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Enacting Social Control to Encourage Healthier Partner Diet and Exercise Behavior: Considering the Roles of Constraints and Topic Avoidance

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ABSTRACT

A multiple goals framework examined romantic couples' use of social control, perceived constraints to using social control, and topic avoidance regarding their health behaviors. Results showed a positive association between perceptions of social control constraints and use of negative social control. Additionally, topic avoidance was negatively related to the use of positive and negative social control and partners' health behaviors. Finally, the use of positive social control was positively associated with one's own health behaviors. These results illustrate how one's consideration of secondary goals affects the pursuit of the primary goal of influencing health behaviors. Specifically, romantic partners who discuss dieting and exercising should consider using positive social control when encouraging partners to engage in healthy behaviors.

KEYWORDS

Social control; multiple goals; topic avoidance; health; romantic relationships

Intimate relationships can significantly influence people's health (Holt-Lunstad, 2018), particularly over the course of relationships as people age and health concerns become more salient (Brown, Nesse, Vinokur, & Smith, 2003). One specific instance when intimate relationships can affect health is when relationship partners engage in a variety of health-protective mechanisms to elicit healthy behaviors, such as enacting social control (i.e., efforts to influence and regulate another's health behaviors; Butterfield & Lewis, 2002; Lewis, Butterfield, Darbes, & Johnston-Brooks, 2004). Given that romantic partners are a primary source of health promotion for each other (Markey, Markey, & Gray, 2007), understanding more about partners' use of health-related social control and the potential for social control to produce healthy behaviors is a worthwhile endeavor.

To investigate romantic partners' use of health-related social control, the present study considers two broad domains of health behaviors: diet and exercise. Both diet and exercise are adaptable lifestyle factors, and both are associated with the likelihood of being overweight or obese, the incidence of which continues to rise in the United States. According to the Center for Disease Control and Prevention show that 71.6% of U.S. adults 20 years of age or older are considered overweight or obese (Centers for Disease Control and Prevention [CDC], 2017a). These individuals are vulnerable to developing comorbid health conditions, such as diabetes mellitus type 2, sleep

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apnea, and cardiovascular diseases (Guh et al., 2009), making social control messages regarding diet and exercise particularly salient.

Health-related influence within the context of romantic relationships is a theoretically meaningful topic for study because social control research suggests that there is not a one-size-fits-all approach to influencing a partners health behaviors. Indeed, individuals who want their partners to engage in healthier behaviors may quickly realize that their primary goal (e.g., to get their partners to start exercising, for example) must be considered along with other important relational concerns (e.g., to not offend or upset the partner with a demand to start exercising). To that end, the current study employs the multiple goals perspective on interpersonal communication (Dillard, Segrin, & Harden, 1989). Specifically, this study examines how two relational variables communicate secondary goals, with the primary goal of influencing a partner's health behavior.

Perceptions that one must constrain or avoid conversations with a partner about diet and exercise may be especially relevant to study in regard to secondary goals because they reflect an internal process of message creation. Considering how a partner might react to a social control attempt could change the way that an individual frames influence messages to his/her partner. A multiple goals framework suggests that interpersonal persuasion aimed towards a primary goal may be positively or negatively framed, or never even occur, based on these secondary goals. Therefore, the aim of this study is to investigate two strategies that may be used to preserve secondary (relational) goals, and their association with positive and negative social control messages about diet and exercise behaviors. Additionally, we hypothesize that avoiding communication about diet and exercise, and perceiving high levels of social control constraints will be negatively associated with diet and exercise behaviors. Finally, we hypothesize that the primary influence goal of using social control to encourage a partner's health behavior should be associated with partners' health behaviors.

Multiple goals framework

As individuals approach interpersonal influence situations, they consider multiple interaction goals (Dillard et al., 1989; Hample & Dallinger, 1992) that motivate their communication behaviors during the interaction (Wilson, 2002). According to the multiple goals perspective, people have numerous, sometimes competing goals that they wish to attain (Caughlin & Scott, 2010; Dillard et al., 1989). Goals can be classified as either primary or secondary goals. In interpersonal influence interactions, a primary goal typically concerns changing the message recipient's behavior; it is the pursuit of a primary goal that initiates cognitive processes that stimulate message production. Meanwhile, individuals constructing interpersonal influence messages might simultaneously consider a variety of secondary goals that affect how the communicator pursues the primary goal. Secondary goals may include identity goals (i.e., communicating in a way that aligns with one's own internal standards), interaction goals (i.e., communicating in socially appropriate ways), resource goals (i.e., maintaining valued assets, including rewards one gains from being in a relationship), and arousal management goals (i.e. communicating in ways that maintain a desired state of arousal) (Dillard et al., 1989). Researchers have found people manage competing goals by shaping, constraining, or editing their messages in an effort to achieve their primary goals effectively and appropriately (Caughlin & Scott, 2010; Dillard et al., 1989).

In the context of the present study, the primary goal is the health-related social control messages aimed to influence a partner's diet and exercise health behaviors, discussed later; and two communicative means to achieve secondary goals, social control constraints and topic avoidance. In an effort to achieve primary influence goals, we investigated whether individuals' social control constraints (i.e., perceived barriers to appropriately and effectively using health-related social control messages) or health-related topic avoidance were related to the primary goal of influencing their partner's diet and exercise. The following sections overview social control constraints and topic avoidance.

Social control constraints

Social control constraints are perceived barriers to communicating social control messages (Burke & Segrin, 2017). These constraints relate to the previously mentioned four categories of secondary goals offered by Dillard et al. (1989): identity, interaction, resource, and arousal management goals. For example, individuals using social control to pursue the primary goal of persuading their partners to exercise more frequently might be constrained to the extent that they believe it is morally acceptable to *persuade their partners* to be healthy (identity goals); that they feel communicating diet- and exercise-related social control with their partners is *inappropriate* (interaction goals) and makes them *uncomfortable or nervous* (arousal management goals); and that they worry about *harming their relationships* with their partners as a result of enacting diet-and exercise-related social control (relational resource goals). Thus, when people perceive social control constraints, they may adjust their approaches to pursuing their primary goals and communicate fewer health-related social control messages regarding diet-and exercise-related behavior.

Further, this example illustrates how secondary goals can be in competition with primary goals, such as communicating health-related social control messages. When people encounter competing goals during an interaction, they have to work to balance these conflicting goals (Caughlin & Scott, 2010; O'Keefe, 1990), which might require them to prioritize some goals over others (Wilson, 2002). In addition to considering social control constraints, communicators may, at times, choose to avoid discussing the topics of diet and exercise (Donovan-Kicken & Caughlin, 2010). Therefore, the use of topic avoidance as a strategy to achieve secondary goals is discussed next.

Topic avoidance

Topic avoidance is a common relational occurrence and is salient within the context of health-related communication in relationships in particular (Donovan-Kicken & Caughlin, 2010; Gilbar & Ben-Zur, 2002; Young, Burke, & Curran, in press). People may avoid certain topics in relationships to circumvent relational issues (Dindia & Allen, 1992), to mitigate potential conflicts (Caughlin & Afifi, 2004), or escape discussions that could result in negative feelings (Badr & Taylor, 2006). Moreover, people engage in topic avoidance as a function of their perceptions that others will be unresponsive to discussing the topic (e.g., will not change with discussion of the topic) or that it is unacceptable to talk about a controversial or confrontational topic (Guerrero & Afifi, 1995).

In the context of health, people might avoid discussing challenging or face-threatening diet and exercise topics that could potentially upset their partner. This might be especially salient in situations where, based on their prior experiences, people feel that talking about their partners' diet or exercise will not change their partners' behavior, or that the discussion will result in their partners feeling violated by an intrusion into their personal diet and exercise habits. Therefore, topic avoidance may be a strategy reflective of Dillard et al. (1989) secondary goals. For example, people may engage in topic avoidance because they perceive diet- and exercise-related discussions to be *inappropriate* (interaction goals) or *uncomfortable* (arousal management goals). To summarize, both perceived social control constraints and topic avoidance are investigated as responses to or ways of addressing secondary goals, which may, in turn, influence how people pursue the primary goal of using social control to influence their partners' diet and exercise behaviors.

Diet- and exercise-related social control in couples

Research specific to social influence suggests that social control functions as a communal process in relationships (Lewis et al., 2004) in which partners mutually influence each other's behaviors (Lewis & Rook, 1999; Umberson, 1992). Indeed, couples discuss their health with each other and communicate about each other's diet and exercise behaviors (Burke & Segrin, 2017). Accordingly, people enact social control to encourage their partners to adopt healthy behaviors (Lewis &

Butterfield, 2007; Markey et al., 2007). In the current study, multiple goals theory suggests that the interpersonal influence messages aimed at changing a partner's behavior is the primary goal, as he/she attempts "to bring about change in a target person" (Dillard et al., p. 20) and that the relationally focused secondary goals may be related to how those influence messages are communicated to a partner.

Research suggests that individuals' evaluations of their partners' involvement in their diet and exercise are generally positive (Markey et al., 2007); however, this positive evaluation might depend on the types of social control enacted in relationships. Research on social control classified various strategies as either positive or negative social control (Lewis & Butterfield, 2007). Positive social control includes expressing positive emotions, making suggestions, and praising (e.g., "I'm so proud of you for sticking with your new diet and I'd be happy to pass along some healthy recipes I just found online"). On the contrary, negative social control includes expressions of negative emotions, guilt, and withdrawal (e.g., "I thought you were dieting, but you keep eating junk food. It's frustrating that you don't have more self-control").

In the case of health-related positive social control, individuals may choose to communicate pride in their partners' diet- or exercise-related progress, thereby reinforcing positive relational characteristics, including encouragement and relational regard (Lewis et al., 2004). Alternatively, negative social control might be used to incite behavior change through negative affect, encouraging negative relational characteristics such as making one's partner feel guilty for not achieving their diet- or exercise-related goals. Indeed, social control is not uniform. Although some partners may be willing to enact negative social control strategies, others prefer enacting positive social control strategies, and still others might use combinations of both positive and negative strategies (Lewis & Butterfield, 2007). Prior research suggested that communicating positive social control is a more effective influence tool, as it is associated with partners engaging in healthier behaviors (Burke & Segrin, 2017; Lewis & Butterfield, 2007; Tucker & Anders, 2001). In contrast, as people perceive greater negative social control from their partners, they report engaging in fewer healthy behaviors (Burke & Segrin, 2017; Young et al., in press), hiding their unhealthy behaviors, or ignoring their partners' suggestions (Tucker & Anders, 2001).

An individual's decision to use positive or negative social control to get a partner to engage in healthier behaviors may be influenced by how they think a partner will react to that influence. Although research has begun to identify the effects of positive and negative social control regarding couples' health, this study extends the current literature by incorporating the multiple goals perspective to examine people's primary and secondary goals when using diet- and exercise-related social control with their partners.

The current study

Given that diet- and exercise social control among relational partners is a complex process, in which partners enact different strategies to get one another to engage in health behaviors (Butterfield & Lewis, 2002), the current study uses multiple goals framework (Dillard et al., 1989) and information from both people in the relationship to investigate the following hypotheses and questions about diet and exercise-related social control.

In line with the multiple goals perspective, we offer the following hypotheses and research question:

H1: Romantic partners who perceive fewer constraints to enacting social control report more frequent use of positive and negative social control aimed at influencing their partners to be healthier.

RQ1: To what extent, if any, does romantic partners' use of topic avoidance relate to the use of positive and negative social control aimed at influening their partners to be healthier?

H2: Romantic partners' perceptions of social constraints and topic avoidance is associated with fewer health behaviors.

H3: Romantic partners' positive social control is related to diet and exercise behaviors, and negative social control is not related to diet and exercise behaviors.

Method

Participants

Participants included 74 heterosexual couples (n = 148 individuals) with a mean age of 35.48 years (SD = 14.37, range = 18–73) and a mean relationship length of 12.30 years (SD = 12.29, range = .5–41 years). The majority of the sample identified as White (66.89%), followed by 16.89% Latino/a, 7.43% African American, 2.03% Asian/Pacific Islander, 0.68% American Indian, and 6.08% other. Fourteen percent of participants reported having a graduate or professional degree, 28% of participants reported having a bachelor's degree, 50% reported completing some college, and 8% reported having a high school degree or less. Regarding employment status, 55% of participants reported full-time employment, 18% of participants reported part-time employment, 18% reported being full-time students, 3% reported being retired, and 6% reported unemployment. Finally, the body mass index (BMI) averages for male participants (M = 26.63; SD = 4.35) and female participants (M = 25.07; SD = 5.85) were similar to the U.S. national averages (males = 29.1; females = 29.6) reported in a December 2018 national health statistics report (Fryar, Kruszon-Moran, Gu, & Ogden, 2018).

Procedures

After receiving IRB approval, couples were recruited through student referrals at a large Southern university. Participants had to be at least 18 years old and in a committed romantic relationship for at least 6 months. Students who met these requirements were permitted to participate in the study with their partners in exchange for course extra credit. Alternatively, students could elect to refer a couple who met these study requirements to participate in the study in exchange for course extra credit. These students were encouraged to seek approval from these participants prior to referring them to participate in the study. Participation in this study involved completing an online questionnaire. In the case of either student or referred participants, the initial step involved a student sending the lead author an email containing separate email addresses for each member of the couple. Their information was entered into a spreadsheet and they were assigned unique code numbers. Then, each participant was sent a separate email containing a link to the online questionnaire and their unique code number, which they were instructed to enter at the end of the questionnaire. The code numbers matched the participants' responses without provision of any identifying information.

Six participants were removed from the analyses because one partner did not complete the questionnaire. Another six participants were removed because they reported being in a same-sex relationship, which precluded distinguishing the dyads by sex in the Actor Partner Interdependence Models. Additionally, the data from two couples (four participants) were excluded because at least one partner completed the survey in less than 8 minutes, which was the time estimate for thoughtfully considering and responding to questionnaire items.

Measures

Outcome variables

We specified three outcome variables: positive social control, negative social control, and health behaviors.

Positive and negative social control. Social control was measured using an adapted version of Butterfield and Lewis's (2002) health-related social control scale. Whereas the original scale measured health-related social control in general, this scale was abbreviated and adapted to reflect diet- and exercise-related social control specifically. This study included items assessing positive and negative social control, as previous research established that these strategies are indicative of positively and negatively valenced influence attempts (Burke & Segrin, 2017). Participants were asked to report how often in the last 6 months they used each strategy to influence their partners to engage in healthier dieting behaviors or exercise activities. The decision to use a six-month period is consistent with Tucker and Anders (2001). Participants responded to items on a 1 (*never*) to 7 (*daily*) scale. Examples of positive social control items include "Praise (e.g., praise or compliment your partner's healthy behaviors)" and "Expressed positive emotion (e.g., displayed happiness, pleasure, or kindness)." Examples of negative social control items include "Told (e.g., made a demand that your partner be healthier)" and "Guilt (e.g., made your partner feel bad for being unhealthy)." Both the positive and negative social control variables demonstrated acceptable internal consistency ($\alpha = .88$ and $\alpha = .84$, respectively). Because the composite variable for negative social control was positively skewed, it was log transformed to obtain a more normal distribution. This transformed variable was used in subsequent analyses containing negative social control as the outcome variable.

Health behaviors. Health behaviors were assessed using an adaption of Jackson's (2006) health behaviors measure. The adapted measure included 7 items about diet (e.g., "how often do you limit fat, sugar, or salt in your meals?") and 7 items about exercise (e.g., "how often do you exercise to lose weight?"). The items were scored on a scale ranging from 1 (*never*) to 5 (*very often*) and were internally consistent ($\alpha = .82$).

Predictor variables

We included two predictor variables: social control constraints and topic avoidance.

Social control constraints. Social control constraints assessed the extent to which individuals perceived constraints to expressing social control regarding their partners' health behaviors. These constraints were measured using items adapted from the following secondary goal categories described in Dillard et al. (1989): identity, relational, arousal management, and interactional. Accordingly, items were phrased to assess why individuals might *not* want to use social control strategies to encourage their partners to be healthier. Sample items from this 16-item social control constraints measure included, "Discussing my partner's diet (or exercise) makes me nervous or uncomfortable," and "I consider it inappropriate to discuss my partner's diet (or exercise) with him/her." Participants indicated their agreement with the items using a 1 (*strongly disagree*) to 5 (*strongly agree*) scale. The scale was internally consistent ($\alpha = .94$).

Topic avoidance. The topic avoidance measure was adapted from Donovan-Kicken and Caughlin (2011) to assess diet- and exercise-related topic avoidance. Participants indicated how often they avoid discussing eight different diet- and exercise-related topics with their partners, including weight, unhealthy diet choices, healthy diet choices, exercise successes, exercise struggles, appearance, body image, and health. Level of agreement was measured using a 1 (*strongly disagree*) to 5 (*strongly agree*) scale. The scale had internal consistency ($\alpha = .92$).

Control variables

We included two control variables: BMI and sex.

Body mass index (BMI). BMI was used as a control variable and was calculated using participants' self-reports of their height and weight. We then calculated their BMI using the standard BMI formula: weight in pounds/(height in inches X height in inches) X 703 (CDC, 2017b).

Sex. Sex was used as a control variable, coded as 1 for males and 2 for females. All models were tested to explore directional interaction effects by sex; findings here do not include directional effects because when the models were tested separately by sex, differences between men and women were minimal.

Data analysis

Because previous literature suggests that engaging in social control in relationships is a dyadic process wherein people have the potential to affect their own (i.e., actor effects) and their partners' (i.e., partner effects) outcomes (Burke & Segrin, 2017), Actor Partner Interdependence Models (APIMs; Kenny, Kashy, & Cook, 2006) were used to examine data from both partners. APIMs allow for the analysis of interpersonal effects by simultaneously estimating – and controlling for – the effect of an actor's predictor variable on the partner's outcome variable (i.e., partner effect), and the effect of the actor's predictor variable on his or her own outcome (i.e., actor effect). The SAS proc mixed procedure was used according to the procedures outlined in Kenny et al. (2006), which recommended using the repeated statement and specifying the type of model as compound symmetry. This multilevel modeling procedure was used to account for partners' interdependence by nesting individual scores within dyads.

Four APIM models tested the hypotheses and research question. The three APIMs conducted to test H1, RQ1, and H2 included both actor and partner reports of social control constraints and topic avoidance as predictor variables and one of three outcome variables: (1) positive social control, (2) negative social control, or (3) health behaviors. The APIM used to test H3 included actor and partner reports of positive and negative social control as predictors of health behaviors (see Figure 1 for a visual representation of these APIMs). Lastly, BMI and sex were included as control variables in all models as research indicates that people's enactment of social control depends on partners' sexes and weights (Markey, Gomel, & Markey, 2008).

Results

Table 1 provides correlations and descriptive statistics for the study constructs. Table 2 provides correlations and descriptive statistics for the study constructs separately for men and women. Table 3 provides detailed statistics regarding all analyses discussed herein. H1 predicted an actor effect – specifically that fewer perceived social control constraints would be associated with greater use of

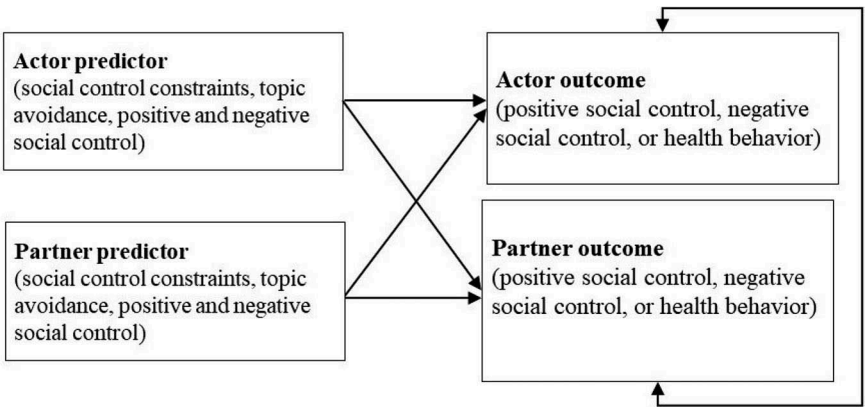

Figure 1. Diagram of the actor partner interdependence model.

Note. BMI and sex were control variables in all four APIMs.

Table 1. Correlations and descriptive statistics of study variables (N = 148 individuals).

	1	2	3	4	5	6	7	8	9
Main study constructs									
1. Positive social control	–	.57***	.27***	−.24**	−.08	−.28***	−.21*	−.10	.04
2. Negative social control	–	–	.13	.06	.13	−.17*	−.20*	−.02	−.04
3. Health behavior	–	–	–	−.14^{+}	−.21*	−.16^{+}	−.30***	−.20*	.01
4. Social control constraints (actor)	–	–	–	–	.25**	.58***	.13	.20*	−.22**
5. Social control constraints (partner)	–	–	–	–	–	.13	.58***	.15^{+}	.22**
6. Topic avoidance (actor)	–	–	–	–	–	–	−.02	.29***	−.26**
7. Topic avoidance (partner)	–	–	–	–	–	–	–	.15^{+}	.26**
Controls									
8. BMI	−.10	−.03	−.20*	.20^{+}	.15^{+}	.29***	.15^{+}	−.14^{+}	–
9. Sex	.04	−.02	.01	−.22**	−.22**	−.26**	.26**	–	–
Mean	2.62	1.51	3.03	2.10	2.10	2.56	2.56	25.82	–
SD	1.26	0.92	0.59	0.69	0.69	0.95	0.95	5.29	–
Range	1.00 to 5.86	1.00 to 6.25	1.50 to 4.36	1.00 to 3.88	1.00 to 3.88	1.00 to 5.00	1.00 to 5.00	16.95 to 49.92	–

***$p < .001$. **$p < .01$. *$p < .05$. $^{+}p < .10$. For sex: 1 = male; 2 = female.

Table 2. Correlations and descriptive statistics of study variables separately by sex (N = 74 men; N = 74 women).

	1	2	3	4	5	6	7	8
Main study constructs								
1. Positive social control	–	.60***	.43***	−.25*	−.10	−.37**	−.35**	−.22^{+}
2. Negative social control	.56***	–	.28*	−.01	.12	−.21^{+}	−.28*	−.02
3. Health behavior	.12	−.05	–	−.25*	−.22^{+}	−.16	−.34**	−.04
4. Social control constraints (actor)	−.24*	.13	−.03	–	.31**	.63***	.31**	.35**
5. Social control constraints (partner)	−.08	.17	−.22^{+}	.31**	–	.08	.48***	.18
6. Topic avoidance (actor)	−.19	−.14	−.16	.48***	.31**	–	.05	.29*
7. Topic avoidance (partner)	−.11	−.08	−.29*	.08	.63***	.05	–	.14
Controls								
8. BMI	.00	−.03	.32**	.04	.20^{+}	.24*	.24*	–
Specific to men								
Mean	2.59	1.53	3.04	2.25	1.96	2.81	2.34	26.63
SD	1.31	1.00	0.57	0.68	0.66	0.93	0.90	4.35
Range	1.00 to 5.86	1.00 to 6.25	1.93 to 4.21	1.00 to 3.88	1.00 to 3.75	1.00 to 5.00	1.00 to 5.00	19.56 to 45.42
Specific to women								
Mean	2.73	1.52	3.06	2.02	2.31	2.36	2.82	25.07
SD	1.28	0.87	0.61	0.76	0.76	0.91	0.93	5.85
Range	1.00 to 5.71	1.00 to 4.50	1.50 to 4.36	1.00 to 5.00	1.00 to 5.00	1.00 to 5.00	1.00 to 5.00	16.95 to 49.92

***$p < .001$. **$p < .01$. *$p < .05$. $^{+}p < .10$.
Correlations for men are above the diagonal. Correlations for women are below the diagonal.

Table 3. Social control constraints and topic avoidance as predictors of actors' use of positive and negative social control and health behaviors.

		Actor Effect				Partner Effect			
Outcome	Predictors	*B*	*SE*	*t*	*df*	*B*	*SE*	*t*	*df*
Positive Social Control Use	Social Control Constraints (H1)	−.18	.17	−1.04	148	.24	.17	1.41	148
	Topic Avoidance (RQ1)	−.35	.13	−2.65**	135	−.38	.13	−2.94**	134
Negative Social Control Use	Social Control Constraints (H1)	.06	.03	2.48*	147	.11	.03	4.25***	147
	Topic Avoidance (RQ1)	−.07	.02	−3.79***	143	−.09	.02	−4.73***	143
Health Behaviors (H2)	Social Control Constraints	.004	.08	.05	146	−.02	.08	−0.30	146
	Topic Avoidance	−.08	.06	−1.30	130	−.18	.06	−2.93**	130
Health Behaviors (H3)	Positive Social Control	.13	.05	2.80**	148	−.01	.05	−0.17	148
	Negative Social Control	.01	.30	0.02	147	−.27	.30	−0.90	147

BMI and sex were control variables in all analyses. *B* = unstandardized regression estimate. ***$p < .001$. **$p < .01$. *$p < .05$.

positive and negative social control. Counter to our prediction, the results indicated that individuals' social control constraints were associated with more negative social control use. It is noteworthy that the same findings occurred for partner effects regarding these variables. In other words, more constraints felt by one person were related to greater negative influence strategies used by both partners.

RQ1 examined the extent to which topic avoidance was related to positive and negative social control. The results indicated that more topic avoidance was associated with less positive and negative social control, for actor and partner effects. These findings suggest that there is correspondence in terms of both actor and partner reports of topic avoidance and health-related social control communication in relationships.

H2 predicted that as actors' and partners' social constraints and topic avoidance were higher, actors and partners would report engaging in healthier behaviors. Results indicated individuals who have greater topic avoidance have partners who report less frequent diet and exercise behaviors. No significant findings emerged for actor reported topic avoidance, or for actor or partner perceptions of social control constraints. Similar to the previous findings, these results illustrate an interpersonal process at play when it comes to the relationship between healthy behaviors and partner communication.

H3 predicted that positive social control would be associated with more health behavior reports, and negative social control would not be associated with health behavior reports. Greater positive social control for individuals, but not for partners, was associated with more health behaviors. Thus, these findings were partially in line with predictions. In comparison, neither actor nor partner negative health influence was associated with health behaviors. These findings were in line with the hypothesis of non-significance.

Discussion

This study examined diet- and exercise-related social control in romantic couples. Specifically, the study aimed to extend the research on social control by adopting a multiple goals perspective to investigate how secondary goal strategies may be related to the pursuit of the primary goal of using health-related social control to influence a romantic partner's diet and exercise behaviors. To capture the influence of secondary goals on the process of pursuing this primary goal, participants self-reported their perceived constraints to communicating health-related social control to their partners, and also the extent to which they engaged in health-related topic avoidance in their relationships. Further, given the health and interpersonal context of the study, social control constraints and topic avoidance were also examined. In general, the analyses revealed that topic avoidance was related to the use of social control and health behaviors, whereas social control constraints was related to use of social control, but not health behaviors. Both primary goals, to directly influence a partner to be healthier, and secondary goals, which can emphasize communicative ways that partners protect or address the primary goals, are relevant in considering healthy behaviors in romantic relationships.

Beginning with the relationship between social control constraints and social control, an unexpected pattern of results occurred. The significant findings in regard to social control constraints suggested that greater perceptions of social control constraints were *positively* related to the one's own and one's partner's use of negative social control. Although the direction is not what we predicted, the actor and partner effects in social control constraints illustrate the complex climate of health communication in relationships. Perhaps the dyadic exchange of negativity surrounding health influence co-exists with feelings that affirm to the individual that he/she does not want to use social control. That is, the finding affirms what may be a cyclical pattern for some couples: individuals experience greater constraints to using social control, but they and their partners also report using more negative social control.

Consistent with the premise behind conceptualizing secondary goals as constraints, as well as with previous research (Burke & Segrin, 2017), we hypothesized that greater perceived social control

constraints would be associated with less social control. However, it seems that other relational dynamics are contributing to health communication in these relationships. Some insight into these dynamics may stem from the significant, positive correlation between perceived social control constraints and topic avoidance ($r = .58$, $p < .001$). That is, individuals' perceived social constraints might reflect their *preference* to avoid engaging in diet- and exercise-related influence messages aimed at their partners, yet in reality, they and their partners are both expressing negative influence toward one another. Thus, one person's felt constraint may not match with his/her actual behavior report. We believe this finding illuminates an aspect of multiple goals theory in which the primary goal (persuading a partner to be healthier) supersedes a secondary goal (social control constraint). This will be an important area for future research to consider; how do social control constraints align with the primary influence goal, and what relational factors may help to understand these findings?

The results for topic avoidance and social control were more intuitive, as results indicated that more topic avoidance was related to less frequent use of positive and negative social control. That is, avoiding discussing diet and exercise with a partner was associated with less social control from both partners about diet and exercise. This finding is evidence of the face validity of topic avoidance: avoiding talking about diet and exercise with a partner should coincide with less frequent influence attempts. In line with multiple goals theory, these desires to avoid talking about sensitive topics may be a way to protect one's self or one's partner, and in the relationships where avoidance is used, both partners were less likely to exchange influence messages to get a partner to diet and exercise. It is important to emphasize that that this pattern occurred for *both* positive and negative forms of social control. Whereas positive social control has been associated with partners performing healthier behaviors (Lewis & Butterfield, 2007; Tucker & Anders, 2001), negative social control is associated with engagement in fewer healthy behaviors (Burke & Segrin, 2017). Our third hypothesis echoed this pattern from previous research: positive social control was associated with individuals, but not partners, engaging in healthy behaviors. Negative influence did not impact healthy behaviors. The recommendation, then, for couples who do not avoid the topic of diet and exercise, is to consider using positive social control when encouraging partners to adopt or maintain healthy behaviors.

Additionally, the present study found that partners' topic avoidance was negatively associated with actors' health behaviors, suggesting that individuals engage in fewer healthy behaviors as their partners avoid discussing diet and exercise with them. Social control constraints were unrelated to health behaviors, however. Given research suggesting that perceived positive social control and support from one's partner can be associated with people engaging in healthy behaviors (Burke & Segrin, 2014), it seems that when people avoid the discussion of diet and exercise – including encouragement of healthy behaviors – their partners could make less healthy choices. Alternatively, people may stop discussing diet and exercise with their partners because their partners are unhealthy and are unresponsive to discussing the topic (Guerrero & Afifi, 1995). These individuals may feel that the discussion of diet and exercise will not change their unhealthy partners' behaviors, and indeed prior research has found those who believe that communication will not bring about change might opt to forgo communicating about the topic at all (Gilbar & Ben-Zur, 2002; Young et al., in press). Although the present study clearly illustrates that topic avoidance is an interpersonal process, further research should investigate why people engage in topic avoidance and whether it operates as an antecedent or consequent of partners' health behaviors.

Taken together, these results illuminate the complexity of health-related communication within romantic relationships in general, and of the secondary goals associated with diet- and exercise-related social control more specifically. The significant partner effects that emerged in this study demonstrated that examining both partners' perspectives regarding social control constraints is essential to understanding these complicated relational dynamics. Further, this study contributed to the literature by considering topic avoidance along with these constraints to broaden the understanding of secondary goals associated with the pursuit of primary social control goals. By considering social control constraints and topic avoidance together in APIMs, we were able to understand – and control for – their simultaneous associations with the variables of interest. As such, we identified

different patterns of findings for both topic avoidance and social control constraints, and we were able to understand these patterns from the perspective of both partners in romantic relationships.

Limitations and future directions

As mentioned, this study incorporated a cross-sectional design, which limits any conclusions about the causality of significant effects. We also conceptualized communication patterns related to secondary goals (topic avoidance and social control constraints) but did not directly measure secondary goals. Moreover, the measures consisted of self-reported items, which may have been associated with socially desirable answers especially given that the social control variable was positively skewed. Nevertheless, in future research, it would be valuable to study these variables longitudinally to learn more about how social control precipitates behavior change in relationships.

Researchers should also consider the effects of the tone in which health-related social control messages are communicated. Research shows that messages that challenge another to eat healthier are most effective when delivered with a tone of acceptance (Dailey, Richards, & Romo, 2010). Relating to the current study, the use of positive or negative social control to bring about change in a partner's healthy behaviors is likely affected by the level of acceptance conveyed in the tone of such messages. Future researchers should observe health-related interactions between partners to explore this possibility.

Additionally, researchers could study couples' social control in situations when people face high stakes consequences associated with their unhealthy behaviors. For example, people may engage in greater social control when their partners are dealing with potentially serious negative outcomes associated with unhealthy weight, such as high blood pressure, high cholesterol, or diabetes mellitus type 2. Finally, as previously mentioned, the sample size was adequate, while noting that a larger sample size offers benefits like additional power. Future researchers should make a concerted effort to acquire larger and more heterogenous samples to draw more definitive conclusions about health-related social control.

Conclusion

Despite these limitations, this study contributes to the literature on social control, topic avoidance, and health in several ways. First, this study illustrates that secondary goals are related to romantic partners' use of either positive or negative health-related social control as tactics to achieve the primary goal of increasing healthy behaviors in one's partner. Second, topic avoidance appears to be an interpersonal process wherein couples' social control and health behaviors are affected by their open communication (or the lack thereof) about diet and exercise. Finally, the emergence of significant partner effects associated with topic avoidance and perceived social control constraints highlights the value of examining diet- and exercise-related communication as a dyadic process in romantic relationships.

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References

Badr, H., & Taylor, C. L. C. (2006). Social constraints and spousal communication in lung cancer. *Psycho-Oncology*, *15*, 673–683. doi:10.1002/pon.996

Brown, S. L., Nesse, R. M., Vinokur, A. D., & Smith, D. M. (2003). Providing social support may be more beneficial than receiving it: Results from a prospective study of mortality. *Psychological Science*, *14*, 320–327. doi:10.1111/1467-9280.14461

Burke, T. J., & Segrin, C. (2014). Examining diet- and exercise-related communication in romantic relationships: Associations with health behaviors. *Health Communication*, *29*, 877–887. doi:10.1080/10410236.2013.811625

Burke, T. J., & Segrin, C. (2017). Weight-related social control in couples: Associations with motives, constraints, and health behaviors. *Communication Research*, *44*, 348–366. doi:10.1177/0093650215590606

Butterfield, R. M., & Lewis, M. A. (2002). Health-related social influence: A social ecological perspective on tactic use. *Journal of Social and Personal Relationships*, *19*, 505–526. doi:10.1177/0265407502019004050

Caughlin, J. P., & Afifi, T. D. (2004). When is topic avoidance unsatisfying? Examining moderators of the association between avoidance and dissatisfaction. *Human Communication Research*, *30*, 479–513. doi:10.1093/hcr/30.4.479

Caughlin, J. P., & Scott, A. M. (2010). Toward a communication theory of the demand/withdraw pattern of interaction in interpersonal relationships. In S. W. Smith & S. R. Wilson (Eds.), *New directions in interpersonal communication research* (pp. 180–200). Thousand Oaks, CA: Sage.

Centers for Disease Control and Prevention. (2017a). *Obesity and overweight*. Retrieved from https://www.cdc.gov/nchs/fastats/obesity-overweight.htm

Centers for Disease Control and Prevention. (2017b). *About adult BMI*. Retrieved from https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Dailey, R. M., Richards, A. A., & Romo, L. K. (2010). Communication with significant others about weight management: The role of confirmation in weight management attitudes and behaviors. *Communication Research*, *37*, 644–673. doi:10.1177/0093650210362688

Dillard, J. P., Segrin, C., & Harden, J. M. (1989). Primary and secondary goals in the production of interpersonal influence messages. *Communication Monographs*, *56*, 19–38. doi:10.1080/0367758909390247

Dindia, K., & Allen, M. (1992). Sex differences in self-disclosure: A meta-analysis. *Psychological Bulletin*, *112*, 106–124. doi:10.1037/0033-2909.112.1.106

Donovan-Kicken, E., & Caughlin, J. P. (2010). A multiple goals perspective on topic avoidance and relationship satisfaction in the context of breast cancer. *Communication Monographs*, *77*, 231–256. doi:10.1080/03637751003758219

Donovan-Kicken, E., & Caughlin, J. P. (2011). Breast cancer patients' topic avoidance and psychological distress: The mediating role of coping. *Journal of Health Psychology*, *16*, 596–606. doi:10.1177/1359105310383605

Fryar, C. D., Kruszon-Moran, D., Gu, Q., & Ogden, C. L. (2018). *Mean body weight, height, waist circumference, and body mass index among adults: United States, 1999–2000 through 2015–2016* (National Health Statistics Reports No. 122). Retrieved from the National Center for Health Statistics: https://www.cdc.gov/nchs/data/nhsr/nhsr122-508.pdf

Gilbar, O. I., & Ben-Zur, H. (2002). *Cancer and the family caregiver: Distress and coping*. Springfield, IL: Thomas.

Guerrero, L. K., & Afifi, W. A. (1995). What parents don't know: Topic avoidance in parent-child relationships. In T. J. Socha & G. H. Stamp (Eds.), *Parents, children, and communication: Frontiers of theory and research* (pp. 219–245). Mahwah, NJ: Erlbaum.

Guh, D. P., Zhang, W., Bansback, N., Amarsi, Z., Birmingham, C. L., & Anis, A. H. (2009). The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis. *BMC Public Health*, *9*, 1–20. doi:10.1186/1471-2458-9-88

Hample, D., & Dallinger, J. (1992). The use of multiple goals in cognitive editing of arguments. *Argumentation & Advocacy*, *28*, 109–123. doi:10.1080/00028533.1992.11951537

Holt-Lunstad, J. (2018). Why social relationships are important for physical health: A systems approach to understanding and modifying risk and protection. *Annual Review of Psychology*, *69*, 437–458. doi:10.1146/annurev-psych-122216-011902

Jackson, T. (2006). Relationships between perceived close support and health practices within community samples of American women and men. *Journal of Psychology*, *140*, 229–246. doi:10.3200/JRLP.140.3.229-246

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York, NY: Guilford Press.

Lewis, M. A., & Butterfield, R. M. (2007). Social control in marital relationships: Effect of one's partner on health behaviors. *Journal of Applied Social Psychology*, *37*, 298–319. doi:10.1111/j.0021-9029.2007.00161.x

Lewis, M. A., Butterfield, R. M., Darbes, L. A., & Johnston-Brooks, C. (2004). The conceptualization and assessment of health-related social control. *Journal of Social and Personal Relationships*, *21*, 669–687. doi:10.1177/0265407504045893

Lewis, M. A., & Rook, K. S. (1999). Social control in personal relationships: Impact on health behaviors and psychological distress. *Health Psychology*, *18*, 63–71. doi:10.1037//0278-6133.18.1.63

Markey, C. N., Gomel, J. N., & Markey, P. M. (2008). Romantic relationships and eating regulation: An investigation of partners' attempts to control each other's eating behaviors. *Journal of Health Psychology*, *13*, 422–432. doi:10.1177/1359105307088145

Markey, C. N., Markey, P. M., & Gray, H. F. (2007). Romantic relationships and health: An examination of individuals' perceptions of their romantic partners' influences on their health. *Sex Roles*, *57*, 435–445. doi:10.1007/s11199-007-9266-5

O'Keefe, B. J. (1990). The logic of regulative communication: Understanding the rationality of message designs. In J. P. Dillard (Ed.), *Seeking compliance: The production of interpersonal influence messages* (pp. 87–194). Scottsdale, AZ: Gorsuch Scarisbrick.

Tucker, J. S., & Anders, S. L. (2001). Social control of health behaviors in marriage. *Journal of Applied Social Psychology*, *31*, 467–485. doi:10.1111/jasp.2001.31.issue-3

Umberson, D. (1992). Gender, marital status, and the social control of health behavior. *Social Science and Medicine*, *34*, 907–917. doi:10.1016/0277-9536(92)90259-S

Wilson, S. R. (2002). *Seeking and resisting compliance: Why people say what they do when trying to influence others*. Thousand Oaks, CA: Sage.

Young, V. J., Burke, T. J., & Curran, M. A. (in press). Interpersonal effects of health-related social control: Positive and negative influence, partner health transformations, and relationship quality. *Journal of Social and Personal Relationships*. Advance online publication. doi:10.1177/0265407519846565