THE TIME CURE

OVERCOMING PTSD

WITH THE NEW PSYCHOLOGY OF TIME PERSPECTIVE THERAPY

PHILIP ZIMBARDO
RICHARD SWORD
ROSEMARY SWORD

More Praise for *The Time Cure*

"*The Time Cure* offers a major innovative contribution to the treatment of post-traumatic stress disorder. Professor Zimbardo combines his unparalleled psychological knowledge and insight with the Swords' vast clinical experience to provide an important new way forward to a more positive and fulfilling life for those who have suffered the ravages of war, sexual assault, and other horrific experiences. The authors present compelling empirical evidence as well as evocative and engaging case studies demonstrating the miraculous power of shifting time perspective from a negative past into a positive future to create comfort and relief. Even when everything else has failed, this treatment modeling can supply hope and healing for those who deserve it most. This book should be read by all those who have suffered from these conditions and all those seeking to treat them in an ethical, effective, responsible and compassionate manner."

—**Rose McDermott,** professor of Political Science, Brown University

"*The Time Cure* is a magnificent offering to the PTSD literature. It is destined to become a classic and no serious researcher or clinical professional in the field of psychological post-trauma should be without a copy on their bookshelves. With the burgeoning number of war veterans with PTSD as well as traumatized individuals from other walks of life, this timely book can be generalized to a wide variety of settings and situations. The essential truth behind its effectiveness and impact—that is, how we suffer depends on the extent to which we perceive, handle, and embrace the past, present, and future—guarantees a high receptivity and impact among PTSD sufferers. Dr. Philip Zimbardo is one of psychology's finest and needs no introduction; Dr. Sword and Rosemary Sword are outstanding clinicians and founders of a PTSD temporal therapy movement in Hawaii that has the solid support of the veteran population, international organizations, and the mental health community at large."

—**Harold Hall, Ph.D., ABPP, APN,** editor, *Terrorism: Strategies for Intervention*; director, Pacific Institute for the Study of Conflict and Aggression

"*The Time Cure* is filled with touching stories, exciting transformations and helpful information. The Swords and Dr. Zimbardo have done a stupendous job helping people in distress. I will definitely recommend *The Time Cure* to my colleagues and patients."

—**Mel Borins, M.D.** and author, St. Joseph's Health Centre, Toronto, Canada; Fellow, College of Family Physicians of Canada; associate professor, Department of Family and Community Medicine, University of Toronto

"*The Time Cure* offers an alternative to the most widely prescribed therapies for PTSD that, due to their revisiting of painful past experiences, often drive clients away before long-lasting healing can begin. Unable to return to therapy and tormented by their symptoms, veterans and other sufferers live in a trauma-centered personal hell that impacts every aspect of their lives and the lives of those around them. Time Perspective Therapy utilizes cognitive tools that empower users to refocus thoughts into more productive pathways that lead out of the negative past into a more hopeful, goal-directed future. Those using TPT are enthusiastic and excited about continuing their treatment due to the positive outcomes they experience. This promising new methodology could revolutionize the manner in which PTSD is treated."

—**Don Kopf, Ph.D.,** psychologist, Positive Potential Counseling & Consulting, Honolulu, Hawaii

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overcoming PTSD with the new psychology of time perspective therapy

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contents

dedicated to my son, adam, in part for making me a grandfather through his newly minted children—philip (aka panda) and victoria (aka hopper)—who will carry on the zimbardo legacy into the hopefully bright future

—phil zimbardo

for our families, our clients, and you, the reader

—rick and rose sword

introduction

Some years ago a young man I'll call James came to see me in my Stanford University office for help with his shyness. In the course of our conversation about the origins of his awkwardness around people, he told me that almost everyone he met reminded him of someone who had hurt him or rejected him in the past, so he could not risk being open to them. And then he related a very interesting image: his life, he said, was organized around the eighty slides that he had arrayed in what he called his "Kodak Carousel mental slide projector." Once the slide show started, the images were projected into his current consciousness in a predictable and reliable sequence. So his present sense was the slide on his mind's screen, his past sense was the slide he just viewed, and his future sense was determined by the slide or slides coming up next. My first thought was that this seemed like a reasonable metaphor for memory.

What he told me next, however, was quite unsettling: James's slide tray was filled with slides of *negative experiences only*—rejections, failures, missed opportunities, mistakes, miscalculations, bad deals, and more. His present sense, then, was always of a past negative event; his past sense was also of a negative event; and his anticipated future slide was always a predictable negative event from his past! Worse, his mental slide show was out of his conscious control—it could be turned on at any time by a triggering experience; so repeatedly viewing all of these

horrific images of his past negative experiences, so vividly projected, further burned them into his brain.

I thought hard about a treatment plan, and arrived at a solution that seemed to fit his particular imagery. I informed James that Kodak had just developed a 120-slide carousel, which meant that he would now be able to add *40 new slides* to his old show. I encouraged him to explore his memory to find any events that were positive: successes, good birthdays, friends, favorite foods, movies, books . . . and for each positive image he was able to recall, we created a new, vividly bright slide and inserted it randomly into his mental carousel. Although the negatives still dominated the set, there was now some occasional relief. He could see that his life had many good people, experiences, successes, and more that were balanced against the bad.

We gradually replaced more and more of the bad slides with good ones from recent positive experiences. Over a period of months, this impromptu treatment program began working to provide James with a more balanced, nuanced conception of his life over time and of his ability to shape his current life. It also had a profound impact on me, encouraging me to think more deeply about the nature of our temporal orientation and the real impact that our individual concepts of past, present, and future have on our lives.

In the early 1970s I began to investigate aspects of time perspective in earnest. This fascinating two-plus-decade journey (which you can read about in Chapter Two) led to the development of Temporal Theory and, in 1999, to the Zimbardo Time Perspective Inventory, or ZTPI: a valid, reliable, and easy-to-administer measure of individual differences in time perspective.

By 2008 the ZTPI was being used by researchers around the world. The time had come to really go public—beyond academic publication for psychologists to trade book publication for the general public. *The Time Paradox,*[1] coauthored with John Boyd, was the exciting culmination of much theoretical speculation and proposed new research projects. I thought this was the end of my professional journey with time perspectives, but it was not—I had yet to meet Richard and Rosemary Sword.

the Swords' work with PTSD and time perspectives

I was filled with joy when my first public presentation of our book was scheduled for a workshop at the Hawaii Psychological Association in Honolulu in 2008. At the end of my presentation, I was satisfied with how the session went and was looking forward to getting my reward—sunning on the beach in Waikiki. As I was packing up my gear, however, one of the participants came up to me nearly breathless with excitement over something I had said. Actually, it turned out his excitement was about *everything* I had said.

He told me that his name was Richard Sword, and that he was a therapist from Maui. For years, he said, he and his wife and colleague, Rose, had been working *along the very same lines I suggested in The Time Paradox* with war veterans who had suffered from debilitating PTSD for years—some for over seventy years, since World War II—and having good results. He said that he envisioned using my ideas as a therapeutic strategy for curing that terrible affliction. I politely gave him my card and invited him to stay in touch. Although I was busy, I said, I would be alert for his e-mails if marked URGENT on the subject line. I assumed he was like many others who get enthused by my dramatic talks but then fade from sight. I could not have been more wrong.

It turned out that our guy, Rick, was a man of his word, and his words were filled with an intoxicating blend of optimism and wisdom. He had an uncommonly intense dedication to helping American veterans of many wars overcome their suffering. He would not be satisfied just ameliorating their suffering and trauma, he said—he wanted to manage their PTSD to enable them to return to fulfilling, meaningful lives. It was not enough for him to change their negative existence to a zero state of no bad focus. He would not be satisfied until these courageous vets could return to the positive state they had enjoyed before their service and sacrifice for their nation. That was Sword's definition of a complete "cure" for PTSD in vets.

I have to admit, I first thought he was a bit of a wild-eyed visionary. I knew that PTSD had never been overcome by any therapeutic treatment;

at best, it might be made somewhat more bearable. But I remained an open-minded skeptic, eager to be proven wrong (a view of what it meant to be a good scientist that had been drummed into me from my graduate training in the Yale University Psychology Department). We communicated a great deal via e-mail, ideas flowing back and forth.

Now, following the model of Temporal Theory, Rick and Rose began to put into practice a new form of time metaphor therapy treatment with their clients in Maui. I was encouraged, but was hardly a true believer. Their time metaphor therapy revolved around getting clients to reconceptualize their problems using visualizations in which they would become "unstuck" from the traumatic past and move smoothly into a more positive present and future. The Swords put all of this in the context of the importance of time in our lives, and the importance of balancing our past, present, and future time perspectives. Their notion of being able to shift flexibly from one time zone to another—depending on circumstances, current needs, and realities—seemed to be taking ZTPI into a new and exciting dimension of practical use. Still, ever the scientist, I was still skeptical of this simple therapeutic approach.

time perspective therapy in action

After I returned home from the conference I began receiving letter after letter from the Swords' vets, describing to me the amazing changes they were experiencing from their treatment. They were euphoric, able for the first time in years to enjoy their wife, family, friends, former activities, going shopping, and more. They were no longer stuck in that horrible past that had gripped them for so long. They were starting to plan vacations and meet people they had been ignoring for years. They told me that their flashbacks had stopped and their smiling had resumed. And they were very eager to share their transformational experience with other vets who were still suffering from the agonies of PTSD.

Such astounding testimonials are rare for any kind of psychological treatment, and especially so when they come after only a few months of treatment. Yet my research training insisted on hard evidence to bolster these personal accounts. I encouraged the Swords and associates to gather pre- and post-treatment metrics on a variety of standard assessments of PTSD with a sufficiently large sample of time perspective therapy–treated vets. They did, and the data supported what the vets had told me: the measurable impact of time perspective therapy is highly statistically significant across a battery of standardized measures. It works!

And not only does it work but also *it can be shown to have an enduring positive effect for years—at least three years (the current follow-up duration).* Most of the initial salutary effects stayed in place for the majority of these time perspective therapy–treated veterans over this extended time period. Presumably these effects will remain longer and ideally permanently when measured subsequently, perhaps complemented by some "booster shots" occasionally if there is backsliding.

Meanwhile, the testimonials kept coming. At the 2009 American Psychological Association convention in Toronto, I wrapped up my presentation on time perspectives by talking about the Swords and their groundbreaking work with veterans. As I scanned the audience, I saw someone waving at me—a woman in a wheelchair. She looked excited and clearly wanted to tell me something. After I finished my talk she came to the podium and told me enthusiastically that she was a veteran previously suffering from PTSD who had undergone time perspective therapy with the Swords. She said it had helped her tremendously and that she was moving on with her life. Imagine my surprise—here, in Toronto, was a veteran to verify what I had just been sharing with this room full of thousands of mental health professionals!

Now we had a decision to make: Should we tell the world about this new form of therapy immediately, to give hope to those who have stopped hoping for improvement? Should we give guidance to therapists to add this type of therapy to their protocols for treating not only PTSD

in vets but also all other time-synced traumas and abuses? Or is it better to wait until we conduct a formal clinical trial with hundreds of participants that will test our time perspective therapy against several of the most used current treatments, with random assignments and systemic assessments?

Ordinarily I would have lobbied my colleagues for that latter option. However, such an ambitious project requires a multimillion-dollar grant. These are hard to obtain and time consuming—a year in the getting and at least another few years in the doing. So we opted to apply for a major military grant to put our treatment plan into a testable practice setting in the military, and to go forth with writing this book. We are currently waiting for what we hope is good news from the military. But while we wait and hope, we have forged ahead and written the book you now hold in your hands.

The book you are about to enjoy and learn much from is unique. Its goal is simple: to provide an exposition of Temporal Theory, which I developed, and then to elaborate on how the Swords transformed these ideas into the most effective of any current practical treatments for relieving the suffering associated with PTSD. You will find the treatment plan clearly laid out, as well as much supporting evidence in vivid, memorable case studies and solid quantitative data.

Time perspective therapy is demonstrably effective, its impact is relatively quick—a few months or less—and it is cost effective. It does not require expensive MDs, or even PhDs, to administer. Masters-level practitioners can effectively use it, as can practical nurses or intelligent and committed caregivers.

Behind all of these words, ideas, plans, and agendas is the driving passion of these two healers, Rick and Rose, whose life mission is to use their training and talents to relieve suffering and work tirelessly to improve the quality of daily life of every client with whom they work. Their all-embracing arms reach out not only to veterans but also to many others who come to them for help—survivors of both physical and sexual abuse, of cardiac illnesses, of traumatic natural disasters, and

more. It has been my pleasure to be touched by their passionate wisdom and endlessly optimistic view of what is best in human nature.

We hope that what you read here will help you or your loved ones move forward to a more positive life, and that you will share what you have learned on this journey with others you care about. The very act of your doing so reaffirms, strengthens, and expands the human connection.

Philip Zimbardo
San Francisco, California
June 2012

preface

For nearly three decades, Richard Sword has worked as a psychologist on the Hawaiian island of Maui, specializing in post-traumatic stress disorder, or PTSD. Seven years ago his wife, Rosemary, joined the practice. Most folks think of Hawaii as paradise, but every day we work with veterans who are still coping with the effects of horrific war experiences; with ordinary men and women suffering from the traumas of family abuse, rape, traffic accidents, and job-related incidents; as well as with disaster workers traumatized by the terrible suffering they must deal with.

For years our practice thrived using cognitive behavioral therapy (CBT), positive psychology, and *ho'oponopono*—the Hawaiian form of psychology based on making things right through forgiveness. It has always been our vision to build on these traditions, trying our best to find a simple, even more effective way to assist people suffering from mental distress. We were particularly inspired by the Japanese American veterans of the famed 442nd Regimental Combat Team that fought in World War II, whose unique philosophy provided them with an effective path through the labyrinth of PTSD, despite the terrible things they had seen, that differed from that of the other vets we'd treated.

The difference was simple: other American veterans would tend to talk about the bad things in the war and how it affected them, and they simply could not leave these horrific images behind and move on. The

Japanese American veterans, by contrast, would talk about the good things that happened in the war, the funny things, how they enjoyed each other, and how they're working for a better future. They would focus on the positive of the past to create a positive future. And that's what we essentially learned from them: *we look to the past to learn vital lessons; but when we want a better life for ourselves and our children, we must focus on the future.*

Since our first encounter with Philip Zimbardo at that workshop in Honolulu, the Z Team, a cadre of researchers, clinicians, media experts, and students, has worked tirelessly, collecting data and continually assessing treatment effectiveness.

We have applied Zimbardo's Temporal Theory to our own practice, creating what we now call time perspective therapy (TPT). To date, we've treated nearly 400 clients. Of these, 275 are war veterans suffering from PTSD, the vast majority awarded service-connected post-traumatic stress disorder disability ratings from the Veterans Administration. Our nonveteran PTSD clients also benefit from time perspective therapy. A number of our clients were kind enough to share their stories, which you will read in this book. To protect their privacy, their names and certain details have been changed.

Although TPT grew out of CBT and positive psychology, it is qualitatively different from other therapies currently used to treat PTSD. TPT most notably differs in the language it uses and the lens through which it views PTSD.

TPT uses specific terms that are based in ordinary language. We found that our clients had automatic responses to the usual psychological terms, such as *anxiety* and *depression,* that upset them and seemed to keep them from moving on. So, in TPT, we use specific time perspective terminology, referring to past thoughts and experiences as being either *positive* or *negative.* This may not sound like much of a difference, but the impact on the client's engagement with therapy can be immediate. For instance, we've found that speaking of being "stuck in the past negative" (something you'll learn about later in this book) is easy to

understand and relate to. It feels much less charged to talk about than anxiety and depression, and easier to find ways to resolve.

The second big difference—and it is a big one—is that TPT views PTSD as a mental *injury* rather than a mental *illness.* PTSD is caused by trauma, which injures your thought process, much as the trauma of a car accident might do physical harm to your body. Again, it may seem like a small thing; but for PTSD sufferers it is huge. Living with a mental illness can feel oppressive, incomprehensible, and hopeless. Living with a mental injury offers hope of healing.

Over the last few years we have held TPT workshops in Hawaii for mental health specialists, students, and interested laypeople. Larry Borins, an independent psychotherapist in Toronto who teaches mindfulness-based cognitive therapy and CBT (he works in an outpatient mental health organization), has attended two such workshops. He had the following to say about the difference between mindfulness-based approaches and TPT:

> One of the practices in mindfulness is labeling and identifying thoughts; recognizing that thoughts are not facts but products of the mind. Sometimes thoughts are rational and sometimes they are not. One way to get clients to wake up and become more aware is to help them learn to separate thoughts from facts. When people are in depression or anxiety their thoughts are confused, which causes them to question who they are as persons. Using mindfulness is one way to step out of the autopilot and reactivity. Another way is to change your perspective through TPT. I see TPT as being an easy and effective tool to realizing one's relationship to the situation and present moment.
>
> I just treated another patient using TPT and she had a remarkable recovery. I didn't even use mindfulness—I just used TPT and it was so cool! She took right to it . . .
>
> TPT is a perfect complement for cognitive behavioral therapy (CBT) and mindfulness-based therapy.

Time perspective therapy is a simple, effective, and very successful tool to help even those most negatively affected by traumatic events to develop the balanced time perspective that can allow them to lift their

foot from the muck and mire of the past and step firmly into a more positive future. At the end of each chapter in Part One, you will find suggestions for how you can begin to explore the simple techniques you read about in *The Time Cure* and apply them to your own life experience.

Reading this book, however, is not a substitute for therapy, but rather a guide in a journey to self-discovery. If you are currently in therapy and are intrigued by what you read, please share this information with your therapist.

Time perspective therapy truly is for everyone. It has changed our lives, and those of so many others. We hope it aids you, too, to *holo mua*—to move forward on your journey in a positive way. *Aloha.*

Richard and Rosemary Sword
Maui, Hawaii
June 2012

Note: A free, downloadable guide for therapists using time perspective therapy is available. To access this PDF guide, go to our publisher's Web site: www.josseybass.com/go/timecure.

part 1

PTSD and time perspective therapy

1

how PTSD sufferers get stuck in time

At age forty-five, Kara's life was full. She and her husband, Bud, had been married for twenty years. They'd decided early on that they would forego having children to focus on their relationship and have fun together, and they had done just that. They loved Alaska's outdoor life—riding motorcycles, deep sea fishing, camping, and hunting. Kara's job with the highways division of the State of Alaska Department of Transportation was fine too. She drove a pickup truck and hauled a light board signaling traffic to change lanes for the highway work crews. It was a good job, and it let her have the life she wanted—until one day a young woman driving a large pickup truck came speeding down the road and smashed into Kara's truck, catapulting it into the air where it flipped over, came crashing down, and landed on its roof with a scream of broken glass and metal on asphalt. Kara's coworkers dropped everything and rushed to help.

They found her trapped inside, hanging upside down, suspended by her seat belt, injured but alive. For Kara, everything was happening at once. She was in shock. She knew that her head, neck, shoulder, and back had been injured. She wanted to get out. And she was desperate to

know what had happened to the driver of the vehicle that hit her. Her coworkers, concerned for their friend's life, told her not to worry about the other driver and not to move until the paramedics arrived.

But Kara could smell gas and feared that her truck might explode. Frantic, she tried to release her seat belt. It was jammed. And even if they had tried to, her coworkers would not have been able to help her out of the truck—it had been so flattened by the impact that there was no way for them to get to her. With the clarity that comes with shock, Kara saw that if she could get loose she could find a way out. So she reached into her pocket, found her pocket knife, and cut through the seat belt, falling abruptly and landing on her already injured head, neck, and shoulder.

Kara crawled out of her truck and tried to head toward the other pickup. Despite her many injuries, and even though her coworkers were physically restraining her, she was extremely anxious about the other driver and managed to force her way through the crowd, only to witness the young woman's last moments of life. Strewn all over the back of the cab were signs of family life—an infant car seat, a diaper bag, and baby clothes. But there was no infant, and a search failed to turn up anything. Kara later discovered that the woman who hit her was the mother of a toddler, who thankfully had not been in the vehicle at the time of the crash. But Kara was devastated to discover that the young mother had also been pregnant.

The accident changed Kara's life. She had sustained injuries to her skull, neck, spine, shoulder, abdomen, and knees, and underwent a series of operations and procedures to repair the damage. Physically, she was slowly improving; but the psychological damage was severe and more enduring. She began psychotherapy, including psychiatric and psychological treatment.

Four months into Kara's psychotherapy, Kara's psychologist was worried. Psychological testing confirmed extreme trauma, extreme depression, extreme anxiety, and panic attacks. Kara had severe post-traumatic stress disorder. And now it was the dead of the brutal Alaskan winter. With almost no hours of sunshine, it seemed impossible that

Kara would ever be able to conceive of a world without darkness, both external and internal. Her psychologist thought that a change of scenery to a warmer, sunnier climate might at least help—a lot of Alaskans escaped the winter by flying to Hawaii. Kara's workers' comp adjuster agreed. The psychologist did her homework, and discovered that on the island of Maui a psychologist named Richard Sword was practicing a new therapy that appeared to offer tremendous results for people like Kara.

Kara and Bud spent their first day in Maui settling into an ocean-side condo, and then got to work. During a get-acquainted session with Rick and his wife, Rosemary, also a psychotherapist, Bud told them how his wife had changed. Before the accident, he said, Kara had been an affectionate companion and an active and adventuresome woman—a social, positive person, quick with a smile and a joke. She was attractive, was proud of her appearance, and took great care of herself. But the woman who had returned from the accident was very different.

This new Kara was a depressed, paranoid stranger who didn't care what she looked like, didn't want to be touched, didn't know what fun was, and didn't seem to care about people—or about anything, for that matter. Plus, Bud was doubtful about this Maui doctor. How could Rick help his wife when others had not been able to?

The Swords explained that they would be working with a new therapy based on understanding how the way we feel about the past, present, and future influences the way we conceive of what is possible in our lives. It seemed to be especially helpful with PTSD—even with battered World War II veterans in their upper eighties and nineties who had been suffering for nearly seventy years from debilitating symptoms of PTSD due to the horrors they had lived through. This new treatment was succeeding where all other interventions had failed, making a significant improvement in their mental state and quality of life.

Bud and Kara agreed to give it a shot. "We've got nothing to lose but time," Bud said. In fact, as they learned, there was much to gain through time perspective therapy.

PTSD basics

Post-traumatic stress disorder, commonly called PTSD, is an anxiety disorder that begins with a trauma—a horrific one-time event, like Kara's accident; continuing trauma, such as ongoing physical or verbal abuse; or a terrible event in which you have participated, such as war. You can even have PTSD as the result of being a caregiver or aid worker—an emergency room doctor or nurse, or a volunteer worker in a disaster like the earthquake in Haiti or Hurricane Katrina.

Whatever triggered your PTSD, that horrifying, frightening event overwhelms your ability to cope with daily life and may lead to all sorts of symptoms, including distrust, hyper-vigilance (always waiting for the hammer to fall), and hyper-irritability. Hollywood often portrays PTSD as nightmares, flashbacks, and being lost in past experiences to the point of becoming dysfunctional in the present. As one of the Swords' clients puts it, "If it wasn't for my flashbacks, I wouldn't have any memory at all."

All of this and more can be true. But these symptoms are only a fraction of the turmoil that is going on inside sufferers. Inside they are reliving the event over and over again, reexperiencing the very same emotions; they infuse those fears and emotions into each moment, coloring past, present, and future with the same dark ink of fear.

the official definition: DSM-IV-TR criteria for PTSD

PTSD—once called "shell shock" or "battle fatigue" and ignored or dismissed as something that would disappear with time—is now recognized by the American Psychiatric Association as a real disorder. And it is no longer necessary to be a direct victim to be considered as having been exposed to trauma:

> As long as one is confronted with a situation that involves threat to the physical integrity of one's self or others and one experiences the emotions of fear, horror, or helplessness, then the experience counts as exposure to a PTSD-qualifying stressor.[1]