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Rosemary K.M. Sword - is a counselor and Time Perspective therapist in private practice on the island of Maui. As part of her Hawaiian heritage, she was schooled in the Hawaiian psychology based on forgiveness known as *ho'oponopono* (literally "to make right"). She has practiced this art form for over two decades. In recent years as a co-principal investigator, she has helped developed Time Perspective Therapy and co-authored *The Time Cure*.

Sarah R. Brunskill, M.A. – is a co-investigator in the Time Perspective Therapy and the lead researcher for the project. She specializes in research, social psychology, the socialization of the military culture, mental health, community health and rural health. She received both her undergraduate and master degrees in psychology at San Francisco State University.

Philip G. Zimbardo, Ph.D. – is a world-renowned scholar, educator, researcher, and media personality. A professor emeritus at Stanford University, Zimbardo is best known for his landmark Stanford prison study. He is the author of the bestselling books *The Lucifer Effect* and *The Time Paradox*. Among his more than 400 publications, are many notable psychology texts including *Introduction to Psychology*, currently in its 19th edition. His most recent endeavor has been turning his Temporal Theory into an applied clinical therapy through Time Perspective Therapy (co-principal investigator) which is explained in detail in *The Time Cure*: Overcoming PTSD with the New Psychology of Time Perspective Therapy, Zimbardo, Sword and Sword. Wiley Publishers, 2012.

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Abstract

Time Perspective Therapy (TPT) is a new time based therapy that focuses on the client's perceptions of their past, present, and future. Based on Zimbardo's Temporal Theory

(Zimbardo & Boyd, 2008) and the utilization of the Zimbardo Time Perspective Inventory (Zimbardo & Boyd, 1999), authors have developed this new narrative therapy approach for the purpose of treating clients diagnosed with PTSD. The goal of TPT is to identify the client's six time perspective factors, then work with and balance these perspectives to promote a more positive future orientation, replace their traumatic past negativity, thereby create a more responsive and healthier individual.

KEYWORDS: *PTSD, time therapy, ZTPI, TPT, time perspective*

TIME PERSPECTIVE THERAPY

Overview

Developed from Zimbardo's Temporal Theory illustrated in *The Time Paradox*

(Zimbardo & Boyd, 2008), Time Perspective Therapy (TPT – as presented in *The Time*

Cure; Zimbardo, Sword & Sword, 2012) was practically applied by Richard and

Rosemary Sword. The Time Paradox Temporal Theory was crafted into TPT for the

Swords' clinical practice assisting Veterans to deal with their service-connected Post

Traumatic Stress Disorder (PTSD). This new therapeutic approach has been extended to

many other clients with different origins for their PTSD and dramatic results in symptom

reduction were found across all populations (Zimbardo, Sword & Sword, 2012).

Time Categories

TPT is based on the individual's construction of psychological time, which involves the

ways personal experiences are parsed or time tagged into separable time zones, known as

time perspectives (TP). TP involves cognitive processes and perceptions of the past,

present, and future temporal frames. Each of these categories is divisible into sub

categories: past negative, past positive, present hedonism, present fatalism, future, and

transcendental future (see table 1 for definitions; Zimbardo & Boyd, 1999). The utilization of the Zimbardo Time Perspective Inventory (ZTPI), the most reliable and valid index of TP, makes it possible to identify the extent to which one is embedded within each of these six time zones. In effect, each person generates a TP profile of the degree to which she or he can be characterized as varying in the extent to which they are low to high on each of these six time zones.

The Development Of Time Perspective Into A Clinical Therapy

By applying Zimbardo and Boyd's (2008) six time zones within the clinical realm, five simple conceptions were developed from Zimbardo's theory: (1) time is one's most precious resource; (2) TP is a learned, but hidden influence on most of all decisions and actions; (3) individuals develop time zone *biases,* which leads to overuse or underuse of various time zones when making action-based decisions; (4) overuse of any TP can become problematic, especially when the TP is negative and keeps a client stuck in one or two time zones; (5) it is best to develop a balanced, flexible TP adapted to current and changing situations, and thus a more dynamic, responsive and healthy perspective on time (see Zimbardo, Sword & Sword, 2012 for more details).

The ideal blend of time zones promoted and practiced in TPT is a high past positive and moderate level of selected or calculated present hedonistic TP, along with a moderately high (but not excessive) future positive-centered TP. Past negative and present fatalism are always reduced as low as possible in the development of a client's overall mental well-being, as well as to reduce PTSD symptoms. Nevertheless, if conditions arise that

undermine their security and positive future TP, for example, the loss of one's job, clients may relapse to prior levels with a regression towards their previous non-functional mean. This is highly indicative of a palliative versus a curative approach, which is one of the key components of TPT. Through a narrative therapy approach, TPT's objective is to improve the sufferer's ability to believe in themselves, in their efficacy to move forward in life, rather than rehashing the negative past. Although this approach utilizes the lessons from the past negative TP, it focuses on the past positive TP to build a more constructive foundation. Although some symptoms may never go away, the client can improve everyday functioning through TPT, as well as maintain a newfound sense of self-efficacy and resilience long after therapy concludes.

Steps Of Time Perspective Therapy

TPT itself involves the following features:

1.   Determine the individual's TP by administering the ZTPI prior to the start of therapy and determine TP problem areas.

Convey awareness of the Time Paradox Theory (e.g., the importance of time and how to move from being time biased to time balanced).

2.   Assist the client to become aware of their particular TP profile. If it is biased, as assumed, determine which time zone(s) it is biased towards—the past, present or future, or some combination of two out of the three.

Establish the equal and opposite TP needed to balance the client's time bias (i.e., a past positive and future positive TP balances a past negative and extreme present hedonism/fatalism TP bias). Therefore, promoting a past positive and future positive TP

to balance a past negative TP and present-centered/no future TPs is the recommended course of action in this TPT model for PTSD.

3.   Throughout TPT, clients are encouraged to:

a.   Become less ego-centric and more socio-centric or pro-social (e.g., focusing on helping others, such as their family, friends, and community).

b.   Work on breaking out of negative TPs and develop the ability to move fluidly between positive TPs. Clients should be flexible with the employment of their TPs, able to call upon the TP most needed or relevant in any given circumstance, and not become stuck in a particular time bias, especially if it is negative.

Have the ability to re-construct a more compassionate past, enjoy a more satisfying present and future positive by coming to terms with their personal TP, and thereby achieve an optimal TP balance.

Establish that working to plan and prepare for a future positive TP will enhance not only their visionary future TP, but also their vitalized present, and even their remapped past TP.

c.   Think about all the positive things in their past that they have ignored and bring them forward to form a new cluster of past positive memories that are replayed in the present.

Time Perspective Therapy Beyond Ptsd

These cognitive perceptions of how one frames life decisions and actions, whether in the past, present or future, determine and identify those who are most likely to engage in risky, unhealthy behaviors. It helps us to identify those likely to avoid temptations and distractions when there is work to be done (Boyd & Zimbardo, 2005). Beyond PTSD, previous research about TP suggests that TPT may be applicable in other clinical realms. While TPT was developed during the treatment of Veterans diagnosed with PTSD, Sword and Sword have also utilized its modality for working with an even greater population of PTSD sufferers such as survivors of fatal car accidents, rape, physical abuse, and natural disasters. It has also been found very effective in the treatment of anxiety, depression and successful cross-culturally (Zimbardo, Sword & Sword, 2012). Other researchers have found that TP is related to substance abuse (Keough, Zimbardo & Boyd, 1999; Fieulaine & Martinez, 2010), poverty (Boniwell & Zimbardo, 2003; Epel, Bandura & Zimbardo, 1999) and a client's ability to cope with medical conditions (Livneh & Martz, 2007). TPT has the potential to be expanded throughout all clinical practices and enable clinicians not only to recognize red flags, but help clients with a new approach to enhanced subjective well being.

DISCUSSION

Time Perspective Therapy was developed by Sword, Sword, and Zimbardo (Zimbardo, Sword & Sword, 2012) to create a new approach to treating PTSD, which includes both the social and systemic understanding of the determinants of human behavior, along with a traditional individual and dispositional approach. In essence, this tactic can be considered as a version of narrative therapy, in which clients enter with a narrative

focused around their traumatic experience. The TPT therapist works to replace that negative story with a new narrative focused on identifying positives in the client's past, creating positives in the present, as well as developing a vibrant image of a hopeful future. Through the reconstruction of the six TPs, the client is taught methods to maintain and continue the practices of TPT to hopefully continue their progress and buffer any relapses. It is the researcher's firm belief that TPT can successfully impact PTSD treatment, but also be expanded into other clinical realms.

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Table 1 Definitions of Time Perspective Sub Categories

Past Positive	A positive focus on the memories of the good old days, family, and tradition.
Past Negative	A negative focus that recalls abuse, failures and regrets over missed opportunities.
Present Hedonism	A focus on pleasure, risk taking, and sensation seeking.
Present Fatalism	A focus on not taking control of situations because of a belief that life is fated to play out a certain way, no matter what one does.
Future	Working for goals, meeting deadlines, and achieving objectives.
Transcendental Future	Spiritual life after death of the body is what matters most.