

MARITAL CONFLICT AND SPOUSAL WELLBEING: THE MODERATING ROLE
OF EMOTION REGULATION STRATEGIES AMONG COUPLES IN FIRST
MARRIED FAMILIES AND STEPFAMILIES

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by

NICK FRYE

Dr. Marilyn Coleman, Co-Supervisor

Dr. Lawrence Ganong, Co-Supervisor

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The undersigned, appointed by the dean of the Graduate School,
have examined the dissertation entitled
MARITAL CONFLICT AND SPOUSAL WELLBEING: THE MODERATING ROLE
OF EMOTION REGULATION STRATEGIES AMONG COUPLES IN FIRST
MARRIAGED FAMILIES AND REMARRIAGES

Presented by Nick Frye,

A candidate for the degree of

Doctor of Philosophy of Human Environmental Sciences,

And hereby certify that, in their opinion, it is worth of acceptance.

Professor Marilyn Coleman

Professor Lawrence Ganong

Professor Christine Proulx

Professor Jean Ispa

Professor Joan Hermsen

DEDICATION PAGE

...To those who showed me the meaning of family.

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ABSTRACT

This study examined cognitive reappraisal and expressive suppression as moderators of the association between marital conflict, marital satisfaction, and mental health among couples in first-marriages and remarriages. Couples in first-marriages (N = 111) and remarriages (N = 108) who had biological and/or stepchildren residing with them, completed online surveys. Drawing from Gross's extended process model (2015), my overarching hypothesis was that moderation effects of emotion regulation strategies on marital conflict on marital satisfaction and mental health would be greatest for stepfamily couples. Findings from a series of Actor-Partner Interdependence Moderation Models (APIMoM) revealed that for wives' in first-marriages and remarriages, cognitive reappraisal tempered the negative association between their own marital conflict and marital satisfaction. In addition, cognitive reappraisal tempered the negative association between marital conflict and mental health only for wives' in first-marriages. Finally, remarried husbands' expressive suppression enhanced the negative association between their marital conflict and marital satisfaction. These findings underscore the importance of social context in shaping spouses' abilities to adapt to relational stressors, as well as highlight implications for spousal wellbeing

CHAPTER 1: INTRODUCTION

For decades researchers have made a concerted effort to understand the processes that may contribute to differences in individual and relational outcomes among couples in first marriages and stepfamilies (Ganong & Coleman, 2017). Much of the research has operated on the assumption that spouses in stepfamilies, relative to spouses in first marriages, are more likely to divorce and report lower levels of wellbeing due to greater marital conflict. Although there is some evidence that stepfamily couples are at greater risk for elevated conflict, divorce and lower wellbeing, some prior research has documented no significant differences (for reviews, see Coleman, Ganong, & Fine, 2000; Sweeney, 2010). Given the substantial variability often reported among samples of stepfamily couples it may be the case that some stepfamily couples are better equipped to manage conflict, whereas others may possess fewer skills to manage the stressors that give rise to conflict in stepfamilies (Hetherington & Kelly, 2002). In this study, I focus on spousal emotion regulation strategies as potential moderators of the conflict-wellbeing association to explore the effects of emotional processes on individual and relational wellbeing.

For the purposes of this research stepfamily couples are defined as those in which at least one partner has been previously married and has a child or children from a prior union (Ganong & Coleman, 2017). First married couples are defined as those in which neither partner has been married before and who have a child or children who are the biological or adopted offspring of both adults. Emotion regulation refers to the way in which individuals attempt to modulate the experience and expression of their emotions (Gross, 1998). Lastly, spousal wellbeing reflects both marital quality and mental health.

CHAPTER 2: LITERATURE REVIEW

Demographics of Remarriage

Although 80% of people in the United States eventually marry (Pew Research Center, 2014), approximately half of all marriages end in divorce (Kreider & Fields, 2002; Schoen & Canudas-Romo, 2006). Individuals do not remain single for long, however; an estimated 75% to 85% of Americans remarry following divorce (Bramlett & Mosher, 2001; Kreider & Fields, 2002). Many people that remarry have children from previous relationships, making stepfamilies a common family form. In a U.S. national survey, 42% of individuals reported having a close step-relative, such as a stepparent, stepsibling, or stepchild (Pew Report, 2011).

Differential Effects of Conflict on Couples in First Marriages and Remarriages

Although any marriage can provide, promote, or undermine wellbeing, individuals who remarry tend to report more mental and physical health problems than spouses in first marriages (Barrett, 2000; Hughes & Waite, 2009; Neff & Schluter, 1993; Weingartner, 1980). In addition, the divorce rate for remarriages is higher than for first marriages. Past research has suggested that these differential associations may stem from the need for stepfamily couples to cope with a broader range of ambiguous relationship problems (Bray & Hetherington, 1993; Cherlin, 1978; Furstenberg & Spanier, 1987; Hetherington & Kelly, 2002; Sweeney, 2010; Hobart, 1991; Whitsett & Land, 2002).

Remarriage brings together a collection of family members with different family histories and methods for dealing with conflict. Unlike couples in first marriages, stepfamily couples must simultaneously attempt to build new relationships while redefining existing relationships within the family. Without a shared history to offer

perspective and help bridge differences, stepfamily couples face considerable stress through repeated exposure to chronic relationship issues (Papernow, 2006). Available research suggests that the sources of marital conflict, and the stressors that accompany this conflict, appear to vary between first married couples and stepfamily couples (e.g., DeLongis & Zwicker, 2017).

Unlike couples in first marriages that report money was the most common source of conflict, stepfamily couples disagree most about issues related to child rearing (DeLongis & Zwicker, 2017; Hobart, 1991; McDonald & DeMaris, 1995; Stanley, Markman, & Whitton, 2002); in fact, a daily diary study conducted by Lee-Baggley, Preece, and DeLongis (2005) showed that over 50% of marital disagreements were related to child rearing issues. Child rearing concerns may be more problematic among stepfamily couples because they may neglect discussions about parenting-related topics during courtship (Hamspon, Prince, & Beavers, 1999; Cartwright, 2010; Ganong & Coleman, 1989). Moreover, adults and children in stepfamilies typically do not agree on the childrearing roles and responsibilities of stepparents (Baxter, Braithwaite, Bryant, & Wagner, 2004). Although stepparents generally believe that they should play an active role in rearing their stepchildren, the children often report that they would like stepparents to take a less active role (Fine, Coleman, & Ganong, 1998; Svare, Jay, & Mason, 2004). Moreover, stepparents often think that biological parents may not be strict enough with their children, and remarried parents indicate that their new spouses may need to exercise more patience (Ganong & Coleman, 2017). Prior research also has shown that issues surrounding stepparenting among stepfamily couples have been shown

to be related to personal and relational wellbeing (Garneau, Higginbotham, & Adler-Baeder, 2015; Schrodts & Braithwaite, 2011; Shapiro, 2014).

Another topic that may create more conflict among stepfamily couples than among first marriages is distribution of resources (Coleman, Fine, Ganong, Downs, & Pauk, 2001). Although all families must manage how finances will be distributed, financial matters are often more complex in stepfamilies and have been found to be a significant source of conflict (Burgoyne & Morison, 1997; Coleman et al., 2001; Hobart, 1991; Schramm & Adler-Baeder, 2011). Stepfamily couples are more likely to be demographically heterogeneous than first married couples, and some of these background differences may contribute to differences in saving and spending practices (Carter & McGoldrick, 2005). The management of finances is often made more complex among stepfamily couples because former spouses may hold different views on what the child needs and how much they should expect to pay to meet children's needs (Ganong, Coleman, & Mistina, 1990; Higginbotham, Tulane, & Skogrand, 2012; Jacobson, 1993). Given the complexity of resource distribution in stepfamilies, stepfamily couples that share similar financial management beliefs tend to report high levels of marital satisfaction (Garneau et al., 2015).

An additional factor that further contextualizes the sources of conflict observed in stepfamily couples is the stigma surrounding stepfamilies. Couples in remarriages are more stigmatized than are first marriage couples, which may contribute to a desire to be like a nuclear family (Ganong, Coleman, & Mapes, 1990; Ganong & Coleman, 2017; Troilo & Coleman, 2008). Stepfamily couples also report less societal support than do first married couples (Ganong & Coleman, 2017; Troilo, 2011). In addition, stepfamily

couples lack clear social norms to guide stepfamily relationship interactions (e.g., parenting responsibilities of stepparent; introducing stepparents to children, legal obligations: Cherlin, 1978; Fine, 1998; Troilo, 2011). The lack of social support and the ambiguity of social norms may make stepfamily couples more susceptible to conflicts than couples in first marriages.

Researchers have also proposed that differences in wellbeing observed between first married couples and stepfamily couples may emerge due to selection effects. That is, it may be that people who remarry have become sensitized to conflict and stress given that they likely experienced problems resolving conflict in their previous marriages (Degarmo & Forgatch, 1999; Furstenberg & Spanier, 1987). Alternatively, remarried spouses may have personality traits (e.g., highly reactive to stress, low tolerance for ambiguity), or communication skill deficits, that undermine their abilities to manage relationship problems (Ganong & Coleman, 2017; Hetherington & Kelly, 2002; Saint-Jacques et al., 2011).

Despite the progress of research in this area, the factors that shape the differential associations among conflicts and wellbeing between first married couples and stepfamily couples remain unclear. Given that marital relationships are strong elicitors of emotion (Caughlin & Huston, 2006), and the link between emotions and wellbeing (e.g., Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002), it is plausible that emotion regulation may distinguish outcomes across couple contexts.

Emotion Regulation

Emotion regulation refers to “the way in which individuals influence the emotions they have, when they have them, and how they experience and express these emotions”

(Gross, 1998, p.275). Individuals engage in constant regulation of their emotions to bring them closer to the emotional state that they desire, and they are effective at this to varying degrees (Gross & John, 2003; Gross & Thompson, 2007). Although a number of frameworks exist that explain how individuals may regulate their emotions (e.g., Koole, 2009; Parkinson & Totterdell, 1999; Thayer, Newman, & McClain, 1994), Gross's (1998; 2015), the process model of emotion regulation is the most widely used (Webb, Miles, & Sheeran, 2012).

The process model of emotion regulation posits that emotion regulation may occur at any time throughout the formation of emotions (Gross, 1998). Specific emotion regulation strategies, which are the particular ways individuals manage their emotions, can be distinguished based on when individuals attempt to regulate their emotions (Gross, 1998; Gross & Thompson, 2007). Emotion regulation strategies that occur early in the emotion-generation process have been theorized to be more adaptive ways to regulate emotions than strategies used later in the process (Gross, 1998; John & Gross, 2004).

Most researchers have examined two subtypes of emotion regulation strategies, cognitive reappraisal and expressive suppression. *Cognitive reappraisal* is a form of cognitive change that entails reframing a situation to alter its emotional impact, usually in a positive way (Gross, 1998; Gross, 2002). Cognitive reappraisal has a direct influence on how individuals view emotional events, and is thought to be an effective method to regulate emotions (John & Gross, 2004). Results from multiple meta-analyses accounting for over 1,000 studies show that cognitive reappraisal typically has a moderate effect on altering emotional responses (Aldao, Nolen-Hoeksema, & Schweitzer, 2010; Augustine & Hemenover, 2009; Webb et al., 2012). In contrast, *expressive suppression* is a form of

response modulation that occurs after an emotion has been experienced and involves inhibiting, concealing, or shortening the emotional response (Gross, 1998; Gross & John, 2002). Use of expressive suppression has been associated with a decrease in the display of emotions, but this strategy often either fails to decrease the experience of emotions or may even have a paradoxical effect of *increasing* the intensity of undesired emotions (Gross, 1998; Gross & John, 2003; Jackson, Malmstadt, Larson & Davidson, 2000; Webb et al., 2012). Thus, individuals appear to be effective at hiding their feelings from others, but they typically display considerable difficulty suppressing the actual experience of emotion. Given that expressive suppression occurs later in the emotion generation process, it is ineffective at changing the valence, intensity, and duration of the experienced emotion (Gross, 1998; John & Gross, 2004).

Emotion Regulation and Marital Satisfaction

Currently there is little research documents the relations between emotion regulation strategies and marital outcomes. Based on the available research cognitive reappraisal appears to be related to positive marital outcomes, whereas expressive suppression may be related to negative marital outcomes. In regard to cognitive reappraisal, cross-sectional and longitudinal studies have shown that cognitive reappraisal may bolster marital relationships by enhancing individuals' perceptions of their spouses' and through the reduction of marital conflicts (Bein-Naim, Hirschberger, Ein-Dor, & Mikulincer, 2013; Finkel, Slotter, Luchies, Walton & Gross, 2013; Kirby & Baucom, 2007).

Expressive suppression, on the other hand, has been shown that husbands' use of expressive suppression was negatively related to their own and their spouses' marital

satisfaction (Velotti et al., 2015). A connection between emotion regulation and marital satisfaction can also be drawn from research on stonewalling conducted by Gottman and his colleagues. These researchers have found that stonewalling was related to lower marital satisfaction and also predicted divorce (Gottman 1993; 1994; Gottman & Levenson, 1988).

Emotion Regulation and Wellbeing

Much of the research on emotion regulation has been devoted toward understanding the implications of emotion regulation on stress and wellbeing (Gross, 2015). Available research has demonstrated that stressors tend to elicit negative emotions that have the potential to alter physical and mental health through their effects on the autonomic nervous system (Kiecolt-Glaser & Wilson, 2017; Kreibig, 2010; Levenson, 2014; Zatura, 2005).

Researchers have shown that positive emotions confer physical and mental health benefits to individuals, independent of negative emotions (Dockray & Steptoe, 2013; Fredrickson, 2013; Pressman & Cohen, 2005; Salovey, Rothman, Detweiler, & Steward, 2000). Further, the experience of positive emotions has been found to buffer individuals against the negative effects of stress (Kok et al., 2013; Shiota, Neufeld, Yeung, Moser, & Perea, 2011; Tugade & Fredrickson, 2004; Yuan, McCarthy, Holley, & Levenson, 2010).

Research informed by the extended process model of emotion regulation (Gross, 2015) has shown that cognitive reappraisal and expressive suppression have divergent effects on health outcomes. Most of the research on the physical health consequences of emotion regulation has come from experimental designs that compare the extent to which each emotion regulation strategies influence the sympathetic nervous system (i.e., the

fight-or-flight response). Data from these studies are routinely obtained from college students who are asked to watch an emotion-eliciting film (usually disturbing in nature) while cardiovascular (i.e., blood pressure, heart rate) and skin conductance measures are taken as physiological outcomes. Differences in these physiological indicators are found by instructing participants to regulate their emotions in a particular way while watching the film (e.g., Gross, 1998; 2013). Participants assigned to engage in cognitive reappraisal are typically asked to view the film objectively or accept and not judge the emotions they may experience. Alternatively, participants asked to regulate emotions via expressive suppression are instructed to hide the way the film makes them feel (Webb et al., 2013).

As a whole, this research has demonstrated that individuals instructed to engage in cognitive reappraisal show little change in their cardiovascular or ectodermal response, whereas individuals that attempt to suppress emotions display increased activity in their sympathetic nervous system (Demaree, Robinson, Pu, & Allen, 2006; Dunn, Billotti, Murphy, & Dalgleish, 2009; Gross & Levenson, 1993; Gross, 2002; Quartana & Burns, 2010; Webb et al., 2013). Although the long-term effects of emotion regulation strategies on physical health have yet to be determined, there is evidence suggesting that expressive suppression may be related to cardiovascular disease (e.g., Appleton, Loucks, Buka, Kubzansky, 2013; Mauss & Gross, 2004).

Studies on emotion regulation and psychological wellbeing generally find a similar pattern of results. Much of the research on this topic is based on self-report studies examining how global or daily reports of cognitive reappraisal and expressive suppression affect psychological wellbeing. Overall, individuals who use cognitive

reappraisal report fewer depressive and anxiety symptoms, lower levels of stress, better life satisfaction, and higher self-esteem (Farmer & Kashdan, 2012; Gross & John, 2003; Nezlek & Kuppens, 2008; Schuette, Manes, Malouff, 2009; Troy, Wilhelm, Shallcross, & Mauss, 2010). Use of cognitive reappraisal typically has small to medium effects on mental health outcomes (Aldao et al., 2010). Conversely, compared to others, individuals that engage in expressive suppression tend to report greater depression and anxiety, lower quality of life, less ability to cope with stress, lower self-esteem, and more impaired memory (Gross & John, 2003; Gross & Munoz, 1995; Moore, Zoellner, & Mollenholt, 2008; Nezlek & Kuppens, 2008; Richards & Gross, 2000). Further, the effect sizes of these associations generally range from medium to large (Aldao et al., 2010).

Marital Conflict, Emotion Regulation, and Spousal Wellbeing across Couple Contexts

It is likely that the associations between marital conflict, emotion regulation strategies, and spousal wellbeing are shaped by the social context in which these constructs are embedded. According to Gross's extended process model (2015), individuals need to adjust regulation strategies to meet the demands of the situation. Recurring emotional responses to frequent stressors may be a part of a process that, over time, connects demanding family environments, such as marriages that are high in conflict, to poor health. Thus, relationship and health outcomes are likely to be contingent on the strategies individuals use to regulate their emotions.

Available research suggests that there is variability in the reports of wellbeing between first married couples and stepfamily couples (Barrett, 2000; Hughes & Waite, 2009; Pudrovska, 2009; Strohschein, McDonough, Monette, & Shao, 2005). In regard to marital quality, couples in first marriages and remarriages tend to support similar levels

of marital quality (Luhmann & Eid, 2009; Teachman, 2008; Whitton, Stanley, Markman, & Johnson, 2013), although stepfamily couples divorce at a higher rate (Teachman, 2008). It has been theorized that the variation observed in spousal wellbeing may be attributed to differences in stressors that give rise to marital conflict (Feijten, Boyle, Graham, & Gayle, 2011; Ganong & Coleman, 2017).

Remarriage brings together a collection of family members, both adults and children, with different family histories and methods for handling intra-familial conflicts. Stepfamilies are complex, and multiple family dynamics operating concurrently, make establishing effective conflict management processes difficult – children have to develop relationships with stepparents, adult couples must create new romantic unions, and ongoing ties among parents and children must be maintained. Often these relationships are being formed or maintained while coparents and other non-household members are involved with stepfamily members, which adds to the complexity of these families. Given this complexity, researchers have suggested that the quality of communication, particularly conflict, among stepfamily couples is vital for stepfamily functioning (Beaudry, Boisvert, Simard, Parent, & Blais, 2004; Ganong, Coleman, & Weaver, 2002; Wilder, 2012).

The chronic nature of these stressors may create more frequent conflict and tax the cognitive and emotional resources more so than first married couples (Hetherington & Kelly, 2002). Because stressors tend to elicit negative emotions that have the potential to alter physical and mental health through their effects on the autonomic nervous system (Cacioppo, 2003; Kiecolt-Glaser et al., 2002; McEwen, 1998; Rosenkranz et al., 2003; Zatura, 2005), this may more greatly influence the wellbeing of stepfamily couples.

Therefore, it stands to reason that the way stepfamily couples manage their emotions may have greater implications for spousal wellbeing compared to first married couples. For instance, given that cognitive reappraisal is associated with lower levels of negative emotion but higher levels of positive emotion and perspective taking (Gross & John, 2002), stepfamily couples that engage in cognitive reappraisal may be better suited to manage tenuous relationships with a former spouse, or may not display more patience with stepchildren who reject their attempts at building a relationship (Ganong, Coleman, & Weaver, 2002).

Contrary to cognitive reappraisal, spouses' use of expressive suppression may be associated with lower marital satisfaction and mental health for stepfamily couples compared to that of first married couples. Given that an important facet of stepfamily living is negotiating new family rules and routines, repeated expressive suppression could perpetuate more family conflict by preventing spouses to talk about their problems. Although this idea is consistent with the demand-withdraw pattern, the nature and consequences of the demand-withdraw pattern appear to be different for first married couples and stepfamily couples (King & DeLongis, 2012). For example, if a mother initially suppresses her feelings about the stepfather's disciplinary treatment toward her children, continued suppression of her feelings may take a toll on her spousal wellbeing and create a serious conflict when she is no longer hiding her feelings. Indeed, in a daily diary study conducted by Preece and DeLongis (2002), the researchers found that mothers in stepfamilies were likely avoid communication of their feelings about daily stressors, which was associated with in lower family satisfaction. Alternatively, stepparents may have reservations about expressing ambiguous feelings about

stepchildren with the residential parent, which may result in harboring negative emotions that could undermine family cohesion (Coleman, Ganong & Russell, 2015).

In addition, expressive suppression limits the ability to recognize nonverbal behaviors so spouses may not be able to accurately gauge their partner's stance on a particular topic. Spouses rely on emotional signals to attain mutual understanding (Ickes & Simpson, 1997), so when spouses are unable to accurately interpret partners' emotions, they can become frustrated, and discordant interactions may ensue (Fruzzetti & Iverson, 2006; Waldinger & Schulz, 2006). Given that recently stepfamily couples may have yet to establish new patterns of interaction, they may have to rely more on nonverbal behaviors of their partners. Thus, if expressive suppression is used, the quality of their communication may suffer and promote maladaptive emotional responses to conflict, which may contribute to lower wellbeing compared to first married couples.

Gender Differences in the Effects of Marital Conflict

The effects of marital conflict on health are greater for women than for men (Kiecolt-Glaser & Newton, 2001). During marital conflict women display higher levels of cortisol, epinephrine, and norepinephrine (Heffner, et al., 2006; Kiecolt-Glaser & Wilson, 2017), as well as stronger cardiovascular reactivity as indexed by blood pressure and heart rate (Dopp, Miller, Myers & Fahley, 2000; Kiecolt-Glaser & Newton, 2001; Wanic & Kulik, 2011).

Some researchers, however, have questioned whether these findings were an accurate reflection of gender differences, or if they reflected methodological artifacts or power differences (Robles, Slatcher, Trombello, & McGinn, 2014; Zell, Krizan, Teeter, 2015). Recent studies have demonstrated that the observed sex differences may result

from characteristics of the conversation. Newton and Sanford (2003) reported that during discussions about a marital problem women displayed greater cardiovascular reactivity than men only when women requested change; however, when men desired a change there were no differences between men and women in reactivity. In addition, Smith, Gallo, Goble, Ngu, and Stark (1998) did not find any gender differences in cardiovascular reactivity to marital disagreements. However, one study showed that negative interactions most greatly affected individuals with high communal orientation, people who care about the needs for others and place strong emphasis on relationships, which were more likely to be women than men (Fritz, Nagurney, & Helgeson, 2003).

Research comparing the effects of stepfamily living on men and women's wellbeing are also consistent with general conclusions made about the differential health effects of marital conflict on men and women. More specifically, stepmothers appear to have lower wellbeing compared to stepfathers (Johnson et al., 2008; Nielsen, 1999; Shapiro, 2014). These findings are believed to be due to: (a) the ambiguity surrounding stepmothers' roles, (b) conflicting societal norms that place much of the family-related responsibilities on women, and (c) limits to stepparents' roles regarding child-rearing (Johnson et al., 2008; Levin, 1997). Societal norms also may make it more difficult for stepmothers to manage family conflict, as they report sacrificing their emotional needs in an attempt to reduce family conflict (Ganong & Coleman, 2017). Mothers in stepfamilies also may be affected more than fathers; mothers often are the residential parent after divorce and subsequent remarriages, mothers are often responsible for managing family relationships, and they may be more likely than fathers to feel caught between stressful interactions of stepparents and children (e.g., Weaver & Coleman, 2005).

The Present Study

The purpose of this study was to examine whether first married spouses' and remarried spouses' emotion regulation strategies may moderate the negative effects of marital conflict on their own and their partners' marital satisfaction and mental health. In addition, I expect that the emotion regulation moderation effects would be greater among stepfamily couples than first marriage couples (see Table 1 for study hypotheses and findings).

This study will address several limitations within the research literatures on stepfamily couple dynamics and emotion regulation. First, past research attempting to understand the family experiences of first marriages and remarriages have often taken a deficit-comparative approach that inherently views first marriages as the acceptable family norm and emphasizes differences between family structures (Ganong & Coleman, 2017). This framework has consequently limited our understanding of the processes that promote positive spousal wellbeing in stepfamily couples (Ganong & Coleman, 2017). It also remains clear whether the same processes that affect individual and relational outcomes among couples in first marriages, similarly influence outcomes for couples in remarriages. To address these gaps in the literature, this study examined the extent to which emotion regulation strategies may differentially affect marital satisfaction and mental health for couples in first marriages and remarriages.

In addition, relatively little is known about how emotion regulation processes are related to couple dynamics in any type of marriage. This limitation is problematic, as the direct effects of conflict on spousal wellbeing cannot be understood in isolation from the emotional processes that may accompany conflict (e.g., Gottman, 1994; Guerrero, 2013).

Indeed, the affective climate of the relationships has been shown to significantly shape spousal interactions, which are linked to individual and relational wellbeing (Bein-Naim, Hirschberger, Ein-Dor, & Mikulincer, 2013; Bloch, Haase, & Levenson, 2015; Richards, Butler, & Gross, 2003). This study sought to address this limitation by exploring how two emotion regulation strategies (i.e., cognitive reappraisal and emotion suppression) operate to either buffer or exacerbate the potential negative effects of destructive conflict on marital satisfaction and mental health.

CHAPTER 3: METHODOLOGY

Data Collection

This study used an online, cross-sectional research design. The inclusion criteria for this study were: (a) both spouses from heterosexual marriages must be willing to participate, (b) at least one spouse must have a child between the ages of 6 and 17, and (c) respondents must have internet access and an email account so that they could be contacted to complete the questionnaires. For stepfamily couples, additional inclusion criteria were that they must have lived in the same household for at least three months, and children from prior unions must have resided in the household for at least half of the time over the past three months. The three-month criterion was to ensure that the couple had established ways for handling conflict, a timeframe consistent with past research on stepfamilies (e.g., Preece & DeLongis, 2005).

Couples were recruited through online advertisements (e.g., MU INFO; Craigslist; Facebook; see Appendix A) and word-of-mouth, using snowball sampling. The advertisement included a link to a website (i.e., qualtrics) where the screening form can be found (see Appendix B). Only one screening form was completed for each couple. Interested individuals contacted a member of the research team via phone or email if they had questions prior to completing the on-line screening form. Per an IRB requirement, the first partner of a couple was asked to review a consent form (Appendix C) prior to completing the screening form. Once a couple met the criteria for inclusion, both spouses were required to complete consent forms before being given the study survey (see Appendix D).

I checked the qualtrics website daily to determine if any screening forms had been completed. Couples who did not meet the selection criteria were informed via an auto-generated email that they were not eligible for the study (see Appendix E). Eligible couples were sent an email that included information about the purpose of the study, procedures, compensation, consent forms, and an alpha-numeric code to identify them (see Appendix F). Husbands' and wives' information were linked based on the identification number assigned to participants. Eligible couples were assigned a three-digit couple identification number beginning with 001. Husbands were assigned the individual ID number of 1, and wives were assigned the number 2. For example, the first couple in this study was assigned numbers 0011 (the husband) and number 0012 (the wife), the second couple was 0021 and 0022, and so on. After completing the survey, participants were asked to provide their residential mailing addresses so that they could receive their payment.

Before participants accessed the online questionnaires, they were required to complete an online consent form (see Appendix D). Once the online consent form was completed, spouses were able to respond to the questionnaires. To encourage both spouses to complete the questionnaire, after the receipt of one spouse's responses, the other spouse was sent an email reminding him or her to complete the questionnaire. After a week, the second spouse was emailed again and asked to complete the questionnaires within the next 7 days; those who did not were dropped from the study.

After completing the questionnaires online, each spouse was mailed a check for \$10. As an incentive to encourage both spouses to complete questionnaires, each partner earned an additional \$5 if both spouses completed the questionnaires. In total, spouses

could earn up to \$15 each if both partners completed the survey. No participant elected to drop out of the study.

To determine the number of participants to be recruited, a power analysis was conducted for the hypothesized models by using the root mean square error of approximation (MacCallum, Browne, & Sugawara, 1996; Preacher, Cai, & MacCallum, 2007). This approach was chosen because traditional power analysis calculations do not consistently provide accurate estimations of sample size when structural equation modeling is used. The *a priori* power analysis was calculated by using the structural equation modeling sample size calculator designed by Preacher and Coffman (2006; <http://www.quantpsy.org>). A structural equation model with 4 degrees of freedom, .8 power, alpha level of .05, and acceptable model fit $RMSEA \leq .05$ requires a minimum of 410 individuals, or 205 couples. In total, 116 first married couples and 108 stepfamily couples were recruited.

To help ensure that study procedures and questionnaires could be easily understood, the procedures were piloted with two married couples and a research team of graduate students. Pilot study participants were asked to follow the study procedures as detailed above. In addition, when completing survey items, pilot study participants were asked to take notes about any items that were ambiguous or hard to understand; they also were asked to record how much time it took to complete the questionnaires. The results from the pilot study showed that the survey took approximately 15 minutes to complete and all items were understood as intended. In addition, automatic generation of surveys and reminders to complete the survey were distributed was an effective method to collect survey data.

Sample

Table 2 includes sample demographic information for first married couples and stepfamily couples. The entire sample consisted of 219 couples (111 first married couples; 108 stepfamily couples). First married couples had been married a mean of 8.88 years ($SD = 5.98$) and had a mean of 1.70 children ($SD = .87$) whose mean age was 5.47 years ($SD = 4.24$). First married spouses were also predominantly White (87.1%), employed full-time (husbands = 77.6%; wives = 72.4%), possessed at least a bachelor's degree (husbands = 75%; wives = 79.3), and reported an annual median family income range of \$70,000 - \$79,000.

The stepfamily couples had been married a mean of 5.98 years ($SD = 4.41$) and had a mean of 2.40 children ($SD = 1.22$), whose mean age was 9.85 years ($SD = 5.88$). Most of the remarried spouses reported being White (husbands = 74.1%; wives = 69.4), employed full-time (husbands = 72.2%; wives = 55.6%), had some college experience (husbands = 81.5%; wives = 91.9%), and reported an annual median family income range of \$70,000 - \$79,000. In addition, most stepfamily couples were part of simple stepfamilies (58%), in which one spouse was a stepfather (78%).

As seen in Table 2, several significant group differences emerged among the demographic variables. First married couples were married for a longer duration $t = 4.45$ (217), $p < .001$; had fewer children $t = -4.91$ (217), $p < .001$, which were significantly younger $t = -6.43$ (217), $p < .001$; reported greater levels of education (husbands: $\chi^2 = 37.18$ (7), $p < .001$; wives: $\chi^2 = 24.34$ (7), $p < .001$); and included a greater number of White spouses (husbands: $\chi^2 = 17.79$ (6), $p < .01$; wives: $\chi^2 = 18.83$ (6), $p < .01$). In addition, wives in first marriages reported higher full-time employment $\chi^2 = 16.92$ (6), p

< .01. These findings are consistent with past research that highlights the considerable diversity among stepfamily couples compared to couples in first marriages (Carter & McGoldrick, 2005).

Measures

The measures used in this study served as indicators of marital status, marital conflict, emotion regulation strategies, marital satisfaction, and mental health.

Demographic data were also collected and served as control variables. Scale reliabilities and descriptive statistics can be found in Table 3. The entire set of questionnaires can be found in Appendix G.

Marital conflict served as an independent variable. It was measured by an adapted version of Beier-Sternberg Discord Questionnaire (Beier & Sternberg, 1977). Spousal reports of emotion regulation strategies and marital status served as moderator variables. Spousal emotion regulation strategies (i.e., cognitive reappraisal & expressive suppression) were measured through the use of the Emotion Regulation Questionnaire (Gross & John, 2003). Marital status was assessed through participants' reports of former and current marriages. Lastly, marital satisfaction and mental health served as the dependent variables in this study. Marital satisfaction was measured with the Quality of Marriage Index (Norton, 1983), whereas mental health was measured with the mental components subscale of the Short Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996).

Marital status. Respondents were asked in the screening form if they were married. If they were married, they were asked to indicate how many times they had been

married before their current marriage. Unmarried individuals were not eligible for the study. Marital status was coded as 1 = first marriage and 2 = remarriage.

Marital conflict. Marital conflict was measured with an adapted version of the *Beier-Sternberg Discord Questionnaire* (DQ; Beier & Sternberg, 1977). The adapted version included all of the original items, in addition to items that reflected topics sensitive to stepfamily couples. The DQ is a Likert-type scale with item choices ranging from 1 (*Agree*) to 7 (*Disagree*) to assess the extent to which couples have conflicts about 10 topics: *money, children, sex, concern and love, doing things together in spare time, friends and social life, getting ahead/ambition, politics, children's education, and religion*. All items were summed to yield a total score; higher scores indicate more frequent conflict. The Beier-Sternberg questionnaire has been shown to be related to marital outcomes (Sternberg & Beier, 1977).

Emotion regulation. Spouses' emotion regulation strategies served as moderating variables. Participants responded to statements about their emotion regulation strategies using the *Emotion Regulation Questionnaire* (ERQ; Gross & John, 2003). The ERQ is a 10-item self-report measure designed to assess two forms of emotion regulation, reappraisal (e.g., "When I want to feel more positive emotion, I change the way I think"; "When I want to feel less negative, I change what I'm thinking about") and suppression (e.g., "I keep my emotions to myself"; "When I'm feeling positive emotions, I am careful not to express them"). Couples were asked to rate the extent to which they agree with each statement using a 1 (*strongly disagree*) to 7 (*strongly agree*) Likert scale. Past studies using the ERQ have reported adequate reliability for adults (.75 - .80 for reappraisal; .68 - .76 for suppression; Gross & John, 2003). Cognitive reappraisal has

been linked to positive individual and relational outcomes, whereas emotion suppression has been related to negative individual and relational outcomes (Bei-Naim, Hirschberger, Ein-Dor, & Mikulincer, 2013; Gross & John, 2003; John & Gross, 2004; Velotti et al., 2015).

Marital satisfaction. Marital satisfaction was assessed with the *Quality of Marriage Index* (QMI; Norton, 1983). The QMI consists of 6 items, with the first five items (e.g., “We have a good marriage”; “My relationship with my partner makes me happy”) asking participants to respond using a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The sixth item asks participants to rate the degree of happiness in their marriage using a 10-point scale, ranging from 1 (*very unhappy*) to 10 (*totally perfect*). All items were summed to create an overall index of marital satisfaction. Prior studies have reported excellent reliability for the QMI (i.e., $\alpha = .94$; Graham, Diebels, & Barnow 2011; Norton, 1983). In addition, the QMI is negatively related to depression and anxiety symptomology (Brock & Lawrence, 2011).

Mental health. Mental health was measured with the mental components subscale of the *Short Form Health Survey* (SF-12; Ware, Kosinski, & Keller, 1996). The mental components subscale consists of 6 items designed to capture vitality, social functioning, emotional role functioning, and mental health (Ware et al., 1996). The mental components subscale was calculated by using an algorithm based on normative data ($M = 50$; $SD = 10$; Ware, Kosinski, Turner-Bowker, & Gandek, 2002). Higher scores indicate higher levels of reported physical or mental health functioning. Past research has demonstrated that the mental health subscale is a reliable (e.g., $\alpha = .76$) and valid measure of mental health (Ware, Kosinski, & Keller, 1996).

Demographics. Spouses completed demographic information on race, ethnicity, gender, age, education, household income, employment status, and number of children. When partners reported different household income the average of partners' responses were calculated.

CHAPTER 4: RESULTS

Data Analysis

Given that the data were interdependent, the Actor-Partner Interdependence Model was used to test the study hypotheses (APIM; Kenny, Kashy, & Cook, 2006). Two effects are distinguishable in the APIM: an actor effect and a partner effect. An actor effect occurs within individuals (i.e., a spouse's score on an independent variable predicts his or her own score on a given dependent variable). Conversely, a partner effect occurs between individuals (i.e., a spouse's score on an independent variable is related to his or her partner's score on a given dependent variable). Due to limited power, separate sets of APIM moderation models were tested to detect interaction effects with the fewest parameters. The first was an actor-moderation model that included two actor interaction terms (e.g., husband marital conflict X husband cognitive reappraisal; wife marital conflict X wife cognitive reappraisal). The second was a partner-moderation model that included two partner interaction terms (e.g., husband conflict X wife expressive suppression; wife marital conflict X husband expressive suppression). The resulting series of APIM models were analyzed using structural equation modeling. Model fit for the APIMs was evaluated through the use of the χ^2 statistic, root mean error square of approximation (RMSEA), and comparative fit index (CFI).

All APIM variables were transformed into standard scores to allow for comparison between different variables, to address potential multicollinearity from the use of cross-product terms and to facilitate interpretation of interaction terms (Dawson, 2014). Significant interactions were probed at 1 standard deviation above and below the mean of the moderator (Aiken & West, 1991). To determine whether an observed

interaction effect was different across first married couples and stepfamily couples, multi-group analyses were conducted whereby the paths from the interaction variable to the endogenous variable were constrained to be equal for both groups. If the fit of the model produced a significant change in the χ^2 estimate, then the interaction effect reflected a difference across the two groups. Alternatively, if there was not a significant change in the χ^2 estimate, then it can be inferred that the association between the interaction variable and endogenous variable is consistent across both groups.

Given the limited sample size for each family structure group, bootstrap analyses were conducted. The bootstrap procedure entails taking multiple random samples of values from a dataset to create a larger sample of observations that derive more accurate parameter estimates. In accord with recommendation provided by Hayes (2013), 2000 bootstrap samples were generated to construct 95% bias-corrected confidence intervals for the parameter estimates.-

Preliminary Analyses

Missing data, variable normality, and outliers. The data initially were screened for missing values, normality, and for the presence of statistical outliers. No variable contained more than 4% of item-level missing data. Although single imputation methods can be used when missing data is minimal (<5%), multiple data sets were imputed in Amelia II (Honaker, Imai, King, & Lau, 2015) to reduce bias and increase statistical power. In total, five data sets were imputed and pooled into a single data set.

The data were then screened to ensure the assumptions of normality, linearity, and homoscedasticity were met. These assumptions were checked through the use of skewness and kurtosis estimates, residual plots, residual scatter plots, and histograms. In

accord with recommendations provided by Tabachnick and Fidell (2007), all of the variables met the assumptions of normality.

The data were also screened for the presence of univariate and multivariate outliers. Univariate outliers were identified through standardized residuals, Z-scores (< 3.3), Cook's distance (i.e., < 1), and Mahalanobis distance ($\chi^2(10) = 29.59, p < .001$). In total, five participants from first marriages were identified as potential outliers. Thus, these participants and their spouses were removed from the analyses. Data analyses were then conducted with and without the five couples and the removal of the outliers did not alter the results.

Descriptive statistics and variable correlations. Descriptive statistics and bivariate correlations were calculated (see Tables 3 and 4). The data were then analyzed for univariate and multivariate outliers. A series of independent and paired sample *t*-tests were performed to determine whether differences existed between gender and couple type among study variables. Husbands scored higher in suppression $t = 5.809 (218), p < .001$, and lower in mental health $t = -2.661 (218), p < .05$. Remarried spouses reported greater frequency of marital conflict (husbands $t = -4.279 (217), p < .001$; wives $t = -2.611 (217), p < .05$) and lower mental health (husbands $t = 3.918 (217), p < .001$; wives $t = 2.209 (217), p < .05$). In comparison to husbands in first marriages, remarried husbands reported lower marital satisfaction (husbands $t = 3.087 (222), p < .05$). Further, remarried wives reported greater use of expressive suppression (wives $t = 3.114 (222), p < .05$) compared to first married wives.

The bivariate correlations are presented in Table 4. For couples in first marriages, marital conflict was associated with lower marital satisfaction, but not related to mental

health. First married husbands' cognitive reappraisal, however, was related to lower mental health. For remarried wives, cognitive reappraisal was positively related to marital satisfaction, whereas expressive suppression was negatively correlated with marital satisfaction.

For stepfamily couples, the associations between the study variables were in the expected directions. Marital conflict was negatively correlated with marital satisfaction and mental health. Remarried husbands' cognitive reappraisal was positively related to marital satisfaction, whereas their expressive suppression was negatively related to mental health. For remarried wives, however, both cognitive reappraisal and expressive suppression were associated with mental health in the expected directions.

Control variables. The inclusion of sociodemographic variables as statistical controls was based on both between group differences and within group correlations. Therefore, the previously reported differences in sample demographics between first-married couples and stepfamily couples (i.e., employment status, education, marital duration, average number of children, & average age of children) were separately entered as control variables.

To control for potential confound variables within groups, correlation analyses were conducted between the sociodemographic variables and main variables of interest. These findings showed that marital satisfaction was correlated with wives' education ($r = .197, p < .05$) and child age ($r = .180, p < .05$). In addition, mental health was correlated with husbands' income ($r = .28, p < .01$) and number of children ($.192 p < .05$). Therefore, these variables were also separately included as control variables in the main analyses. None of the control variables reached statistical significance; however, nor did

their inclusion significantly alter the observed associations; thus, the reported analyses are without any covariates (e.g., Becker et al., 2016).

Distinguishability results. To examine whether couples were distinguishable by gender, a path model with no equality constraints was compared with a model in which the means, variances, and covariances were constrained to be equal for husbands and wives (Kenny et al., 2006). Results from the distinguishability analysis showed that the unconstrained model was a better fit to the data $\Delta\chi^2(81) = 106.32, p < .031$, indicating that the dyads can be differentiated by gender.

Confirmatory factor analysis. Confirmatory factor analysis was conducted in an attempt to create a latent spousal wellbeing variable, as well as to assess group invariance of the latent constructs between first married couples and stepfamily couples. To ensure that the indicators reflected the latent construct, a measurement model was created for both husbands and wives in which subjective wellbeing, mental health, and presence of physical symptoms served as indicators of a wellbeing latent variable. To control for the interdependence between spousal scores, parallel error terms were allowed to covary (e.g., a correlation between error terms of husband mental health and wife mental health). The specified model provided an adequate fit to the data $\chi^2 = 14.95(10), p = .134, CFI = .959, RMSEA = .047$. The factor loadings were significant and ranged from .28 - .60 for first married couples, and .43 - .82 for stepfamily couples. Given that the loadings were not significant for first married couples, particularly among first married husbands, I reviewed modification indices, inspected standardized residuals but could not identify model misspecifications. Thus, the latent variable could not be constructed. Alternatively, a decision was made to capture the data in a more parsimonious manner. As a result, I

elected to conduct analyses using mental health and marital satisfaction as separate indicators of spousal wellbeing.

Marital Conflict, Emotion Regulation Strategies, and Marital Satisfaction

Cognitive reappraisal. The first set of APIMs analyzed the potential moderating effects of spousal cognitive reappraisal in the relation between marital conflict and marital satisfaction. The results from the main effects, actor-moderation model and partner-moderation model can be seen in Table 5. In total, three significant interactions emerged from the analyses.

Actor-moderation model. Hypothesis 1a stated that spouses' use of cognitive reappraisal will weaken the negative associations between marital conflict and marital satisfaction. This hypothesis was first tested in the actor-moderation model that included actor interaction terms (i.e., husbands' marital conflict X husbands' cognitive reappraisal & wives' marital conflict X wives' cognitive reappraisal). For husbands in both first marriages and remarriages, no interaction terms were significant. In support of hypothesis 1a for wives in both first marriages and remarriages, the interaction between their own marital conflict and cognitive reappraisal predicted their own marital satisfaction.

For wives in first marriages, test of simple slopes revealed significant associations between frequency of marital conflict and marital satisfaction at lower ($t = -3.013, p < .01$), but not at higher ($t = -1.218, p = .247$) levels of cognitive reappraisal (see Figure 1). For remarried wives, tests of simple slopes revealed significant associations between frequency of marital conflict and marital satisfaction at lower ($t = -4.138, p < .000$), but not at higher ($t = -1.85, p = .067$) levels of cognitive reappraisal (see Figure 2). That is, while both simple slopes were significant, the slope at lower levels of cognitive

reappraisal was much steeper compared to the slope observed at higher levels of cognitive reappraisal.

Hypothesis 1b stated that the interaction between marital conflict and cognitive reappraisal on marital satisfaction would be greater among stepfamily couples. Given that no significant interactions emerged for husbands in first marriages and remarriages, hypothesis 1b was not tested. However, this hypothesis was tested on the significant interaction terms observed among first married wives and remarried wives. The results revealed that there was no significant difference between the interaction terms $\Delta\chi^2(1) = 1.767, p = .184$. Although the data provided some evidence to support hypothesis 1a, there was no support that the observed interaction would be more pronounced among stepfamily couples (hypothesis 1b).

Partner-moderation model. Table 5 also presents the results from the partner-moderation marital satisfaction model. Hypothesis 1a stated that spouses' use of cognitive reappraisal will weaken the negative associations between marital conflict and marital satisfaction. This hypothesis was next tested in the partner-moderation model that included partner interaction terms (i.e., husbands' marital conflict X wives' cognitive reappraisal & wives' marital conflict X husbands' cognitive reappraisal). The interaction estimates for husbands and wives in first marriages were not significant. In addition, the interaction estimates between remarried husbands' marital conflict and wives' cognitive reappraisal did not reach statistical significance.

Some support was found for hypothesis 1a, however, as a significant interaction emerged between remarried husbands' reports of marital conflict and wives' cognitive reappraisal on wives' marital satisfaction. This interaction was then probed to examine

the nature of the moderation effect. Post-hoc examination of simple slopes revealed a significant association between remarried husbands' marital conflict and their spouses' marital satisfaction at lower levels ($t = -2.088, p < .05$), but not at higher levels ($t = 1.726, p = .087$) of remarried wives' cognitive reappraisal.

Hypothesis 1b stated that the interaction between marital conflict and cognitive reappraisal on marital satisfaction would be greater among stepfamily couples. Given that husbands' cognitive reappraisal did not moderate the marital conflict-marital satisfaction association, hypothesis 1b was not tested for husbands. However, this hypothesis was tested for wives. More specifically, the interaction between husbands' marital conflict and wives' cognitive reappraisal on wives' marital satisfaction was set to be equal for both across first marriages and remarriages. Despite a significant interaction emerging for only stepfamily couples, results from the χ^2 difference test did not reveal a significant difference between the interaction estimates across couple context $\Delta\chi^2(1) = 1.237, p = .266$. Thus, hypothesis 1b was not supported.

Expressive suppression. The next pair of APIMs analyzed the potential moderating effects of spousal expressive suppression in the relation between frequency of marital conflict and marital satisfaction. The results from the main effects, actor-moderation model and partner-moderation model can be seen in Table 6. In total, two significant interactions emerged from the analyses.

Actor-moderation model. Hypothesis 2a stated that spouses' use of expressive suppression will weaken the negative associations between marital conflict and marital satisfaction. This hypothesis was first tested in the actor-moderation model that included actor interaction terms (i.e., husbands' marital conflict X husbands' expressive

suppression & wives' marital conflict X wives' expressive suppression). In contrast to hypothesis 2a, no significant interaction terms were observed for spouses in first marriages and for remarried wives.

Some support for hypothesis 2a was found, however, for remarried husbands. As seen in Table 6, remarried husbands' reports of marital conflict and expressive suppression predicted their own levels of marital satisfaction. Simple slopes analyses revealed that the association between remarried husbands' reports of the frequency of marital conflict and marital satisfaction was significant at higher levels ($t = -4.473, p < .001$), but not at lower levels ($t = -1.281, p = .203$) of expressive suppression (see Figure 3).

Hypothesis 2b stated that the interaction between marital conflict and expressive suppression on marital satisfaction would be greater among stepfamily couples. Given that wives' expressive suppression did not moderate the marital conflict-marital satisfaction association, hypothesis 2b was not tested for wives in first marriages or remarriages. Hypothesis 2a was, however, tested for the actor interaction estimates for husbands in first marriages and remarriages. When an equality constraint was applied to the interaction, the results showed a significant difference between first married husbands' and remarried husbands' interaction estimates $\Delta\chi^2(1) = 5.077, p < .05$. Consistent with hypotheses 2a and 2b, remarried husbands' levels of expressive suppression amplified the negative actor association between their own reports of frequency of marital conflict and marital satisfaction, with this association being more pronounced than for first married husbands.

Partner-moderation model. Table 6 also presents the results of the partner-moderation. Hypothesis 2a stated that spouses' use of expressive suppression will weaken the negative associations between marital conflict and marital satisfaction. This hypothesis was tested in the partner-moderation model that included partner interaction terms (i.e., husbands' marital conflict X wives' expressive suppression & wives' marital conflict X husbands' expressive suppression). Similar to the actor-moderation model, no significant interactions emerged for first married couples; nor did any remarried wives' expressive suppression moderate the marital conflict-marital satisfaction association.

Consistent with hypothesis 2a, however, remarried husbands' expressive suppression moderated the association between their spouses' marital conflict and marital satisfaction. Remarried husbands' expressive suppression *dampened* the negative actor association between wives' reports of marital conflict and marital satisfaction; however, this association only held when remarried husbands reported low levels ($t = -3.700, p < .001$), as opposed to high levels ($t = -1.274, p = .205$), of expressive suppression.

Hypothesis 2b stated that the interaction between marital conflict and expressive suppression on marital satisfaction would be greatest among stepfamily couples. This hypothesis was only tested for husbands' because wives' expressive suppression did not moderate the marital conflict-marital satisfaction association. Contrary to hypothesis 2b, results from the χ^2 difference test did not reveal a significant difference between interaction path estimate across couple context $\Delta\chi^2(1) = 1.015, p = .314$.

Summary. I expected that the association between frequency of marital conflict and marital satisfaction would be moderated by emotion regulation strategies, with the stepfamily couples experiencing more pronounced effects. The results revealed an actor

moderation effect whereby cognitive reappraisal attenuated the negative association between marital conflict and marital satisfaction for wives in both first marriages and remarriages. Conversely, an actor moderation effect was observed whereby remarried husbands' expressive suppression exacerbated the negative association between marital conflict and marital satisfaction. When remarried husbands' expressive suppression served as a moderator between their wives' marital conflict and marital satisfaction, expressive suppression was associated with higher marital satisfaction for their wives. This observed interaction, however, was not significantly different from the nonsignificant interaction observed for remarried husbands.

Marital Conflict, Emotion Regulation Strategies, and Mental Health

Cognitive reappraisal. The third set of APIMs analyzed the potential moderating effects of cognitive reappraisal in the relation between marital conflict and mental health. The results from the main effects, actor moderation model, and partner moderation model can be seen in Table 7. In total, four significant interactions emerged from the analyses.

Actor-moderation model. Hypothesis 3a stated that spouses' use of cognitive reappraisal will weaken the negative associations between marital conflict and mental health. This hypothesis was tested in the actor-moderation model that included actor interaction terms (i.e., husbands' marital conflict X husbands' cognitive reappraisal & wives' marital conflict X wives' cognitive reappraisal). No significant interactions were observed for either husbands in first marriages or remarriages.

In line with hypothesis 3a, a significant interaction was discovered whereby first married wives' reports of marital conflict and cognitive reappraisal predicted their own mental health. Simple slopes analyses revealed that the association between first married

wives' reports of marital conflict and mental health was significant at both lower ($t = -3.286, p < .001$) and higher levels ($t = 3.816, p < .001$) of their own cognitive reappraisal (see Figure 4). As seen in Figure 4, when higher levels of marital conflict coincided with lower levels of cognitive reappraisal, first married wives reported lower mental health. Conversely, when lower levels of marital conflict coincided with higher levels of cognitive reappraisal, first married wives reported greater mental health.

Hypothesis 3b stated that the interaction between marital conflict and cognitive reappraisal on mental health would be greater among stepfamily couples. Given that no significant interactions emerged for husbands in first marriages or remarriages, hypothesis 3b was not tested. However, this hypothesis was tested on the significant interaction term observed for first married wives and the nonsignificant interaction term observed for remarried wives. Contrary to hypothesis 3b, results from the χ^2 difference test revealed that the actor moderation effect of cognitive reappraisal on the marital conflict-mental health association was greater for wives in first marriages $\Delta\chi^2(1) = 6.994, p < .01$.

Partner-moderation model. Table 7 also displays the results from the partner-moderation model. Hypothesis 3a stated that spouses' use of cognitive reappraisal will weaken the negative associations between marital conflict and mental health. This hypothesis was also tested in the partner-moderation model that included partner interaction terms (i.e., husbands' marital conflict X wives' cognitive reappraisal & wives' marital conflict X husbands' cognitive reappraisal). Cognitive reappraisal did not moderate any associations for first married couples and remarried wives.

A significant interaction did emerge, however, such that remarried wives' marital conflict interacted with husbands' cognitive reappraisal to predict wives' mental health. Consistent with hypothesis 3a, remarried husbands' cognitive reappraisal appeared to dampen the negative association between their spouses' reports of frequency of marital conflict and mental health. Simple slopes analysis indicated that this association was present at lower levels of cognitive reappraisal ($t = -3.232, p < .01$) but not at higher levels ($t = -.621, p = .536$).

Hypothesis 3b stated that the interaction between marital conflict and cognitive reappraisal on marital mental health would be greater among stepfamily couples. Given that wives' cognitive reappraisal did not moderate any associations, hypothesis 3b was not tested for wives' in first marriages or remarriages. This hypothesis was, however, tested for husbands. In contrast to hypothesis 3b, when an equality constraint was placed on the interaction paths, the significant moderation effect of cognitive reappraisal observed for remarried husbands was no different than the nonsignificant moderation effect of cognitive reappraisal observed for first married husbands $\Delta\chi^2(1) = .992, p = .319$.

Expressive suppression. The last set of APIMs analyzed the potential moderating effects of spousal expressive suppression in the relation between frequency of marital conflict and mental health. The results from the main effects, actor-moderation model, and partner-moderation model can be seen in Table 8. In total, two significant interactions emerged from the analyses.

Actor-moderation model. Hypothesis 4a stated that spouses' use of expressive suppression will weaken the negative associations between marital conflict and mental

health. This hypothesis was tested in the actor-moderation model that included actor interaction terms (i.e., husbands' marital conflict X husbands' expressive suppression & wives' marital conflict X wives' expressive suppression). Contrary to hypothesis 4a, no significant interactions were found for first married couples or for remarried wives.

Support for hypothesis 4a was, however, found for remarried husbands. As presented in Table 8, remarried husbands' reports of marital conflict and expressive suppression predicted their own levels of mental health. Simple slopes analyses revealed that remarried husbands' reports of frequency of marital conflict predicted their mental health at lower levels ($t = -2.147, p < .05$) and higher levels ($t = -3.299, p < .001$) of expressive suppression.

Hypothesis 4b stated that the interaction between marital conflict and expressive suppression on marital satisfaction would be greater among stepfamily couples. Given that wives' expressive suppression did not moderate the marital conflict-mental health association, hypothesis 4b was not tested for first married wives or remarried wives. Hypothesis 4b was, however, tested for the actor interaction term for husbands in first marriages and remarriages. Contrary to hypothesis 4b, when an equality constraint was applied to the interaction, the results showed that the interaction estimates were not statistically different $\Delta\chi^2(1) = 1.452, p = .228$.

Partner-moderation model. Table 8 also presents the results of the partner-moderation. Hypothesis 4a stated that spouses' use of expressive suppression will weaken the negative associations between marital conflict and mental health. This hypothesis was next tested in the partner-moderation model that included partner interaction terms (i.e., husbands' marital conflict X wives' expressive suppression & wives' marital conflict X

husbands' expressive suppression). The results showed that expressive suppression did not moderate any association for first married spouses or remarried husbands.

The results did reveal some support for hypothesis 4b, however, as remarried wives' expressive suppression moderated the negative association between their husbands' marital conflict and mental health. More specifically, remarried wives' expressive suppression amplified the negative actor association observed between their husbands' marital conflict and mental health. Tests of simple slopes indicated that this association held at higher levels ($t = -2.616, p < .01$) but not at lower levels ($t = -.340, p = .735$) of remarried wives' expressive suppression.

Hypothesis 4b stated that the interaction between marital conflict and expressive suppression on marital satisfaction would be greater among stepfamily couples. This hypothesis was only tested for wives' because husbands' expressive suppression did not moderate the marital conflict-marital satisfaction association. Contrary to hypothesis 4b, results from the χ^2 difference test showed that the interaction across couple context was not significantly different $\Delta\chi^2(1) = 1.295, p = .255$.

Summary. I expected that the association between frequency of marital conflict and mental health would be moderated by emotion regulation strategies, with the stepfamily couples experiencing the most pronounced effects. The results did not provide support for this hypothesis. Findings from the analyses showed that cognitive reappraisal appeared to dampen the actor association between marital conflict and mental health, but this relation was only observed for wives in first marriages. Among stepfamily couples, significant moderation effects were observed for cognitive reappraisal and expressive suppression;

however, when these interactions were compared to nonsignificant interactions observed for spouses in first marriages, there were no differences in the interaction estimates.

CHAPTER 5: DISCUSSION

Past research has demonstrated that when compared to couples in first marriages, stepfamily couples may be at greater risk to divorce and report poorer mental health due to stressors that may give rise to interpersonal conflicts. Although structural and communication processes have primarily been investigated as modifiers of the relation among marital conflict, marital satisfaction, and mental health in the past, evidence to support this claim has been mixed (Coleman, Ganong & Fine, 2000; Sweeney, 2010). Drawing on Gross's (2015) extended process model of emotion regulation, this study examined the moderating associations of spousal emotion regulation strategies on the association between marital conflict and mental health in first marriages and remarriages. The inclusion of emotion regulation strategies, as advanced in the present study, is warranted due to the prominent role emotion processes play in shaping social interactions, and mental health (Aldao & Nolen-Hoeksema, 2012). Gross's model, which emphasizes the importance of adjusting regulation strategies to match environmental demands, provides a good starting point for examining how emotion regulation may add additional explanatory power to clarify the variability that has been consistently documented when comparing outcomes between first married couples and stepfamily couples. Thus, this study examined the overarching hypothesis that the interactive effects of marital conflict and spousal emotion regulation strategies on marital satisfaction and mental health would be more pronounced among stepfamily couples in comparison to first marriages. The results provide partial support for this, but the findings also highlight how marital type alters the nature of those associations.

Prior to discussing the results, it is necessary to comment on the remarriage sample characteristics. Many of the stepfamily couples recruited in this study were from stepfather-residential mother households. Also, only one stepchild lived in the household (the majority of the time). Thus, this form of remarried stepfamily will be the primary point of reference when linking the results to past research.

Cognitive Reappraisal

The first set of hypotheses predicted that cognitive reappraisal would buffer the negative association of marital conflict on marital satisfaction and mental health, with the greatest effect observed among stepfamily couples. Partial support for these hypotheses was found as a significant actor-moderation effect emerged for first married wives and remarried wives, but in slightly different ways. For first married wives, their own reports of cognitive reappraisal attenuated the negative association of marital conflict on marital satisfaction and mental health, whereas for remarried wives their own cognitive reappraisal buffered the negative actor association of marital conflict only on marital satisfaction.

For first married wives the results are consistent with prior research that has demonstrated the link between emotion regulation and a couples' relationship quality and interpersonal interactions (Ben-Naim, Hirschberger, Ein-Dor & Mikulincer, 2013; Bloch, Haase, & Levenson, 2014). Among couples in first marriages, interventions have effectively utilized the power of reappraisal techniques to reduce the overall impacts of marital conflict, with results indicating that the protective effect of cognitive reappraisal is partially accounted for by its ability to reduce the distress related to conflict (Finkel, Slotter, Luchies, Walton, & Gross, 2013). Past theorizing and research has also

documented that wives are more attuned to the affective marital climate than men, and their mental health is closely linked to the quality of the marriage (Gottman & Notarius, 2000; Horwitz, McLaughlin, & White, 1998). Taken together, it is plausible that wives' cognitive reappraisal is functioning to allow healthier spousal interactions in the face of marital conflict, dampening personal feelings of distress following a conflict, and maintaining the wives' overall positive view of her spouse, all of which would reasonably provide a protective effect on feelings of marital satisfaction and mental health.

For remarried wives, cognitive reappraisal tempered the negative association of marital conflict on marital satisfaction, but not mental health. This pattern of results may reflect the increased stress and complexity of managing conflict within stepfamilies. As such, remarried wives may engage in behaviors that bolster their marriage, but the stress related to making the marriage work, may curtail any benefits that might had been observed for mental health. Previous research comparing stepfamily stressors, relative to stressors in first marriages, has shown that remarried mothers report more stress than mothers in first marriages (Bray & Kelly, 1998; Schramm & Adler-Baeder, 2011). This stress may be due to the fact that remarried wives are the linchpin that holds stepfamilies together, and as a result, they may feel responsible for resolving conflicts that may occur with their own spouse, between their spouse and child, or even with their ex-partner (Ganong & Coleman, 2017). Nevertheless, remarried wives tend to also hold more optimistic views of the stepfamily compared to stepfathers or stepchildren (Golish, 2003; Kurdek & Fine, 1991). Thus, it seems likely that remarried wives' may engage in some form of cognitive reappraisal to promote their relationship. Given the responsibility remarried wives' take on to promote family cohesion, however, cognitive reappraisal

may not confer less benefits to mental health. This notion is also consistent with past research that suggests when individuals use cognitive reappraisal to regulate stressors that are perceived to be within their control, they tend to report low wellbeing (Troy, Shallcross, & Mauss, 2013). Stepfamily cohesion is not likely to be under mothers' control, but women often expect that they should be responsible and in control (Weaver & Coleman, 2010).

Alternatively, remarried wives' use of emotion regulation strategies may reflect a form of over-accommodation, which may simultaneously promote family cohesion yet undermine personal wellbeing (e.g., Le, Impett, Lemay, Muise, 2018). That is, remarried wives' may regulate their emotions in a variety of ways to facilitate positive family relationships to the detriment of their own wellbeing. Evidence of remarried wives' over-accommodation may be found when investigating their reports of expressive suppression. Unlike spouses in first marriages and husbands in remarriages, there was a significant correlation between remarried wives' use of cognitive reappraisal and expressive suppression, which indicates that remarried wives tended to use both cognitive reappraisal and expressive suppression. Although it would have been more appropriate to conduct a 3-way interaction (i.e., marital conflict-cognitive reappraisal-expressive suppression), the limited sample size precluded this analysis. Nevertheless, past research has shown that remarried wives are likely to engage in over-accommodating behaviors, however, the mechanisms responsible for the link between over-accommodation and wellbeing were unclear (e.g., Helegson, 1994; Preece & DeLongis, 2004). Given the findings from this study coupled with past research, it is plausible that no significant moderating association was observed for cognitive reappraisal due to remarried wives'

use of both adaptive and maladaptive emotion regulation strategies. As a result, it could be the case that simultaneous use of cognitive reappraisal and expressive suppression may offset any potential benefits to mental health.

Further support for this claim comes from a study conducted by Aldao and Nolen-Hoeksema (2012). These researchers found that when individuals employed both adaptive and maladaptive strategies they *initially* tended to report lower levels of depression and anxiety; however, this association was not observed longitudinally, suggesting that adaptive emotion regulation strategies may be able to compensate for the use of maladaptive emotion regulation strategies for only a brief period of time. The results from the study conducted by Aldao and Nolen-Hoeksema (2012) appear to align with the present findings observed for remarried wives. Although the design of this dissertation prevents causal connections between the constructs, longitudinal studies that clearly differentiate the constructs of interest would shed light on these processes.

Despite finding several moderation effects for wives, cognitive reappraisal did not moderate the associations between marital conflict, marital satisfaction, and mental health for husbands in first marriages and remarriages. This finding is in accord with past research that suggests wives' are typically more attuned to affective climates of their marriages, whereas husbands' are less sensitive to emotional cues within their marriages (Caughlin & Huston 2006; Gottman, 1994). Indeed, past research has shown that wives' ability to manage negative emotion in marriage was most strongly related to marital satisfaction (Bloch, Haase, & Levenson, 2014; Gottman & Notarius, 2000). Moreover, an fMRI analysis on emotion regulation showed significant gender differences in use of cognitive reappraisal (McRae, Oschner, Mauss, Gabrelli, & Gross, 2008). Thus, it

appears likely that husbands rely on their wives to drive the emotional climate of the marriage and may elect to utilize other emotion regulation strategies to cope with conflict within marriage. In sum, the positive outcomes that wives in first marriages derive from the joint influence of marital conflict and cognitive reappraisal may stem from their own ability to reconcile marital conflict through the use of cognitive reappraisal; for wives in remarriages, however, their outcomes appear to derive from a more complex set of emotion regulatory processes.

Expressive Suppression

In accord with Gross's (2015) extended process model of emotion regulation, the second set of hypotheses predicted that expressive suppression would exacerbate the negative association of marital conflict on marital satisfaction and mental health, with the greatest effect observed among stepfamily couples. Partial support was found for negative effects of expressive suppression for remarried husbands. This finding is consistent with past research that documents the deleterious effects of related constructs such as withdrawing from marital conflict (Christensen & Heavy, 1990), and stonewalling (Gottman, 1994) on individual and marital outcomes. Given that much of the research on marital withdrawal and stonewalling draws heavily from first married couples, the reason why expressive suppression did not also emerge as a significant moderator for husbands in first marriages may initially be unclear. It is important to note, however, that expressive suppression is a distinct construct from marital withdraw and stonewalling. Whereas withdrawing and stonewalling are observed in response to avoid marital conflict, expressive suppression is conceptualized as a habitual tendency to hide or alter the expression of an emotion. Thus, for husbands in first marriages, expressive

suppression may not operate in the same fashion as marital withdraw or stonewalling to affect marital satisfaction and mental health. Instead, active disengagement from a marital conflict-as opposed to hiding one's feelings-within itself may contribute to negative individual and relational outcomes. Nevertheless, this claim is purely speculative and more research is necessary to clarify these associations. An additional explanation for the differences observed between first married husbands and remarried husbands may be related to the unique stressors placed on remarried husbands in stepfamilies.

Although parenting is stressful for couples in first marriages and remarriages, past research has documented that stepparents report greater stress (Shapiro, 2014). This stress likely stems from the nonnormative relationships that are present within stepfamilies. Stepparents must simultaneously attempt to form relationships with their current spouse, their stepchild, and to some extent a non-residential parent; all of which have been shown to be associated with the wellbeing of stepparents (Ganong & Coleman, 2017; Hetherington & Kelly, 2002; Schrod, 2010; Schrod & Braithwaite, 2011). However, stepfamily members possess uncertainty about the role a stepparent should play in parenting their stepchildren, and this role ambiguity can give rise to family conflict (Fine, Coleman, & Ganong, 1998; Schwebel, Fine, & Renner, 1991; Stewart, 2005). Indeed, stepfathers have reported some trepidation in expressing their conflicted feelings about their stepchildren with their spouse, and even when their spouse reports high levels of positive coparental communication, stepfathers tend to experience elevated mental health symptoms (Ganong & Coleman, 2017; Schrod & Braithwaite, 2011). Moreover, conflict surrounding the stepparent role also appears to promote a disengaged parenting style

among stepfathers (DeLongis & Zwicker, 2017; Weaver & Coleman, 2005). Thus, remarried husbands are likely to experience more ambiguity and marital conflict in their parenting role compared to first married husbands, and as a result, suppressing their feelings about this ambiguity and family problems, may contribute to lower perceptions of marital satisfaction.

Results from this study also highlight the differential associations of expressive suppression on marital satisfaction and mental health among stepfamily couples. Given that these findings did not significantly differ from the nonsignificant results observed in first married couples, these results await further replication. Nevertheless, the findings from the partner-moderation models showed that the interaction between remarried husbands' marital conflict and their wives' use of expressive suppression predicted lower mental health for remarried husbands. Alternatively, the interaction between remarried wives' marital conflict and their husbands' expressive suppression predicted greater marital satisfaction for remarried wives. Simply stated, remarried husbands' use of expressive suppression benefited their spouse's marital satisfaction, whereas remarried wives' expressive suppression undermined their spouse's mental health. These results may reflect husbands' reliance on wives to maintain the emotional climate of their marriages (e.g., Caughlin & Huston, 2006). Given that stepfamily couples also attain less social support compared to couples in first marriages (Ceballo, Lansford, Abbeu, & Stewart, 2004; Harknett & Knab, 2007), it may be the case that remarried husbands especially rely on their wives for support. Thus, remarried husbands' mental health appears to be tied to their wives' expression of emotions regarding his problems within the marriage.

Conversely, the partner association that emerged for remarried husbands' expressive suppression on their spouse's marital conflict and marital satisfaction may underscore the problems remarried husbands have in managing the stepparent role. Given that the stepparent-stepchild relationship can be high in conflict (Hetherington & Kelly, 2002) coupled with research that demonstrates the strong influence of the stepparent-stepchild relationship on marital quality (e.g., Fine & Kurdek, 1995), it seems plausible that when remarried husbands suppress negative feelings about the relationship with their stepchild, their spouse may take this as a sign that the stepparent-stepchild relationship has improved. Alternatively, these results may have emerged due to a *quid-pro-quo* ideology prevalent in remarriages (Ganong & Coleman, 2017). Building on the previous discussion on remarried wives' over-accommodation, remarried wives may take their spouses' expressive suppression as a sign that he is also willing to make accommodations to promote the marriage, which would improve her perceptions of marriage. This finding importantly coincides with the previously discussed result that remarried husbands' expressive suppression exacerbates the negative association between their own reports of marital conflict and marital satisfaction. Taken together, these highlights remarried husbands' expressive suppression as a potential double-edged sword. On one hand it undermines remarried husbands' marital satisfaction; on the other hand, however, remarried husbands' expressive suppression bolsters their spouse's marital satisfaction.

The current study provided preliminary evidence that the interplay that remarried wives' marital conflict and use of cognitive reappraisal may bolster their own marital satisfaction, but it may also come at the cost of lowering their mental health. Conversely, remarried husbands' marital conflict and use of expressive suppression may undermine

their own marital satisfaction, but when jointly considered with wives' marital conflict, remarried husbands' expressive suppression appears to bolster their spouse's marital satisfaction.

These findings may appear to differ from findings in literature on the implications of cognitive reappraisal and expressive suppression on individual and relational outcomes; however, these results are consistent with Gross's extended process model (2015). According to this model, emotions derive their specific function from the broader social environment, and as such, the extent to which an emotion regulation strategy is considered adaptable is also dependent on social context. The results of this study demonstrate that the adaptiveness of cognitive reappraisal and expressive suppression in the stepfamily context are quite difficult to evaluate. It also may be the case that other emotion regulation strategies may be better able to address the complexities inherent in the stepfamily environment. For example, mental contrasting (i.e., thinking about achieving a future goal while identifying current obstacles that would prevent goal attainment; Oettingen & Pak, 2002), has been shown to be an effective form of self-regulation that is related to a host of positive outcomes (e.g., reaching agreements, acceptance of criticism, managing anxiety, disappointment, and resentment; Oettingen & Reininger, 2016). Thus, mental contrasting may allow stepfamily couples to properly manage their relationship problems while also promoting spousal wellbeing.

Limitations

As is true with any research, this study is not without limitations. First, although several partner effects were observed within couples, when considered as a three-way interaction these significant partner effects disappeared. These findings may had emerged

due to the modest sample size. Recent research on power in actor-partner interdependence models (APIM) has shown that a greater number of couples is required to detect partner effects compared to actor effects (Ackerman & Kenny, 2016; Le, Impett, Lemay, Muise, & Tskhay, 2018); however, this may also be dependent on reporter method (e.g., self-report vs. partner-report; Orth, 2012). An additional possibility for the absence of partner effects may be attributed to the link between the measurement reliability and effect size. In a review of factors that affect the presence of statistical interactions, Aiken and West (1991) showed that as the reliabilities of the predictor variables for the interaction decreases, the effect size of the interaction term drops considerably; in fact, even when conventional alpha values are followed, the sample size required to observe small effect sizes is more than doubled.

The generalizability of the findings may be limited to the characteristics of the sample. The couples that participated in this study were predominantly White and high in socioeconomic status. Thus, this sample may not be generalizable to lower-income couples or minority couples. It also remains to be seen whether the results of this study would apply to stepmother households. Prior research has shown that stepmothers typically report more role ambiguity and stress as well as lower wellbeing compared to biological mothers and stepfathers (Doodson & Davies, 2014; Shapiro, 2014). These differences may be due, in part, to the stigma surrounding the stepmother role, as stepmothers are perceived less positively and have reported more frequent coparental conflicts compared to stepfathers (Ganong, Coleman, Jamison, & Feistman, 2015; Hadfield & Nixon, 2012). Given that data were collected from only 13 residential father-stepmother households, no exploratory analyses could be reliably conducted to test these

propositions. Thus, the findings from this study await further replication among stepmother households.

The cross-sectional design coupled with the use of retrospective reports precludes any causal claims to be made. Longitudinal designs that incorporate multiple reports would overcome temporal association limitations. It is also important to note that alternative models do exist to elucidate the effect of emotion regulation and marital conflict on individual and relational outcomes. Some studies have examined emotion regulation as a mediator (Marroquin & Nolen-Hoeksema, 2015), whereas others have investigated marital conflict behaviors as the primary mediator (Bloch, Haase, & Levenson, 2014). Nevertheless, the available literature shows that emotion regulation is best captured as a moderator in the association between stress and wellbeing (Extrema & Rey, 2015; Ford, Mauss, Troy, Smolen, & Hankin, 2014). Thus, future research should attempt to disentangle social interaction processes on emotion regulation and individual and relational mental health (e.g., Gross, 2015). Further, it is also plausible that mental health issues may co-occur with maladaptive emotion regulation strategies to affect marital satisfaction. However, results from a meta-analysis on marital quality and spousal wellbeing showed that marital quality processes are stronger predictors of mental health than mental health indicators are predictors of marital quality (Proulx, Helms, & Buehler, 2007).

Given the complex findings observed among remarried wives in this study, an important direction for future research would be to better capture the fluid interpersonal dynamics that give rise to emotion regulation and whether flexible use of emotion regulation may predict individual and relationship functioning. Contemporary research

and theorizing has prompted a concerted effort to go beyond main effect models of emotion regulation to better understanding contextual factors that make particular emotion regulation strategies adaptive or maladaptive (Bonanno, 2013; Gross, 2015). Because the study of emotion regulation flexibility is still in its infancy, qualitative research may be better able to shed light on why remarried wives may use particular emotion regulation strategies. Further, daily diary studies could also provide insight into the interpersonal dynamics and contextual factors that may contribute to emotion regulation usage.

Conclusion

The results provide partial support for the overarching hypothesis that interactive effects of marital conflict and emotion regulation strategies on marital satisfaction and mental health would be most pronounced among stepfamily couples. Although emotion regulation strategies appeared to operate in a similar fashion across couples in first marriages and stepfamilies, some important differences were observed. These differences underscore the complex stressors that are inherent within stepfamily couples. This study illustrates how attending to moderating effects both intrapersonal (e.g., emotion regulation strategies) and relational factors (e.g., family type) can help clarify the differential associations observed for individual and relationship outcomes.

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Table 1.

Study Hypotheses and Support for Hypotheses

Hypothesis Number	Hypothesis	Hypothesis Support
1a	Spouses' use of cognitive reappraisal will weaken the negative actor and partner associations between marital conflict and marital satisfaction.	Hypothesis was support for first married wives and remarried wives
1b	The moderating effect of cognitive reappraisal on the actor and partner associations between marital conflict and marital satisfaction will be greater among stepfamily couples than first married couples.	No support for hypothesis
2a	Spouses' use of expressive suppression will strengthen the negative actor and partner associations between marital conflict and marital satisfaction.	Hypothesis was supported remarried husbands
2b	The moderating effect of expressive suppression on the associations between marital conflict and marital satisfaction will be greater among stepfamily couples than first married couples.	Hypothesis was supported for husbands
3a	Spouses' use of cognitive reappraisal will weaken the negative actor and partner associations between marital conflict and personal wellbeing.	Hypothesis was supported first married wives and remarried husbands
3b	The moderating effect of cognitive reappraisal on the actor and partner associations between marital conflict and personal wellbeing will be greater among stepfamily couples than first married couples.	Hypothesis was not supported
4a	Spouses' use of expressive suppression will strengthen the negative actor and partner associations between marital conflict and personal wellbeing variables.	Hypothesis was supported for remarried husbands and remarried wives
4b	The moderating effect of expressive suppression on the associations between marital conflict and personal wellbeing variables will be greater among stepfamily couples than first married couples.	Hypothesis was not supported

Table 2.

Sample Demographics

Demographic	First Marriage Couples		Stepfamily couples	
	Husbands Sample %	Wife Sample %	Husband Sample %	Wife Sample %
Ethnicity				
Hispanic	1.7	2.6	5.6	4.6
Non-Hispanic	98.3	97.4	94.4	95.4
Race ^a				
American Indian or Alaskan Native	1.8	.9	3.7	1.9
Asian	3.4	5.2	.9	2.8
African American	3.4	2.6	17.6	18.5
Native Hawaiian or Pacific Islander	.9	1.7	.9	.9
White	87.1	87.1	74.1	69.4
Two races	2.6	1.7	2.8	3.7
Other	.9	.9	0	2.8
Employment Status ^b				
Unemployed, not seeking	2.6	9.5	1.9	6.5
Unemployed, Seeking	5.2	1.7	6.5	9.3
Part-time	7.8	2.6	9.3	9.3
Full-time	77.6	72.4	72.2	55.6
Retired	0	0	.9	1.9
Student	6.0	9.5	3.7	9.3
Other	.9	4.3	5.6	8.3

Table 2.

Continued

Demographic	First Marriage Couples		Stepfamily couples	
	Husbands Sample %	Wife Sample %	Husband Sample %	Wife Sample %
Education ^a				
Less than high school	.9	0	2.8	.9
High school graduate	6.0	3.4	15.7	8.3
Some college	14.7	8.6	26.9	21.3
Associate's degree	3.4	8.6	19.4	19.4
Bachelor's degree	37.1	41.4	17.6	22.2
Master's degree	24.1	29.3	9.3	22.2
Professional degree	5.2	4.3	4.6	4.6
Doctorate degree	8.6	4.3	3.7	.9
Family Income				
Less than \$10,000	0	.9	2.8	3.7
\$10,000 - \$19,000	3.4	1.7	8.3	6.5
\$20,000 - \$29,000	3.4	5.2	6.5	6.5
\$30,000 - \$39,000	6.0	6.9	6.5	8.3
\$40,000 - \$49,000	11.2	6.9	9.3	11.1
\$50,000 - \$59,000	12.1	13.8	9.3	8.3
\$60,000 - \$69,000	12.1	13.8	4.6	9.3
\$70,000 - \$79,000	12.1	8.6	11.1	11.1
\$80,000 - \$89,000	8.6	12.1	12	5.6
\$90,000 - \$99,000	6.0	7.8	5.6	9.3
More than \$100,000	22.4	18.9	18.5	18.5
No response	2.6	3.4	5.6	1.9

Table 2.

Continued

Relationship demographics	First Married Couples	Stepfamily couples
	Mean (SD)	Mean (SD)
Years married ^a	8.88 (5.98)	5.98 (4.41)
Average number of children ^a	1.70 (0.87)	2.40 (1.22)
Average child age ^a	5.47 (4.24)	9.85 (5.88)

Note. $N = 111$ first married couples and 108 stepfamily couples. Superscripts denote differences between couples.

Table 3.

Reliabilities, Means, Standard Deviations, and Group Differences

Construct	Scale Range	First Married Couples						Stepfamily couples					
		Husbands			Wives			Husbands			Wives		
		α	M	SD	α	M	SD	α	M	SD	α	M	SD
Marital Conflict	20 – 120	.90	43.86 ^b	10.34	.86	44.32 ^b	10.71	.94	52.26 ^b	17.31	.93	49.12 ^b	16.38
Cognitive Reappraisal	6 – 42	.82	29.40	5.70	.81	29.90 ^b	5.06	.89	27.59	8.00	.86	28.63 ^b	7.05
Expressive Suppression	4 – 28	.83	15.17 ^a	4.90	.84	11.22 ^{ab}	4.88	.88	15.92 ^a	6.70	.81	13.44 ^{ab}	5.82
Marital Satisfaction	6 – 52	.94	39.04 ^b	5.90	.94	37.72	6.60	.96	35.71 ^b	8.87	.95	35.86	8.66
Mental Health	0 – 100	.74	47.96 ^b	4.30	.77	48.81 ^b	4.91	.82	45.63 ^{ab}	5.81	.78	47.40 ^{ab}	5.07

Note. $N = 111$ first married couples and 108 stepfamily couples. Superscripts denoted with *a* indicate gender differences within couples; superscripts denoted with *b* reflect gender differences between couples. All superscripts denote statistically significant at the $p < .05$ level.

Table 4.

Bivariate Correlations for Couples in First Marriages and Remarries

	First Married Couples									
	HMC	HCR	HES	HMS	HMH	WMC	WCR	WES	WMS	WMH
HMC	1									
HCR	-.091	1								
HES	.199*	.116	1							
HMS	-.337***	-.111	-.150	1						
HMH	-.114	-.199*	-.003	.212*	1					
WMC	.201*	-.138	-.022	-.191*	-.092	1				
WCR	-.050	.115	.040	.153	-.122	-.083	1			
WES	.019	-.069	.071	.004	-.027	.113	.009	1		
WMS	-.210*	-.073	-.053	.466***	.166	-.490***	.210*	-.274**	1	
WMH	-.024	.148	.007	.017	.203*	.060	-.030	-.113	.111	1
	Stepfamily couples									
	HMC	HCR	HES	HMS	HMH	WMC	WCR	WES	WMS	WMH
HMC	1									
HCR	-.100	1								
HES	.149	.077	1							
HMS	-.357**	.241*	-.170	1						
HMH	-.287**	.175	-.236*	.214*	1					
WMC	.418**	-.157	.001	-.209*	-.196*	1				
WCR	-.022	.012	-.093	.138	.019	-.115	1			
WES	.117	-.231*	-.134	.016	-.011	.298**	.191*	1		
WMS	-.193*	.043	-.115	.220*	.073	-.491**	.156	-.104	1	
WMH	-.116	.022	.101	.064	.182	-.290**	.210*	-.200*	.249**	1

Note. $N = 111$ first married couples and 108 stepfamily couples. H = husband; W = wife; MC = marital conflict; CR = cognitive reappraisal; ES = expressive suppression; MS = marital satisfaction; MH = mental health. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5

*Main Effects and Moderation Model Estimates for Marital Conflict and Cognitive**Reappraisal on Marital Satisfaction in First Marriages and Remarriages*

			<u>First Married Couples</u>			<u>Stepfamily couples</u>		
			Estimate	95% CI		Estimate	95% CI	
Parameter				LB	UB		LB	UB
Main Effects Model								
HMC	→	HMS	-.331**	-.618	-.155	-.345**	-.533	-.150
HMC	→	WMS	-.137*	-.262	-.029	-.030	-.165	.127
WMC	→	WMS	-.444***	-.602	-.292	-.442***	-.628	-.286
WMC	→	HMS	-.090	-.225	.027	-.031	-.216	.124
HCR	→	HMS	-.144	-.307	.010	.193*	.055	.362
HCR	→	WMS	-.118	-.265	.012	-.046	-.208	.083
WCR	→	WMS	.108*	.092	.348	.061	-.095	.224
WCR	→	HMS	.138*	.006	.269	.136*	.022	.273
Actor Model Interaction Effects								
HMCxHCR	→	HMS	-.103	-.364	.140	-.056	-.250	.103
HMCxHCR	→	WMS	.169	-.037	.434	.128†	-.032	.296
WMCxWCR	→	WMS	.131* _a	-.056	.220	.153* _a	.054	.278
WMCxWCR	→	HMS	-.045	-.247	.103	.054	-.047	.146
Partner Model Interaction Effects								
WMCxHCR	→	HMS	.000	-.160	.134	-.011	-.136	.116
WMCxHCR	→	WMS	-.079	-.251	.079	.112	-.102	.315
HMCxWCR	→	WMS	.050 _a	-.133	.313	.200* _a	.065	.393
HMCxWCR	→	HMS	.073	-.182	.312	.123	-.023	.244

Table 5

Continued

Model Fit	χ^2 (df), <i>p</i> -value	CFI	RMSEA
Main Effects	4.824(8), <i>p</i> = .776	1.000	.000
Actor Model	11.936(16), <i>p</i> = .748	1.000	.000
Partner Model	28.784(26), <i>p</i> = .321	.987	.022

Note. H = husband; W = wife; MC = marital conflict; CR= cognitive reappraisal; MS = marital satisfaction; CI = confidence interval; **p*< .05; ***p*< .01; ****p*< .001; † = *p*<.06. Estimates with the same subscript indicate no group differences.

Table 6

*Main Effects and Moderation Model Estimates for Marital Conflict and Expressive**Suppression on Marital Satisfaction in First Marriages and Remarriages*

Parameter			First Married Couples			Stepfamily couples		
			Estimate	95% CI		Estimate	95% CI	
	LB	UB			LB		UB	
Main Effects Model								
HMC	→	HMS	-.299***	-.575	-.129	-.331**	-.511	-.141
HMC	→	WMS	-.123*	-.276	-.013	-.008	-.157	.164
WMC	→	WMS	-.433***	-.596	-.277	-.464***	-.657	-.284
WMC	→	HMS	-.103	-.239	.022	-.093	-.292	.081
HES	→	HMS	-.054	-.218	.117	-.115	-.269	.048
HES	→	WMS	-.028	-.163	.116	-.086	-.221	.034
WES	→	WMS	-.172	-.278	-.068	.054	-.082	.210
WES	→	HMS	.052	-.072	.176	.049	-.074	.182
Actor Model Interaction Effects								
HMCxHES	→	HMS	.077 _a	-.318	.268	-.182** _b	-.295	-.070
HMCxHES	→	WMS	-.058	-.286	.086	-.018	-.124	.084
WMCxWES	→	WMS	.015	-.114	.167	.109 [†]	-.013	.232
WMCxWES	→	HMS	.027	-.112	.198	.014	-.086	.108
Partner Model Interaction Effects								
WMCxHES	→	HMS	-.047	-.205	.088	.113	-.027	.273
WMCxHES	→	WMS	.063 _a	-.208	.271	.177* _a	.044	.336
HMCxWES	→	WMS	.138	-.061	.311	.116	-.057	.302
HMCxWES	→	HMS	.020	-.179	.186	-.014	-.159	.120

Table 6

Continued

Model Fit	χ^2 (df), <i>p</i> -value	CFI	RMSEA
Main Effects	8.511(8), <i>p</i> = .385	.997	.017
Actor Model	35.111(26), <i>p</i> = .109	.959	.040
Partner Model	20.070(22), <i>p</i> = .579	.976	.036

Note. H = husband; W = wife; MC = marital conflict; ES = expressive suppression; MS = marital satisfaction; CI = confidence interval; **p* < .05; ***p* < .01; ****p* < .001; † = *p* < .06. Estimates with the same subscript indicate group differences; estimates with different subscripts indicate group differences.

Table 7

*Main Effects and Moderation Model Estimates for Marital Conflict and Cognitive**Reappraisal on Mental Health in First Marriages and Remarriages*

			<u>First Married Couples</u>			<u>Stepfamily couples</u>		
			Estimate	95% CI		Estimate	95% CI	
Parameter				LB	UB		LB	UB
Main Effects Model								
HMC	→	HMH	-.082	-.246	.047	-.235*	-.431	-.050
HMC	→	WMH	-.038	-.199	.184	.001	-.134	.142
WMC	→	WMH	.073	-.116	.284	-.208*	-.368	-.037
WMC	→	HMH	-.186*	-.323	-.052	-.021	-.176	.138
HCR	→	HMH	-.165*	-.321	-.021	.113	-.056	.273
HCR	→	WMH	.183*	.004	.374	-.032	-.164	.104
WCR	→	WMH	.035	-.168	.253	.146	-.026	.318
WCR	→	HMH	-.045	-.199	.127	-.014	-.189	.191
Actor Model Interaction Effects								
HMCxHCR	→	HMH	-.232†	-.470	.009	-.083	-.230	.054
HMCxHCR	→	WMH	-.080	-.472	.252	.091	-.023	.212
WMCxWCR	→	WMH	.389* _a	.170	.662	.031 _b	-.111	.181
WMCxWCR	→	HMH	.003	-.142	.200	-.046	-.176	.071
Partner Model Interaction Effects								
WMCxHCR	→	HMH	-.091	-	0.038	-.039	-.202	.096
				0.239				
WMCxHCR	→	WMH	.134 _a	-	0.333	.143* _a	.015	.261
				0.055				
HMCxWCR	→	WMH	.070	-	0.443	-.074	-.212	.084
				0.227				
HMCxWCR	→	HMH	-.230	-	0.049	-.058	-.238	.112
				0.507				

Table 7

Continued

Model Fit	χ^2 (df), <i>p</i> -value	CFI	RMSEA
Main Effects	11.383(8), <i>p</i> = .180	.966	.044
Actor Model	26.635(26), <i>p</i> = .429	.996	.010
Partner Model	20.070(22), <i>p</i> = .579	1.000	.000

Note. H = husband; W = wife; MC = marital conflict; CR= cognitive reappraisal; MH = mental health; CI = confidence interval; **p*< .05; ***p*< .01; ****p*< .001; †= *p*<.06. Estimates with the same subscript indicate group differences; estimates with different subscripts indicate group differences.

Table 8

Main Effects and Moderation Model Estimates for Marital Conflict and Expressive Suppression on Mental Health in First Marriages and Remarriages

Parameter			First Married Couples			Stepfamily couples		
			Estimate	95% CI		Estimate	95% CI	
	LB	UB		LB	UB			
Main Effects Model								
HMC	→	HMH	-.054	-.217	.088	-.198*	-.382	-.050
HMC	→	WMH	-.073	-.237	.111	-.011	-.141	.130
WMC	→	WMH	.087	-.103	.328	-.197*	-.365	-.039
WMC	→	HMH	-.174*	-.311	-.037	-.057	-.214	.097
HES	→	HMH	-.023	-.159	.111	-.210*	-.340	-.066
HES	→	WMH	.015	-.167	.215	.079	-.047	.209
WES	→	WMH	-.161	-.362	.059	-.084	-.261	.118
WES	→	HMH	.016	-.142	.160	.060	-.109	.264
Actor Model Interaction Effects								
HMCxHES	→	HMH	-.065 _a	-.250	.097	-.154* _a	-.226	-.061
HMCxHES	→	WMH	-.052	-.358	.146	.059	-.023	.160
WMCxWES	→	WMH	-.123	-.405	.139	.001	-.157	.170
WMCxWES	→	HMH	-.019	-.209	.161	-.098	-.230	.031
Partner Model Interaction Effects								
WMCxHES	→	HMH	-.124	-.304	.079	-.090	-.184	.038
WMCxHES	→	WMH	-.049	-.425	.240	.034	-.090	.149
HMCxWES	→	WMH	-.193	-.520	.092	-.138†	-.288	.002
HMCxWES	→	HMH	.044 _a	-.164	.243	-.154* _a	-.320	-.001

Table 8

Continued

Model Fit	χ^2 (df), <i>p</i> -value	CFI	RMSEA
Main Effects	3.924(4), <i>p</i> = .416	1.000	.000
Actor Model	16.559(18), <i>p</i> = .554	1.000	.000
Partner Model	12.485(12), <i>p</i> = .410	.997	.013

Note. H = husband; W = wife; MC = marital conflict; ES= expressive suppression; MH = mental health; **p*< .05; ***p*< .01; ****p*< .001; † = *p*<.06. Estimates with the same subscript indicate group differences.

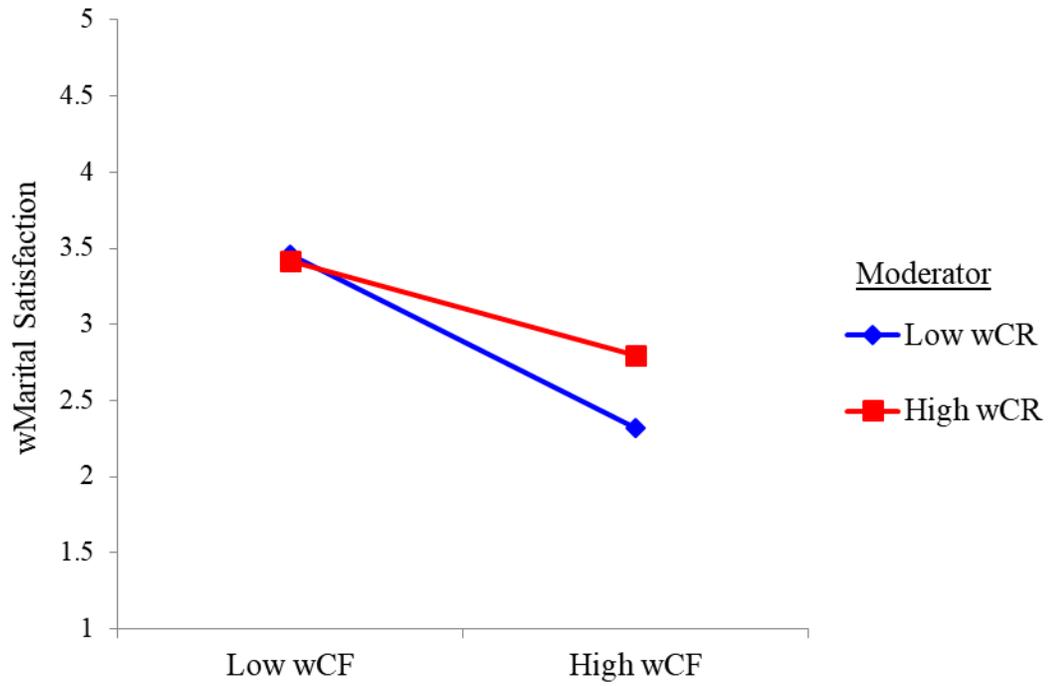


Figure 1. Moderating role of first married wives' cognitive reappraisal in the actor association between their own' reports of marital conflict and marital satisfaction.

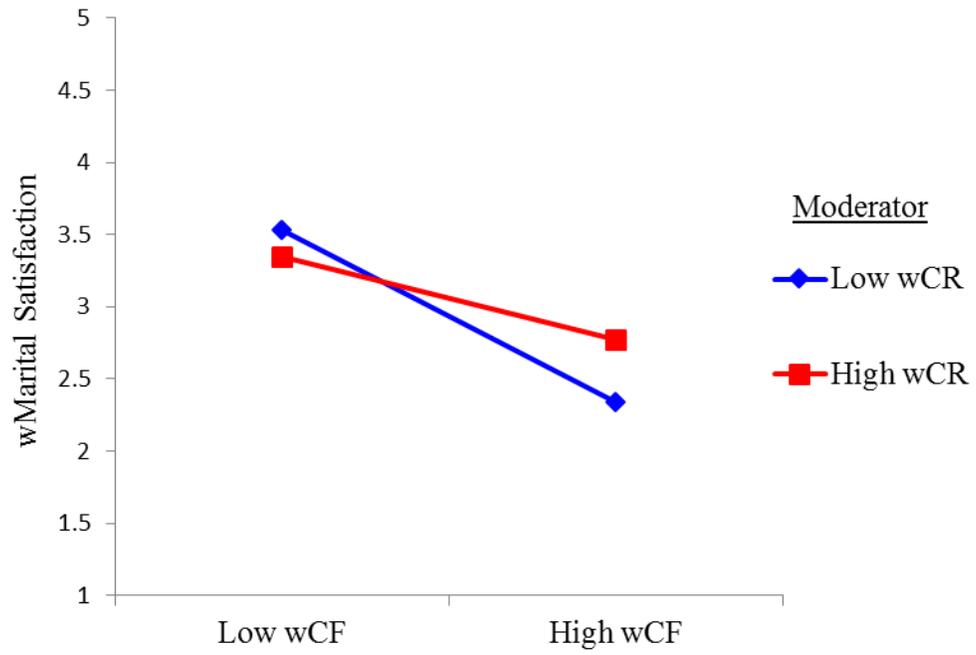


Figure 2. Moderating role of remarried wives' cognitive reappraisal in the actor association between their own' reports of marital conflict and marital satisfaction.

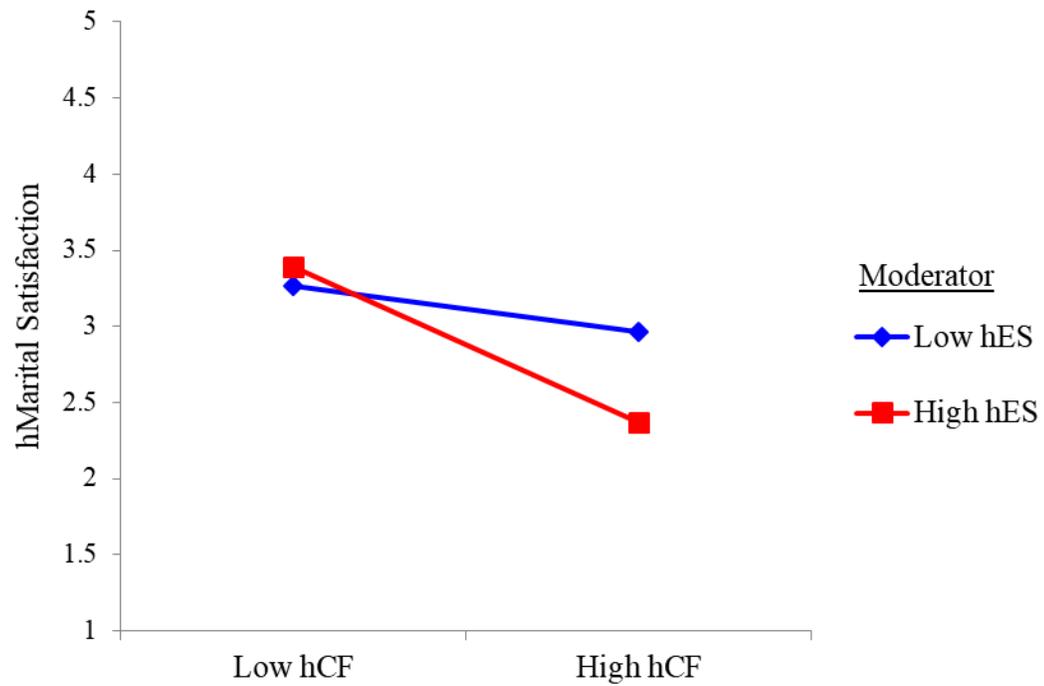


Figure 3. Moderating role of remarried husbands' expressive suppression in the actor association between their own' reports of marital conflict and marital satisfaction.

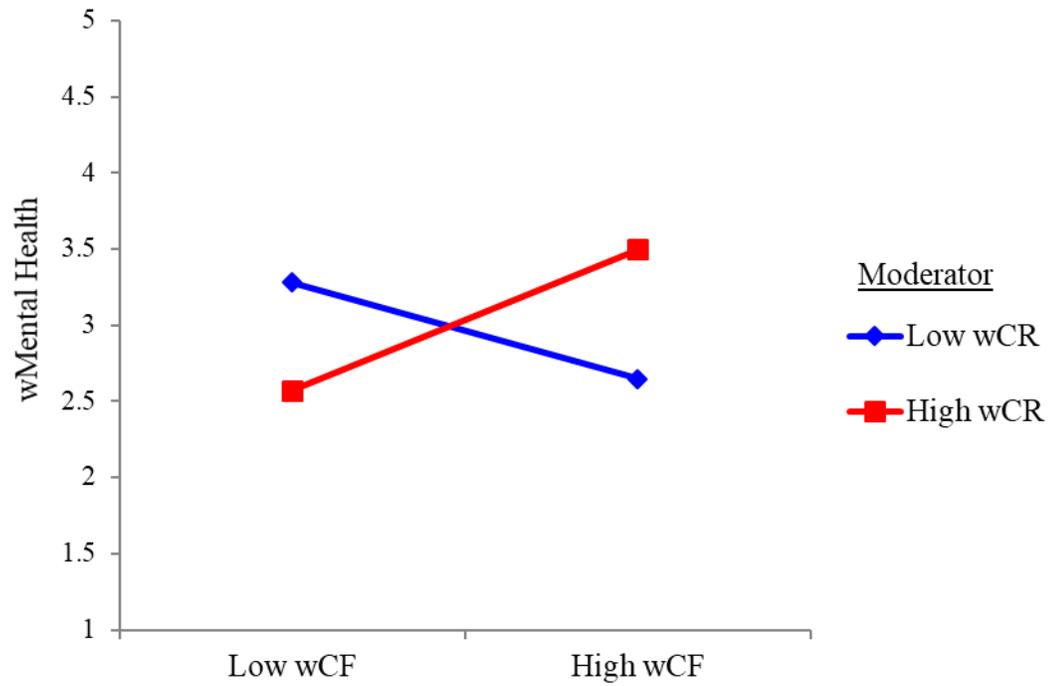


Figure 4. Moderating role of first married wives' cognitive reappraisal in the actor association between their own' reports of marital conflict and mental health

APPENDIX

Study Advertisement

Research Opportunity for Married Couples

We are recruiting married and stepfamily couples who live with at least one child between 6 and 17 years of age for a study about marital communication.

Are you eligible?

- Both husbands and wives must participate in the study
- The couple has lived together for at least 3 months
- A child between the ages of 6 – 17 must live in the household at least half of the time.

What do you need to do?

The study requires individuals to complete an online survey. The survey will take approximately 30 minutes to complete.

You will earn a \$10 gift card for completing the survey. If both partners in a couple complete the survey, each partner will earn an additional \$5 gift card.

To see if you qualify, contact Nick Frye at nef6fd@mail.missouri.edu or go to [link to screening/consent forms].

Announcement sponsored by Department of Human Development and Family Studies

Word-of-Mouth Recruitment (Snowballing)

Individuals who complete the surveys will be asked to ask friends and acquaintances who might be eligible for the study to contact Marilyn Coleman, Lawrence Ganong, or Nick Frye via phone or email.

Marilyn Coleman Phone: 573-882-4360

email: colemanma@missouri.edu

Lawrence Ganong Phone: 573-882-6852

email: ganongl@missouri.edu

Nick Frye Phone: 765-426-1738

email: nef6fd@mail.missouri.edu

Also, here is the link for this person to complete the on-line screening form {link here}

Screening Questionnaire for the Couple Communication Study

If you have questions, please contact Marilyn Coleman at 573-882-4360 (email:

colemanma@missouri.edu), Lawrence Ganong at 573-882-6852 (email:

ganongl@missouri.edu), or Nick Frye at 765-426-1738 (email:

nef6fd@mail.missouri.edu).

1. What is your name? _____
2. What is your phone number? _____
3. What is your email address? _____
4. Are you married?
 - a. Yes _____. If yes, How long? _____ months or years
 - b. No _____
5. How many times have you been married, counting your current marriage? _____ times
6. Do you have children?
 - a. Yes _____
 - b. No _____
 - c. If yes, what are the ages of:
 - i. The oldest child? _____
 - ii. The youngest child _____
7. Do you have stepchildren that live with you at least half of the time?
 - a. Yes _____
 - b. No _____
 - c. If yes, what are the ages of:
 - i. The oldest stepchild? _____
 - ii. The youngest stepchild _____
8. Who lives in your household with you? Check all that apply.
____ spouse or partner
____ a child or children
____ a stepchild or stepchildren
____ other (specify who) _____
____ nobody, I live alone
9. Is your spouse willing to participate in the study?
 - a. Yes _____
 - b. No _____
 - c. Not sure _____
10. If you answered Yes or Not Sure to item 9, what is your spouse's email address?

Consent Form to Participate in a Research Study

INVESTIGATOR'S NAME: DR. LAWRENCE GANONG, DR. MARILYN COLEMAN, & NICK FRYE

PROJECT # 1208311

STUDY TITLE: COUPLE COMMUNICATION

INTRODUCTION

This consent may contain words that you do not understand. Please ask the investigator or the study staff to explain any words or information that you do not clearly understand.

You are being asked to complete a screening form in order to establish your eligibility for this research study. To be able to participate in this study you must match the following criteria: 1) both you and your spouse will agree to participate in the study; 2) You must have lived in the same household as your spouse for at least 3 months; 3) A child between the ages of 6 and 17 years of age must live in the household for at least 50% of the time.

You are being asked to volunteer to participate in a research study. This research is being done to help understand marital interactions and well-being. This study will include only people who choose to participate. As a study participant you have the right to know about the procedures that will be used in this research study so that you can make the decision whether to participate. The information presented here is simply an effort to make you better informed so that you may give or withhold your consent to participate in this research study.

Please take your time to make your decision and discuss it with your spouse. This study is being sponsored by both the Margaret Mangel Grant and a Research Council Grant provided by the University of Missouri.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to help understand your marital communication, emotions, and health. This research is being done because we do not know how family communication and emotions influence an adult's health.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

About 225 couples will take part in this study.

WHAT IS INVOLVED IN THE STUDY?

You and your spouse will be asked to complete a series of online questionnaires. Each of you will complete the survey independently of each other. Following the completion of each survey, the information you provide will be saved to a secure electronic database only available to the researchers of this study.

How Long Will I Be in the Study?

Your participation in this study will take approximately 30 minutes. You can stop participating at any time without penalty.

WHAT ARE THE RISKS OF THE STUDY?

Participation in this project is completely voluntary, and there will be no negative consequences if you choose not to participate. The study has little risk, but you may experience feelings of discomfort when reflecting on potentially upsetting experiences. However, these risks are no greater than discussing sensitive issues with friends and family in an everyday setting. If you experience any problems as a result of participating in the study, you can choose to quit completing the survey. A list of support services will be provided at the end of the survey. You will be encouraged to contact the principal investigator with any problems or concerns.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there are some benefits. You may expect to benefit from taking part in this research to the extent that you are contributing to scientific knowledge about family communication, emotions, and health. In return for completing the entire survey, you will receive a Target gift card for \$10 dollars. Should your spouse also complete the entire survey each of you will receive an additional \$5 gift card. You may also receive partial compensation for completing parts of the survey. The amount of compensation received will be commensurate with the amount of survey items completed. You can expect to receive your compensation within two weeks of completing the study.

WHAT ABOUT CONFIDENTIALITY?

Information produced by this study will be stored in an online, survey database provided by the University of Missouri. The investigators will be the only people to have access to any information you may provide. To access any of the data must login to the secured network with a username and password. Information contained in your records may not be given to anyone unaffiliated with the study in a form that could identify you without your written consent, except as required by law.

WHAT ARE THE COSTS?

There are no costs to you.

WILL I BE PAID FOR PARTICIPATING IN THE STUDY?

For participating, you and your spouse may receive a total of \$30 in Target gift cards.

What Are My Rights as a Participant?

Participation in this study is voluntary. You do not have to participate in this study. If you decide to participate, you can change your mind and drop out of the study at any time.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions regarding your rights as a participant in this research and/or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the University of Missouri Campus Institutional Review Board (which is a group of people who review the research studies to protect participants’ rights) at (573) 882-9585, or email at umcresearchcirb@missouri.edu .

You may ask more questions about the study at any time. For questions about the study contact Dr. Marilyn Coleman at 573-882-4360 (email: colemanma@missouri.edu), Dr. Lawrence Ganong at 573-882-6852 (email: ganongl@missouri.edu), or Nick Frye at 765-426-1738 (email: nef6fd@mail.missouri.edu).

ELECTRONIC SIGNATURE (THIS WILL BE EMAILED TO EACH PARTICIPANT)

I confirm that the purpose of the research, the study procedures, the possible risks and discomforts as well as potential benefits that I may experience have been explained to me. Alternatives to my participation in the study also have been discussed. I have read this consent form and my questions have been answered. My electronic signature assigned to me by the researchers of this study, indicates my willingness to participate in this study.

_____ (4 digit electronic signature will be entered here)

Following the completion of this study, all contact information will be destroyed.

CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

INVESTIGATOR'S NAME: DR. LAWRENCE GANONG, DR. MARILYN COLEMAN, & NICK

FRYE

PROJECT # 1208311

STUDY TITLE: MARITAL COMMUNICATION & WELLBEING.

INTRODUCTION

This consent may contain words that you do not understand. Please ask the investigator or the study staff to explain any words or information that you do not clearly understand.

You are being asked to volunteer to participate in a research study. This research is being done to help understand marital interactions and well-being. This study will include only people who choose to participate. As a study participant you have the right to know about the procedures that will be used in this research study so that you can make the decision whether to participate. The information presented here is simply an effort to make you better informed so that you may give or withhold your consent to participate in this research study.

Please take your time to make your decision and discuss it with your spouse. This study is being sponsored by both the Margaret Mangel Grant and a Research Council Grant provided by the University of Missouri.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to help understand your marital communication, emotions, and health. This research is being done because we do not know how family communication and emotions influence an adult's health.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

About 225 couples will take part in this study.

WHAT IS INVOLVED IN THE STUDY?

You and your spouse will be asked to complete a series of online questionnaires. Each of you will complete the survey independently of each other. Following the completion of each survey, the information you provide will be saved to a secure electronic database only available to the researchers of this study.

HOW LONG WILL I BE IN THE STUDY?

Your participation in this study will take approximately 30 minutes. You can stop participating at any time without penalty.

WHAT ARE THE RISKS OF THE STUDY?

Participation in this project is completely voluntary, and there will be no negative consequences if you choose not to participate. The study has little risk, but you may experience feelings of discomfort when reflecting on potentially upsetting experiences. However, these risks are no greater than discussing sensitive issues with friends and family in an everyday setting. If you experience any problems as a result of participating in the study, you can choose to quit completing the survey. A list of support services will be provided at the end of the survey. You will be encouraged to contact the principal investigator with any problems or concerns.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there are some benefits. You may expect to benefit from taking part in this research to the extent that you are contributing to scientific knowledge about family communication, emotions, and health. In return for completing the entire survey, you will receive a Target gift card for \$10 dollars. Should your spouse also complete the entire survey each of you will receive an additional \$5 gift card. You may also receive partial compensation for completing parts of the survey. The amount of compensation received will be commensurate with the amount of survey items completed. You can expect to receive your compensation within two weeks of completing the study.

WHAT ABOUT CONFIDENTIALITY?

Information produced by this study will be stored in an online, survey database provided by the University of Missouri. The investigators will be the only people to have access to any information you may provide. To access any of the data must login to the secured network with a username and password. Information contained in your records may not be given to anyone unaffiliated with the study in a form that could identify you without your written consent, except as required by law.

WHAT ARE THE COSTS?

There are no costs to you.

WILL I BE PAID FOR PARTICIPATING IN THE STUDY?

For participating, you and your spouse may receive a total of \$30 in Target gift cards.

WHAT ARE MY RIGHTS AS A PARTICIPANT?

Participation in this study is voluntary. You do not have to participate in this study. If you decide to participate, you can change your mind and drop out of the study at any time.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions regarding your rights as a participant in this research and/or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the University of Missouri Campus Institutional Review Board (which is a group of people who review the research studies to protect participants' rights) at (573) 882-9585, or email at umcresearchcibr@missouri.edu .

You may ask more questions about the study at any time. For questions about the study contact Dr. Marilyn Coleman at 573-882-4360 (email: colemanma@missouri.edu), Dr. Lawrence Ganong at 573-882-6852 (email: ganongl@missouri.edu), or Nick Frye at 765-426-1738 (email: nef6fd@mail.missouri.edu).

ELECTRONIC SIGNATURE (THIS WILL BE EMAILED TO EACH PARTICIPANT)

I confirm that the purpose of the research, the study procedures, the possible risks and discomforts as well as potential benefits that I may experience have been explained to me. Alternatives to my participation in the study also have been discussed. I have read this consent form and my questions have been answered. My electronic signature assigned to me by the researchers of this study, indicates my willingness to participate in this study.

_____ (4 digit electronic signature will be entered here)

Following the completion of this study, all contact information will be destroyed.

Ineligible Participant email

Hello. My name is Nick Frye. You completed a screening form for a research project about marital communication and wellbeing. I regret to inform you that you are not eligible to be in the study. If you have any questions, please do not hesitate to contact me by email nef6fd@mail.missouri.edu, or by phone: 765-426-1738. Thank you for your time.

Eligibility Requirements:

- Both husbands and wives must participate in the study
- The couple has lived together for at least 3 months
- A child between 6 and 17 years of age must live in the household at least 50% of the time

Email Sent to Eligible Participants

Hi. My name is Nick Frye. You and your partner are eligible to participate in the Marital Communication Study conducted by me and Professors Marilyn Coleman and Lawrence Ganong of the University of Missouri. To participate in this study you and your spouse will complete an online survey that will take approximately 30 minutes to complete.

You will need to agree to participate in this study before you can begin.

You can find the link to the consent form here [link to consent form will be here].

In order to sign the consent for you will need to enter the following 4 digit number:

Number here

Once we have received completed surveys from you and your partner, you and your partner will be compensated a total of \$30.

For questions about the study contact

Dr. Marilyn Coleman at 573-882-4360 (email: colemanma@missouri.edu),

Dr. Lawrence Ganong at 573-882-6852 (email: ganongl@missouri.edu), or

Nick Frye at 765-426-1738 (email: nef6fd@mail.missouri.edu).

Survey Items

[Upon logging into this system the first time participants will see a screen with only these directions on it; these directions will appear on without any other information on a page]

Directions: This series of questionnaires will ask you to answer questions about yourself and your relationship. Your responses to the questions are completely confidential. No one will know your responses but the primary researchers involved in this study. Please answer the questions honestly and to the best of your ability. If you experience any problems in trying to complete these questionnaires, please do not hesitate to contact Nick Frye at (765) 426 – 173

Emotion Regulation Questionnaire

We would like to ask you some questions about your how you control (that is, regulate and manage) your emotions when you have a disagreement, or difference in opinion, with your spouse. The questions below involve two distinct aspects of your emotional life.

One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways.

For each item, please answer using the scale below. For example, when answering the first question checking, saying you strongly disagree with the statement would suggest that you really did not keep your feelings to yourself; in fact, you might had expressed your feelings a lot. If you would answer strongly agree to this question, then that would suggest you tried to keep your feelings hidden so that no one could tell how you were feeling. Lastly, answering neutral to would suggest that you hid your feelings some but not entirely.

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	<i>Strongly Disagree</i>		<i>Neutral</i>			<i>Strongly Agree</i>	
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
When I want to feel more <i>positive</i> emotion, I change <i>what I am thinking</i> about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my emotions to myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less <i>negative</i> emotions, I change <i>what I am thinking</i> about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling <i>positive emotions</i> , I am careful not to express them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm faced with a stressful situation, I make myself <i>think about it</i> in a way that helps me stay calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by <i>not expressing</i> them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel more <i>positive</i> emotion, I <i>change the way</i> I am thinking about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by <i>changing the way I think</i> about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling <i>negative emotions</i> , I make sure not to express them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less <i>negative emotion</i> , I <i>change the way I'm thinking</i> about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical Symptoms Scale

Mark the number for each statement that best describes HOW MUCH THAT THE FOLLOWING PROBLEMS HAVE BOTHERED OR DISTRESSED YOU DURING THAT PAST TWO WEEKS INCLUDING TODAY. Mark only one number for each item. At one extreme, 0 means that you have not been bothered by the problem. At the other extreme, 4 means that the problem has been an extreme bother.

How much were you bothered by:	Not bothered at all	Somewhat bothered	Generally bothered	Very bothered	Extremely bothered
	0	1	2	3	4
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle Soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation/Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>		
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
In most ways my life is close to ideal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far I have gotten the important things I want in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my life over, I would change almost nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of Marriage Index

Please rate the extent to which the following items reflect the relationship you have with your partner.

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>			
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
We have a good marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my partner is very stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our marriage is strong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my partner makes me happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really feel like a team with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate the point that best describes the degree of happiness in your marriage.
The middle point ('happy') represents the degree of happiness most get from marriage.

Very Unhappy							Happy			Totally Perfect
1	2	3	4	5	6	7	8	9	10	

Adapted Beier-Sternberg Discord Questionnaire

Continued

Showing affection to family members	<input type="radio"/>						
Decisions about children	<input type="radio"/>						
Extended family member relations	<input type="radio"/>						
Friends	<input type="radio"/>						
Child care	<input type="radio"/>						
Amount of time spent with kids	<input type="radio"/>						
Managing household budget	<input type="radio"/>						
Work issues	<input type="radio"/>						

Short-Form Health Questionnaire (SF-12)

Below are questions that ask about your health. Please read each question carefully and indicate the extent to which each question reflects your health.

1. In general, would you say your health is:

_____ Excellent (1)

_____ Very Good (2)

_____ Good (3)

_____ Fair (4)

_____ Poor (5)

The following two questions are about activities you might do during a typical day.

Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?

2. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or

playing golf:

_____ Yes, Limited A Lot (1)

_____ Yes, Limited A Little (2)

_____ No, Not Limited At All (3)

3. Climbing SEVERAL flights of stairs:

_____ Yes, Limited A Lot (1)

_____ Yes, Limited A Little (2)

_____ No, Not Limited At All (3)

Short Form Health Questionnaire (SF-12)

Continued

During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?

4. ACCOMPLISHED LESS than you would like:

_____ Yes (1)

_____ No (2)

5. Were limited in the KIND of work or other activities:

_____ Yes (1)

_____ No (2)

During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

6. ACCOMPLISHED LESS than you would like:

_____ Yes (1)

_____ No (2)

7. Didn't do work or other activities as CAREFULLY as usual:

_____ Yes (1)

_____ No (2)

Short Form Health Questionnaire (SF-12)

Continued

8. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work
(including both work outside the home and housework)?

_____ Not At All (1)

_____ A Little Bit (2)

_____ Moderately (3)

_____ Quite A Bit (4)

_____ Extremely (5)

Short Form Health Questionnaire (SF-12)

Continued

The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS:

9. Have you felt calm and peaceful?

_____ All of the Time (1)

_____ Most of the Time (2)

_____ A Good Bit of the Time (3)

_____ Some of the Time (4)

_____ A Little of the Time (5)

_____ None of the Time (6)

10. Did you have a lot of energy?

_____ All of the Time (1)

_____ Most of the Time (2)

_____ A Good Bit of the Time (3)

_____ Some of the Time (4)

_____ A Little of the Time (5)

_____ None of the Time (6)

Short Form Health Questionnaire (SF-12)

Continued

How much of the time during the PAST 4 WEEKS:

11. Have you felt downhearted and blue?

_____ All of the Time (1)

_____ Most of the Time (2)

_____ A Good Bit of the Time (3)

_____ Some of the Time (4)

_____ A Little of the Time (5)

_____ None of the Time (6)

12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

_____ All of the Time (1)

_____ Most of the Time (2)

_____ A Good Bit of the Time (3)

_____ Some of the Time (4)

_____ A Little of the Time (5)

_____ None of the Time (6)

Demographics Questionnaire

What is your gender?

Male

Female

What ethnicity do you consider yourself?

Hispanic

Not Hispanic or Latino

What is your race?

American Indian or Alaska Native (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Black/African (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

White (Not Hispanic or Latino)

Two or more races (Not Hispanic or Latino)

Other: _____

What best describes your current paid employment status?

Unemployed, not seeking paid employment

Unemployed, seeking paid employment

Employed part-time

Employed full-time

Retired

Full-time student

Other

Which of the following is the highest level of education you have completed?

Less than a high school education

High school graduate or equivalent (e.g., GED)

Some college, no degree

Associate's degree

Bachelor's degree

Master's degree

Professional degree (e.g., MD, DDS, JD)

Doctorate degree

What is your total family income?

- | | |
|---|---|
| Less than \$10,000 <input type="checkbox"/> | \$60,000 to \$69,999 <input type="checkbox"/> |
| \$10,000 to \$19,999 <input type="checkbox"/> | \$70,000 to \$79,999 <input type="checkbox"/> |
| \$20,000 to \$29,999 <input type="checkbox"/> | \$80,000 to \$89,999 <input type="checkbox"/> |
| \$30,000 to \$39,999 <input type="checkbox"/> | \$90,000 to \$99,999 <input type="checkbox"/> |
| \$40,000 to \$49,999 <input type="checkbox"/> | Over \$100,000 <input type="checkbox"/> |
| \$50,000 to \$59,999 <input type="checkbox"/> | Prefer not to answer <input type="checkbox"/> |

Participant Information

The next few questions are asked to help organize our records and to know where to mail your check for completing the study. Please answer the following questions.

1. What is your mailing address?
2. What is the name of your partner who participated in this study?

[Following the completion of the survey]

Thank you for participating in this study. We are currently looking for stepfamilies to participate in this study.

1. Do you know anyone who is part of a stepfamily with a child between the ages of 12 – 17 years old? Yes No

[If, no. Participant will be thanked again for their participation.]

If yes: Could you please give me the contact information of this person?

Yes No

Name: Email: Phone:

Here is the link for this person to complete the on-line screening form {link here}.

Nick Frye Phone: 765-426-1738) email: nef6fd@mail.missouri.edu

Vitae

Nicky E. Frye was born in Orange, California but was raised throughout Central Indiana. In 2005 he received a Bachelor of Science degree in Psychology from Indiana State University. In 2007 he received a Master of Science degree in Interpersonal Communication from Purdue University. In 2017 he completed his PhD in Human Development and Family Science from the University of Missouri. Nicky's research focuses on interplay between emotion processes, interpersonal relationships, and health.