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Abstract

Despite the pivotal role that emotion regulation is thought to occupy for individual and relational wellbeing, emotion regulation in couples has been surprisingly understudied. With a clinical sample consisting of 275 couples starting therapy from 2017 to 2022, this study sought to clarify the actor and partner effects of clinical couples' emotion dysregulation on relationship satisfaction. Our results showed that, for partners' emotion dysregulation dimensions, while impulse control difficulties, lack of emotional awareness, and limited emotion regulation strategies were negatively predictive of couple relationship satisfaction, nonacceptance of negative emotions had a positive association with relationship satisfaction. Further, compared to other dimensions of emotion dysregulation, female limited emotion regulation strategies were greater predictors of decreased female relationship satisfaction. We also found significant gender differences in partners' emotion dysregulation dimensions and relationship satisfaction. These results show the significance of addressing emotion dysregulation for both partners at intra- and inter-personal levels simultaneously in couple therapy. Notably, the 275 couples in our sample did not report a clinically distressed relationship, though they attended at least one couple therapy session. Clinical implications and directions for future study are discussed.

Keywords: Emotion Dysregulation, Emotion Regulation Dimensions, Relationship Satisfaction, Couple Therapy, Actor-Partner Interdependence Model

Romantic relationships are one of the most important interpersonal contexts (Bloch et al., 2014), with dissatisfaction in relationships being a risk factor for many negative outcomes, including higher divorce rates (Lavner & Bradbury, 2010), deteriorated physical and mental health (Robles & Kiecolt-Glaser, 2003), and intimate partner violence (Halmos et al., 2018). On the contrary, couple relationship satisfaction has significant links with personal and relational wellbeing (Acevedo et al., 2012), higher self-regulatory capacity (Constant et al., 2020), and greater sexual function and satisfaction (McCabe et al., 2010). In addition to many personal benefits, improving couple relationship satisfaction could also significantly decrease economic costs for the community, state, and federal government by reducing the needs for divorce associated public programs, and other government assistance including childcare, food, and housing support, as well as medical aid (Schramm et al., 2013).

Couple therapy continues to show effectiveness and efficacy in promoting individuals' emotional and physical well-being, reducing relational distress, and improving couple relationship satisfaction and quality (Lebow et al., 2012; Markman et al., 2022; Roddy et al., 2020; Snyder et al., 2005). However, we still have 25% to 30% of couples in therapy who show no progress (Snyder & Halford, 2012). Considering this noticeable variability in outcomes, more studies are needed for expanding our knowledge on change factors and mechanisms in couple therapy (Heatherington et al., 2005; Johnson et al., 2017). Particularly, in discussing the current status and challenges, Snyder and Balderrama-Durbin (2020) indicated that different couple therapy approaches might produce similar treatment effects by therapeutically influencing the emotion regulation processes. Meanwhile, according to Snyder et al. (2005), intrapersonal and interpersonal emotion dysregulation might serve as crucial factors in the development and maintenance of relationship dissolution and dissatisfaction. Therefore, they proposed emotion regulation in couples as a pivotal direction for discovering new ways to enhance clients' relationship functioning. Concurrently, the presenting issues of couples seeking therapy might vary from relational discordant to specific mental disorders of one (or both) partners (Snyder et al., 2005),

Levenson and colleagues (2014) suggested that problems with emotion regulation almost always need to be addressed in couple therapy regardless of the presenting problem. This view on the central role of emotion regulation across theoretical orientations and presenting problems is supported by scholars in the broader mental health field (DeSteno et al., 2013; Greenberg, 2012; John & Gross, 2004).

Emotion Dysregulation and Therapy

The prevalence and significance of emotion dysregulation exist in a wide variety of mental disorders (Aldao et al., 2010). As Kring and Mote (2016) pointed out, one or more emotion-based symptoms are included in almost every diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders*. Therefore, emotion regulation has been proposed as a transdiagnostic target for identifying causal mechanisms (Kring & Mote, 2016), boosting treatment efficiency (Barlow et al., 2016; Sloan et al., 2017), and lessening clinician burden (Fitzgerald et al., 2019). While the specific symptoms and severity of emotion dysregulation might differ by disorder, the necessity of integrating emotion regulation into treatment has been increasingly recognized across psychotherapies (Chambers et al., 2009; Kittel et al., 2015; Quoidbach et al., 2015), including couple therapy (Levenson et al., 2014; Snyder et al. (2005). For instance, a systemic review including 67 studies with individual participants indicates, emotion dysregulation is a transdiagnostic construct across eating disorders, depression, anxiety, substance abuse, and borderline personality disorder (Sloan et al., 2017). Furthermore, Barlow et al. (2016) found, the commonalities among emotional disorders supersede differences, and their unified treatment targeting the commonalities is highly efficacious in treating anxiety and related emotion-based issues. This can also be said of many presenting problems addressed in couple therapy (Snyder et al., 2006), including attachment insecurities (Brandão et al., 2020), conflict interactions (Frye et al., 2020), marital discordance (Bloch et al., 2014), physical intimate partner aggression (Halmos et al., 2018), and sexual interest/arousal disorder (Dubé et al., 2019).

Additionally, considering the common features of emotion regulation across disorders, a multidimensional model by Gratz and Roemer (2004) conceptualizes emotion regulation in individuals as a multifaceted construct with varied dimensions: emotional awareness, emotional clarity, acceptance of emotions, emotion regulation strategies, and the ability to manage impulsive behaviors and engage in goal-consistent actions when negative emotions arise. The model was specially developed for diagnosing underlying factors and related consequences of emotion dysregulation across various forms of psychopathology. Thus, it has been adopted more in studies using clinical samples with individual participants (Lavender et al., 2015).

While studies on individual emotion regulation are copious, and emotion regulation is a top concern of couples in therapy, we have very limited studies on couple emotion regulation (Levenson et al., 2014). As relationship satisfaction is crucial for individual, relational, and societal wellbeing, in this study, we try to explore the actor and partner effects of emotion dysregulation dimensions (Gratz & Roemer, 2004) on relationship satisfaction with clinical couples who attended the first session. Prior to providing the details of the current study, we will briefly discuss some reasons for the lack of studies on couple emotion regulation, and review research on emotion regulation in couples.

Paucity of Knowledge on Emotion Regulation in Couples

Findings on emotion regulation from diverse disciplines have expanded exponentially (Gross, 2014), but couple therapy has utilized these findings on a limited basis in clinical research and practice (Levenson et al., 2014). Many issues contribute to this paucity of knowledge on couple emotion regulation, but we will focus on two main reasons.

The first reason is related to a gap between the general community and clinical populations. The vast majority of prior studies on emotion regulation used community samples with an individual focus or were conducted in a laboratory setting, which is also true for most studies on emotion regulation in couples (Ben-Naim et al., 2013; Bloch et al., 2014; Cooper et al., 2020; Omidi & Talighi, 2017; Riahi et al.,

2020; Richards et al., 2003; Tani et al., 2015). However, there are significant differences in pattern, severity, and personal experience of distress between the general community and clients in therapy (Jackson et al., 2014; Rick et al., 2017). Thus, the insights and implications generalized from studies with community samples are undeniably limited for improving clinical couples' wellbeing. To provide applicable guidance for helping couples with clinically significant struggles, we need research programs examining emotion regulation in clinical couples.

The second reason has to do with the inherent complexities and iterative character of emotion regulation in couples (Levenson et al., 2014). Simply speaking, the inherent complexities refer to the fact that emotion regulation in couples involves both partners' intra- and inter-personal emotion regulation processes (Bloch et al., 2014). The iterative character means each partner's emotion regulation beliefs, strategies, behaviors, and so on would serve as the factors that either promote or sabotage the other partner's emotion regulation capacity in the relationship (Ben-Naim et al., 2013). For example, during couple conflicts, while cognitive reappraisal might be effective for one partner to gain a positive mindset and reduce negative emotions, the other partner could perceive it as an invalidation of his/her emotions (Horn & Maercker, 2016). These complexities and iterative nature of emotion regulation in couples, on one hand, call for measures and interventions that could capture the iterative dynamics and multidimensions of emotion regulation in couples (Bloch et al., 2014; Butler, 2011; Butler & Randall, 2013; Rick et al., 2017); on the other hand, requests a comprehensive definition of couple emotion regulation that is different from studies with an individual focus.

Emotion Regulation in Couples

Emotion regulation is frequently conceptualized as a dynamic process (i.e., experience, behaviors, physiology) happening at an intrapersonal level (Butler, 2011). However, emotions usually happen in interpersonal contexts. Therefore, emotion regulation should be simultaneously framed as an intra- and inter-personal processes (Ben-Naim et al., 2013). Couple relationships are one of the most

common and emotionally challenging contexts (Riahi et al., 2020) because these relationships contain the “highest level of psychological intimacy in adulthood” (Horn & Maercker, 2016, p. 2). Studying emotion regulation in romantic contexts has paramount value in facilitating therapists’ understanding of the intra- and inter-personal dimensions of emotion regulation, and helping to delineate the systemic associations between emotion regulation and clients’ overall wellbeing (Levenson et al., 2014).

Previous studies used multiple terms interchangeably to describe the emotion regulation process in couples, such as emotion coregulation (Butler & Randall, 2013), interpersonal emotion systems (Butler, 2011), and interpersonal emotion regulation (Borelli et al., 2019; Florean & Păsărelu, 2019). While these definitions all have value, in this study, we adopt the widely employed definition of emotion regulation by Gross (2014) that, emotion regulation refers to an individual’s ability in shaping which emotion, when, and how it is experienced or expressed in a given context. Therefore, emotion regulation in couples is the regulation of an individual’s emotions in the context of a romantic relationship, with an ultimate goal to promote both individual and relational wellbeing (Bloch et al., 2014; Levenson et al., 2014). In other words, it is essentially the regulation of emotions (Gross, 2014). In romantic relationships, emotion regulation is not a simple calculation by adding each partner’s regulatory activities and experience together, but a systemic process in which both partners’ inter- and intra-personal regulatory processes occur, along with the reciprocal effects within these processes (Bloch et al., 2014; Butler & Randall, 2013; Cooper et al., 2020; Horn & Maercker, 2016; Rick et al., 2017).

In recent years, attention has been given to the ramifications of emotion dysregulation in couples. Studies with non-clinical samples suggest, partners’ emotion dysregulation significantly leads to more perceptions of hostile criticism (Klein et al., 2016), higher physical and psychological dating violence (Halmos et al., 2018; Théorêt et al., 2020), greater depression, anxiety and sexual distress (Dubé et al., 2019), lower empathy towards partner (Florean & Păsărelu, 2019), negative affect and

conflict interactions (Ben-Naim et al., 2013), decreased relationship satisfaction (Mazzuca et al., 2019; Omidi & Talighi, 2017; Riahi et al., 2020), as well as lower relationship quality and intimacy (Tani et al., 2015).

Additionally, partners' emotion regulation has been examined as a mediator/moderator between relational predictors and outcomes. Recent studies indicate, partners' emotion regulation significantly mediated associations between depression and withdrawal tendencies (Holley et al., 2018), attachment insecurities and psychological wellbeing (Brandão et al., 2020), as well as insecure attachment and self-injury (Levesque et al., 2017). These studies highlighted the importance of emotion regulation in explaining the associations between a particular predictor and its aftereffect in couple relationships. Moreover, emotion regulation shows significant moderating effects on links between partners' internal and external stressors (Cooper et al., 2020), marital conflicts and satisfaction (Frye et al., 2020), and relationship dependency and dating aggression (Bell et al., 2020). These findings suggest, as a moderator, emotion regulation could be targeted as a protective factor for couples to shun some adverse outcomes in their romantic relationship. Yet, these studies again used a convenience sampling method, and most of their participants were undergraduate students. Thus, although these research programs provide valuable information, the generalizability of their findings to clinical couples can be questioned.

Exceptionally, with a sample of 107 couples in therapy, Rick et al. (2017) studied the effects of emotion regulation dimensions on relationship satisfaction. Their results show: 1) for both partners, the more emotion regulation strategies, the higher their relationship satisfaction; 2) females experience higher relationship satisfaction when they have lower acceptance of negative emotional responses or less impulse control difficulties; 3) males have greater relationship satisfaction when they have lower emotional awareness, or when their female partners report lower acceptance to emotional responses. Some of their results are consistent with other studies that emotion regulation strategies have positive

influences on relationship satisfaction for both genders (Ben-Naim et al., 2013; Tani et al., 2015). Yet, their findings on the negative impact of partners' emotional awareness and nonacceptance of negative emotions are different from prior findings (Omidi & Talighi, 2017; Riahi et al., 2020; Wachs & Cordova, 2007).

To sum up, it is encouraging that the body of literature on couple emotion regulation is growing. There is consistent evidence of the central role that emotion regulation plays across theoretical orientations and mental disorders (John&Gross, 2004; Snyder & Balderrama-Durbin, 2020). Several studies have reported the adverse impact of emotion dysregulation on different aspects of couple relationships, including sexual distress (Dubé et al., 2019) and relationship intimacy (Tani et al., 2015). Nevertheless, little is known about the role that emotion dysregulation exerts on clinical couples' relationship satisfaction. This is mainly because the majority of previous studies took individual participants or convenience samples that are not representative of couples in therapy. Therefore, to analyze the specific influences of partners' emotion dysregulation on clinical couples' relationship satisfaction, we need studies with large clinical samples, better theoretical rationale, and advanced statistical methods.

Current Study

As discussed above, despite the pivotal role that emotion regulation occupies for individual and relational wellbeing, emotion regulation in couples has been surprisingly understudied. Considering the limited understanding of emotion regulation in couples, with a clinical sample, this study aimed to clarify the associations between partners' emotion dysregulation dimensions and couple relationship satisfaction. Please note, albeit the presenting issues of couples in therapy might vary tremendously, one or more aspects of the couple relationship are usually compromised (Snyder & Halford, 2012). Thus, we chose couple relationship satisfaction as the outcome to study emotion dysregulation in couples. We

designed the current study as a replication of Rick et al. (2017) that we tested path effects of emotion dysregulation dimensions with a larger clinical sample (i.e., 275 couples). We hypothesized:

H1: Each dimension of partners' emotion dysregulation will have negative associations with their own (actor effects) and their partner's (partner effects) couple relationship satisfaction.

Method

Participants

The initial sample was composed of couples who attended the first session at clinics that participated in the Marriage and Family Therapy Practice Research Network (MFT-PRN; Johnson et al., 2017; www.mft-prn.net) from 2017 through 2022. As there were very few individuals who reported as intersex (n = 1), transgender (n = 3), or none of female, male or transgender (n = 3), they were not included. The final sample included 275 heterosexual couples (i.e., 550 individuals) from the western regions of the United States. All included couples were in committed relationships (i.e., "What best describes your current relationship status?" Single; Dating Casually; Committed Relationship).

The average age was 28.73 years (*SD* = 9.50) for females and 29.56 years (*SD* = 9.46) for males. The majority of females (80%) and males (85.09%) were White. As for education, 76% of females and 65.09% of males had an associate's degree or higher. For reported total household income, 57.09% of females and 52.73% of males were less than $39,999, 19.64% of females, and 21.45% of males were between $40,000 and $69,999, and 23.27% of females and 25.82% of males reported more than $70,000. The average relationship length was 5.82 years (*SD* = 8.32) for females and 5.78 years (*SD* = 8.25) for males. 25% of males and females reported being a parent (i.e., "Are you a parent?" Yes; No). The median number of children was 2. Please note, the sex we reported in the current study was a participant's sex assigned at birth.

Procedures

The MFT-PRN is an Internet-based routine outcome monitor system for advancing client care and bridging the gap between MFT research and clinical practice (Johnson et al., 2017). Clinics around the world with couple or family cases are eligible to use the MFT-PRN. Member clinics use the MFT-PRN at no cost, and choose assessments from a list to best meet their clinical needs. All measures used for this study were completed before the first session (please note, therapists only send the measures to a client after the first appointment is made, and the PRN protocol asks therapists to delete finished assessments without attendance). The MFT-PRN received approval from the principal investigators' institutional review board, and participants gave informed consent to using their responses for research purposes. For protecting the privacy of clients' information, and the confidentiality of member clinics, MFT-PRN data were de-identified and pooled across member clinics before being provided to researchers. The sample for this study was from member clinics which included measures for emotion dysregulation and couple relationship satisfaction.

Measures

Couple Relationship Satisfaction. The Couple Relationship Scale (Anderson et al., 2021) balances clinical utility with strong psychometrics. The scale has 10 items for assessing romantic relationship functioning, including emotional intimacy, commitment, trust, safety, cohesion, acceptance, conflict, physical intimacy, overall happiness, and personal well-being. Anderson et al. (2021) provided support for construct and concurrent validity, as well as good reliability of this scale with both community and clinical samples. Item responses range from 0 to 100 on an analog scale, and higher scores indicate greater couple relationship satisfaction. The scale has a clinical cutoff of 70.9. All items' responses are anchored on each end, for example, "I feel distant (0) - Close (100) about my relationship with my partner." An average score of all items was used in the current study. Cronbach's alpha for the current sample was .94 for females and .93 for males. Measurement invariance tests showed factor loadings, intercepts, and error variances (i.e., strict invariance; Dyer, 2015) for this scale were invariant (ΔCFI

= .001) across partners in this study, meaning that all the scale's properties are the same across gender groups.

Emotion Dysregulation. The Difficulties in Emotion Regulation Scale Short Form is an 18-item scale with high validity and excellent psychometrics (Kaufman et al., 2016). The scale captures clinically relevant problems in individuals' emotion regulation across six dimensions, including: 1) nonacceptance of negative emotional responses (*acceptance*); 2) difficulties in goal-directed behavior when experiencing negative emotions (*goal*); 3) difficulties in controlling impulsive behaviors during emotional distress (*impulse*); 4) lack of emotional awareness (*awareness*); 5) limited access to situationally appropriate emotion regulation strategies (*strategies*), and 6) lack of emotional clarity (*clarity*). Each subscale has 3 items with responses ranging on a 5-point *Likert*-type scale from 1 (almost never = 0%-10% of the time) to 5 (almost always = 91%-100% of the time), and higher scores indicate greater emotion dysregulation. Items include "When I'm upset, I have difficulty concentrating." Average scores of items were used in this study. Cronbach's alpha was .73 to .90 on the six dimensions for both females and males in our sample. Measurement invariance tests showed weak invariance (i.e., factor loadings invariant) was achieved across partners for clarity (ΔCFI = 0) and awareness (ΔCFI = .004), meaning that the scale items tap into a similar conceptual domain across females and males (Dyer, 2015). Strict invariance was accepted for strategies (ΔCFI = .005), goal (ΔCFI = .001), acceptance (ΔCFI = .001), and impulse (ΔCFI = .001).

Analysis

To account for the non-independence of couple data (Cook & Snyder, 2005), we used an APIM to study the actor and partner effects of emotion dysregulation dimensions. We utilized structural equation modeling (SEM) with the maximum likelihood robust estimation in *Mplus* Version 8.7 (Muthén & Muthén, 2017). Compared to the traditional multiple regression analysis, SEM has its advantage in estimating bias from potential estimation errors, and thereby could produce more robust and reliable

results (Kline, 2016). Furthermore, as this study includes estimations across female and male groups, to ensure the results are meaningful, we tested measurement invariance for all scales across partners. The decrease in the comparative fit index (CFI; ΔCFI > .01) was the criterion for determining whether the model fit significantly worsened (Dyer, 2015).

Control Variables. We first performed multi-collinearity diagnoses with both partners' age, race, education level, income, relationship length, and number of children. Next, we conducted bivariate correlation analyses for continuous demographic variables (e.g., age), and bivariate Spearman correlation analyses for ordinal demographic variables (e.g., income). We also used one-way analyses of variance (ANOVAs) to investigate potential differences in the main variables based on categorical demographic variables (e.g., race). According to results from the analyses listed above, we included male partners' age, race, education, and relationship length as control variables in both APIMs. Because these variables had significant associations with more than one of the main variables, and inclusion of these demographic variables was consistent with previous findings (Jose & Alfons, 2007; Rick et al., 2017). Please note, female demographics, such as age and relationship length, were not included due to multicollinearity with corresponding male variables.

Missingness. There were no missing values on age, race, or education, with .36% (*n* = 1) missing on female income, relationship length, and relationship satisfaction. We had 1.09% (*n* = 3) for females and 1.45% (*n* = 4) for males missing on emotion dysregulation. In instances with missing data rates this low, the influence on the results could be adequately handled with the maximum likelihood (ML) estimator in our analyses (Schafer & Graham, 2002).

Results

Preliminary Analysis

The *t* tests indicated no gender differences on emotional clarity, but showed gender differences on couple relationship satisfaction and five dimensions of emotion dysregulation. Compared to males, females reported lower relationship satisfaction ($t(273) = -2.27$, $p = .01$) and lack of emotional awareness ($t(268) = -5.69$, $p < .001$), but had higher impulse control difficulties ($t(268) = 2.47$, $p < .01$), nonacceptance of emotional responses ($t(268) = 3.29$, $p < .001$), difficulties in goal-directed behavior ($t(268) = 2.02$, $p = .02$), and limited access to emotion regulation strategies ($t(268) = 3.36$, $p < .001$). Moreover, bivariate correlation analyses revealed a significant correlation ($r = .60$, $p < .001$) between partner's relationship satisfaction. Please see Table 1 for correlations, means and standard deviations of all main study variables.

Hypothesis 1: Emotion Dysregulation Dimensions and Relationship Satisfaction

Model fit indices suggest that this APIM excellently fits the data: $\chi^2(16, N = 275) = 18.50$, $p = .30$; RMSEA = .02; CFI = .990; TLI = .979; SRMR = .021. The APIM accounted for 35.60% of the variance for females and 34% for males in couple relationship satisfaction. Please see Figure 1 as the conceptual APIM, and see Table 2 and Table 3 for detailed results. As for controls, only male age was negatively associated with female ($b = -.60$, $p = .027$) and male ($b = -.66$, $p = .007$) relationship satisfaction that, when male age increased by 1 year, relationship satisfaction would decrease by .60 for females, and .66 for males.

Actor Effects. Both female ($b = 2.78$, $p = .011$) and male ($b = 2.69$, $p = .011$) nonacceptance of negative emotions were positively linked to their own relationship satisfaction, indicating that the greater a partner's non-acceptance of negative emotions, the higher her/his own relationship satisfaction. Female lack of emotional awareness ($b = -3.65$, $p = .015$), as well as female ($b = -7.20$, $p < .001$) and male ($b = -4.71$, $p = .001$) limited access to emotion regulation strategies were negatively predictive of their own couple relationship satisfaction. These negative associations mean that, the

more difficulties a partner has in emotional awareness or regulation strategies, the lower a partner's own relationship satisfaction.

Partner Effects. Male impulse control difficulties were negatively linked to (b = -3.62, p = .036) female relationship satisfaction, suggesting that the more difficulties the male partner has in controlling his impulses, the lower the female relationship satisfaction. At the same time, both female impulse control difficulties (b = -4.77, p = .001) and limited access to emotion regulation strategies (b = -5.32, p < .001) were negatively associated with male relationship satisfaction. These results mean, the greater the female difficulties in controlling her impulsive behaviors or using emotion regulation strategies, the less satisfied the male partner is in their relationship.

Equality of Path Effects. We further conducted the Wald test of parameter constraints to compare the significant path effects. The only difference revealed by Wald tests was between actor paths of female nonacceptance of emotional responses and limited access to emotion regulation strategies (Wald $\chi 2(1) = 5.44$, p = .02). This difference suggests, in comparison to the positive actor effects of female nonacceptance of emotional responses (b = 2.78, p = .011), the negative actor effects of female limited access to emotion regulation strategies (b = -7.20, p < .001) was greater on females' own relationship satisfaction. Yet, for male relationship satisfaction, the path effects from self or partner emotion dysregulation dimensions were not statistically different from each other. This indicates, for males, their female partner's emotion dysregulation dimensions have comparable correlations with their own relationship satisfaction.

Discussion

The present study examined the associations between emotion dysregulation dimensions and couple relationship satisfaction in a sample of clinical couples who attended the first session. Results indicated actor and partner effects of clinical couples' emotion dysregulation dimensions on relationship

satisfaction, and significant gender differences in partners' emotion dysregulation dimensions and reported relationship satisfaction. It is noteworthy that the average relationship satisfaction was above the clinical cutoff value for both partners in our sample. In other words, the couples in this study were not clinically distressed, which could potentially influence the clinical value of the following findings.

Preliminary Findings

The gender differences in relationship satisfaction and emotional awareness are well documented in extant literature. While males are more satisfied than females in romantic relationships (especially for clinical couples; Jackson et al., 2014), females display higher emotional awareness (Barrett et al., 2000). These findings corroborate the ideas of Brody et al. (2016) that, differing socialization processes, cultural expectations, and contextual stereotypes made females in general more capable than males in detecting emotions for self and others.

Furthermore, our female participants reported a higher level of difficulties than their male counterparts in performing goal-consistent tasks during emotional distress. These findings are in agreement with Rick et al. (2017) and Tani et al. (2015), who also found, during emotional distress, females experienced more difficulties than males in engaging in behaviors directed toward context-based goals, such as concentrating on an immediate task at work.

Additionally, our results of *t* tests indicated, females reported more challenges in accepting negative emotional responses, controlling impulsive behaviors, and using emotion regulation strategies (Omidi & Talighi, 2017). Prior studies conclude similarly that, though females are more aware of self and others' emotional states (Barrett et al., 2000), females tend to use more internalizing strategies to cope with negative emotional experiences, such as self-blaming or ruminating. On the contrary, males are more likely to manage their emotions in a behavioral or externalizing fashion, such as blaming others, disengagement, and distracting themselves with work (Brody et al., 2016). Thus, it is possible that, while internalizing strategies could set females at a disadvantage in being trapped by negative emotions,

externalizing strategies might make males less capable of emotional engagement, and exhibit lower levels of tolerance to prolonged unpleasant emotions (Bloch et al., 2014).

Hypothesis 1: Emotion Dysregulation Dimensions and Relationship Satisfaction

Actor Effects. Our results concurred with Rick et al. (2017) that, for both partners, when they reported higher nonacceptance of negative emotions or were in denial of their emotional distress, they would experience greater relationship satisfaction. This counterintuitive result could be potentially explained by the differences between intra- and inter-personal processes of emotion regulation (Brandão et al., 2020; Horn & Maercker, 2016). The scale we used for measuring emotion dysregulation was designed for capturing an individual's intra-personal process of emotion dysregulation (Kaufman et al., 2016), without measuring the interactive emotion dysregulation between partners (i.e., inter-personal process). While non-acceptance of negative emotions tells us an individual's difficulties in owning or acknowledging unpleasant emotions, it does not necessarily suggest how those negative emotions are managed in the relational context. Weber et al. (2021) found a "win-lose" dilemma in which the emotionally aroused partner would experience higher satisfaction, while the other partner reported significant relational distress. For preserving the overall relational quality and cohesion, the aroused partner would express fewer negative emotions, and instead focus more on the positive components. These positive experiences or behaviors would promote engagement in conversation, mutual understanding, and interpersonal cohesion (Mazzuca et al., 2019); as well as significantly buffer both partners from relational anxiety, escalation of conflicts, negative affect reciprocity (Ben-Naim et al., 2013), physical violence (Halmos et al., 2018), and other relational difficulties (Walsh & Neff, 2020). Likewise, Horn and Maecker (2016) found, during emotional stress, a partner's disclosing of negative experience to the other partner was a risk factor for adjustment disorders and depression symptoms, whereas positive reframing of negative experience was a significant protective factor. Similarly, Greenberg (2012) proposed, coaching clients to transform or undo unwanted emotions by activating

alternate emotions is pivotal in shunning clients from being overwhelmed by unpleasant emotions. As romantic relationships contain the highest amount of intimacy and emotional challenges (Ben-Naim et al., 2013), partners' expression of emotional distress must be regulated to balance one partner's authenticity and the other partner's vulnerability, with the goal that both intra- and inter-personal needs are fulfilled. Besides, it is noteworthy that the average relationship satisfaction of our participants was above the clinical cutoff, and had been committed to their relationship for almost 6 years on average. Thus, they might be the group of clients who sought therapy for promoting positive experiences, rather than lessening relational distress. Moreover, couples in long-term committed relationships tend to engage each other's emotions in more positive and established patterns, and use more controlled and functional strategies (Mazzuca et al., 2019).

While non-acceptance of negative emotions could potentially promote satisfaction and relational cohesion, it is not without adverse outcomes (John & Gross, 2004; Richards et al., 2003). Our results of correlation analyses further indicated, when partners reported higher non-acceptance, they would also experience more difficulties in all other subdimensions of emotion dysregulation. Therefore, couple therapists need to help partners express their negative emotions authentically and constructively (Tani et al., 2015) to create mutual understanding, emotional connection, acceptance, and a sense of safety (Johnson, 2019).

Female lack of emotional awareness demonstrated a negative association with their own relationship satisfaction. As discussed above, females are generally more competent in being in tune with emotions for themselves and others (Omidi & Talighi, 2017), and they have more emotional knowledge (Barrett et al., 2000). Commonly, females serve as the "emotion regulator" in their romantic relationships (Bloch et al., 2014). When the female partner experiences difficulties with emotional awareness, it is possible that there would be fewer emotional expressions and connections in the relationship for both partners. While emotional intimacy is pivotal for both partners in a relationship

(Tani et al., 2015), females tend to have higher expectations and needs for emotional expression and connection (Brody et al, 2016; Johnson, 2019). As a result, female lack of emotional awareness is only linked to deteriorated relationship satisfaction for the self, but not the male counterpart.

For both females and males, our study also identified a negative link between limited emotion regulation strategies and relationship satisfaction. Prior studies indicated, negative emotions could trigger a whole-body arousal (e.g., physiological, behavioral, experiential; Gross, 2014) that drives partners into a reactive and defensive mode (Frye et al., 2020), in which partners are less conducive to vulnerable disclosure, emotional involvement (Tani et al., 2015), effective communication, thoughtful behaviors (Halmos et al., 2018; Wachs & Cordova, 2007), and empathy towards the partner (Florean & Păsărelu, 2019). These ramifications of emotion dysregulation would ultimately lead to lower relationship satisfaction. Adaptive emotion regulation strategies would allow partners to process detected emotions in a functional way (Gross, 2014), experience more positive emotions (Walsh & Neff, 2020), and gain a sense of control over their own emotional experiences. On the contrary, limited options of emotion regulation strategies would usually push partners to distance themselves from their emotions via denial or suppression (Brandão et al., 2020), which are detrimental to both individual psychological well-being (John & Gross, 2004), and relationship quality (Mazzuca et al., 2019).

Partner Effects. When experiencing negative emotions, both female and male difficulties in controlling impulsive behaviors were adversely associated with their partner's relationship satisfaction (Bloch et al., 2014; Omidi & Talighi, 2017). One explanation for this association could be that, when partners cannot restrain themselves from impulsive behaviors, they might express thoughts and feelings indiscriminately, or act recklessly that their partner's emotional and physical safety is compromised (Halmos et al., 2018). Another potential explanation is, amid emotional distress, partners who struggle to show adaptive behaviors (i.e., collaborative communication, affectionate expression) tend to avoid

sexual activity or physical intimacy, which directly sabotages the other partner's sexual well-being, and ultimately leads to lower relationship satisfaction for the partner (Dubé et al., 2019).

Furthermore, the current study found that female lack of emotion regulation strategies not only affected self, but also hurt male relationship satisfaction. These findings support the idea of targeting intra- and inter-personal processes in couple emotion regulation (Mazzuca et al., 2019). Moreover, a possibility exists that regulation strategies, such as reappraisal and suppression, might have different impacts on the intra- and inter-personal processes. Intra-personally, reappraisal has been significantly linked to better psychological, physical, and social functioning, while suppression is connected with less cognitive capacity and physical health (John & Gross, 2004). Yet, when it comes to the inter-personal process, in lieu of reappraisal and suppression, co-reappraisal and co-rumination have been investigated as two relational constructs. Co-reappraisal leads to better relational outcomes, yet co-rumination wrecks both partners' personal and relational health (Horn & Maercker, 2016). Moreover, while individual reappraisal sometimes entails emotional withdrawal in romantic relationships, co-reappraisal promotes emotional engagement in couples.

Lastly, while all the other significant path effects, positive or negative, had predicted self or partner relationship satisfaction to the same extent, the adverse actor effects from female limited emotion regulation strategies were greater on females relationship satisfaction. Likewise, a laboratory study by Bloch et al. (2014) suggests, while wives' down-regulation of negative emotional experiences could concurrently and prospectively predict greater relationship satisfaction for both partners, husbands' down-regulation of negative emotions is not associated with either partner's relationship satisfaction. These gendered effects of emotion dysregulation in romantic relationships could be explained by females' higher emotional awareness than males, as well as the gender stereotype on emotions. As females are more sensitive to emotions (Barrett et al., 2000), positive or negative, it is highly possible that females also encounter more challenges and struggles in regulating the emotional

distress they detect within themselves or from their relationships. Furthermore, females are traditionally expected to shoulder the "emotion regulator" role in most interpersonal contexts (Brody et al, 2016). This stereotype of emotions creates anxiety and stress for females in maintaining a positive emotional environment; on the other hand, provides excuses for males to avoid emotional responsibility in the relationship (Weber et al., 2021). Regarding these gender differences in emotion regulation, Bloch et al. (2014) believed females have responsibility and competence in regulating emotions in romantic relationships. Conversely, from a systemic perspective, we interpret these gender differences as signals for empowering males to share the emotional load, while simultaneously, encouraging females to take off the "emotion regulator" role during the process of couple therapy. By doing so, both partners would be more capable of achieving a deeper sense of emotional connection (Butler, 2011), and balanced in their emotional give-and-take (Weber et al., 2021).This result reiterates the significance of adaptive emotion regulation strategies in relationship satisfaction for romantic partners, especially for the female partner.

Clinical Implications

The current study provides evidence that partners' emotion dysregulation dimensions are significantly related to relationship satisfaction for both partners at the beginning of couple therapy. Moreover, female emotion dysregulation has yielded a higher negative actor and partner effects than their male counterparts. Our results have important implications for clinical practice.

First, all most all clinical couples experience emotion dysregulation (Levenson et al., 2014), and our study found significant associations between partners' emotion dysregulation and relationship satisfaction. Thus, we encourage couple therapists to utilize routine outcome monitor systems (Anderson et al., 2021; Johnson et al., 2017) with adequate assessments on emotion dysregulation to better comprehend clients' difficulties in emotion regulation in a timely manner, and accordingly

integrate emotion regulation as part of the deliberate practice. For instance, the Process Model of Emotion Regulation by Gross (2014) is a key model for emotion regulation at individual levels, but it could be flexibly adapted for couples in therapy. This model distinguishes emotion regulation strategies into two broad categories: antecedent-focused strategies used before the emotion-generative process, such as selecting an appropriate time for discussing emotionally challenging topics; and response-focused strategies used after the emotion has unfolded, such as reappraising the emotional arousal as a way to feel intimate with each other. Couple therapists are encouraged to read further for practical use of this model.

Second, our findings indicated, females experienced more difficulties in accepting negative emotions, controlling impulsive behaviors, and engaging in goal-directed tasks. As discussed above, prior studies also suggested females tend to take on the "emotion regulator" role in romantic relationships, and consequently struggle more with emotion dysregulation and its detrimental effects (Brody et al, 2016). Additionally, failure to down-regulating female negative emotional behavior was predictive of dropout of couple therapy across time (Bloch et al., 2014). All these together suggest, the female partner needs more help and validation from both the therapist and her male partner on regulating emotions in romantic relationships. On the other hand, considering the gender difference in emotional awareness and non-acceptance of emotional distress we found, couple therapists should approach emotion regulation with couples in a delicate and systemic fashion. By which, the male partner would feel empowered to actively engage with both self and partner's emotions, while the female partner could feel safe to sit back and be vulnerable with all the emotions she recognizes.

Third, as partners' lack of emotion regulation strategies was significantly linked to lower relationship satisfaction for both self and partner, couple therapists should pay extra attention to equipping couples with specific emotion regulation strategies. Moreover, as explained earlier, emotion

regulation strategies for couples must target the intra- and inter-personal processes at the same time. For example, co-reappraisal is preferred over individual reappraisal for couples.

Limitations and Future Directions

The current research is one of the first few studies using a clinical sample to examine the actor and partner effects of emotion dysregulation dimensions in romantic relationships. Its findings attest to the significant relationships between emotion dysregulation and relationship satisfaction in couples. However, certain limitations to this study are worth noting. First, the scale for measuring emotion dysregulation was developed for capturing clinically relevant problems in individuals' emotion regulation (Kaufman et al., 2016). For studying emotion regulation in couples, this scale has its shortcoming by not capturing the rich interpersonal dynamics of emotion regulation in couples. Thus, researchers using this scale with couples are still studying intra-personal difficulties in emotion regulation within romantic relationships, instead of emotion regulation at inter-personal levels as Ben-Naim et al. (2013) claimed. Unfortunately, due to the inherent complexities of dyadic emotion regulation, we do not have an adequate measure that could capture both intra- and interpersonal emotion regulation processes in couples (Levenson et al., 2014). Future studies should therefore develop and use adequate measures for couples in therapy to replicate the current study. Second, we only investigated the path effects of partners' negative emotions, while emotion regulation involves the regulation of both negative and positive emotions within a given context (Gross, 2014). Future studies should consider studying the simultaneous influences of regulating positive and negative emotions. Thirdly, emotion and emotion regulation are multifaceted constructs (Gross, 2014) that include but are not limited to physiological, behavioral, experiential, and cultural components. By solely using self-report methods, the validity of our results might suffer from self-presentation biases, and issues with shared-method variance. Future studies are encouraged to use a multimethod framework (Bloch et al., 2014), such as adding

observational and physiological data (Butler, 2011) to examine the interplay of different emotion regulation components. Fourthly, albeit prior studies predominantly included emotion dysregulation as a moderator/mediator, considering the contextual characteristic of emotion regulation (Gross, 2014), future studies would benefit from including cultural (i.e., collectivist vs. individualism), physiological (i.e., sleep, exercise), clinical factors (i.e., different mental disorders) and so forth as moderator/mediator between emotion regulation and relational outcomes. Lastly, with a cross-sectional design, it is impossible for us to determine the causal directions of the found associations. Therefore, it is important to conduct longitudinal studies to unravel the relations between partners' emotion dysregulation and relationship satisfaction. Specifically, how these relations change across therapy courses. Furthermore, the couples in our study were predominantly white and in their late thirties with an average relationship length of 5.82 years. Though the couples were in therapy, they did not report a clinically distressed relationship (i.e., the average relationship satisfaction was above the clinical cutoff value for both partners). This could potentially indicate that, in terms of relationship satisfaction, the clinical sample in our study is not significantly different from the general community. Moreover, only 25% of our participants reported being a parent. Therefore, the generalizability of the results to other sociodemographic groups or clinically distressed couples may be limited. Specifically, the findings and implications in this study may have limited value for improving the wellbeing of couples with clinically significant emotion and relationship difficulties (Jackson et al., 2014). Future studies are recommended to use samples that are more ethnically diverse and representative of the clinically distressed couples in therapy. Besides, the sample included only heterosexual couples in a committed relationship, thereby the results of this study may not be representative of non-heterosexual couples with other unique stressors (Cooper et al., 2020), or heterosexual couples with different relationship statuses.

Conclusions

This study sought to clarify the actor and partner effects of partners' emotion dysregulation dimensions on relationship satisfaction with a clinical sample consisting of 275 couples starting therapy from 2017 to 2022. Our findings concurred with prior convenience sample studies on the negative path effects of partners' emotion dysregulation dimensions, including impulse control difficulties, lack of emotional awareness, and limited emotion regulation strategies. Moreover, female and male nonacceptance of negative emotions significantly led to higher relationship satisfaction for themselves. We highlighted the need for further studies to examine the longitudinal unfolding processes of partners' emotion dysregulation across therapy courses.

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Table 1

Correlations of Emotion Dysregulation Dimensions and Couple Relationship Satisfaction

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.F_ Nonacceptance	---													
2.F_Goal-directed behavior	.39***	---												
3.F_Impulse control	.37***	.32***	---											
4.F_Emotional awareness	.13*	-.04	.23***	---										
5.F_Regulation strategies	.40***	.49***	.54***	.15*	---									
6.F_Emotion clarity	.35***	.19**	.33***	.38***	.36***	---								
7.M_ Nonacceptance	-.01	.05	-.06	-.04	-.06	-.01	---							
8.M_Goal-directed behavior	.08	.08	.06	.06	.16**	.01	.45***	---						
9.M_Impulse control	-.01	.06	.21***	.13*	.16*	.02	.27***	.32***	---					
10.M_Emotional awareness	-.08	.08	-.01	-.04	-.02	-.17**	.02	-.01	.08	---				
11.M_Regulation strategies	-.03	.11	.05	.02	.09	.01	.44***	.50***	.43***	.02	---			
12.M_Emotion clarity	-.09	.06	-.10	-.11	.06	-.07	.39***	.36***	.28***	.40***	.41***	---		
13.F_CRS	-.01	-.15*	-.34***	-.28***	-.38***	-.17**	.05	-.07	-.21***	-.04	-.10	-.03	---	
14.M_CRS	.01	-.04	-.35***	-.22***	-.32***	-.12*	.07	-.10	-.23***	-.08	-.24***	-.10	.60***	---
Mean (*SD*)	2.72 (1.14)	3.07 (1.12)	1.70 (.83)	2.02 (.78)	2.16 (.85)	2.10 (.74)	2.40 (1.07)	2.90 (1.08)	1.55 (.70)	2.43 (.86)	1.93 (.84)	2.07 (.81)	71.65 (20.83)	74.11 (18.71)

Note. N = 275 couples.

F_ = female data, M_ = male data.

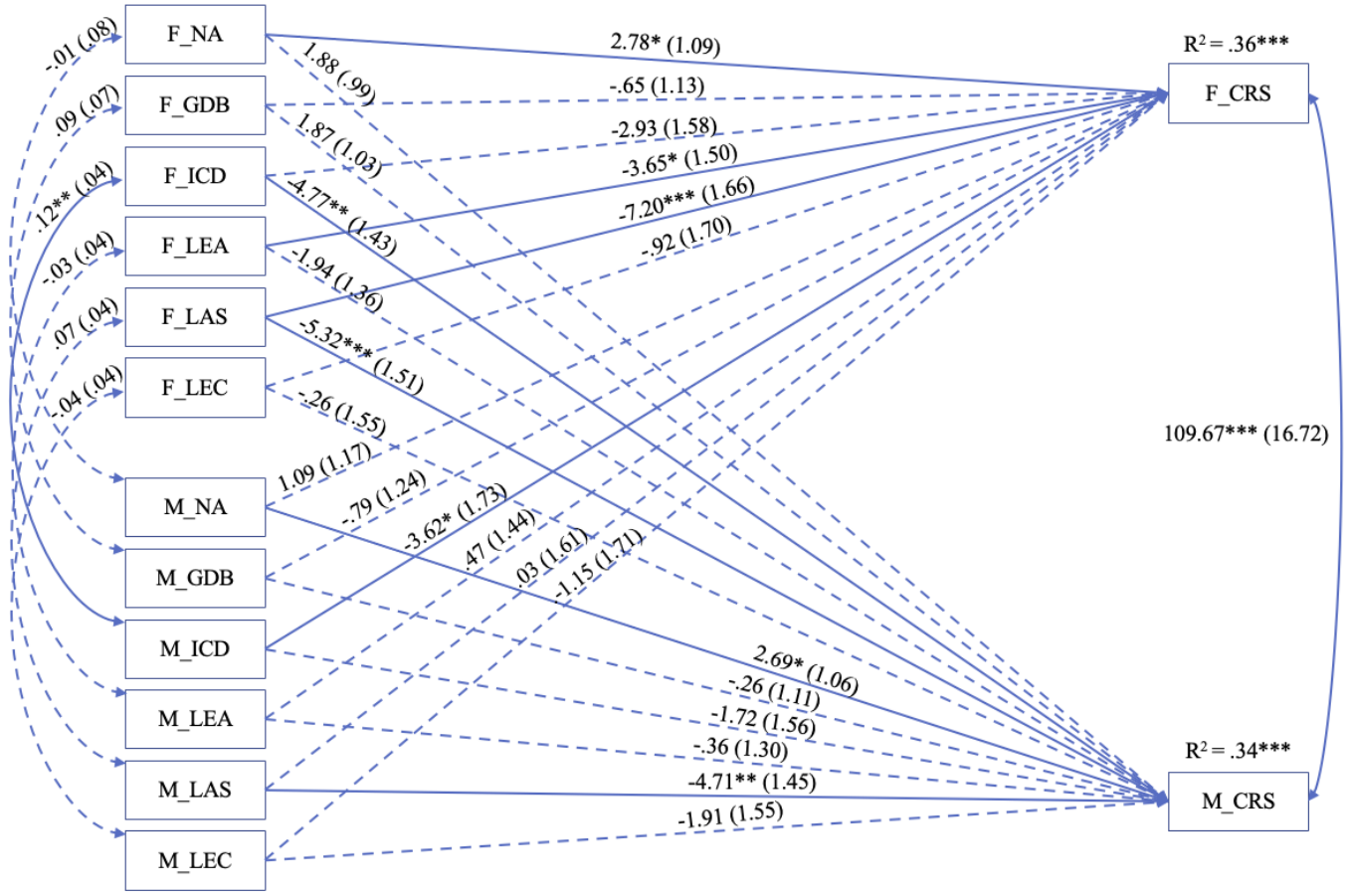
CRS = couple relationship satisfaction.

SD = standard deviation.

*p < .05. **p < .01. ***p < .001.

Figure 1

APIM for Emotion Dysregulation Dimensions and Couple Relationship Satisfaction



Note. N = 275 couples. Solid lines depict significant paths and dashed lines depict nonsignificant paths. Path coefficients are unstandardized (*b*).

For readability, predictors' covariance paths were not included.

F_ = female data, M_ = male data, NA = nonacceptance of emotional responses, GDB = difficulties engaging in goal-directed behavior, ICD = impulse control difficulties, LEA = lack of emotional awareness, LAS = limited access to emotion regulation strategies, LEC = lack of emotional clarity, CRS = couple relationship satisfaction.

*p < .05. **p < .01. ***p < .001.

Table 2

APIM for Emotion Dysregulation Dimensions and Couple Relationship Satisfaction (unstandardized)

	Females				Males			
Variables	*b*	*SE*	*p*	*95% CI*	*b*	*SE*	*p*	*95% CI*
Actor NA → CRS	2.78*	1.09	.011	[.65, 4.91]	2.69*	1.06	.011	[.62, 4.76]
Actor GDB → CRS	-.65	1.13	.565	[-2.86, 1.56]	-.26	1.11	.817	[-2.44, 1.92]
Actor ICD → CRS	-2.93	1.58	.063	[-6.03, .16]	-1.72	1.56	.272	[-4.77, 1.35]
Actor LEA → CRS	-3.65*	1.50	.015	[-6.59, -.70]	-.36	1.30	.783	[-2.90, 2.19]
Actor LAS → CRS	-7.20***	1.66	.000	[-10.46, -.3.94]	-4.71**	1.45	.001	[-7.56, -1.86]
Actor LEC → CRS	-.92	1.70	.589	[-4.26, 2.42]	-1.91	1.55	.218	[-4.94, 1.13]
Partner NA → CRS	1.09	1.17	.353	[-1.21, 3.38]	1.88	.99	.057	[-.05, 3.82]
Partner GDB → CRS	-.79	1.24	.522	[-3.22, 1.63]	1.87	1.03	.069	[-.14, 3.88]
Partner ICD → CRS	-3.62*	1.73	.036	[-7.01, -.24]	-4.77**	1.43	.001	[-7.58, -1.96]
Partner LEA → CRS	.47	1.44	.743	[-2.35, 3.29]	-1.94	1.36	.156	[-4.61, .74]
Partner LAS → CRS	.03	1.61	.983	[-3.13, 3.19]	-5.32***	1.51	.000	[-8.28, -2.36]
Partner LEC → CRS	-1.15	1.71	.504	[-4.50, 2.21]	-.26	1.55	.865	[-3.30, 2.77]

Note. N = 275 couples. Path and covariance coefficients are unstandardized (*b*). CI = confidence interval. NA = nonacceptance of emotional responses. GDB = difficulties engaging in goal-directed behavior. ICD = impulse control difficulties. LEA = lack of emotional awareness. LAS = limited access to emotion regulation strategies. LEC = lack of emotional clarity. CRS = couple relationship satisfaction.

*p < .05. **p < .01. ***p < .001.

Table 3

APIM for Emotion Dysregulation Dimensions and Couple Relationship Satisfaction (standardized)

	Females				Males			
Variables	*β*	*SE*	*p*	*95% CI*	*β*	*SE*	*p*	*95% CI*
Actor NA → CRS	.15*	.06	.010	[.04, .27]	.15*	.06	.011	[.04, .27]
Actor GDB → CRS	-.04	.06	.565	[-.15, .08]	-.02	.06	.817	[-.14, .11]
Actor ICD → CRS	-.12	.06	.063	[-.24, .01]	-.06	.06	.272	[-.18, .05]
Actor LEA → CRS	-.14*	.06	.015	[-.25, -.03]	-.02	.06	.783	[-.13, .10]
Actor LAS → CRS	-.30***	.07	.000	[-.43, -.16]	-.21**	.06	.001	[-.34, -.08]
Actor LEC → CRS	-.03	.06	.589	[-.15, .09]	-.08	.07	.217	[-.21, .05]
Partner NA → CRS	.06	.06	.353	[-.06, .17]	.12	.06	.056	[-.003, .23]
Partner GDB → CRS	-.04	.06	.522	[-.17, .09]	.11	.06	.068	[-.01, .23]
Partner ICD → CRS	-.12*	.06	.036	[-.24, -.01]	-.21**	.06	.001	[-.34, -.09]
Partner LEA → CRS	.02	.06	.743	[-.10, .14]	-.08	.06	.155	[-.19, .03]
Partner LAS → CRS	.001	.07	.983	[-.13, .13]	-.24***	.07	.000	[-.38, -.11]
Partner LEC → CRS	-.05	.07	.504	[-.18, .09]	-.01	.06	.865	[-.13, .11]

Note. N = 275 couples. Path and covariance coefficients are standardized (*β*). CI = confidence interval. NA = nonacceptance of emotional responses. GDB = difficulties engaging in goal-directed behavior. ICD = impulse control difficulties. LEA = lack of emotional awareness. LAS = limited access to emotion regulation strategies. LEC = lack of emotional clarity. CRS = couple relationship satisfaction.

*p < .05. **p < .01. ***p < .001.