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Emotion Regulation in Couples Across the Life Span

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Abstract

Intimate relationships are hotbeds of emotions. Much of what psychologists know about emotion regulation comes from single-subject studies, but a growing body of research has examined emotion regulation in couples. In this chapter, we provide an overview of dimensions of emotion regulation in couples (with a focus on dynamic, iterative, and co-regulatory qualities) and measures (with a focus on differences between self-report and performance-based measures). We then discuss developmental origins of emotion regulation in couples (with a focus on early attachment) and highlight changes across the life span (with a focus on longitudinal studies). Finally, we review consequences of emotion regulation in couples (with a focus on well-being and health) and close with a discussion of directions for future research.

Keywords: Emotion regulation, couples, intimate relationships, life-span development
Emotion Regulation in Couples Across the Life Span

Intimate relationships are hotbeds of emotions (Levenson, Haase, Bloch, Holley, & Seider, 2013). As couples navigate emotional ups and downs of their relationships, they encounter ample opportunities to express and modify joy or anger, become calm or upset, and get closer or drift apart. The vast majority of our emotion regulation episodes take place in social contexts (reports suggest up to 98%; Gross, Richards, & John, 2006). Thus, one might expect the emotion regulation literature (e.g., Gross, 2013) to be ripe with studies of emotion regulation in couples. However, nothing could be further from the truth. In a review of emotion regulation studies since 2001, Campos and colleagues estimated that less than 12% of studies assessed emotion regulation in the presence of another person (Campos et al., 2011). This was an optimistic estimate that included studies involving imagined as well as real others. Thus, much of what psychologists know about emotion regulation comes from single-subject studies (e.g., as participants watch pictures or film clips and are instructed to regulate their emotions).

However, a growing body of research has examined emotion regulation in couples, for example, as couples talk about areas of disagreement or pleasant topics in their relationship while their emotional experiences, expressions, and physiology are monitored and emotions are regulated. In the present chapter, we review current directions in research on emotion regulation in couples across the life span. We zoom in on defining qualities and measurement questions, review developmental origins and changes across the life span (see chapters DeFrance; Méndez Leal; Riediger, this volume), highlight consequences for well-being and health, and provide suggestions for future research.

Defining Qualities

Definitions of emotion regulation traditionally often emphasized emotion regulation in individuals. For instance, James Gross, initially defined emotion regulation as “the processes by which individuals [emphasis added] influence which emotions they have, when they have them, and how they
experience and express these emotions (Gross, 1998, p. 275). More recent definitions have been more attuned to interpersonal dimensions (e.g., Zaki & Williams, 2013) and Gross (2013) defined emotion regulation as the “capacity to modify aspects of the emotional response system (e.g., emotional experiences, physiology) to meet personal, interpersonal, and social [emphasis added] goals”. But what about emotion regulation in couples in particular?

Levenson and colleagues (2013) proposed that emotion regulation in couples has a number of special defining qualities. Emotion regulation in couples is (a) dynamic and iterative as partners act and react to each other’s emotions (see chapter Lougheed, this volume). This can make it difficult if not impossible to parse out, for example, which partner really started a fight (Gottman & Levenson, 1999). Emotion regulation in couples is also (b) co-regulatory as partner regulate not only their own but also each other’s emotions often with quite different emotion regulation goals and strategies. This can result in partners’ emotions linking up, synchronizing, and resonating with each other – or unlinking, desynchronizing, and not resonating (Butler & Randall, 2013; Fredrickson, 2016). Emotion regulation in couples is often (c) bidirectional as partners need to down- and upregulate emotions. To be able to dial emotions both down and up is important for individual emotion regulation, but may become particularly important in couples when partners come from very different emotional places in order to find some common ground. Finally, emotion regulation in couples is often (d) bivalent as partners need to regulate both negative and positive emotion. Again, this is also a defining quality of emotion regulation in individuals but may become particularly important in couples when partners need each other to downregulate positive and upregulate negative emotions in times of despair (Clark, Ouellette, Powell, & Milberg, 1987).

**Measurement**
Studies of emotion regulation in couples have used many different measures, including self-report and performance-based measures. Reflecting the prevailing individualistic focus in the emotion regulation literature, most self-report measures were designed to measure emotion regulation in individuals. For example, the arguably most widely used self-report measure of emotion regulation, the Emotion Regulation Questionnaire (Gross & John, 2003), measures cognitive reappraisal and suppression in individuals on a 10-item scale (e.g., “I keep my emotions to myself.”). We are unaware of self-report measures that have been specifically designed to assess emotion regulation in couples, but there are several promising alternatives.

One of the first instruments to measure interpersonal emotion regulation, the Emotion Regulation of Others and Self Scale (EROS; Niven, Totterdell, Stride, & Holman, 2011) sought to measure different intrinsic (e.g., self-directed) and extrinsic (e.g., other-directed) strategies to improve affect (e.g., “I thought about something nice” or “I spent time with someone”) or worsen affect (e.g., “I thought about my shortcomings” or “I explained to someone how they had hurt myself or others”). However, Hofmann, Carpenter & Curtiss (2016) note there was limited empirical evidence for the affect-worsening strategies, and that these dimensions were infrequently endorsed. Thus, the 20-item Interpersonal Emotion Regulation Questionnaire (IERQ; Hofmann, Carpenter, & Curtiss, 2016) was developed next with the intention of building on the EROS and eliminating the unsupported affective dimensions. The IERQ assesses how and when individuals receive emotion support from others (e.g., “I look to others for comfort when I feel upset.”). More recently, Williams and colleagues (Williams, Morelli, Ong, & Zaki, 2018) developed and validated the 16-item Interpersonal Regulation Questionnaire, which measures (a) individuals’ tendency to pursue interpersonal emotion regulation in response to positive and negative emotional events and (b) the efficacy with which they perceive interpersonal emotion regulation to improve their emotional lives (e.g., “When something good
happens, my first impulse is to tell someone about it”). Although these are not specific to the couple context, these scales seem like measures that could be adapted to assess emotion regulation in couples.

There are also a number of measures of couples’ communication, conflict resolution, relationship functioning, as well as adult attachment that all include items that could be used to measure emotion regulation in couples (Levenson et al., 2013). For example, the Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998) assesses attachment anxiety and avoidance using 36 items that tap heavily into couples’ emotion regulation (e.g., “I prefer not to show a partner how I feel deep down.”).

Self-report measures of emotion regulation have many virtues. They clearly capture important information, are easy to administer, are cost efficient, and can be scaled up for use with large samples and hard-to-reach populations. However, these self-report measures also have limitations (e.g., Robinson & Clore, 2002) and they do not seem to track couples’ actual emotion regulation well. For example, Bloch (2011) found no link between questionnaire and performance-based measures of couples’ emotion regulation. This is consistent with many other findings in affective science showing weak or nil associations between self-report and performance-based measures of aspects of emotional functioning (e.g., cognitive empathy; Murphy & Lilienfeld, 2019).

Performance-based measures thus seek to evaluate emotion regulation in couples while it occurs. These measures can assess emotion regulation (a) abilities (as relationship partners are instructed to regulate emotions and their success in implementing the instructions is assessed), as well as (b) practices (as relationship partners’ emotion regulation is observed “in the wild” or in the lab and emotion regulation success is quantified using different metrics).

In studies of emotion regulation abilities, participants are instructed to suppress, reappraise or otherwise regulate their emotions. These studies often use dyads (e.g., Butler et al., 2003; Peters, Overall, & Jamieson, 2014), but there are also a number of studies that have manipulated emotion
regulation (e.g., suppression, reappraisal) in romantic couples (e.g., Ben-Naim, Hirschberger, Ein-Dor, & Mikulincer, 2013).

Studies of emotion regulation practices have a strong tradition of using experience sampling approaches (Hektner, Schmidt, & Csikszentmihalyi, 2007; Perrez, Schoebi, & Wilhelm, 2000). These approaches often involve couples reporting on their and their partners’ affect, stressors, and social support multiple times a day across a week or longer (e.g., Horn, Samson, Debrot, & Perrez, 2019). Experience sampling methods provide ecologically valid and non-intrusive assessments that reduce bias associated with recollected reports of emotion and emotion regulation strategies (Robinson & Clore, 2002) and can provide unique insights into couples’ emotion regulation in real-world contexts.

There is also a long tradition of observing couples’ emotion regulation as they discuss areas of conflict, pleasant topics, or “events of the day” and their emotional experiences, behaviors, autonomic physiology, or hormonal changes are monitored in the laboratory (Gottman & Gottman, 2017; Levenson et al., 2013). These laboratory-based studies have examined many different aspects of emotion regulation. For example, focusing on the dynamic nature of emotion regulation in couples, Bloch, Haase and Levenson (2014) examined downregulation of negative emotion in couples by assessing how long spouses stayed in “hot zones” of negative emotional experiences, behavior, and physiological arousal during marital conflict discussions. There is also growing momentum to zoom in on the co-regulatory nature of emotion regulation in couples by studying linkage, synchrony, or resonance (e.g., covariation in moment-to-moment behavioral or physiological states between relationship partners) in married couples and other dyads, such as parent-infant dyads (Butler, 2015; Feldman, 2007; Helm, Sbarra, & Ferrer, 2014; Levenson & Gottman, 1983; Otero et al., 2019; Timmons, Margolin, & Saxbe, 2015). As such, these laboratory-based approaches allow researchers to capture the multidimensional and mechanistic nature of emotion regulation in close relationships in a more controlled setting.
Developmental Origins

In many ways, the relationship between infant and caregiver is the cradle for emotion regulation in couples. Infants rely heavily on their caregiver to regulate their emotions (Thompson, 1991), be it through physical touch (e.g., nursing, rocking, cradling, cuddling, petting, tickling), voice (e.g., prosody, laughter, singing), or facial expressions (e.g., smiling, raising eyebrows). The importance of the caregiver’s face, in particular, for regulating infant emotions has been well-documented through experimental paradigms. For example, the closed-eyes (Papousek, 2007) and the still-face (Tronick, 1989) paradigms elicit powerful emotional reactions in the infant as caregivers close their eyes or cease to provide facial feedback, respectively. At the same time, emotions are also regulated at a physiological level with evidence showing that mothers’ stressful experiences can be physiologically contagious to their infants and set in motion reciprocal upregulation of physiological arousal resulting in greater physiological linkage between mothers and infants (Waters, West, & Mendes, 2014). This reminds us that emotion regulation in infant-caregiver dyads (much like in couples across the life span) is deeply co-regulatory with infants also regulating caregivers’ emotions in powerful ways (Papousek, 2007).

Bowlby’s theory of attachment famously asserts that early infant-caregiver interactions create an internal working model of the self and close others that guide beliefs and behaviors of what a close relationship is or should be like – with important consequences for development across the life span (Bowlby, 1988). Infant-caregiver dyads greatly differ in their attachment styles and, accordingly, in their capacity for emotion regulation. Securely attached infants (Ainsworth & Bell, 1970) react with distress when their caregiver leaves but seek proximity and contact and are easily soothed when she or he returns. Insecurely attached infants remain distressed (when insecure-ambivalent) or avoid the caregiver (when insecure-avoidant) when he or she returns.

The idea that there are parallels between infant-caregiver and romantic partner relationships was developed in depth by Hazan and Shaver (1987) who asserted that romantic relationships work in a
similar way to early attachment relationships and share underlying motivations. Longitudinal research has documented the consequences of early differences in attachment styles for long-term developmental outcomes, including emotion regulation and intimate relationship functioning later in life (Mikulincer, Shaver, & Pereg, 2003; Sroufe, 2005). Such studies can be remarkably difficult to conduct, as they require careful measurement of early attachment and later emotion regulation in couples and longitudinal designs spanning decades. In one landmark study, Simpson and colleagues (Simpson, Collins, Tran, & Haydon, 2007) used a double-mediation model to show that secure attachment at 12 months of age predicted greater social competence during early elementary school. This then predicted more secure relationships with close friends at age 16, which in turn predicted more positive daily emotional experiences in adult romantic relationships. Thus, there were important indirect (i.e., mediated) effects of early attachment on emotion regulation in adult romantic relationships, but no direct effects. Such findings illustrate that, although attachment is relatively stable (Fraley, 2002; Fraley, Vicary, Brumbaugh, & Roisman, 2011), there is important within-person fluctuation in attachment security across the life span, depending on relationship experiences over time (Girme et al., 2018). In sum, early attachment experiences appear to be an important cradle for couples’ emotion regulation, but this cradle can be “rocked” and early attachment experiences can be disrupted by later relationship experiences, for better or worse.

Changes across the Life Span

As individuals age, they experience loss and decline in many life domains (Heckhausen, Dixon, & Baltes, 1989). Their memory declines (Park & Bischof, 2013; Salthouse, 2004); their health deteriorates; many earlier sources of meaning (e.g., careers) are no longer as important (Erikson, 1950), and social networks dwindle (Wrzus, Hänel, Wagner, & Neyer, 2013).
However, not all is lost as we age. People maintain and even experience gains in some domains of functioning – with intimate relationship functioning as a prime example (Carstensen, Isaacowitz, & Charles, 1999; Carstensen et al., 2011). Although broader social networks shrink (Wrzus, Hänel, Wagner, & Neyer, 2012), relationships with spouses, family members, and close friends actually tend to grow closer and more satisfying well into late life (e.g., Carstensen, 1992; Carstensen, Gottman, & Levenson, 1995; Gurung, Taylor, & Seeman, 2003; Henry, Berg, Smith, & Florsheim, 2007).

We now have longitudinal evidence that the emotional climate in marriages becomes increasingly favorable with age (Verstaen et al., 2020). Tracking objectively coded emotional behaviors during marital conflict discussions across 3 waves over a 13-year interval in long-term married couples, we (Verstaen et al., 2020) found that positive emotional behaviors (primarily humor, enthusiasm, and validation) increased and negative emotional behavior (primarily belligerence, defensiveness, fear/tension and whining) decreased with age. These effects were found for husbands and wives, for middle-aged and older spouses, and in satisfied and unsatisfied marriage.

What explains these improvements? Socioemotional selectivity theory (e.g., Carstensen, 2006; Carstensen et al., 1999) famously proposes that, as time horizons shrink, older adults prioritize socioemotional goals and seek to upregulate positive emotions and downregulate negative emotions – and close relationships offer prime opportunities to do so. Thus, when we come to realize that our time on this earth is limited, we seek to make the most of now with the people we love. It is possible that this tuning of the emotion regulation system towards the positive and away from the negative not only benefits subjective well-being but also protects physical health. Positive emotions have soothing effects (Fredrickson & Levenson, 1998) and reduce physiological arousal in couples (Yuan, McCarthy, Holley, & Levenson, 2010), which may be one reason for why upregulating them become so important as we age. Conversely, negative emotions have powerful negative effects on physical health (Haase, Holley, Bloch,
Verstaen, & Levenson, 2016), which may be one reason for why downregulating them becomes so important as we age.

Supporting basic premises of socioemotional selectivity theory, a rich body of work has shown that emotion regulation capacities are not only preserved but can actually flourish in late life (for a review see Haase & Shiota, in press). Older adults are more likely to avoid situations that induce negative emotions (Birditt, Fingerman, & Almeida, 2005; Charles, Piazza, Luong, & Almeida, 2009; Stawski, Sliwinski, Almeida, & Smyth, 2008), prefer positive over negative information (Reed, Chan, & Mikels, 2014), engage in emotion regulation strategies that upregulate positive emotions (Charles & Carstensen, 2007), perform better when instructed to reappraise negative emotions (Shiota & Levenson, 2009), and report using more reappraisal and less suppression strategies (but see Eldesouky & English, 2018; John & Gross, 2004) compared to younger adults. Moreover, older adults prune their social networks by cutting down on peripheral but not core social partners; they experience less negative and more positive emotions in these social relationships and this appears to benefit emotional experience in daily life (English & Carstensen, 2014). To be clear, older adults do not outperform younger adults in all emotion regulation strategies all the time (Charles, 2010; Eldesouky & English, 2018); and there is evidence that the stakes for emotion regulation to go awry become particularly high in late life (Haase & Shiota, in press).

However, the available empirical evidence highlights heightened emotion regulation as an important resource for late-life functioning. To date, the vast majority of emotion regulation studies has used single-subjects paradigms and many have used cross-sectional designs (which confound age and cohort effects). At the same time, existing longitudinal studies with couples (Verstaen et al., 2020) have studied the product of successful emotion regulation in the form of increased positive and decreased negative emotional behavior in married couples. What is missing are studies to examine how specific emotion regulation strategies in couples change with age. Do partners increasingly avoid conflict and
resort to more pleasant topics in their conversations, as some longitudinal work showing increased avoidance behavior suggests (Holley, Haase, & Levenson, 2013)? Do partners willfully look the other way and forget each other’s misgivings? Do partners become better at looking at “the bright side” when confronted with each other’s flaws and shortcomings (Shiota & Levenson, 2009)? Or do partners increasingly switch from activating emotions that may antagonize others, such as anger, to deactivating emotions that may help elicit sympathy and support, such as sadness (Haase, Seider, Shiota, & Levenson, 2012; Kunzmann, Kappes, & Wrosch, 2014; Lwi, Haase, Shiota, Newton, & Levenson, in press)?

**Consequences for Well-Being and Health**

How individuals regulate their emotions has important consequences for their short- and long-term well-being and health. A wealth of single-subject studies has documented that effective emotion regulation has positive links with individual and relational well-being (e.g., Gross & John, 2003; Quoidbach, Berry, Hansenne, & Mikolajczak, 2010; Williams et al., 2018), physical health (DeSteno, Gross, & Kubzansky, 2013), mental health (Aldao, Nolen-Hoeksema, & Schweizer, 2010), and human capital outcomes (Côté, Gyurak, & Levenson, 2010).

Among the studies that have examined emotion regulation in couples, most have focused on consequences for relationship functioning. Self-report studies show that couples who report less frequent use of “containment” (akin to suppression) of negative emotion have higher marital satisfaction (Feeney, 1999). Conversely, the inability to regulate negative emotions has been linked with profound relationship dysfunction, including higher likelihood of partner abuse (McNulty & Hellmuth, 2008).

Performance-based studies of emotion regulation in couples have often used laboratory-based paradigms to study how the type, timing, and intensity of emotion regulation during couples’
interactions predict relationship well-being and stability (for a review see Gottman & Gottman, 2017; Levenson et al., 2013). For instance, lower levels of negative emotions for individuals and lower levels of negative emotion reciprocity predicted higher levels of marital satisfaction both concurrently (Levenson & Gottman, 1983) and longitudinally (Levenson & Gottman, 1985). In contrast, high levels of shared negative emotions are an important predictor for divorce (Gottman, 1994). In a similar vein, less escalation of negative emotions and a higher ratio of positive to negative emotions during conflict has been linked with higher levels of marital satisfaction and relationship stability concurrently and longitudinally (Gottman & Levenson, 1992). Moreover, there is now considerable support for the idea that linkage or synchrony (i.e., physiological linkage) plays an important role in predicting relationship functioning with high levels of linkage in negative contexts predicting lower levels of marital satisfaction (Levenson & Gottman, 1983) and higher levels of positive linkage (i.e., positivity resonance) predicting higher levels of marital satisfaction (Otero et al., 2019). There is also evidence for the long-term consequences of couples’ emotion regulation in predicting marital satisfaction. Specifically, we (Bloch et al., 2014) have shown that how quickly wives (but not husbands) downregulated negative emotions in marital conflict discussions was an important predictor of wives’ increases in marital satisfaction over 13 years. The downregulation of negative emotional behaviors (i.e., anger, belligerence, contempt, defensiveness, disgust, domineering, fear/tension/worry, sadness, and whining) emerged as a key predictor, which we interpreted as supporting wives’ roles as the emotional center in a marriage.

Experience sampling and diary studies of emotion regulation provide another important pillar of empirical evidence to support the importance of emotion regulation for relationship functioning (e.g., Luginbuehl & Schoebi, 2019). For example, using a dyadic ambulatory assessment framework, Horn and colleagues (2019) examined positive humor experienced with one’s romantic partner as an interpersonal emotion regulation strategy. Their findings showed that positive humor predicted changes
in daily affect for oneself and one’s partner with the latter effect partially mediated by changes in psychological intimacy (i.e., feeling cared for, close to, understood, and secure).

In addition to studies linking emotion regulation in couples and relationship well-being, there is a sizable literature examining the consequences of relationship functioning for physical health (Kiecolt-Glaser & Wilson, 2017; Robles & Kiecolt-Glaser, 2003). This literature focuses on physiological regulation mechanisms (Smith et al., 2011) that predict sickness or health outcomes. Two prominent mediating pathways are increased sleep problems and metabolic alterations (Kiecolt-Glaser & Wilson, 2017). Other studies have zoomed in on other outcomes and correlates of couples’ emotion relation, including mental health (Holley, Haase, Chui, & Bloch, 2018) and memory functioning (Richards, Butler, & Gross, 2003). For example, building on a sizable literature documenting benefits of physical touch (Coan, Schaefer, & Davidson, 2006), Debrot, Schoebi, Perrez, and Horn (2013) examined dating couples who completed an electronic diary four times a day over the course of a week. Findings showed that physical touch was associated with enhanced affect in the partner and predicted better psychological well-being six months later.

With mounting evidence supporting links between couples’ emotion regulation and well-being and health outcomes, recent research has begun to examine mechanisms and moderators for these associations. For instance, we have shown that higher levels of constructive communication mediated the longitudinal association between wives’ downregulation of negative emotions and increases in their marital satisfaction (Bloch et al., 2014). Moreover, all regulation strategies are not created equal; some approaches to managing emotions are healthy while others can be unhealthy (e.g., John & Gross, 2004). Adaptive emotion regulation strategies (e.g., perspective taking) predict higher levels of relationship satisfaction (Rusu, Bodenmann, & Kayser, 2019), whereas maladaptive emotion regulation strategies (e.g., suppressing emotions) predict lower levels of marital quality longitudinally (Velotti et al., 2016) and more thoughts of breaking up (Impett et al., 2012).
Finally, life stage appears to be an important moderator with the consequences of emotion regulation for well-being and health becoming amplified in late life. As older adults spend increasing time with their spouse (Charles & Carstensen, 2007) compared to friends and strangers, appropriately regulating emotions to maintain these close ties can afford protection against health declines (Rook & Charles, 2017). However, older adults may also face more dire consequences when they cannot effectively use emotion regulation to change their emotion state (Charles, 2010; Charles & Carstensen, 2007). For example, doses of negative emotional behaviors (e.g., eye rolls) have been shown to be particularly problematic for couples in late life (Rauer, Williams, & Jensen, 2017). Moreover, the perception of spouses’ warmth and hostility during marital interaction more strongly predicts relationship satisfaction among older than among middle-aged adults, suggesting greater sensitivity to the emotional climate of close relationships (Henry, Berg, Smith, & Florsheim, 2007).

**Future Directions**

Intimate relationships are one of the most important social relationships in the lives of many people. According to the US census, 96% of US adults over the age of 65 have been married at least once in their life. At the same time, societies are aging across the globe. Average life expectancies are expected to continue to increase and half of babies born in the 2000s are expected to see their 100th birthday (Christensen, Doblhammer, Rau, & Vaupel, 2009).

In 2020, we will enter the Decade of Healthy Aging, as announced by the World Health Organization ([www.who.int/ageing/10-priorities/en/](www.who.int/ageing/10-priorities/en/)). Emotion regulation (in particular in intimate relationships) appears to be a key factor in successful aging, and our chapter points to a number of fruitful directions to pursue in future research emotion.

First, studies are direly needed to examine emotion regulation in couples across the life span with a focus on how couples’ emotion regulatory goals, abilities, and practices develop over time, when
they are malleable, and when they become stable. In particular, future studies should go beyond self-report measures to assess actual emotion regulation performance in couples by examining multiple response systems (e.g., subjective experience, emotional behavior, language, autonomic physiology) and collecting data in the laboratory as well as in the field. Ideally, these studies would use longitudinal designs and examine samples that are more diverse than existing samples in terms of relationship status (e.g., marriage vs. cohabitation); socioeconomic status, ethnicity, sexual orientation, or religious orientation.

Second, more research should be directed toward the consequences of couples’ emotion regulation, with special attention given to linking different kinds of emotion regulation with different kinds of outcomes. In particular, more studies are needed that examine consequences not only for relationship satisfaction and stability, but also well-being, health, or cognitive performance (Waldinger, Cohen, Schulz, & Crowell, 2015), to name just a few domains of interest (Schoebi & Campos, 2019).

Third, more research is needed on the sources of emotion regulation in couples, looking both at psychological (e.g., attachment history) as well as biological (e.g., genetic) factors that predispose individuals and couples to develop particular adaptive or maladaptive ways of regulation emotions. This research will be highly fruitful in understanding the more and the less malleable aspects of couples’ emotion regulation across the life span.

Finally, we hope that this work will inspire more counseling and therapy research and practice. Interventions have traditionally been regarded as the province of earlier life periods. However, there now exist effective intervention protocols that have proven effective in boosting emotion regulation capacities in late life, particularly among dementia caregivers (Moskowitz et al., 2019). One important direction for future research will be to extend this work to the couple context. As emotion and close relationships become more important and consequential in late life, there is good reason to assume that emotion-focused couples therapy approaches (which have demonstrated remarkable success; Gottman
& Gottman, 2008; Johnson & Greenman, 2006; Lebow, Chambers, Christensen, & Johnson, 2012) could prove to be a tremendous resource for healthy aging.
References


