

Time and Rhythm in Couples.

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In this article, a theory is offered on the role of time in couple functioning and distress. The theory argues that no single set of temporal patterns is associated with couple distress or satisfaction. Rather, it advocates attention to the individual differences between couples in their understanding of the meaning of the temporal patterns in their relationship. The couple's narrative about the evolution and maintenance of these temporal patterns can be understood as revealing much about partners' experiences of the relationship in terms of the concepts of closeness and power. Interventions on the temporal dimension may be useful when the couple presents with an explicit problem in temporal patterns; when a particular temporal pattern prevents the couple from addressing other issues; and when the therapist wishes to reframe a problem in a manner that lowers conflict intensity. Along with the theory, a preliminary taxonomy of time problems in couples is presented as a guide to assessment. This is followed by clinical vignettes to illustrate how the theory can be used in couple therapy.

This article offers an approach to working with the dimension of time in couple problems. The following argument, discussed in greater detail below, offers the chief rationale for why it may be useful to examine the temporal patterns in couple problems. Couple partners' understandings of the meaning of the temporal patterns of their lives together—for instance, partners' perceptions of the significance of the balance of shared time versus time apart, of the frequency of particular joint activities, or of differences in the pace at which they each work toward completing daily chores—reveal much about how they view the distribution of power and degree of closeness between them. Distressed, dysfunctional couples generally have more difficulties than do better functioning couples in the areas of power and closeness. Therefore, distressed couples are likely to have more difficulties than do nondistressed couples around the temporal arrangements and patterns of their relationships. In some cases, these difficulties are the couple's presenting problems; in other cases, problematic temporal patterns underlie presenting problems and must be addressed if they are to be resolved.

As time is ubiquitous, all couple problems occur in time and can be examined from a temporal vantage point. Familiarity with the ways in which time enters into couple difficulties can provide the clinician with a reliable perspective from which to assess and intervene in underlying problems of power and closeness. However, there is not a simple causal relationship between particular temporal patterns and couple distress. The present article attempts to clarify the nature of this relationship, and is organized as follows: First, the theory in which these points are explicated is presented. Second, a taxonomy of the temporal dimension of couples' problems is described, as a guide to clinical assessment. Third, principles of therapeutic intervention are outlined, followed by clinical illustrations.¹ In order to avoid an awkward style, the theory is presented without frequent reference to the hypothetical and tentative nature of the premises outlined. The reader is asked to view the entire theory as needing further empirical and clinical validation.

A THEORY OF TIME IN COUPLE RELATIONSHIPS

It has been conjectured that some form and degree of temporal coordination of one partner's immediate behavior, life activities, and long-range plans with those of the other partner is related to a couple's compatibility, functioning, and sense of harmony (Chapple, 1980; Kantor & Lehr, 1975; Keeney & Cromwell, 1979; Larson, Crane, & Smith, 1991). Couple distress is likewise thought to be reflected in some form of temporal pattern between partners, or between the couple and its larger social system. As Cooklin (1982) has written, "Patterns all have a shape, and patterns of human interaction all are events in time, and thus have a shape in time" (p. 88). Since all the activities and experiences that constitute the material of couples' lives occur in the dimension of time, a couple's narrative of satisfaction and distress always has a temporal side to it.

In some cases, unsatisfactory temporal arrangements figure prominently in the couple's presenting complaint—for example, when one partner prefers more time for shared activities while the other wishes to devote more time to his or her career. In other cases, problematic temporal patterns form an underlying, unrecognized factor in other difficulties. For instance, a couple's ineffective problem solving or negotiating may be due in part to a rhythm of speech characterized by frequent interruptions and long silences; to differences between partners in preferences about how much time to allot to such conversations; to unrealistic expectations about the speed at which they can resolve problems; or to placement of problem discussions in an inopportune position in the sequence of their daily schedule. Likewise, conflicts about allegiances to in-laws may be based upon unacknowledged struggles around who should determine the regularity and duration of visits; sexual "incompatibility" may center upon differences in pace, or in preferences about time allotted to

foreplay versus coitus; and so on. The temporal dimension of couples' behaviors and narratives is thus worthy of the therapist's attention because it may represent a rich area for assessment and a fertile territory for change.

Moreover, it has been suggested that time is a variable common to different family therapy theories, and may offer a potential basis for a unified theory (Breunlin & Schwartz, 1986; Cooklin, 1982). Therapists working from different perspectives may agree on the importance of understanding the temporal patterns and sequences in couples' lives, although for some therapists the focus will be on how these are transmitted across generations, whereas for others, interest will revolve around here-and-now sequences (Cooklin, 1982).

Previous work has attempted to identify particular temporal patterns associated with satisfaction and distress for couples as a group. For instance, a number of authors have argued that partners whose daily patterns on the inactivity-activity (sleep-wake) cycle do not match are likely to experience less marital adjustment and more conflict than couples in which partners are well-matched (Adams & Cromwell, 1978; Darnley, 1981; Larson *et al.*, 1991). However, in one study, mismatched couples with high marital adjustment reported more flexibility and adaptability in their problem solving than did matched couples (Larson *et al.*, 1991). Such a finding raises questions about whether the inherently complex issue of the relation of time to couple satisfaction and functioning can best be addressed through attempts to identify nomothetic patterns descriptive of couples in general, or through an approach that inquires as to the meaning of temporal patterns for individual couples.

The present perspective agrees with the overarching hypothesis of the work to date: that distressed couples experience more conflict around the temporal patterns of their activities than do nondistressed couples. However, it is hypothesized here that couple distress is not reflected in any particular, finite set of temporal patterns between partners. Like many other aspects of human experience, the significance of particular temporal patterns to partners is constructed in their particular social context (Gergen, 1985). Just as societies vary markedly in how they define, partition, and use time (Kluckhohn & Strodtbeck, 1961; Levine, West, & Reis, 1980; Lomax, 1982), each couple and partner within a couple attaches particular meanings to particular temporal arrangements. In order to understand the temporal dimension of a couple's distress, a therapist must explore the partners' joint and separate constructions of how time functions in their relationship.

In turn, it is hypothesized that these constructions about the role of time can be understood to reveal partners' perceptions, expectations, desires, and dissatisfactions about their placement on two theoretical dimensions that have been found useful to clinicians and researchers in thinking about couple and family relationships, as well as about interaction more generally: *closeness* (involvement, proximity, interconnectedness) and *power* (Humphrey & Benjamin, 1986; Markman & Notarius, 1987; Wood, 1985). In distressed couples, partners' conversations about how much time they spend together versus with others, how they make decisions about the use of time they spend together, and about how each views the temporal aspect of the other's behavior frequently brings forth opinions, feelings, attributions, preferences, and concerns about their degree of closeness with each other, and about how power is distributed between them.

Viewed from this idiographic perspective, a high degree of temporal coordination between partners may characterize highly satisfied couples as well as highly distressed couples, depending upon the degree to which this coordination embodies each partner's preferences about degree of closeness and equity in power. Thus, it is through exploring the partners' narrative about their temporal arrangements—how these evolved and are maintained, and what these arrangements tell them about themselves as a couple and as persons individually—that the therapist discerns the impact of temporal arrangements on the couple's actions and experience.

Unpacking the example of sleep-wake patterns, it becomes clear that the same temporal pattern can have widely different meanings and functions for different couples. Consider the following clinical vignette. In one couple, a high degree of temporal coordination on the sleep-wake cycle was accompanied by high distress. The husband had enforced a rigid schedule in which both partners needed to wake together, arrive home together, and go to sleep together every night. Attempts by the wife to vary from this highly synchronized schedule were met with angry outbursts or punishing silences by the husband. In the first session, the wife complained of feeling trapped in this relationship, but did not initially have a language to explain why she felt this way, since other couples saw them as a model of "togetherness."

Exploration of the evolution and maintenance of the couple's highly synchronized daily routine provided a window on the asymmetry in power between the partners. Progress toward a more satisfactory relationship began when the couple started to experiment with creating "private time," which involved rearranging their schedule so that the husband stayed up to watch TV a few hours after the wife went to bed, and the wife rose early to do yoga while the husband slept. This change prompted the couple to examine and allay the husband's fears that his wife would "pull away" from him if they did not stay closely "in synch." In this couple, reduced distress followed from the partners becoming somewhat separated in time, and through examining the meaning of this change for their relationship.

Thus, temporal coordination between partners can reflect either satisfaction or distress, depending on the meaning of the coordination to the couple. Likewise, a *lack* of temporal coordination can reflect satisfaction or distress. In one distressed couple, the husband, an activities therapist, responded to feeling unequal to his wife, a doctoral student on a fellowship, by coming and going at all hours without informing his wife of his plans. In another couple, the partners bemoaned the

regularity of their current, well-coordinated schedules, and fondly reminisced about an earlier period in their relationship when there was much excitement and surprise created by their ever-changing schedules.

Just as distressed and nondistressed couples can be either coordinated or uncoordinated in time, coordination can take different forms. The present theory expands the notion of temporal coordination beyond the idea of a "match" or "mismatch" in partner activities (Keeney & Cromwell, 1979; Larson *et al.*, 1991). Temporal coordination can either bring partners together in time ("in-phase" coordination), or keep partners apart ("out-of-phase" coordination). For example, partners whose sleep-wake cycles match are *in phase*; partners whose sleep-wake cycles do not match but hold a regular relation to one another are temporally coordinated but *out of phase* (McGrath & Kelly, 1986; Moore-Ede, Sulzman, & Fuller, 1982). Viewed from the present perspective, a highly distressed, disengaged couple may have evolved a perfectly coordinated daily schedule through which the partners systematically avoid each other.

In addition to arguing for a more complex understanding of the forms of temporal arrangements reflective of distress and satisfaction, the present theory argues for a more complex understanding of the causal relationship between temporal patterns and distress. Previous work has implied that "mismatch" in partners' temporal patterns causes couple distress (Keeney & Cromwell, 1979; Larson *et al.*, 1991). The present theory suggests that distress may just as often "cause," contribute to, or result in disjunctive temporal patterns.² For instance, in one distressed couple, mentioned above, the partners had attempted to lower their level of conflict by arranging individual schedules so as to eliminate practically all face-to-face contact. One partner came home after the other had gone to sleep, finding extra work to keep her at the office. The other partner left the house for work before his partner arose.

The present theory acknowledges that problematic temporal patterns are often just one determinant or expression of couple distress. Distress is usually determined by a number of variables—in the language of narrative, several subthemes come together to create a story of unhappiness. For instance, couples who cannot agree on a daily, joint schedule often have difficulties negotiating about other issues as well—parenting approaches, finances, and so on. Likewise, disagreements around the temporal patterns of expressing affection or having sex (for example, how often, for how long, when, how quickly) may be just one instance of more general difficulties with communication, or with presenting and compromising about individual needs.

The present theory does not hypothesize that temporal problems are always at the root of a couple's distress, or always the most important aspect of that distress. Rather, in considering those couples for whom distress over temporal patterns is not the presenting problem, two points are suggested. First, because particular temporal patterns may underlie the presenting problems, change in these underlying temporal patterns may be a prerequisite to change in the presenting problems. For example, couples who have little time together will make little progress on tasks designed to improve communication, problem solving, and so on. Similarly, couples who have widely differing expectations about the temporal aspects of the presenting problem activity—for instance, about lovemaking—may need to address these differences as a first step in carrying out specific exercises. As discussed above, identification of partner preferences and concerns about these temporal aspects may lead couples to recognize and clarify the issues of closeness and power that are frequently hidden in presenting problems.

Second, the present theory suggests that highlighting the temporal issues that underlie a presenting problem can provide a less threatening entry point for partners to begin discussing problems and reducing the degree of conflict between them.³ In trying to understand the reasons for their relationship difficulties, partners often make negative attributions about each other's personalities and intentions (Fincham & Bradbury, 1987). Identifying the "shared enemy" as externally imposed time constraints that make time for problem solving scarce, or establishing that conflict-producing temporal differences between the partners (for example, in life pace) *preceded* their involvement with each other, can have an effect similar to "externalizing the problem" (White, 1988/1989), which allows the partners to view their problem from a "side-by-side" rather than a "head-to-head" position.

The present theory also suggests that the role of deliberation or intention in determining the form of temporal patterns is likely to vary from couple to couple. One couple's temporal patterns may be the result of deliberate decisions or actions by partners, whereas other couples may experience themselves as having simply "fallen into" their particular patterns. In the present theory, I have avoided concepts that might imply deliberate action—such as Kantor and Lehr's (1975) notions of *pacing*, *synchronizing* (italics added), and so on. One of the critical questions for research (and clinical assessment of the individual couple) is precisely to what degree and under which conditions temporal patterns evolve with or without deliberation. Microanalytic research on mother-child interaction (see, Beebe, Gerstman, Carson, *et al.*, 1982; Condon & Sander, 1974) and adult dialogue (Feldstein & Welkowitz, 1987) supports the notion that temporal coordination may occur largely without deliberation on the part of interactants. Temporal patterns that evolve without deliberation between marital partners may likewise be due to a covert, coordinating process in some cases, and, in others, may have their source in the temporal demands of the larger biosocial context—for example, in the temporal demands of one partner's debilitating medical condition or each partner's work schedule.

To sum up the present theory thus far, the function of particular temporal patterns in couples' lives depends upon the

meaning of these patterns to the couple—most notably, what these patterns signify in terms of partners' understandings and preferences about closeness and power. Temporal coordination and lack of coordination can be associated with either satisfaction or distress. Temporal coordination can take many forms, including forms that effectively separate partners as well as bring them together. When associated with distress, a particular temporal pattern sometimes appears to precede and contribute to distress, and sometimes follows from distress. Time issues are rarely the sole variable associated with a couple's distress, and must be considered in relation to these other variables. In some cases it is necessary to deal with time issues first in order to provide partners opportunities to meet and work on other issues. Exploration of the couple's narrative about time may reveal deliberate attempts to create existing temporal patterns, or may enable the partners to identify factors that have unwittingly led them to these patterns.

TAXONOMY FOR ASSESSING TIME PROBLEMS

Below is offered a taxonomy as a preliminary construction intended to help the therapist systematically assess the temporal issues in a couple's narrative about its problems. The temporal components that make up the taxonomy were derived from a reading of relevant literatures in chronobiology, anthropology, developmental and social psychology, and family systems theory, as well as from my clinical and supervisory work. It is offered as a lens, or set of lenses (Hoffman, 1990), and awaits clinical and empirical validation in order to determine its value and limitations.

Types of Events

The events in couples' lives can be divided into recursive (repetitive) and nonrecursive (single-instance) sequences (Breunlin & Schwartz, 1986). Recursive events can be further divided into events that occur repeatedly and at regular times, and those that repeat at irregular times. Recursive events that involve a patterned sequence that occurs at regular, predictable intervals, and at regular clock or calendar times, are referred to as "rhythms" (Chapple, 1980; McGrath & Kelley, 1986; Moore-Ede *et al.*, 1982; Webster's, 1976). In couples, joint rhythms involve patterns of action (and inaction)—distributed between partners—that occur in a particular sequence at regular intervals and at regular times, and in which the component actions follow one another at a particular pace and ratio of durations.

An example of a rhythm is the morning "routine": Partner A showers while B makes breakfast; they eat; B showers while A dresses, waters the plants, and feeds the cats; B dresses; they leave for the train. The entire rhythm can be speeded up or slowed down as long as each component behavior adjusts in relative duration to the others. When one component takes longer than usual without adjustments in the durations of other components (for example, Partner B takes longer to shower because of a broken arm, but A has to leave at a certain time to catch a train), the rhythm will be disturbed (for instance, they may not leave together).

Temporal Attributes

All events—nonrecursive, recursive/arrhythmic, and recursive/rhythmic—are characterized by five *temporal attributes*: position of occurrence (position in clock and calendar time), duration, pace, frequency, and sequence. In rhythms, these attributes are organized in a particular pattern.

Temporal Unit Size

Temporal patterns and problems occur in events and activities of different *temporal unit sizes* (durations), from small (short) to large (long). Research on temporal patterns in biological systems has identified three major, interlocking temporal units of action in which these patterns occur: ultradian (patterns repeating at frequencies shorter than a day, often within seconds), circadian (patterns repeating at a frequency of roughly once a day), and infradian (patterns whose cycles are completed across days, weeks, or years) (Moore-Ede *et al.*, 1982; Pittendrigh, 1972).

Similarly, time and rhythm can be viewed as permeating human behavior at several overlapping units, although not corresponding exactly to those listed above (Breunlin & Schwartz, 1986; Cooklin, 1982). The three units of events employed in the present taxonomy metaphorically suggest that temporal phenomena in the life of a couple can be observed through a close-up lens, a normal camera lens, and a wide-angle lens; each lens reveals a different but related part of the temporal action. The "micro" unit includes interactional behaviors tenths of a second to several seconds in length: most prominently, the moment-to-moment speech, facial, and gestural behavior of each partner. The "molar" unit (a term suggested by Lomax, 1982) includes behaviors that, as continuous activities, last from minutes up to approximately a day: activities such as eating, sleeping, making love, working, talking about problems, and so on. The "macro" unit includes longer-term endeavors and courses of action such as living in a particular locale, working at a particular job, studying for a degree, and so on. These courses of action usually involve weeks to years.⁴

It should be recognized from the outset that any attempt to define temporal units of events results in a somewhat arbitrary construction (Neisser, 1986), and there is naturally overlap between the units. Furthermore, any macro activity can be

divided into its molar events, and these can in turn be divided into their micro components. Nevertheless, the temporal patterns revealed at one unit of observation may reveal a different kind of information from that revealed at another unit.

It is important to note that whereas micro, molar, and macro activities are distinguished by the durations of the behaviors, micro, molar and macro *rhythms* are distinguished from one another by the frequency with which a pattern of behavior *repeats* (that is, repeats every few seconds versus every few hours versus every year). Thus, the behaviors that make up a molar rhythm (for example, repeating every few hours) can be micro or molar in duration; likewise, those that make up a macro rhythm (for example, one that recurs once a year) can be micro, molar, or macro in duration.

Table 1 presents examples of couple issues and potential problems for each temporal attribute (and for rhythms) at each unit of temporal size.

Table 1
Examples of Temporal Issues in Couples: A Preliminary Taxonomy

TEMPORAL ATTRIBUTES*	Temporal Unit Size		
	Micro	Molar	Macro
Temporal Position	————	when to make love (morning vs. evening)	when to begin putting money in retirement fund
Duration	turn length in conversation	allocation of time to joint vs. separate activities	length of time residing in city vs. suburbs
Pace	speed of speech	speed of completing household chores	speed of progress toward financial goals
Frequency	frequency of a particular facial expression	frequency with which each partner initiates problem solving	frequency of job changes by one partner
Sequence	one partner pauses a long time after the other speaks emotionally	sequence of chores pleasurable activities (e.g., which to do first)	question of whether to finish education before or after having first child
RHYTHMS*	repeated pattern of interruptions in dialogue	not sharing any daily meals	how regularly to visit inlaws

* Temporal attributes describe nonrecursive, recursive-irregular, and recursive-regular types of behaviors and patterns.

** Rhythms are recursive-regular behaviors and patterns.

Temporal Ideation

Exploration of couples' narratives about time often reveals differences between partners' temporal ideas and beliefs, which in turn may influence action and experience. Two sets of ideas that are hypothesized to play an important role in shaping temporal patterns in couples are time perspective and time valuation.

Partners, like cultures (Kluckhohn & Strodtbeck, 1961), may differ in their orientation to past, present, or future. Work by social psychologist Philip Zimbardo and colleagues has demonstrated that time perspective is related to problem-solving approaches, choice of employment, and motivation (Gonzalez & Zimbardo, 1985; Zimbardo, 1990). Couples in which partners have different time perspectives may have difficulty agreeing on how to solve problems and achieve goals, or on whether they should have future goals at all. They may differ greatly on the value they accord to past events, present activities, and future aspirations, as well as on the value of conversing about these different time frames.

For example, one couple requested marital therapy to discuss "lifestyle issues." Despite sensing that they communicated and solved problems well, the partners reported that they had never been able to agree on certain issues—foremost among them, how much money to put aside for retirement. The wife wanted to put aside a much larger proportion of the husband's earnings, whereas he argued that they should enjoy the money now and worry about retirement later. Their differences around this and other lifestyle issues (for instance, whether to spontaneously invite friends over for dinner or plan such meals well in advance) appeared to be rooted in a difference in time perspective—the husband more present-oriented, the wife more future-oriented.

Partners may also differ in their beliefs and feelings about how important time is—how important it is to be aware of (and attempt to control) the flow of time, to structure time, and to coordinate couple activities in time. One partner may be more concerned than the other about the use of time or adherence to temporal agreements—for instance, about being punctual—and may play a monitoring function for the couple (Kantor & Lehr, 1975). In one couple (the husband who was an army general and the wife who was a book illustrator), the wife's chronic lateness, especially arriving at official functions

her husband had to attend, was later understood to express her lifelong disregard for social protocol, which had become amplified in the current situation in her unhappiness with the imbalance of power she experienced in the relationship.

Systemic Sources of Temporal Patterns

Temporal patterns, as well as ideas and beliefs about time, are hypothesized to be shaped by the systems within which couples are embedded. The present theory identifies four potential, overlapping sources of temporal patterning:

- biological and health factors
- families of origin
- work and social commitments
- culture

For example, in the couple with differences in time perspective, the wife's future orientation derived from beliefs she adopted from her family of origin about the importance of planning and saving, whereas the husband's present orientation resulted from having had a serious accident that led him to believe in the need to enjoy life and to live for the moment. In another example, one partner understood her preference for a large number of social commitments as deriving in part from her subculture's practice of gregariousness, whereas the other partner saw his wish to limit social commitments as deriving from his culture's valuation of private time for contemplation. These differences in preferred extent of social commitments resulted in conflicts about duration of time spent with and without others, as well as together versus alone.

As another example, chronic health issues such as physical impairments, illnesses, and medical conditions can act as potential somatic sources of temporal patterns. If one partner is in a wheelchair, this may slow the pace of certain joint activities. If one partner requires medical treatment on a regular basis, this may greatly affect the couple's rhythm of activities. Gonzalez, Steinglass, and Reiss (1989) have noted that the lives of families with a chronically ill member often become centered upon that member's medical care. From a temporal perspective, this means that the rhythm of family life—the daily, weekly, and monthly schedule—may be structured largely by the need to attend to the ill member. Serious psychiatric disorders may temporally pattern the life of a couple or family in ways similar to physical conditions.

The relationship of influence between the couples' temporal patterns and factors such as health issues, families of origin, work and social commitments, and culture is hypothesized to be bidirectional. For instance, changes in temporal patterns of behavior may affect somatically based processes. The effectiveness of "putting the illness in its place," described by Gonzalez *et al.* (1989), can be viewed as having much to do with a shift in the family's temporal patterns, which may lead to improvement in the ill member's adjustment to his or her medical condition, and perhaps even to a positive change in the medical condition itself. Likewise, one couple's decision to spend more time together in the evening led the husband to confront his boss about being overworked, which resulted in reduced hours on the job. The change in the couple's daily schedule led to a reduction in the power of an external source of temporal patterning.

CLINICAL IMPLICATIONS

As noted earlier, the major implication for clinical practice of the foregoing material is that attention to the temporal dimension of couple distress and functioning can be useful to the therapist in assessing problem patterns and in assisting the couple to change. No special techniques are advocated here for working with the temporal dimension.⁵ Rather, what is advocated is a set of ideas that constitute a way of listening to and observing couples through the lens of time—one among many other possible lenses.

Essentially, there are three major reasons for a therapist to address the temporal dimension of a couple's problems:

1. The couple directly presents a conflict around a temporal issue.
2. The couple presents a problem in which conflicts about time play a critical but unrecognized role, and these temporal issues will become an impasse to resolving the presenting problem.
3. The couple presents their problem in a high intensity, "stuck" style, and reframing it in terms of temporal issues will provide a novel perspective that lowers each partner's defensiveness and begins the change process.

The therapist's particular theoretical orientation (structural, Bowenian, and so on) may affect some of the questions asked and observations made about temporal issues, as well as what becomes the focus of therapeutic change—for instance, an emphasis upon here-and-now patterns versus how these patterns have been repeated over generations (Cooklin, 1982).

It is suggested that whatever the therapist's particular emphasis, it is important to understand the evolution of the couple's temporal patterns. Adopting the language of the narrative perspective for the moment, the therapist should inquire into the couple's story in such a manner that the partners reveal how they came to have their daily, weekly, monthly, and yearly schedules. Specific areas for questioning should include: How did the sources of patterning described above influence the development of the particular shapes of the couple's rhythms, and how do these sources influence these rhythms now? Did the partners make decisions about their use of time, and what was the nature of their decision-making conversations? What

meanings do they ascribe to their temporal patterns in terms of how these reflect the quality of their relationship, and in terms of each other's desires for closeness and power in the relationship? What are their preferred temporal patterns, and how do they envision they might institute these patterns in their lives?

These areas of inquiry reveal the temporal arrangements that at least form the backdrop of a couple's difficulties, and often represent the largest problems. Additionally, such questioning reveals the "temporal strengths" of the partners—the ways in which they use time as a resource for maintaining the positive qualities of their relationship.

The following two examples of clinical work were selected to illustrate *the three major reasons to address time issues* in couple therapy. They were also selected to illustrate work with a variety of elements of the taxonomy.

Vignette 1

In this case example, the couple directly presented two explicit temporal problems and one unrecognized temporal problem (reasons 1 and 2 for addressing time), all of which had created an impasse in their relationship. The explicit problems were (a) disagreements about how tightly to adhere to a daily schedule of time together versus time apart (molar-level rhythms), and (b) the macro-level issue of differences in desired sequence and pace with which to achieve certain life goals, such as building a career, buying a house, and having a child. The unrecognized problem was a micro-level rhythm of speech that involved numerous interruptions, which prevented them from getting further than one minute into a problem-solving dialogue. The following discussion will focus on the interventions done around the macro-level issue and the speech rhythm.

Jim, a 32-year-old sales representative for a textile company, and Carol, a 25-year-old account executive for an insurance firm, had been married one year, after dating for 4 years. Jim made the initial call, saying that "Carol and I seem to have different ideas about where we are going—or at least how long we want to take to get there. It seems like our time lines aren't compatible. I want to have kids, and feel my 'emotional biological clock' ticking, and Carol doesn't, at least not yet. I'm frankly concerned about our difference in maturity level."

In session, Jim further noted that he was ready to settle down and buy a house. He spoke of the "daily" questions and comments he faced in the office from colleagues and new clients about whether he had kids or a house yet. Carol, on the other hand, said she felt she needed to fulfill herself more before having a child, and wanted to try her lifelong dream of living in California. She also felt that they needed to "build a stronger foundation" for the relationship before having a child—for instance, to learn how to communicate better. Jim responded to Carol's statements with expressions of frustration and hopelessness: "I can't just wait around to see if you'll be ready to have a kid one day." Jim resented Carol's making him wait on his life plans, and Carol resented Jim trying to rush her past her own goals.

Through questions about how their relationship had evolved from the time they met, it was revealed that the age and experience difference between them was initially mutually attractive. Carol found him more interesting than men her own age. He was, she said, more "aggressive, had a broader scope because he was older, and had so many stories. I found that interesting, especially since I was just developing my own stories." Jim noted that he had been the envy of his same-age peers for having a "young and shapely girlfriend," and that he liked giving Carol advice. He reflected sadly that of late she had refused his advice, and he compared her to a child who does not acknowledge her parent's good advice until years later.

Whereas in the early years Carol often acquiesced to Jim's directives about how they should spend their time, the asymmetry in power between them became less acceptable once she began working. She resisted Jim's attempts to have her come home every night by 6 p.m., choosing sometimes to work late. Increasingly she kept her plans for and excitement about her career to herself, as Jim had responded angrily whenever she spoke about these. As a result, Jim would voice surprise and dismay when he would sporadically hear her latest career thoughts during their conversations with family and friends. He believed Carol would never agree to have a child, and felt they were drifting apart.

The therapist's interventions centered first upon eliciting this narrative of the couple's relationship, and upon working to reveal the way in which issues of power and closeness had been played out through issues about time. Once these issues were openly acknowledged, the partners were able to speak more frankly with each other, and they realized that they did not disagree on the ultimate goal of house and family. Jim became more open to allowing Carol equal say in their future after the therapist—responding to Jim's comment that he wished Carol would uncritically take his advice—noted that it might be difficult to expect Carol to be ready to have a child with him if he also expected her to show him a childlike respect.

Both agreed on the importance of working on the here-and-now, molar-level problem of their daily schedule, as well as their micro-level, problematic interaction rhythm, with the hope that this would build a stronger foundation for the future. They agreed to wait 4 months before reevaluating the macro issue of when to have a child.

The interaction rhythm was addressed in the following manner. The partners recognized a problem in how they talked with each other, but could not identify the specific pattern. They were instructed to continue arguing as naturally as possible, and were told that they would be stopped at key "frames" and asked to "freeze," as if they were a videotape on pause. The couple began, and were stopped at moments when one partner interrupted the other and when one would look

away. Use of this live "frame-by-frame" analysis allowed the pattern of interruptions and gaze aversions to emerge. The therapist commented to the partners that they had a perfectly synchronized rhythm: if one partner interrupted, the other looked away. The couple laughed—for the first session in weeks—and acknowledged the pattern.

They were then given an adaptation of the speaker-listener task described by Markman, Blumberg, and Stanley (1989), in which one partner speaks on a topic; the other then summarizes what he or she heard; the speaker gives the listener feedback on the accuracy of the listener's summary and makes corrections where necessary; the listener summarizes again and gets feedback; and then the roles switch. Practice in this structured speech rhythm created the temporal context that allowed improved communication. Each partner was initially surprised and then excited by how well the other was able to listen.

Although this exercise brought the couple closer, Jim continued to bring up the pressure he was feeling from peers at the office to have a child. He became much less anxious about the future after Carol, upon the suggestion of the therapist, began calling him every day to say that she knew he was probably being questioned again by colleagues about kids and house, and that she wanted him to know she was thinking of him. The intervention had the intended paradoxical effect of eliminating Jim's use of his complaints of peer pressure as a power move, and had the structural effect of bringing the couple together around an issue that had formerly separated them. This helped Jim stand up to the temporal pressure he experienced from peers, and brought some humor to what had been a deadly serious conflict.

The couple eventually agreed to wait 2 years to reevaluate when to have a child. Carol felt that Jim was now respectful of her needs to develop her career, and Jim felt assured about the future by the present improvement in the relationship.

Vignette 2

This case example illustrates reframing a problem in terms of temporal issues as a way of lowering conflict and introducing novelty. The couple presented, with great intensity of affect, their conflicts about sharing household responsibilities. The therapist decided to bring out the temporal dimension of their problem as a way of introducing a perspective that might move them away from their highly negative beliefs about each other's intentions. Viewed from the temporal perspective, the couple's problem revolved around molar- and macro-level activities and rhythms, and the major temporal attribute at issue was that of pace.

Bill, a 40-year-old postal investigator, and Mary Lou, a 38-year-old accountant, had been living together for 14 months and were considering marriage, the second for both. They were troubled by the frequency and intensity of their arguments over every aspect of maintaining the house. It emerged that each partner's pace of starting and completing chores was strikingly different, with Bill taking longer and Mary Lou starting immediately and working extremely rapidly. Further questions, and responses to a questionnaire (the Life Pace Questionnaire; Fraenkel, 1989), revealed that they also differed greatly in how quickly they got ready in the morning, in how quickly they got ready to leave for and return from their weekend home, and in their respective paces in a host of other activities.

The consistency of each partner's pace differences across various activities led the therapist to reconsider an initial hypothesis that Bill's slowness was a gender-based power maneuver to avoid household chores (Goldner, 1988). To the contrary, both partners agreed that Bill enjoyed these chores more than did Mary Lou; she described Bill as a "tinkerer," a label that Bill comfortably accepted. Exploration of each partner's experience of the other's pace differences suggested that each felt equally manipulated by the other, and that these differences led each to feel highly concerned about their joint ability to develop the level of closeness that for each would signal readiness to commit to a life together.

The therapist began to address the problem by asking the partners to recall when it was that each of them first noticed the difference between their respective paces. Both stated that, although they had noticed differences early on, these did not become a problem until the couple moved in together. The therapist then asked questions that revealed how their pace differences often had a positive, complementary function in the relationship. In fact, these differences had played an important part in each partner's initial attraction to the other. Mary Lou liked Bill's calm, laid-back approach—"it made him seem so self-assured"—and Bill found Mary Lou's faster pace "exciting."

Once their differences had been re-storied as positive and beneficial to each of them in many respects, the therapist suggested that they would need to develop "common time," a temporal space in which they could meet and work together on tasks where pace differences greatly hampered their progress.

The therapist suggested that it was difficult to monitor and change one's own life pace, and that each of them would need to help the other move toward common time by pointing out the other's pace. The partners explored ways to encourage movement in this new direction, and decided upon calling each other humorous names when their paces were mismatched. Bill came up with "Speedy Gonzalez" to describe Mary Lou, and she used the term "Molasses" to describe him.

The following week, the partners reported that they had used the names and found "common time," allowing them to complete chores and travel to and from their weekend home with little stress. They also reported, somewhat slyly, that they had made love much more frequently during the week. As Bill explained, "That's one thing we do where our pace is

perfectly matched!"

Both vignettes demonstrate that time issues can be addressed by a variety of family therapy approaches and techniques (in these cases, narrative, structural, strategic, and behavioral). In both cases, exploration of the couple's narrative about how these temporal arrangements developed, of each partner's concerns and preferences about these or alternative arrangements, and of what the time dimension of their relationship told each of them about themselves as individuals and as a couple, revealed problems around the underlying issues of closeness and power. These issues were then dealt with through interventions focused on assisting the couples to change their temporal patterns.

In summary, I would like to emphasize that the theory, taxonomy, and clinical practices presented here are meant to be viewed as provisional, that is, by no means set in stone. I have offered these ideas in the spirit of stimulating further inquiry and dialogue, and of hope that others will also become intrigued by the dimension of time in the lives of couples.

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¹This article focuses upon temporal patterns in couple problems and does not address the time dimension in conducting therapy. For a recent discussion of the latter issue, see Boscolo and Bertrando (1992).

²The social constructionist and narrative approaches challenge the usefulness of the positivist construction of reality. Nevertheless, the language of cause and effect enters into both common and professional discourse, and will not be debated here.

³The author thanks Peggy Papp for suggesting this point.

⁴The use of the terms "molar" and "macro" here should not be confused with their usage in sociology and economics. The author thanks Howard Weiss for noting this potential confusion.

⁵Cooklin (1982) has offered interesting arguments about how particular approaches to intervention may be more effective with certain types of short-term sequences and others with longer-term sequences, as well as how change in the former affects change in the latter. I plan to take up these points in a subsequent paper.
