

# Time Balance and Family Functioning

Subjects: **Psychology**

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Family functioning, understood as cohesion and adaptability, is critical in families with adolescent children, given the changes that this stage implies at the family level. Time perspective is one variable that can facilitate better family functioning through the way people give meaning to the process they live.

time perspective

family functioning

balanced time profile

## 1. Introduction

Family functioning is defined as the ability of a family to meet the different needs it faces throughout the family life cycle <sup>[1]</sup> (Ortíz-Sánchez et al., 2023), and it is based on what <sup>[2]</sup> called the circumplex model of family systems. In this model, family functioning consists of three elements: family cohesion, referring to the degree to which family members interact or connect emotionally with each other; family adaptability, linked to the ability of a family to adapt to new changes as children progress through developmental stages; and family communication, understood as the communicative interaction that family members have with each other.

## 2. Family Functioning

To operationalize these elements, Olson (2014) <sup>[3]</sup> proposed two balanced and four unbalanced scales regarding family functioning. The two balanced scales are the cohesion scale, which assesses the emotional bond that family members have with each other, and the adaptability scale, which assesses the quality and ways in which leadership and organization are manifested in the family, in addition to how roles, rules, and negotiations are presented in relationships. The four unbalanced scales include (a) attachment, understood as connection and dependence between family members; (b) detachment, understood as significant disconnection and independence between members of a family system; (c) rigidity, understood as the presence of high control in relationships, with fixed roles and rules within the family; and (d) chaos, referring to the lack of leadership and order, with hasty decisions, and roles that are usually diffuse and interchangeable within the family and its relationships.

Family functioning has been studied in different age groups and has been related to different aspects of mental health. For example, family functioning has been found to be negatively related to depression <sup>[4][5][6]</sup>, compulsive eating behaviors <sup>[7][8]</sup>, and the quality of family attachment <sup>[9]</sup> and negatively related with the occurrence of suicidal ideation in adolescents <sup>[1][10][11][12]</sup>. In contrast, family functioning is positively related to medical treatment adherence <sup>[13]</sup>, emotional expression <sup>[14][15]</sup>, satisfaction and perceived well-being <sup>[16]</sup>, and happiness <sup>[17]</sup>.

Additionally, family functioning has been found to influence the appearance of behavioral problems in children [18][19], and, in addition, families with a member with autism spectrum disorder (ASD) present greater problems in their family functioning [20]. In contrast, family functioning is a relevant aspect to consider in order to improve the quality of life of caregivers [21].

The circumplex model of family functioning suggests that balanced families function better than unbalanced families [22][23]. Balanced families show low problematic functioning and are capable of facing stressful situations and managing tensions among their members, whereas unbalanced families report greater problems in terms of functioning, lack of strength, and protective factors [24]. Despite this general pattern, Crone and Fuligni (2020) [25] noted that it is normative for family functioning to fluctuate in certain life situations. For example, in the case of families with adolescents, family functioning fluctuates between balanced and unbalanced as children transition from childhood to adulthood.

Adolescence involves biological changes, such as physical changes or brain maturity [26], and psychological and social changes, which involve the incorporation of the adolescent into society through social responsibility, the establishment of personal goals, the fulfillment of cultural milestones (such as the formation of a couple), and the development of one's own identity [27]. Therefore, parents must make family rules more flexible to promote independent decision making in their children, which allows them to prepare to live in society.

### 3. Family Functioning and Time Perspective

One aspect that may contribute to the understanding of functioning difficulties in families with adolescents is the time perspective, an unconscious process in which life experiences are attributed to time frames, which people use to make sense of their experiences [28]. The time perspective incorporates awareness of past and future events, which are influenced by cognitive (beliefs), emotional (affect associated with events), and social (cultural elements) aspects learned during the primary socialization process [29][30][31]. The time perspective tends to be considered as a stable element in human beings, as a personality trait, shaped by culture and interaction with the environment, such as religion, family, and personal values, generating a bias or inclination toward one of the time perspectives, which becomes the dominant perspective through which events are interpreted. For example, changes in the family cycle such as traumas, changes in religion, emigrations, or deaths, to name a few changes, impact the time perspective of family members, making them more future-oriented or more hopeless [29][31][32].

Zimbardo and Boyd (1999, 2009) [28][31] proposed five temporal dimensions: (a) past negative (PN), related to a negative attitude toward past events; (b) past positive (PP), which is related to a positive attitude toward past events; (c) present hedonistic (PH), defined as the orientation toward pleasure and enjoyment of what is experienced in the present; (d) present fatalistic (PF), defined as pessimism and hopelessness due to the events being experienced; and (e) future (F), understood as the attitude of projecting oneself and seeking future goals. Based on this model, the authors constructed the Zimbardo Time Perspective Inventory (ZTPI), which assesses these five temporal orientations.

ZTPI scores can be used to calculate a balanced temporal profile (BTP; [31]) and a negative temporal profile (NTP; [33]). A balanced temporal profile includes a high positive past score, a moderate score on the future and hedonistic present scales, and a low score on the negative past and fatalistic present scales [31][33], and this profile is considered optimal for well-being and health. A deviation from the balanced temporal profile (DBTP) can negatively affect health, well-being, affection, happiness, work success, and interpersonal relationships [30][31][34]. A negative temporal profile includes a low positive past score, a moderate score on the future and hedonistic present scales, and a high score on the negative past and fatalistic present scales [33]. Unlike with the DBTP, a deviation from the negative temporal profile (DNTP) is positively associated with perceived well-being as well as health [35].

Different time perspectives, as well as BTP and NTP, have been linked to different mental health variables. For example, perceived well-being has been positively associated with a positive past orientation, a future orientation, and a balanced time profile, whereas it has been negatively related to past negative and present fatalistic orientations [36][37][38][39][40]. Similarly, mental health and satisfaction with life have been positively related to a balanced time perspective [41][42][43][44]. It has also been observed how a present- and future-oriented perspective is positively related to higher self-esteem, whereas a greater orientation to the past is associated with lower levels of self-esteem [45]. In contrast, evidence has also demonstrated the mediating and predictive role of time perspective in emotional regulation [46], perceived well-being [47][48], perceived stress [49], decision making [50], depressive symptomatology [51], and suicide [52][53][54].

There is also evidence indicating that family characteristics and time perspective play an important role in the development of healthy and unhealthy behaviors in adolescents and emerging adults. Lin (2023) [55] linked time perspective with parenting and gratitude perceived by young adults. This researcher found that young adults who had high positive past and low negative past scores were more grateful to parents who were more affectionate, while young adults who were more oriented to the negative past were less grateful. Lin concluded that time perspective was a partial mediator of the association between parental care and gratitude. Stolarski et al. (2021) [56] studied how high family cohesion allowed adolescents to value, to a greater extent, the positive events that occurred throughout their lives, thus developing adaptive and healthy time perspectives, while adolescents in families with high family conflict developed less healthy temporal perspectives. In the case of the DBTP, the evidence indicates that students who report low acceptance within their family have higher DBTP scores compared to those who report higher levels of family acceptance, with the DBTP also being a moderator between school burnout and the development of depressive symptoms [57].

These studies notwithstanding, there is still limited evidence about the relationship between time perspective and family functioning. Specifically, cohesion and adaptability can be key in helping a family cope with its adolescent members and in the generation of healthy temporal perspectives [56]. Thus, time perspective together with family functioning can be relevant antecedents to consider in the development of more precise intervention strategies in the school and health contexts, in addition to the development of appropriate parental tools for this developmental period.

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