



## Perceived partner responsiveness predicts smoking cessation in single-smoker couples

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### HIGHLIGHTS

- Romantic partners influence smoking cessation in important ways (e.g., support).
- This paper examines the impact of perceived responsiveness on smoking cessation.
- Perceived responsiveness predicted cessation beyond support or satisfaction.
- Findings may be relevant for partner-oriented interventions for smoking cessation.

### ARTICLE INFO

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### ABSTRACT

**Introduction:** Romantic partners are crucial to successful smoking cessation, but the mechanisms by which partners influence cessation is unclear. Research in this area has focused heavily on partner smoking status and support for quitting, but partner influence may not be limited to these two constructs. The current study examines the perceived responsiveness of the partner (i.e., the perception that the partner understands, approves of, and supports the self) as a predictor of smoking cessation in unassisted quitters, independent of smoking-specific support for quitting and more general relationship satisfaction.

**Methods:** Data were taken from a sample of smokers ( $N = 62$ ) in relationships with never/former smokers (i.e., members of single-smoker couples) who completed a 21-day ecological momentary assessment study during an unassisted quit attempt. Measures of perceived responsiveness, support for quitting, and relationship satisfaction obtained at baseline were used to predict smoking outcomes over the course of the study.

**Results:** Consistent with our predictions, perceived responsiveness emerged as a significant predictor of smoking cessation over and above the effects of support for quitting and relationship satisfaction. Support for quitting only predicted self-reported relapse. Unexpectedly, once perceived responsiveness was considered, greater relationship satisfaction was associated with poorer smoking outcomes.

**Conclusions:** The current research suggests that perceived responsiveness is a more effective resource for smoking cessation than support specifically for quitting. These findings extend previous research by demonstrating that perceived responsiveness represents a distinct construct from smoking-specific support or relationship satisfaction, and that it is important for smokers during a quit attempt.

### 1. Introduction

Smokers' romantic partners are crucial to successful smoking cessation. The partner's mere smoking status is a strong predictor of cessation: smokers are more likely to quit smoking if partnered with a non-smoker than a smoker (Homish & Leonard, 2005; Jackson, Steptoe, & Wardle, 2015) and smokers who quit are more likely to relapse if partnered with a smoker than a non-smoker (Homish & Leonard, 2005; Pollak & Mullen, 1997). The influence of a partner's smoking status on successful quitting may be due, at least in part, to

the partner's support for and against quitting smoking (Ginsberg, Hall, & Rosinski, 1991; Lüscher, Stadler, & Scholz, 2017; Scholz et al., 2016). However, the *perceived responsiveness* of the partner (i.e., the perception that the partner understands, approves of, and supports the self; Reis & Clark, 2013; Reis & Shaver, 1988) may have greater predictive utility than the partner's *support for quitting*, given that perceived availability of support is often a better predictor of health outcomes than received support (Lahey & Cassidy, 1990; Stroebe & Stroebe, 1996). The current paper examines perceived responsiveness as a predictor of smoking outcomes during a quit attempt.

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## 2. Perceived responsiveness and smoking

Previous research suggests that more general social support (i.e., not specific to smoking) is associated with smoking cessation (Holahan et al., 2012; Pollak & Mullen, 1997; Väänänen, Kouvonen, Kivimäki, Pentti, & Vahtera, 2008). However, only one longitudinal study has examined the association between perceived responsiveness of the partner and smoking cessation. Derrick, Leonard, and Homish (2013) examined the influence of perceived responsiveness on smoking status and cigarette quantity in a sample of newlywed couples. Among those who initially perceived relatively high responsiveness, both the likelihood of being a smoker and the number of cigarettes smoked decreased over time. This decrease was not apparent for those who initially perceived relatively low responsiveness. This study was notable in that it demonstrated decreases in smoking in a community sample of participants selected for marital status and not desire to quit smoking. Although this is one strength of the study, it is also a possible limitation; perceived responsiveness might not matter for people who are already motivated to quit smoking. Alternatively, assessments of perceived responsiveness might simply tap into support for quitting or relationship satisfaction, constructs known to be associated with smoking cessation. The current study builds on these findings in three important ways.

First, data for the current analyses were taken from a larger parent study that followed smokers (i.e., Quitters) and their partners during a 21-day quit attempt (Derrick, Eliseo-Arras, Haddad, Britton, & Hanny, 2018; Derrick, Eliseo-Arras, Hanny, Britton, & Haddad, 2017). Single-smoker couples were targeted in the parent study because nonsmoking partners provide more support for quitting (McBride et al., 1998; vanDellen, Boyd, Ranby, MacKillop, & Lipkus, 2016), and Quitters are more likely to quit if their partner is a nonsmoker (Falba & Sindelar, 2007; Homish & Leonard, 2005). It is important to demonstrate that perceived responsiveness predicts smoking outcomes specifically during a quit attempt. Otherwise, we cannot rule out the possibility that people who are motivated to quit smoking are less influenced by perceived responsiveness—because they already have the resources (e.g., self-motivation) needed to quit smoking.

Second, the current study examines whether perceived responsiveness is distinguishable from support for quitting smoking. Greater support for quitting predicts greater likelihood of quitting smoking (Coppotelli & Orleans, 1985; Lüscher et al., 2017; Scholz et al., 2016), but studies examining support for quitting have primarily examined special populations, like pregnant women (McBride et al., 1998; Pollak, Baucom, Peterson, Stanton, & McBride, 2006) or smokers undergoing treatment (Lawhon, Humfleet, Hall, Reus, & Muñoz, 2009; Mermelstein, Lichtenstein, & McIntyre, 1983). In addition, studies that have examined general support or perceived responsiveness have not ruled out the possibility that these perceptions are merely tapping into support for quitting (Derrick et al., 2013; Väänänen et al., 2008). It is important to compare perceived responsiveness directly with support for quitting to demonstrate that the two constructs differentially impact smoking outcomes, and therefore, represent distinct constructs.

Finally, this study also considers relationship satisfaction, an important predictor of health behaviors (Burman & Margolin, 1992; Derrick & Leonard, 2016; Lewis et al., 2006). Couples who report higher satisfaction are less likely to binge drink or develop future alcohol problems and have better outcomes following treatment for substance dependence (Heinz, Wu, Witkiewitz, Epstein, & Preston, 2009; Leonard & Homish, 2008; Whisman, Uebelacker, & Bruce, 2006). Most important to the current study, people in higher quality relationships smoke less (Fleming, White, & Catalano, 2010). Although overlapping constructs, perceived responsiveness is a more sensitive predictor of relationship functioning than relationship satisfaction; changes in perceived responsiveness predict changes in relationship satisfaction over time, but not vice versa (Derrick, Leonard, & Homish, 2012). Therefore, perceived responsiveness may also be a more sensitive predictor of smoking cessation than relationship satisfaction. It is important to distinguish between these two constructs when examining smoking outcomes.

## 3. Overview and hypotheses

In the current study, we examined the effect of perceived responsiveness on smoking outcomes during a 21-day quit attempt. We directly compared the effects of perceived responsiveness to the effects of support for quitting and relationship satisfaction. Like Derrick et al. (2013), we focused on perceived responsiveness, rather than enacted support, because perceived availability of support is a more consistent predictor of health and well-being than received support (Lakey & Orehek, 2011; Stroebe & Stroebe, 1996). We expected perceived responsiveness to predict smoking outcomes above and beyond support for quitting and relationship satisfaction.

## 4. Method

### 4.1. Participants

Data were taken from the Daily Experiences with Smoking Cessation (DESC) Study. Couples were recruited primarily through paid Facebook advertising and mass mailing (Derrick et al., 2017). To be eligible, couples had to meet relationship criteria (a different-sex relationship; cohabiting 6+ months or married; one smoker and one never/former smoker), demographic criteria (both partners aged 18–55; comfortable reading/writing English), Quitter smoking criteria (smoked 10+ cigarettes per day for the past 2+ years; no non-cigarette forms of tobacco; motivation to quit of 50+ on a 1–100 scale; not seeing a provider or taking medication to quit smoking), logistical criteria (partners lived together; both could access smart phones during the day), and safety criteria (i.e., no severe intimate partner violence). Additionally, both partners had to agree to participate, and the Quitter had to stop smoking 12 h prior to the first appointment (verified with an expelled breath carbon monoxide [CO] reading of < 10 parts per million [ppm]; West, Hajek, Stead, & Stapleton, 2005). Sixty-four couples attended the initial appointment. One couple did not reschedule after a failed CO reading, and one couple dropped the first day of participation, leaving a final sample of 62 couples. The current analyses focus on data collected from the Quitter.

### 4.2. Procedure

Full details regarding the recruitment process and participation rates are available elsewhere (Derrick et al., 2017; Derrick et al., 2018). Briefly, background questionnaires, including motivation to quit, nicotine dependence, support for quitting, and demographics were completed online before the orientation session. At the orientation session, both partners provided CO readings using a Bedfont piCO Smokerlyzer (<http://www.bedfont.com/>). Quitters who failed the CO reading (> 10 ppm) rescheduled their orientation session. Those who passed completed additional laboratory tasks and background questionnaires, including perceived responsiveness and relationship satisfaction. Then we provided participants with Android smart phones and training for the ecological momentary assessment (EMA). The use of EMA to assess smoking is valuable in that we can assess participants in near-real-time, thereby reducing the bias introduced by retrospective recall. EMA allows for more precise reporting on smoking outcomes than survey or Timeline Followback methodology (Shiffman, 2009; Shiffman, Stone, & Hufford, 2008).

The evening of the orientation session, and for the next 21 days, both partners completed the EMA using a web application. We chose to study smoking outcomes over 21 days because most relapses occur early after a smoker decides to make a quit attempt (22% within two weeks; 19% within one month; Hughes et al., 1992). Each day, both partners completed *Evening Reports* before bed, *Morning Reports* as soon as they woke up, and three *Random Prompt Reports* when signaled. Both partners also completed a *Lapse Report* anytime the Quitter smoked (or the Partner assumed the Quitter smoked). In each report, both partners were asked about mood, interactions with the partner and other people, and the Quitter's smoking behavior. Additional details about the content of each report are available in Derrick

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