993; Freeston, Ladouceur, Thibodeau, & Gagnon, 1991; Obsessive Compulsive Cognitions Working Group [OCCWG], 2001, 2003). Metacognitive models of generalized anxiety (e.g., Wells’s self-regulatory executive function [S-REF] theory), as another example, implicate unfounded beliefs about both the benefits and dangers of worrying, lack of confidence in one’s own attention and memory (“cognitive competence”), increased tendency to monitor and attend to one’s thoughts, and beliefs that thoughts need to be controlled (Wells, 2000).

In theory, distressing appraisals provoke unhelpful coping responses such as thought suppression (i.e., actively trying not to think about a certain topic) and rumination (i.e., fixating attention on the presence and meaning of symptoms; Nolen-Hoeksema, 1991; Rachman, 1997, 1998; Salkovskis, 1985; Wells, 2000). Thought suppression and rumination are hypothesized to increase self-focused attention, increase the accessibility of negative information about the self and prevent change in maladaptive metacognitive beliefs (Nolen-Hoeksema, 1991; Wells, 2000). Attempting

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to avoid the discomfort associated with unwanted thoughts by suppressing them can also paradoxically make the thoughts recur with greater frequency (Abramowitz, Tolin, & Street, 2001; Wegner, Schneider, Carter, & White, 1987). Rumination can further exacerbate and prolong distress, increase the probability of negative interpretations of stimuli and situations, and impede instrumental problem solving (Nolen-Hoeksema, 1987, 1991).

Applied to cravings during smoking cessation and other addictions, these “metacognitive” models predict that individuals who appraise their craving-related thoughts in negative, overly personal or catastrophic ways (i.e., as meaning that they are weak-willed, destined to fail, or out of control) will be more distressed by cravings. Such distress could in turn elicit urges to smoke to relieve negative affect and provoke unhelpful coping responses that paradoxically make people think about smoking even more than they otherwise might during a cessation attempt. These models are consistent with research on the importance of anxiety sensitivity, distress tolerance and acceptance during cessation. For example, self-reported discomfort with anxiety-related physical sensations and behavioral difficulty persisting with uncomfortable physiological and cognitive challenge tasks (e.g., CO₂ inhalation, speeded mental arithmetic) predict early relapse from smoking cessation (Brandon et al., 2003; Brown, Kahler, Zvolensky, Lejuez, & Ramsey, 2001; Brown, Lejuez, Kahler, & Strong, 2002; Zvolensky et al., 2007).

Several recent studies of metacognition in addictive behavior (e.g., Lee, Pohlman, Baker, Ferris, & Kay-Lambkin, 2010; Nosen & Woody, 2009; Spada & Wells, 2005) have focused on identifying the specific cognitive and behavioral processes underlying non-acceptance and discomfort with cravings. Positive correlations have been observed between alcohol and drug use and the S-REF metacognitive beliefs developed to explain GAD-style worry (Spada & Wells, 2005; Spada, Zandvoort, & Wells, 2007). For example, appraisals of cravings as unpleasant (e.g., “This thought disturbs me”, “Cravings can drive you crazy”) and as uncontrollable and linked to action (e.g., “Once craving starts I have no control over my behavior”; “This thought can really make me drink”) correlate positively with craving and depressive symptoms and negatively with cessation self-efficacy in recently abstinent alcohol abusers (Hoyer, Hacker, & Lindenmeyer, 2007) and predict abstinence status among treatment-seeking methamphetamine users (Lee et al., 2010). Similar relationships have been observed between negative, personally significant beliefs about cravings and smoking behavior (Nosen & Woody, 2009; Spada, Nikčević, Moneta, & Wells, 2007). Nosen and Woody (2009), for example, found that appraisals of cravings as unpleasant, personally reflective and important to control correlated with cessation self-efficacy, depression and craving severity and also prospectively predicted whether participants would be smoking one month later.

Suppression and rumination responses also appear relevant to problems in addictive behavior, although, similar to other areas of psychopathology research, evidence is somewhat mixed. Some experimental studies find suppression is associated with rebound in subsequent thoughts about smoking and more severe craving (Erskine, Georgiou, & Kvavilashvili, 2010; Salkovskis & Reynolds, 1994; Toll, Sobell, Wagner, & Sobell, 2001), while others either fail to find a relationship (Erskine et al., 2012; Haaga & Allison, 1994; Nosen & Woody, 2009; Reynolds, Valmana, Kouimtsidis, Donaldson, & Ghodse, 2005) or find potential benefits to craving suppression (Rogojanski, Vettese, & Antony, 2011a). Although less research has examined rumination in substance use, longitudinal studies suggest adolescents who ruminate in response to stress are at greater risk for future substance abuse and misuse following negative events (Nolen-Hoeksema & Harrell, 2002; Nolen-Hoeksema, Stice, Wade, & Bohon, 2007; Skitch & Abela, 2008).

Richmond, Spring, Sommerfield, and McChargue (2001) conducted the sole study of rumination and smoking. In this cross-sectional, retrospective study of university students, rumination was more strongly correlated with depression among smokers than among non-smokers.

Overall then, evidence thus far supports the idea that more negative beliefs about cravings may exacerbate suffering and contribute to cessation difficulty. However, no research to date has examined the effect of smoking cessation on metacognition. This is relevant to understanding the reverse directional pathway. Specifically, maladaptive beliefs may increase distress and cravings, but beliefs may just as easily be a consequence, rather than a cause, of cessation difficulty. It is plausible that experiencing frequent and intense craving, withdrawal and negative affect may motivate the person to try numerous ways to control these experiences and drive overly pessimistic thinking about craving. For example, recurrent nicotine cravings may confirm initial suspicions about the meaning of the occurrence of the thoughts about smoking (e.g., “The fact that this urge keeps returning proves that it really does mean something about me/that I'm destined to fail/that I'm not fighting hard enough”).

Nicotine withdrawal also increases anxiety, depression, and irritability (Hughes, 2007). Consistent with mood-congruent information processing effects, concurrent distress may encourage people to think about their cravings in more negative, overly catastrophic ways. Indeed, both directional pathways may be operational, such that maladaptive appraisals, severe cravings and negative mood form mutually reinforcing relationships that propel an escalating cycle of distress and craving. Such bidirectional relationships are not made explicit in the metacognitive models developed within the context of obsessions or other psychological disorders, and accordingly, have not been tested. Nevertheless, understanding the temporal and causal relationships underlying correlations between cravings and metacognitive beliefs is essential both for furthering conceptualizations of cravings and for clarifying the potential utility of clinical interventions focused on reducing maladaptive beliefs.

The primary aim of the current study is to explore the directionality of these correlational relationships by examining what happens to distressing, non-accepting beliefs about cravings when smokers try to quit. Data were collected as part of a larger study involving adult smokers who were interested in making a serious attempt to quit smoking. For purposes of the larger study, participants were randomly assigned to either one of two 60-min automated psycho-education conditions or a filler task. Germane to the present aims, participants were also randomly assigned to one of two cessation conditions: immediate (i.e., study participation occurred during the first few days of cessation) vs. anticipated (participation occurred about a week prior to a planned cessation attempt). The purpose of this experimental manipulation was to provide an opportunity to examine the effect of smoking cessation experiences on how people think about and respond to craving and withdrawal symptoms. We hypothesized that quitting smoking (and experiencing associated increases in craving, withdrawal and distress) may strengthen maladaptive beliefs and appraisals about the personal meaning of the occurrence of craving-related thoughts and experiences. We also anticipated this effect may depend on cessation experiences. Specifically, individuals who lapse quickly during a cessation attempt would plausibly appraise their cravings more negatively than do those who are successfully abstinent or who continue smoking ad-lib. Similarly, we hypothesized that increases (or decreases) in beliefs may be associated with levels of craving, negative affect and other nicotine withdrawal symptoms, in line with mood-congruent information processing. Finally, we hypothesized that individuals who are unsuccessful in

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