

# **Hooked on A Feeling: Downregulation of Negative Emotion During Sexual Conflict is Associated with Sexual Well-Being Among Long-term Couples**

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### Abstract

Intimate partners experience more negative emotion in response to sexual versus nonsexual conflicts in their relationship. Negative emotions hinder communication and sexual well-being. In a laboratory-based observational study, we tested the prediction that couples who took longer to downregulate negative emotion during a sexual conflict discussion would report lower sexual well-being. Long-term couples ( $N = 150$ ) were video recorded while they discussed the most contentious problem within their sexual relationship. Participants subsequently viewed their filmed discussion and used a joystick to continuously report on their *emotional experience* during their disagreement. Trained coders continuously coded the valence of participants' *emotional behavior*. Downregulation of negative emotion was assessed by calculating how quickly, on average, an individual's negative emotional experience and behavior returned to neutral during their discussion. Participants also completed measures assessing sexual distress, satisfaction, and desire prior to the discussion and one year later. Analyses were conducted per the Actor-Partner Interdependence Model. For both women and men, we found that a person's slower downregulation of negative *emotional experience* was concurrently associated with their own greater sexual distress and lower sexual desire, and with their partner's lower sexual satisfaction. Downregulation of negative *emotional experience* also predicted one's own lower sexual satisfaction and, surprisingly, higher sexual desire for both members of the couple one year later. People who took longer to downregulate their negative *emotional behavior* during the conflict also reported higher sexual desire one year later. Findings suggest that greater difficulty shifting out negative emotional states during sexual conflict is concurrently linked with poorer sexual well-being for long-term couples.

**Keywords** Emotion regulation; Couples; Conflict; Sexual Well-being; Emotion dynamics

Discussions about divergent sexual needs and motives—sexual conflict—provoke strong negative emotion among romantic partners (Rehman et al., 2019) and therefore elicit emotion regulation (Tamir, 2016). Effective regulation of negative emotion underlies goal-directed behavior (Gratz & Roemer, 2004) and consequently facilitates open and respectful problem-focused communication, conflict resolution, and general well-being in relationships (Cupach & Olson, 2006; Halperin, 2014; see Stephens et al., 2022, for a review). During nonsexual conflict, better emotion regulation is linked to higher relationship satisfaction, better communication, and increased feelings of closeness between partners (Bloch et al., 2014; Dworkin et al., 2019; Shahar et al., 2018). Yet there is a scarcity of research on emotion regulation in the unique context of sexual conflict (Rehman et al., 2017). Furthermore, evidence for the emotion regulation–sexual well-being link is largely based on data from single-subject studies using self-report assessments and cross-sectional designs (Dubé et al., 2020). Sexual well-being (i.e., sexual satisfaction, desire, and distress) is a key contributor to the quality and longevity of romantic relationships and often declines as relationship length increases (Impett et al., 2014). Determining specific associations between couples' regulation of negative emotion during sexual conflict and their sexual adjustment may therefore provide empirical support for emotion regulation as a target for interventions to promote sexual well-being in long-term couples. Using an observational and longitudinal design, we examined associations between downregulation of negative emotion during sexual conflict and long-term couples' sexual well-being.

### **Emotion Regulation and Sexual Well-Being**

Although there is no universally agreed upon definition, theories of emotion regulation typically acknowledge that it involves the up- or down-regulation of emotion over time (Coifman et al., 2021; Gross, 2014), including both one's subjective experience and expressive behavior

(Gross, 1998; Koole, 2009). Emotion regulation can be intentional or occur without conscious awareness (Koole, 2011), and broadly encompasses “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features” (Thompson, 1994). There is growing consensus that emotion regulation influences social functioning and relationships (Burkitt, 2018; Dixon-Gordon, Bernecker, et al., 2015), including sexual relationships. In a recent theoretical model of sexual dysfunction, Rosen and Bergeron (2019) posit that couples’ ability to regulate emotions in the context of their sexual relationship affects a person’s experience of sexual problems and, in turn, couples’ psychological, relational, and sexual well-being (Rosen & Bergeron, 2019).

Research on the intersection of emotion regulation and sexual well-being, though limited, corresponds with the core tenets of Rosen and Bergeron’s (2019) Interpersonal Emotion Regulation Model. For example, more difficulties with emotion regulation are related to lower relationship satisfaction and higher sexual distress for couples coping with clinically low sexual desire/arousal (Dube et al., 2019). Additionally, processes associated with effective regulation of negative emotion (e.g., emotional awareness, understanding, and identification) are positively associated with women’s sexual well-being, though research at the intersection of emotion regulation and sexual well-being is based largely on cross-sectional, self-report, and non-dyadic data (see Dubé et al., 2020, for a critical evaluation of this literature). In a recent scoping review, Fischer and colleagues (2022) found that poorer emotion regulation abilities and greater use of less adaptive emotion regulation strategies (e.g., rumination, emotional suppression) were cross-sectionally associated with poorer sexual functioning and sexual satisfaction among women, men, couples, singles, and clinical and community samples.

There is evidence that facets of emotional responding—experiential, expressive-behavioral, and physiological systems—interact within and between individuals (Butler, 2011). Compared to controls, participants who were instructed to suppress their expression of emotion when discussing an emotional topic demonstrated diminished coordination between their own emotion systems (Butler et al., 2014) and had conversation partners who showed increased cardiovascular arousal and negative affect (Ben-Naim et al., 2013; Butler et al., 2003). In an ecological momentary assessment study of romantic couples, Horn et al. (2019) found that a person's use of positive emotional behavior (i.e., humor) was related to increases in their partner's experience of intimacy and positive emotion. In contrast, studies have found women's greater use of suppression was negatively associated with relationship quality for both members of married couples (Velotti et al., 2015).

Reflecting the broader literature on emotion regulation in couples (e.g., Stephens et al., 2022), studies find associations between a person's emotion regulation in sexual contexts and their romantic partner's outcomes. In couples coping with female sexual interest/arousal disorder, when one member of the couple endorsed greater use of reappraisal (i.e., cognitively reframing an emotionally charged situation) to regulate negative emotions about their sexual relationship, their partner reported lower conflict within the relationship (Dube et al., 2019). In two non-clinical samples of couples, upregulating the expression of sexual desire in the absence of genuine feelings of sexual desire was linked to both partners' lower sexual satisfaction (Horne et al., 2022). This same study found that people reported higher relationship satisfaction when, during sex, their partner managed feeling low sexual desire by actively concealing their disinterest in sex. Theory and research therefore suggest that a person's ability to regulate negative emotion is related to sexual well-being for both members of a couple; however, no

study has examined specific links between emotion regulation during sexual conflict and sexual well-being using an observational design and performance-based measure of emotion regulation.

### **Emotion Regulation and Couples' Sexual Conflict**

The consequences of emotion regulation during sexual conflict have received limited research attention. This oversight is notable for several reasons. First, emotion regulation is context-dependent (Aldao & Tull, 2015). Individuals tend to favour regulatory strategies characterized by disengagement (e.g., distraction, expressive suppression) in high intensity negative emotion situations (Dixon-Gordon, Aldao, et al., 2015; Shafir et al., 2016). Intense negative emotion contexts also undermine emotion regulation abilities and increase the risk of less effective coping (Tull & Aldao, 2015). Thus, the specific context of sexual conflict might have unique implications relative to other relationship conflicts. Indeed and second, compared to general relationship conflict, sexual conflict activates greater levels of anxiety and threat to the self (e.g., feelings of inadequacy and failure), and people respond with higher levels of negative emotion (e.g., shame, anger, and sadness; Rehman et al., 2019; Rehman et al., 2017). Third, couples avoid sexual communication more than nonsexual communication (Byers & Demmons, 1999), even though discussions about sexual preferences promote satisfying sexual experiences (Byers, 2011). Salient differences therefore exist in how couples experience and approach sexual versus nonsexual conflict, underscoring the need for research specific to emotion regulation during sexual conflict to clarify the associations in this vulnerable context.

### **Gender Differences in Emotion Regulation During Conflict**

Research has documented differences in how women and men behave, approach, and experience interactions with their romantic partner. Relative to men, women in long-term relationships tend to express more negative emotion and are perceived as more confrontational

during relationship conflict (Carstensen et al., 1995). Compared with women, men demonstrate a greater tendency to avoid conflict (Carstensen et al., 1995) and withdraw in response to their partners' negative emotional behavior (Gottman, 1993). In a study of emotional coregulation, Randall et al. (2013) found that when women's emotional valence became more negative, their partner subsequently reported more negative emotion. In contrast, when men's emotional valence became more negative, their partner's emotional valence became more positive.

Similarly, other studies have found that women's regulation of negative emotion during couples' conflict had stronger associations with outcomes than men's (Bloch et al., 2014; Gottman et al., 2002). For example, Bloch et al. (2014) found women's quicker downregulation of negative emotion (experience and behavior) during nonsexual conflict was cross-sectionally associated with higher marital satisfaction for both members of mixed-gender couples and predicted women's higher marital satisfaction 13 years later. Men's emotion regulation was unrelated to outcomes, despite equivalent rates of downregulation between genders.

Taken together, these findings suggest that, relative to men, women's regulation of negative emotion during sexual conflict may have a greater influence on the emotional tone of both members of the couple during sexual conflict and, consequently, exhibit stronger associations with sexual well-being. We are unaware of research exploring how gender moderates associations between emotion regulation during sexual conflict and sexual well-being; however, there are strong associations between relationship satisfaction and facets of sexual well-being (e.g., sexual satisfaction; Fallis et al., 2016; Vowels & Mark, 2018). There is also evidence that negative emotion interferes with sexual well-being, with negative emotional experiences related to higher levels of sexual dissatisfaction, sexual distress, and sexual problems for women and men (Dubé et al., 2020, for a review). Thus, given (a) women's regulation of

negative emotion has stronger associations with relationship satisfaction than men's, (b) relationship satisfaction is associated with sexual well-being, and (c) a person's greater experience of negative emotion is associated with lower sexual well-being, it is possible that women's (relative to men's) downregulation of negative emotion will be more strongly associated with couples' sexual well-being.

### **The Current Study**

To investigate associations between emotion regulation and sexual well-being, we collected continuous data on emotional experience and behavior during quasi-naturalistic sexual conflict discussions between long-term romantic partners. Given the positive associations between negative emotional states and poorer sexual well-being (Dubé et al., 2020), our measure of emotion regulation focused on the downregulation of negative emotion. We used a performance-based measure of emotion regulation to assess how quickly, on average, a participant shifted the valence of their emotion from negative to neutral during the conflict, based on subjective experience and observer coded behavior. Performance-based measures assess emotional regulatory practices within the context that they occur (Stephens et al., 2022). They are derived from intensive-time series data collected via multiple methods, such as observational and self-report assessments, and thus mitigate the well-documented limitations of questionnaire based-studies (e.g., shared method variance and recall bias; Robinson & Clore, 2002). Because couples' interaction paradigms and performance-based assessments closely capture the temporal nature of emotion, have high ecological validity, and can be tailored to specific research questions, they are well-suited to assess the dynamic nature of emotion regulation as it occurs in interpersonal contexts, such as intimate relationships (Levenson et al., 2014). We used self-report measures of sexual distress, sexual satisfaction, and sexual desire to



assess participants' sexual well-being at two timepoints: prior to the conflict discussion, at Time 1, and 12 months later, at Time 2. We included sexual desire in our outcome measures because low sexual desire is a common complaint among women and individuals long-term relationships (e.g., Impett et al., 2008; Klusmann, 2002; Quinn-Nilas et al., 2018). Because stress related to COVID-19 influenced couples' sexual relationship (Brotto et al., 2022; Luetke et al., 2020), we investigated the robustness of longitudinal findings by accounting for stress related to the COVID-19 pandemic that emerged during data collection.

We expected that when participants had less effective emotion regulation during the sexual conflict (i.e., slower downregulation of self-reported negative emotional experience and observer coded emotion behavior), they and their partners would report lower sexual well-being at Time 1 and Time 2. We also predicted that a person's gender would moderate associations such that the expected negative associations would be stronger for women compared to men.

## **Method**

### **Participants**

A community sample of couples ( $N = 150$ ) was recruited in two Canadian cities (Halifax, Nova Scotia, and Montreal, Québec) via online advertisements, posters in public spaces, and word of mouth between May 2019 and January 2020. Interested couples completed a telephone eligibility screening interview, which assessed for the following inclusion criteria: (a) at least 18 years old, (b) a history of partnered sexual activity (defined broadly, including non-penetrative activities), (c) fluent in English or French, and (d) in a monogamous relationship and cohabitating with their current romantic partner for a minimum of 12 months. We excluded participants if one member of the couple met the following criteria: (a) pregnant, breastfeeding, or within one-year postpartum, (b) experiencing serious (self-reported) psychiatric or physical

illness, (c) receiving treatment for sexual difficulties, or (d) taking medication and/or drugs with significant sexual side effects. Couples were not invited to complete the laboratory session or follow-up survey if one member of the couple failed two out of three instructed response items (i.e., attention checks) in the initial survey or failed to complete the initial survey.

Sample size was determined by an actor-partner interdependence model (APIM) power analysis (Ackerman et al., 2016) based on: (a) a medium actor effect ( $\beta = .29$ ), (b) a small partner effect ( $\beta = .21$ ), (c) a .22 correlation between partners' emotion regulation from community couples (Bloch et al., 2014; Impett et al., 2012), (d) power = 90% at an alpha of .05, and (e) recommendations by Galbraith and Marschner (2002) to account for attrition in longitudinal research. We excluded an eligible couple from our analyses as an outlier because one partner demonstrated extreme persistence of negative emotional behavior ( $z$ -score = 8.26 for downregulation) during their sexual conflict discussion. As shown in Figure 1, 570 couples contacted our study; 304 couples did not respond after first contact and 116 were ineligible after screening or excluded from the laboratory session and follow-up survey, resulting in a final sample of 150 couples.

### **Sample Characteristics**

All members of eligible couples ( $N = 300$  participants) completed the T1 survey and laboratory session and 265 participants completed the T2 survey, for a retention rate of 88.3%. We excluded data from four couples that separated ( $n = 8$  participants) and five couples that became pregnant ( $n = 10$  participants) between T1 and T2 from our longitudinal analyses. Thus, the sample size for the longitudinal analyses was 141 couples. To determine if study variables differed between excluded and retained participants, we conducted independent sample  $t$ -tests to compare downregulation of negative emotional experience and behavior and T1 sexual well-

being variables for excluded and retained participants, with separate tests per excluded group (i.e., members of couples that separated versus retained participants; members of couples that became pregnant versus retained participants). Participants that separated reported greater sexual distress at T1 ( $M = 22.80$ ,  $SD = 8.51$ ) compared to participants that remained in their relationship ( $M = 11.84$ ,  $SD = 9.48$ ),  $t(298) = 3.60$ ,  $p < .001$ . Participants that separated also reported lower sexual satisfaction ( $M = 23.10$ ,  $SD = 5.17$ ) compared to participants that remained in their relationship ( $M = 29.73$ ,  $SD = 5.84$ ),  $t(298) = -3.54$ ,  $p < .001$ . There were no other significant differences in T1 independent or dependent variables for excluded versus retained participants. There were also no differences in T1 independent or dependent variables for participants who completed the T2 survey ( $n = 265$ ) compared to those who did not ( $n = 33$ ). Participant characteristics are reported in Table 1.

## **Procedure**

This study was part of a larger project for which there has been one prior publication focused on another laboratory interaction task (Bosisio et al., 2022). This larger study included other measures of sexual, relationship, and psychological well-being. A list of publications that used this dataset, as well as screening materials, measures, data, and syntax for the current study can be found at the following Open Science Framework (OSF) link:

[https://osf.io/mjzgf/?view\\_only=b861cd472e3946aa8f70d735de30c624](https://osf.io/mjzgf/?view_only=b861cd472e3946aa8f70d735de30c624).

Couples completed two main activities: an online survey and a laboratory-based couple interaction task. For the survey, each member of the couple provided informed consent and independently completed a battery of self-report questionnaires, which included standardized measures of sexual distress, sexual satisfaction, and sexual desire. The survey also assessed participants' socio-demographic information and, for participants that completed their follow-up

assessment after May 2020, level of stress related to the COVID-19 pandemic. Participants completed the survey during the week that preceded their laboratory session—Time 1 (T1)—and again 12 months later, at Time 2 (T2). Surveys were hosted on Qualtrics and administered via a secure email link. Study procedures were approved by Institutional Review Boards at Dalhousie University and Université de Montréal.

During the laboratory session, couples engaged in the four discussion tasks: (1) warm-up—a 5-minute discussion about everyday events, (2) positive event—an 8-minute discussion about a previously undisclosed personal pleasant experience, (3) sexual conflict—an 8-minute discussion (Rehman et al., 2017) about the most important problem within their sexual relationship, and (4) cool-down—a 5-minute discussion in which members of the couple discussed each other's attractive qualities. Data from the sexual conflict discussion comprise the current study. A research assistant filmed each discussion from an adjacent room using two discretely placed cameras positioned to capture the body language and facial expressions of each participant. Each member of the couple was compensated via \$20 Amazon gift cards for completing both online surveys and \$50 for the laboratory session (total of up to \$140/couple). Couples also received a list of resources specific to romantic and sexual relationships.

In line with Rehman et al. (2017), couples' sexual conflict discussion topics were selected and assigned using the Sexual Problems Questionnaire and protocol (see *Measures* section). Participants were asked to discuss the most important problem in their sexual relationship as naturally as possible. Immediately following their sexual conflict discussion, participants completed a video cued-recall task. Each member of the couple independently viewed their filmed conflict discussion and used a joystick to continuously report on the valence (positive to negative) of their own moment-to-moment emotional experience during their

discussion (Girard & AG, 2018; Gottman & Levenson, 1985). Trained coders used the same joystick rating protocol to continuously code the valence of participants' emotional behavior throughout the conflict. Participants also rated the degree to which their in-lab sexual conflict resembled a typical sexual conflict discussion for the couple on a scale from 0 (*not at all*) to 5 (*extremely*;  $M = 4.06$ ,  $SD = 0.86$ ).

## Measures

**Sexual Conflict Topic.** Couples' area of sexual disagreement was assessed via the Sexual Problems Questionnaire (SPQ; Rehman et al., 2017, see Measures folder of OSF). Participants individually rated the degree to which they considered 25 items to be a problem in their sexual relationship (e.g., sexual frequency, sexual initiation) on a scale from 1 (*not at all*) to 7 (*very much so*). Using the same scale, participants could rate up to five self-generated items if they experienced problems that were not represented by examples. Participants subsequently ranked the three items that they perceived to be the most problematic for their sexual relationship. A research assistant then reviewed participants' top-ranked items and assigned either the highest ranked item (if it was the same for both members of the couple) or an item that each partner ranked in their top-three problems as the topic of discussion. Given the high degree of overlap in problems endorsed by participants within a couple, all couples (100%) discussed a topic that was rated as the most important problem by *at least* one member of the couple; 52 couples (35%) discussed a problem that was rated as the most important by both members of the couple. Consistent with Sutherland et al. (2019), sexual frequency ( $n = 80$  couples, 26.8%), sexual initiation ( $n = 60$  couples, 20.1%), and showing an interest in having sex ( $n = 24$  couples, 8.1%) were among the most frequently assigned topics for the sexual conflict discussion.

**Continuous Rating of Emotional Experience.** We assessed emotional experience using a video-mediated recall task. Participants used a Thrustmaster USB Joystick and the Dual Axis Rating and Media Annotation software (DARMA; Girard & Wright, 2018) to continuously rate their emotional experience during sexual conflict. During a brief training exercise, participants learned to indicate the degree to which an emotional experience was positive, neutral, or negative by moving the joystick to the right, middle, or left, respectively. After demonstrating mastery of the protocol on a sample video, participants viewed footage of themselves during the filmed conflict and used the rating procedure to report on variations in the quality of emotions they experienced over the course of their discussion. They were told to rate how they felt from moment-to-moment during the conflict and not how they felt while completing the rating task. Partners completed the video-cued recall procedure separately and did not see each other's ratings. Time-series data for emotional experience was collected using the DARMA software, which sampled the position of participants' joystick throughout the 8-minute sexual conflict in 0.5-second increments. The scale for emotional experience ranged from -1,000 (*very unpleasant*) to 1,000 (*very pleasant*). Video-cued recall has been shown to be a reliable and valid method of assessing emotional experience across time (Ruef & Levenson, 2007) and similar to ratings of emotion that are made in real time (Mauss et al., 2005).

**Continuous Rating of Emotional Behavior.** Two trained coders at each site used Thrustmaster Joysticks and DARMA software to rate the emotional behaviors of participants during their sexual conflict discussion. Consistent with dimensional models of emotion (e.g., Russell, 2003) and prior couples interaction studies (e.g., Dworkin et al., 2019; Sullivan et al., 2018), behaviors were rated using a dimensional scheme that was based on a cultural informant approach of coding emotion-expressive behavior (Butler et al., 2014): moving the joystick to the

right indicated more positive emotional behavior (e.g., shared laughter, caring statements) and moving the joystick to the left indicated more negative behavior (e.g., insults, eye rolls). Moving the joystick to middle position indicated neutral emotional behavior. The scale for emotional behavior ranged from -1,000 (*very negative*) to 1,000 (*very positive*). We averaged observers' time-series data (i.e., the rating at each 0.5-second increment) to create each participant's emotional behavior time-series.

Two coders at each site rated videos for all participants at their respective site. Intraclass correlation coefficient (ICC) estimates and their 95% confidence intervals (CIs) were calculated to assess coder reliability per site using a mean-rating ( $k = 2$ ), absolute-consistency, 2-way random-effects model (Koo & Li, 2016). The ICCs for emotional behavior were 0.86, 95% CI [0.80, 0.90] in site 1 and 0.80, 95% CI [0.72, 0.86] in site 2 which were considered good to excellent (Cicchetti, 1993). The mean difference in between-site ICCs based on bias corrected bootstrapping was .06, 95% CI [-.02, .09] which was considered roughly equivalent.

**Downregulation of Negative Emotion.** Downregulation of negative emotion was operationalized using a duration per episode approach (Yap et al., 2008). We wrote a function in R, version 4.0.5, to determine the average rate of emotional downregulation during the conflict for each participant. This function executed the following calculations for the time-series data: sequences of within-person z-scores  $\leq -1$  for emotional experience were calculated to represent negative emotion events during the conflict (Levenson & Gottman, 1983); negative emotion events were then summed to yield the total duration of negative emotion during the conflict; the total duration of negative emotion during the conflict was then divided by the frequency of negative emotion events (Bloch et al., 2014). Thus, our measure of downregulation represents how quickly, on average, someone shifted their valence of emotion (experience and behavior)

from negative to within 1 standard deviation of neutral during their conflict discussion. We repeated these calculations for the observer coded time-series of participants' emotional behavior and thereby obtained two emotion regulation scores per participant: one score for downregulation of negative emotional experience (self-reported) and another for downregulation of negative emotional behavior (observer-coded). For self-reported emotional experience, the frequency of negative emotion events during the conflict was  $M = 6.24$ ,  $SD = 5.29$  for each partner and  $M = 12.51$ ,  $SD = 7.34$  for couples. There were two couples in which both members did not report experiencing a negative emotional event during the sexual conflict (see Table A in the OSF materials). For observer-coded emotional behavior, the frequency of negative emotion events was  $M = 11.26$ ,  $SD = 4.25$  for each partner and  $M = 22.48$ ,  $SD = 6.37$  for couples. All couples demonstrated at least one observer-coded negative emotional behavior event (see Table A in the OSF materials).

**Stress Related to the COVID-19 Pandemic.** A single-item measure developed for the current study assessed participants' level of stress related to COVID-19 on a scale from 1 (*no stress*) to 6 (*extreme stress*). This measure was added as a covariate for T2 analyses, which occurred during the COVID-19 pandemic.

**Sexual Distress.** Sexual distress was assessed with the Female Sexual Distress Scale-Revised (Derogatis et al., 2008). This 13-item self-report scale uses a Likert-type scale ranging from 0 (*never*) to 4 (*always*) to measure sexually related personal distress. Total scores range from 13 to 36, with higher scores indicating higher sexual distress. Originally developed for use with women, this scale has demonstrated good discriminant validity and test-retest reliability and has additionally been validated for use with men (Santos-Iglesias et al., 2018). Cronbach's alphas for sexual distress in the current sample were .93 at T1 and .95 at T2.



**Sexual Satisfaction.** Sexual satisfaction was measured using the well-validated Global Measure of Sexual Satisfaction (Lawrence & Byers, 1998). This is a scale consisting of 5 items that participants rate on 7-point bipolar scales (e.g., *negative-positive*, *satisfying-unsatisfying*) to describe their sexual relationship with their partner. Sexual satisfaction scores range from 5 to 35, with higher scores indicating higher satisfaction. Cronbach's alphas for sexual satisfaction were .92 at T1 and T2.

**Partner-Focused Sexual Desire.** Dyadic sexual desire was assessed using the Partner-Focused Dyadic Sexual Desire subscale of the Sexual Desire Inventory (Moyano et al., 2017). This 7-item measure uses Likert-type scales to assess the frequency of partner-focused sexual thoughts (two items, on a 7-point scale) and the strength of desire for sexual activity with a partner (five items, on an 8-point scale). Total scores range from 0 to 54, with higher scores indicating higher partner-focused sexual desire. Cronbach's alphas for dyadic sexual desire were .88 at T1 and T2.

### **Data Analysis**

Descriptive statistics and bivariate correlations were calculated using SPSS, version 26.0. In accordance with Bloch et al. (2014), all variables were z-standardized for analyses. We used Mplus, version 8.0 (Muthén & Muthén, 1998-2017) to test our hypotheses, conducting path analyses within APIMs (Cook & Kenny, 2005) to account for the non-independence of our dyadic data (for a model APIM, see Figure A1, OSF page for this study). Specifically, we used APIMs to simultaneously estimate actor effects (e.g., the association between a person's downregulation of emotion and their own sexual well-being) and partner effects (e.g., the association between a person's downregulation of emotion and their partner's sexual well-being). Because our sample included mixed- and same-gender couples, dyads were treated as

theoretically indistinguishable (Kenny et al., 2006; Olsen & Kenny, 2006). As per Olsen and Kenny (2006), we randomly permuted the order of dyad membership (i.e., partner 1, partner 2) in our dataset and constrained variances, actor effects, partner effects, means, and intercepts to be equal between members of the couple in our APIMs.

Separate APIMs were conducted for downregulation of emotional experience and downregulation of emotional behavior per timepoint, resulting in a total of four APIMs. Sexual distress, satisfaction, and desire were entered simultaneously as dependent variables in each of our four models. We controlled for T1 levels of sexual distress, sexual satisfaction, and dyadic sexual desire in our T2 models, which also included COVID-19-related stress as a covariate. Finally, to test whether a person's gender moderated associations between downregulation of emotion and outcomes, we added the interactions between a person's emotional downregulation (experience and behavior, separately) and their own gender (men = -0.50, women = 0.50) into our models. We excluded couples where one member identified as non-binary, queer, or gender fluid when testing for gender moderation due to the small sample size of such couples ( $n = 7$ ), though these couples were retained for our main analyses.

We performed our analyses using maximum likelihood parameter estimates with robust standard errors and chi-square test (MLR). Missing data were handled using the full information maximum likelihood approach (Muthén & Muthén, 1998-2017). We evaluated model fit via the following commonly used indices and criteria: Confirmatory Fit Index (CFI) value greater than .95; Root Mean Square Approximation of Error (RMSEA) less than .06 with a 90% confidence interval that omits values greater than or equal to .08; and Standardized Root Mean Square Residual (SRMR) that is less than .08 (Schermele-Engel et al., 2003). Models and output are available on the OSF page for this study.

### **Transparency and Openness**

Our hypotheses, study design, and data analytic plan were not preregistered, though we developed them *a priori* based on prior research and theory (e.g., Bloch et al., 2014; Rosen & Bergeron, 2019). We describe sample size calculations, data exclusions, measures, and software used for analyses in the current report. The data and analyses syntax are available at this OSF link: [https://osf.io/mjzgf/?view\\_only=b861cd472e3946aa8f70d735de30c624](https://osf.io/mjzgf/?view_only=b861cd472e3946aa8f70d735de30c624)

### **Results**

Descriptive statistics and bivariate correlations for downregulation of negative emotion, sexual well-being, and COVID-19-related stress are reported in Table 2.

#### **Associations between Downregulation of Negative Emotion During Sexual Conflict and Sexual Well-being at T1**

Actor and partner effects from APIM analyses for sexual wellbeing at T1 are presented in Table 3. The first model for downregulation of emotional experience fits the data well,  $\chi^2(20) = 17.53$ ,  $p = .619$ ; RMSEA = .00, 90% CI [.00, .06]; CFI = 1.00; SRMR = .07. When someone took longer to downregulate their negative emotional experience during the sexual conflict discussion, they reported greater sexual distress, lower dyadic sexual desire, and they had partners that reported lower sexual satisfaction. This model explained 4.5% of the variance in sexual distress, 3.7% of the variance in sexual satisfaction, and 3.4% of the variance in dyadic sexual desire. Although the second model for downregulation of emotional behavior fit the data well,  $\chi^2(20) = 18.56$ ,  $p = .551$ ; RMSEA = .00, 90% CI [.00, .07]; CFI = 1.00; SRMR = .06, a person's downregulation of negative emotional behavior was unrelated to their own and their partner's sexual well-being at T1.

### **Associations between Downregulation of Negative Emotion During Sexual Conflict and Sexual Well-being at T2**

Actor and partner effects from APIM analyses for sexual wellbeing at T2 are presented in Table 3. The first model for downregulation of emotional experience fits the data well,  $\chi^2(68) = 86.28, p = .067$ ; RMSEA = .04, 90% CI [.00, .07]; CFI = 0.96; SRMR = .07. A person's slower downregulation of negative emotional experience during the sexual conflict discussion was associated with their own lower sexual satisfaction and their own and their partner's higher dyadic sexual desire 12 months later (controlling for sexual well-being at T1). A person's downregulation of negative emotional experience during the sexual conflict was unrelated to their own and their partners' sexual distress 12 months later. This model explained 40.9% of the variance in sexual distress, 12.6% of the variance in sexual satisfaction, and 47.2% of the variance in dyadic sexual desire.

The second model for downregulation of emotional behavior fits the data well,  $\chi^2(68) = 70.57, p = .392$ ; RMSEA = .02, 90% CI [.00, .05]; CFI = 0.99; SRMR = .06. A person's slower downregulation of negative emotional behavior during the sexual conflict discussion was associated with their own higher dyadic sexual desire 12 months later (controlling for sexual well-being at T1). A person's downregulation of negative emotional behavior during the sexual conflict was unrelated to their own and their partners' sexual distress and sexual satisfaction 12 months later. This model explained 40.7% of the variance in sexual distress, 9.0% of the variance in sexual satisfaction, and 46.3% of the variance in dyadic sexual desire.

When COVID-19-related stress was added as a covariate in these T2 APIMs, all effects remained significant except for the association between a person's slower downregulation of

negative emotional experience and their partner's higher dyadic sexual desire, which became marginally significant,  $\beta$  ( $SE$ ) = 0.07 (0.04),  $p = .071$ ; 95% CI = [-0.01, 0.15].

### **Differences between Men and Women**

We added the interactions between a person's level of downregulation and their own gender (men = -0.50, women = 0.50;  $n = 143$  couples) to each APIM to determine whether actor and partner effects were significantly different between men and women. Across models, all interactions were nonsignificant; the gender of the person downregulating their negative emotional experience/behavior did not moderate the associations between downregulation of negative emotion and their own or their partner's sexual well-being (see Table B in the OSF materials). Exploratory analyses testing mean-level gender differences in our variables showed that, relative to men, women took longer to downregulate their negative emotional experience, reported higher sexual distress, lower sexual desire, and higher COVID-related distress (see Material C in the in the OSF).

### **Discussion**

Using data from a laboratory-based couples' interaction paradigm, we tested the prediction that slower downregulation of negative emotion (experience and behavior) during sexual conflict would be associated with lower sexual well-being cross-sectionally and one year later. In general, our cross-sectional results supported our main hypothesis that slower downregulation of negative emotional experience during sexual conflict would be associated with poorer sexual well-being, and with lower sexual satisfaction one year later. However, contrary to our predictions, slower downregulation of negative emotional experience and behavior (coded from the sexual conflict discussion) predicted higher sexual desire one year later. Gender did not moderate these associations. In line with Rosen and Bergeron's theoretical

model of sexual dysfunction (Rosen & Bergeron, 2019), a person's emotion regulation during sexual conflict was related to their own and their partner's sexual adjustment. Findings advance knowledge of emotion regulation in couples by determining correlates of emotion regulation in the unique context of sexual conflict.

As expected, when participants took longer to downregulate their negative *emotional experience* during the sexual conflict discussion, they cross-sectionally reported greater sexual distress and lower sexual desire, and their partners reported lower sexual satisfaction. A person's slower downregulation of negative emotional experience was also associated with their own lower sexual satisfaction one-year later. These findings correspond with a large body of work documenting links between emotion dynamics and social adjustment (Butler, 2011; Levenson et al., 2014) and can be interpreted considering the impact of negative emotion on partner responsiveness and communication. In intimate relationships, people who struggle to shift out of negative emotional states are perceived as less responsive (i.e., less understanding, supportive, and affectionate or caring) by their partners, who subsequently feel less satisfied with their relationship (Luginbuehl & Schoebi, 2020). Perceived partner responsiveness is a robust predictor of sexual well-being (Bergeron et al., 2021; Birnbaum et al., 2016). Negative emotion also interferes with problem solving, communication, and conflict resolution (Dixon-Gordon et al., 2011; Low et al., 2019). Accordingly, theories point to effective regulation of negative emotion as a mechanism that promotes more adaptive communication about, and coping with, sexual problems (Aloni et al., 2019; Rosen & Bergeron, 2019). Although we did not specifically assess the quality of couples' communication (e.g., the extent to which participants engaged in solution-focused and co-operative behaviors during the conflict; Rusbult et al., 1982), related research suggests that people who are quicker to shift out of negative emotion during conflict are

able to communicate more constructively (i.e., collaborate, negotiate, and remain focused on the problem) and, in turn, are more satisfied with their relationship (Bloch et al., 2014). In the context of couples coping with a sexual dysfunction, Rancourt et al. (2017) found greater collaborative sexual communication was associated with higher sexual satisfaction and lower sexual distress. Taken together, it is possible that people who take longer to downregulate their negative emotional experience during sexual conflict are less responsive and communicate less effectively about the problems within their sexual relationship. Consequently, these individuals may struggle to address the problem adequately (i.e., may engage in avoidance or hostile behaviors), and experience lower sexual desire and satisfaction and higher sexual distress concurrently, and lower sexual satisfaction over time.

Longitudinally, the effect of emotion regulation during sexual conflict on sexual desire was opposite to our predictions: a person's slower downregulation of negative *emotional experience* during the sexual conflict was related to higher desire for both members of the couple one year later. Similarly, a person's slower downregulation of negative *emotional behavior* during the conflict was associated with their own higher sexual desire a year later. Considered alongside our cross-sectional effects, this pattern of results suggests poor emotion regulation is proximally linked with own's own lower sexual desire but distally linked to higher desire for both partners. The counterintuitive findings for sexual desire— one's level of interest in sexual activity (Birnbaum, 2018)—can be interpreted in light of both the intimacy-interfering aspect of poor emotion regulation and the context-dependent function of sexual desire in relationships (Birnbaum, 2018). Because difficulties regulating negative emotion undermine moment-to-moment intimacy (i.e., the degree to which intimate partners feel close, connected, and bonded to each other; Favero et al., 2021; Tani et al., 2015), individuals who struggle more to manage their

negative feelings and behaviors during sexual conflict may feel less emotionally close with their partner: concurrently, they may report lower dyadic sexual desire. Indeed, the positive associations between intimacy and sexual desire appear to be stronger when these constructs are measured in closer proximity to each other (Shrier & Blood, 2016; van Lankveld et al., 2021). Over time, however, the association between emotion regulation and sexual desire may shift. It is possible that when couples' conversations about sex are consistently characterized by longer durations of negative emotion, partners may feel less connection with one another and less stable in their relationship. In turn, an individual may feel greater desire for sexual activity to re-establish or affirm a bond with their partner. Indeed, when sexual relationships involve partners with intimacy-interfering qualities (e.g., poorer communication and higher levels of anxiety or anger), functional theories of sexual desire posit that desire rises because it serves, in part, to maintain relationship bonds and fulfill attachment-related needs (Birnbaum, 2018). Thus, although sexual desire declined overall from baseline to follow-up in our sample, which replicates prior research (van Lankveld et al., 2021), our findings suggest that the opposite pattern emerges for couples who are slower to downregulate negative emotion during sexual conflict. This pattern emerged for both emotional experience and behavior, and is consistent with the view that some level of negative emotion (e.g., anger and aggression) fuels sexual desire within couples (Kernberg, 1991; Perel, 2007). Yet, given that our results were contrary to expectations and because our interpretations are post-hoc, the longitudinal effects for sexual desire should be replicated to increase confidence in these results.

The gender of the person experiencing and displaying negative emotion did not moderate associations between downregulation during the conflict and sexual well-being. The absence of interaction effects for gender and emotion regulation on our outcomes was surprising because



related research suggests couples' adjustment depends more on women's emotion regulation during conflict than men's (Bloch et al., 2014; Gottman & Levenson, 1985; Gottman et al., 2002). One possible explanation for this discrepancy could be that gender differences in interpersonal emotion regulation have declined in recent years. We based our prediction on studies of married, mixed-sex couples that were recruited in the 1980s—samples described as “baby boomers” and “children of the Great Depression” (Bloch et al., 2014) that were, and continue to be, used in numerous studies of emotion (see Brown et al., 2021, for a list of publications using data from this sample). Indeed, Bloch and colleagues (2014) interpreted their results—that couples' relational quality hinged uniquely on women's downregulation—as an artifact of gender differences in the socialization of children during an era when women, but not men, were expected to be focused on relationships and were considered the “emotional centers” of marriage. Although gendered norms in emotion display and regulation likely still exist (Zimmermann & Iwanski, 2014), contemporary attitudes towards gender roles have shifted to view caregiving, intimacy, and emotional expression as important to people of all genders' socio-emotional well-being (Churchill & Craig, 2021; Elliott, 2015). This shift, along with a more diverse sample (i.e., gender/sex diverse participants, same-gender couples, and unmarried couples), could explain why gender effects were absent from our findings.

We were also surprised to find an imbalance of effects for different components of emotion regulation on outcomes. Whereas slower downregulation of negative experience (i.e., coded by the participants themselves) was associated with several facets of sexual well-being, downregulation of negative emotional behavior (i.e., coded by observers) was only associated with one sexual outcome—dyadic sexual desire. Still, the overall lack of effects for downregulation of behavior was unexpected given that prior work has documented the

importance of managing negative emotional behavior for relationship outcomes (Bloch et al., 2014; Bradbury & Bodenmann, 2020), but can be explained by differences in sexual and nonsexual conflict communication (Roels et al., 2022). Romantic partners, for example, exhibit more warmth towards each other and report more concern about hurting each other's feelings during sexual versus nonsexual communication (Rehman et al., 2019). Thus, even though sexual conflict is more threatening than nonsexual conflict (Rehman et al., 2017), people may regulate the behavioral component of negative emotion more effectively in this unique context than their subjective experience. Because it is experienced as more persistent than negative emotional behavior in this context (see Table 2), participants' negative emotional experience may have relatively more weight in how they evaluate their sexual well-being.

### **Strengths and Limitations**

The present study answers the call for multimethod research of how couples' emotion regulation relates to outcomes beyond relationship satisfaction (Stephens et al., 2022). It is the first study to our knowledge to examine concurrent and prospective links between couples' emotion regulation during sexual conflict and their sexual well-being. We found that slower downregulation of negative emotion was linked with one's more negative evaluations of their sexual relationship and more frequent concerns about sexual problems—sexual (dis)satisfaction and distress, respectively. In contrast, sexual desire—one's level of interest in sexual activity (Birnbaum, 2018)—had divergent proximal and distal associations with downregulation of negative emotion during sexual conflict. Our use of three conceptually distinct (but related; see Table 2 for correlations) measures of sexual well-being and real-time interaction data to calculate emotion regulation indices allowed us to shed light on how emotion regulatory practices relate to different facets of couples' sexual lives.

There are also limitations to this research. First, although the current study was inclusive with respect to sexual orientation and gender, participants in our sample were in long-term and cohabiting partnerships, non-treatment seeking, culturally homogenous, and primarily heterosexual; thus, findings may not generalize to treatment-seeking individuals in newer relationships, from non-western cultures, and who do not identify as heterosexual. Second, we only assessed emotion regulation during one sexual conflict discussion. There is likely variability in how couples experience and behave during sexual conflict based on daily factors (e.g., mood) and in laboratory versus home settings. Thus, research designs using daily diary methods should be used to increase confidence in our results. Third, to enhance the emotional relevance of the conflict for participants, we asked each couple to discuss a sexual problem that was unique to their relationship. This design decision limited our ability to find links between couples' emotion regulation when discussing a specific sexual problem (e.g., low desire versus anorgasmia) and facets of their sexual well-being. Finally, because our performance-based measure of emotion regulation was derived from a dimensional versus discrete model of emotion, we cannot comment on the effect of regulating specific negative emotions (e.g., anxiety versus sadness) on outcomes. Studies using a discrete emotion approach (e.g., Gottman & Krokoff, 1989) are required to uncover links between the duration of specific emotions during sexual conflict and sexual well-being.

## **Conclusions**

For both women and men, we established concurrent and long-term associations between the downregulation of negative emotion during sexual conflict and couples' sexual well-being using design with high ecological validity (Lougheed & Hollenstein, 2018). We found concurrent links between slower downregulation of negative emotion and greater sexual distress

and sexual dissatisfaction, particularly between these outcomes and a person's own inner emotional experience during the sexual conflict. Relative to other facets of sexual well-being, the relationship between sexual desire and emotion regulation during sexual conflict may be more nuanced. Less effective emotion regulation was proximally related to one's own lower sexual desire; distally, it was related to higher sexual desire among both members of the couple. Emotion regulation appears to be a promising target for interventions aiming to promote the sexual well-being of long-term couples, but more research is needed to clarify how and when regulating components of emotional responding during sexual conflict may benefit specific facets of the sexual relationship.

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**Table 1***Sociodemographic Characteristics for the Sample (N = 300)*

Variable	<i>M</i> (range)	<i>N</i>	<i>SD</i>	%
Age (years)	31.94 (18-63)		9.08	
Education (years)	16.30 (10-27)		2.77	
Student status				
Full-time student		59		19.7
Part-time student		9		3.0
Non-student		232		77.3
Culture				
English Canadian		144		48.0
Quebecois or French Canadian		114		38.0
Western European		16		5.3
Latin American or South American		9		3.0
Additional cultural identities <sup>a</sup>		14		4.7
Income				
\$0-39,999		141		46.9
\$40,000-59,999		93		31.0
>\$60,000		66		21.9
Relationship length (years)	6.53 (1-37)		6.08	
Relationship status				
Living together, not married		212		70.7
Married		88		29.3
Sexual orientation				
Heterosexual		207		69.0
Lesbian/gay		24		8.0
Heteroflexible		21		7.0
Bisexual		24		8.0
Pansexual		9		3.0
Additional sexual orientations <sup>b</sup>		15		5.0

*Note.* *M* = mean. *N* = number of participants. *SD* = standard deviation. % = percentage of sample.

<sup>a</sup>Includes the following cultures: American, Eastern European, Australian, Middle Eastern, Caribbean, Française, and Canadienne-Latino-Metis, Réunionnaise.

<sup>b</sup>Includes the following sexual orientations: Homoflexible, Queer, Questioning, Asexual, Lesbian, Demisexual, Gay-Asexual Biromantique.

**Table 2**

*Descriptive Statistics and Correlations Among Downregulation of Negative Emotional Experience, Downregulation of Negative Emotional Behavior, Sexual Distress, Sexual Satisfaction, and Sexual Desire*

	<i>n</i>	<i>M (SD)</i>	Range	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Downreg Exp	263	13.16 (11.32)	0.50-60.00	<b>.13*</b>	-.02	.18**	.09	-.13*	-.20**	-.19**	-.05	-.04
2. Downreg Beh	283	8.01 (3.67)	1.00-25.88	.04	<b>.08</b>	.05	.002	.01	-.03	-.01	.09	.03
3. Sex Distress <i>T</i> <sub>1</sub>	300	12.20 (9.64)	0-45	.12*	.03	<b>.40**</b>	.68***	-.52***	-.34***	-.39***	-.34***	.14*
4. Sex Distress <i>T</i> <sub>2</sub>	251	12.68 (10.09)	0-49	.03	.02	.24***	<b>.32***</b>	-.33***	-.49***	-.31***	-.48***	.20***
5. Sex Sat <i>T</i> <sub>1</sub>	300	29.51 (5.93)	5-35	-.16*	-.05	-.40***	-.25***	<b>.34***</b>	.28***	.28***	.23***	-.04
6. Sex Sat <i>T</i> <sub>2</sub>	246	28.15 (7.20)	5-35	.01	-.002	-.19**	-.30***	.25***	<b>.40***</b>	.17**	.26***	-.14*
7. Desire <i>T</i> <sub>1</sub>	300	39.20 (9.30)	1-54	-.01	-.05	-.10	-.01	.12*	.05	<b>.02</b>	.70***	-.13*
8. Desire <i>T</i> <sub>2</sub>	251	36.84 (9.93)	2-54	.09	-.01	.01	.02	.05	.09	-.02	<b>-.10</b>	-.16*
9. COVID <i>T</i> <sub>2</sub>	247	3.10 (1.20)	1-6	-.17*	-.02	-.04	.10	.03	.001	.08	.05	<b>.33***</b>

*Note.* Correlations above the bolded diagonal are between actor variables; correlations along and below the bolded diagonal are

between the actor and partner variables.

*M* = Mean; *SD* = Standard deviation. Downreg Exp = Downregulation of negative emotional experience, in seconds. Downreg Beh = Downregulation of negative emotional behavior, in seconds. *T*<sub>1</sub> = Baseline. *T*<sub>2</sub> = Time 2. Sex Distress = Female Sexual Distress Scale–Revised. Sex Sat = Global Measure of Sexual Satisfaction. Desire = Partner-Focused Dyadic Sexual Desire Subscale of the Sexual Desire Inventory. COVID = COVID-19-related stress.

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

**Table 3**

*Actor-Partner Interdependence Models for the Associations between Downregulation of Negative Emotional Expression and Behavior During Sexual Conflict and Sexual Well-Being*

	<i>Downregulation of Negative Emotional Experience</i>						<i>Downregulation of Negative Emotional Behavior</i>					
	$\beta$	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>		$\beta$	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>	
					<i>Lower</i>	<i>Upper</i>					<i>Lower</i>	<i>Upper</i>
Time 1: Actor Effects												
Sexual Distress	<b>0.17</b>	<b>0.07</b>	<b>2.55</b>	<b>.011</b>	<b>0.04</b>	<b>0.30</b>	0.05	0.05	0.94	.348	-0.06	0.16
Sexual Satisfaction	-0.11	0.06	-1.82	.069	-0.23	0.01	0.02	0.05	0.28	.782	-0.09	0.12
Dyadic Sexual Desire	<b>-0.19</b>	<b>0.06</b>	<b>-2.95</b>	<b>.003</b>	<b>-0.31</b>	<b>-0.06</b>	-0.01	0.05	-0.13	.894	-0.12	0.09
Time 1: Partner Effects												
Sexual Distress	0.10	0.06	1.71	.088	-0.02	0.22	0.02	0.07	0.34	.735	-0.11	0.15
Sexual Satisfaction	<b>-0.14</b>	<b>0.07</b>	<b>-2.10</b>	<b>.036</b>	<b>-0.28</b>	<b>-0.01</b>	-0.05	0.05	-0.92	.360	-0.16	0.06
Dyadic Sexual Desire	0.02	0.07	0.31	.760	-0.12	0.17	-0.05	0.06	-0.81	.418	-0.16	0.07
Time 2: Actor Effects												
Sexual Distress	-0.02	0.05	-0.45	.656	-0.12	0.08	-0.03	0.03	-0.81	.419	-0.00	0.04
Sexual Satisfaction	<b>-0.19</b>	<b>0.08</b>	<b>-2.30</b>	<b>.021</b>	<b>-0.36</b>	<b>-0.02</b>	-0.03	0.06	-0.49	.621	-0.15	0.09
Dyadic Sexual Desire	<b>0.08</b>	<b>0.04</b>	<b>2.00</b>	<b>.045</b>	<b>0.01</b>	<b>0.15</b>	<b>0.09</b>	<b>0.04</b>	<b>2.43</b>	<b>.015</b>	<b>0.02</b>	<b>0.16</b>
Time 2: Partner Effects												
Sexual Distress	-0.04	0.05	-0.91	.361	-0.13	0.05	0.01	0.04	0.33	.742	-0.07	0.09
Sexual Satisfaction	0.07	0.07	1.04	.297	-0.06	0.20	0.00	0.05	0.07	.941	-0.10	0.11
Dyadic Sexual Desire	<b>0.09<sup>a</sup></b>	<b>0.04</b>	<b>2.07</b>	<b>.037</b>	<b>0.002</b>	<b>0.16</b>	0.01	0.04	0.14	.885	-0.08	0.09

*Note.* Actor effects refer to the association between a person's level of downregulation and their own sexual well-being; partner effects refer to the association between a person's level of downregulation and their partner's sexual well-being. Significant effects are in bold.

<sup>a</sup>  $\beta$ (SE) = 0.07 (0.04),  $p$  = .09; 95% CI = [-0.01, 0.15] when controlling for COVID-19-related stress, participant age, relationship length, and marital status.

**Figure 1***Flowchart of Participation*