

Cognitive Representations of Future Self as Predictors of Motivational Impairment in Women with PTSD

Juan. Camilo Ríos¹, Carlos. Hernández^{2*}, Bridget. Abalorio³

¹ Department of Educational Sciences, Pontificia Universidad Javeriana, Bogotá, Colombia

² Department of Educational Sciences, University of Guadalajara, Guadalajara, Mexico

³ Faculty of Psychology, Peruvian University of Applied Sciences, Lima, Peru

* Corresponding author email address: carlos.hernandez@udg.mx

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ABSTRACT

Objective: This study aimed to explore how cognitive representations of the future self predict motivational impairment in women diagnosed with post-traumatic stress disorder (PTSD).

Methods and Materials: Using a qualitative research design, the study employed a phenomenological approach to investigate the lived experiences of 25 women with clinically diagnosed PTSD residing in urban areas of Mexico. Participants were selected through purposive sampling from trauma recovery centers and interviewed using semi-structured formats. Interviews focused on perceptions of the future self, goal orientation, and motivational capacity. Thematic analysis was conducted following Braun and Clarke's six-phase method, with data coding and organization supported by NVivo 14. Data collection continued until theoretical saturation was achieved.

Findings: Three overarching themes emerged from the data: (1) Fragmented Future Self-Image, including subthemes such as fear-based future projections and absence of agency; (2) Trauma-Driven Motivational Impairment, characterized by emotional avoidance, loss of drive, and cognitive dissonance in goal setting; and (3) Reconstructive Possibilities Through Self-Insight, including the emergence of self-compassion, micro-motivation strategies, and support from interpersonal relationships. Participants reported a high degree of temporal disintegration, with future self-images often perceived as emotionally negative, unrealistic, or inaccessible. However, small-scale future planning and narrative reframing were identified as pathways for motivational recovery.

Conclusion: The findings highlight that PTSD significantly alters cognitive representations of the future self, leading to motivational deficits rooted in fear, avoidance, and identity fragmentation. Nevertheless, therapeutic interventions that foster time perspective balance, future self-continuity, and compassionate self-narratives may restore agency and motivational engagement in trauma-affected women.

Keywords: Post-traumatic stress disorder; future self; motivation; time perspective; women; trauma

1. Introduction

Post-traumatic stress disorder (PTSD) has long been recognized as a complex psychopathological condition with enduring emotional, cognitive, and behavioral consequences. However, recent research has increasingly highlighted its impact on individuals' temporal orientation and motivational structures—especially among women, who are statistically more vulnerable to trauma exposure and its long-term repercussions (Pan, 2024; Saltzman & Terzis, 2024). One area of emerging interest is the way PTSD alters how individuals cognitively represent their future selves, shaping motivation, goal pursuit, and engagement with life. Cognitive representations of the future self—mental images and beliefs about who one will become—are foundational to goal-directed behavior. These self-representations not only reflect one's internalized values and aspirations but also serve as a motivational compass guiding daily actions (Nikishina et al., 2025). When trauma distorts these representations, individuals may experience a profound disconnection from their future, often resulting in apathy, avoidance, or motivational paralysis (Rezaie et al., 2024a).

The concept of "future self" in cognitive and motivational psychology encapsulates the mental simulation of one's future identity, encompassing not just imagined roles and goals, but also emotional tone, continuity, and self-efficacy. A coherent and hopeful future self-image is predictive of resilience and adaptive functioning, particularly in the aftermath of trauma (Saltzman & Terzis, 2024). However, for individuals with PTSD—especially those affected by interpersonal or chronic developmental trauma—these representations are often fragmented, emotionally dissonant, or entirely inaccessible. Empirical studies reveal that disruptions in future-oriented cognition among individuals with PTSD are linked to both intrusive rumination and a distorted time perspective (Mengxin & Zilan, 2022; Tufan et al., 2020), leading to motivational disengagement and impaired executive functioning. For women, who often endure trauma in contexts of relational betrayal, domestic violence, or sociopolitical marginalization, these cognitive distortions may manifest in unique motivational impairments requiring gender-sensitive investigation (Shen et al., 2024; Shepherd-Banigan et al., 2023).

The relationship between PTSD and motivation is deeply intertwined with the role of temporal cognition. PTSD often disrupts the normal sequencing of autobiographical memory, collapsing past, present, and future into a continuum of distress (Zelenska, 2020). This can prevent the formation of

a stable temporal identity, which is critical for future planning. According to Saltzman and Terzis, PTSD symptoms such as intrusive thoughts, avoidance, and hyperarousal significantly alter time perspective, reducing the ability to project oneself into the future in an emotionally neutral or positive way (Saltzman & Terzis, 2024). Furthermore, individuals with PTSD are more likely to interpret future events through the lens of past trauma, producing a feedback loop of cognitive and emotional dissonance. As shown in multiple studies, these temporal distortions are also linked to an increased likelihood of maladaptive coping strategies, including substance use and emotional disengagement (K. Farrelly et al., 2021; K. N. Farrelly et al., 2021; Zaso et al., 2024).

In motivational terms, the disintegration of the future self can lead to what has been termed "motivational impairment syndrome" in trauma survivors. This impairment is not merely a symptom of depression or anxiety, but rather a distinct cognitive-behavioral outcome wherein the individual perceives future goals as unattainable, meaningless, or threatening (Contractor et al., 2025; Rezaie et al., 2024b). Theories of time perspective posit that a balanced orientation toward past, present, and future is essential for healthy psychological functioning and motivation (Walg et al., 2020). Yet PTSD has been shown to shift individuals toward a maladaptive present fatalistic or past negative time perspective, which diminishes hope, planning, and purpose. In clinical interventions, Time Perspective Therapy (TPT) has emerged as a promising approach, specifically targeting these distortions to reestablish a healthier motivational structure (Malekiha & Moradi, 2019; Rezaie et al., 2024a).

The motivational consequences of a distorted future self-image in PTSD are especially significant in female populations. Women with PTSD often experience chronic shame, interpersonal distrust, and internalized stigma, all of which can erode their sense of future agency. As Pan (2024) observed in a study of female emergency personnel, the ability to admire one's future self and imagine future achievement was positively correlated with motivational resilience and emotional regulation (Pan, 2024). Similarly, in a study involving veterans, Mastroleo et al. (2023) found that PTSD-related impairments in motivation were directly linked to future-oriented hopelessness and disengagement from treatment goals (Mastroleo et al., 2023). These findings underscore the necessity of attending to gendered and context-specific factors when exploring motivational disruptions in trauma survivors.

In the case of women in low-resource or socially conservative settings, motivational impairment may be exacerbated by sociocultural constraints, limited access to therapeutic resources, and intergenerational trauma transmission. Shepherd-Banigan et al. (2023) noted that predisposing and enabling factors, such as societal expectations and structural barriers, influence not just treatment-seeking behavior but also one's internal schema for future possibility (Shepherd-Banigan et al., 2023). Without a perceived pathway to change, many women adapt by narrowing their vision of the future, focusing only on immediate survival and disengaging from long-term aspirations. This can lead to a collapse of goal salience and impaired decision-making, further entrenching motivational deficits.

Moreover, emerging studies suggest that the motivational structure itself—how individuals organize and prioritize their goals across time—is altered in PTSD. Nikishina et al. (2025) explored how combatants with PTSD show a specific breakdown in future-motivated planning and time-based goal orientation, often reverting to impulsive or emotionally driven decision-making (Nikishina et al., 2025). While the sample in that study consisted of male soldiers, the findings offer valuable parallels to female civilians experiencing chronic relational trauma. In both cases, trauma reconfigures the mental scaffolding used to support long-term motivation. Similarly, Zaso et al. (2024) found that momentary cognitions and expectancies—such as the belief that the future is unsafe or uncontrollable—mediate the relationship between PTSD and maladaptive behavior, including substance misuse (Zaso et al., 2024).

Time perspective also plays a mediating role in the link between trauma and motivational deficits. Research by Mengxin and Zilan (2022) confirmed that intrusive rumination—a hallmark of PTSD—significantly affects individuals' ability to maintain a balanced time perspective, thereby disrupting future planning and reducing psychological resilience (Mengxin & Zilan, 2022). Tufan et al. (2020), in a comparative cultural study, further emphasized how different time orientations (e.g., present hedonistic vs. future-oriented) predict mental health outcomes, suggesting that cognitive temporal frameworks may either buffer or amplify PTSD symptomatology depending on their configuration (Tufan et al., 2020). This supports the growing argument that reconstructing the future self is not just a therapeutic goal, but a prerequisite for restoring motivation and long-term functionality in PTSD survivors.

Despite the growing body of evidence on temporal distortions and motivational impairment in PTSD, few studies have qualitatively explored how women with PTSD describe their future self and how these representations relate to their motivational state. Much of the existing research relies on quantitative symptom inventories or experimental manipulations that fail to capture the lived, embodied experience of trauma survivors. As Shen et al. (2024) note, integrating patient perspectives into our understanding of health behavior change in PTSD is crucial for designing interventions that are context-sensitive and empowering (Shen et al., 2024). This qualitative gap is especially pronounced in research on female populations in non-Western cultural contexts.

Given this background, the present study seeks to explore the cognitive representations of the future self in women diagnosed with PTSD and how these representations shape or impair motivational processes.

2. Methods and Materials

2.1. Study design and Participant

This study employed a qualitative research design with an interpretive phenomenological approach to explore the cognitive representations of the future self and their impact on motivational processes in women diagnosed with post-traumatic stress disorder (PTSD). The research aimed to gain a deep understanding of how women with PTSD conceptualize their future selves and how these internalized visions influence motivational functioning in various life domains, including personal development, career, and relationships.

A purposive sampling strategy was used to recruit participants who met the inclusion criteria: (1) adult women aged 25–50 years, (2) a clinical diagnosis of PTSD based on DSM-5 criteria by a licensed mental health professional, and (3) residency in urban regions of Mexico. Participants were recruited from psychological rehabilitation centers, women's health NGOs, and trauma therapy clinics in Mexico City and Guadalajara. In total, 25 participants were interviewed. Recruitment continued until theoretical saturation was achieved—defined as the point at which no new themes or insights emerged from subsequent interviews.

2.2. Measures

Data were collected through individual semi-structured interviews conducted in Spanish, either in-person or via secure video conferencing platforms, depending on participant availability and preference. Each interview lasted approximately 60 to 90 minutes. An interview guide was developed to ensure consistency, covering key themes such as perceptions of the future self, anticipated life trajectories, experiences of motivational struggle, emotional and cognitive barriers to goal pursuit, and the role of trauma narratives in shaping future-oriented thought.

Interviews were audio-recorded with participants' informed consent and transcribed verbatim. Transcripts were subsequently translated into English for analytical consistency and peer review.

2.3. Data Analysis

The data were analyzed using thematic analysis following Braun and Clarke's (2006) six-phase framework, implemented with the support of NVivo 14 qualitative data analysis software. Initial open coding was conducted to identify meaningful patterns in participants' descriptions. Codes were then clustered into broader categories through axial coding, focusing on the interrelationships between cognitive representations of the future self and motivational dynamics. Finally, selective coding was used to refine central themes and extract core conceptual linkages that captured the essence of participants' lived experiences.

Throughout the analysis, strategies to enhance trustworthiness were applied, including member checking, peer debriefing, and maintaining an audit trail. Reflexive memos were written to ensure transparency in analytical decisions and to mitigate researcher bias.

3. Findings and Results

The final sample consisted of 25 adult women residing in urban areas of Mexico, all of whom had been formally diagnosed with post-traumatic stress disorder (PTSD) by licensed clinical psychologists or psychiatrists. Participants ranged in age from 26 to 48 years, with a mean age of 36.2 years ($SD = 6.4$). The majority were of mestizo ethnic background ($n = 19$, 76%), while the remaining participants identified as Indigenous ($n = 4$, 16%) or Afro-Mexican ($n = 2$, 8%). Regarding educational attainment, 8 participants (32%) had completed secondary school, 10 (40%) held a university degree, and 7 (28%) reported some form of postgraduate education. In terms of employment status, 12 participants (48%) were employed full-time, 6 (24%) were employed part-time or engaged in informal work, and 7 (28%) were unemployed or homemakers. All participants reported experiencing at least one traumatic event related to interpersonal violence (e.g., intimate partner violence, childhood abuse), with 14 women (56%) reporting multiple trauma exposures over their lifespan. The duration since PTSD diagnosis ranged from 1 to 12 years, with an average of 5.3 years.

Table 1

Thematic Structure

Main Theme (Category)	Subtheme (Subcategory)	Concepts (Open Codes)
1. Fragmented Future Self-Image	1.1. Inability to Visualize the Future	<i>mental blankness, future as a void, emotional numbness, lack of mental imagery, difficulty with long-term planning</i>
	1.2. Fear-Based Projections	<i>anticipation of disaster, self-sabotage, hypervigilance about failure, catastrophizing, sense of doom, self-blame in future scenarios</i>
	1.3. Disconnected Identity Over Time	<i>not recognizing future self, feeling like a different person, loss of continuity, alienation from goals, temporal disintegration</i>
	1.4. Negative Emotional Anchoring	<i>future linked to shame, guilt-laden planning, hopelessness, dread toward aging, avoidance of forward thinking</i>
	1.5. Absence of Agency in Future Narratives	<i>passivity in goals, future shaped by others, no control over time, external locus of future decisions, helplessness about destiny</i>
	1.6. Self-Perceived Unworthiness of a Future	<i>feeling undeserving, internalized stigma, low self-worth, unrealistic expectations, perceived punishment</i>
	1.7. Ideal vs. Actual Future Self Conflict	<i>incongruence between goals and reality, idealization of unattainable future, internal tension, collapse of aspiration, fear of disappointment</i>
2. Trauma-Driven Motivational Impairment	2.1. Emotional Avoidance and Paralysis	<i>emotional freezing, fear of commitment, refusal to set goals, avoidance of success, emotional disconnection from future plans</i>
	2.2. Loss of Purpose and Drive	<i>lack of direction, motivation fatigue, emptiness in daily tasks, no reason to try, existential disorientation</i>

3. Reconstructive Possibilities Through Self-Insight	2.3. Distrust in Positive Change	<i>belief nothing will improve, trauma as permanent identity, skepticism toward therapy, internalized pessimism</i>
	2.4. Hyperfocus on Present Survival	<i>short-term thinking, daily functioning as priority, suppression of long-term goals, presentism, crisis management mindset</i>
	2.5. Cognitive Dissonance in Goal Setting	<i>feeling undeserving of success, ambivalence toward growth, fear of triggering symptoms, conflict between hope and fear, goals as unsafe</i>
	3.1. Reflective Awareness of Temporal Self	<i>recognizing fragmented self, distinguishing past/future voices, narrative awareness, temporal distancing, self-dialogue across time</i>
	3.2. Emergence of Self-Compassion	<i>less judgment toward future self, softer inner narrative, hopeful reframing, accepting imperfection, trauma-informed kindness</i>
	3.3. Reclaiming Future Through Micro-Motivation	<i>small goal planning, step-by-step confidence building, future envisioned in short bursts, achievement tracking, small wins</i>
	3.4. Role of Supportive Relationships	<i>external validation of worth, mirrored hope in others, affirming feedback, interpersonal anchors, joint future planning</i>
	3.5. Imaginative Re-authoring of Future Narratives	<i>creative visualization, writing future letters to self, vision boards, safe future experiments, co-creating alternative stories</i>

Theme 1: Fragmented Future Self-Image

Inability to Visualize the Future. Many participants described a pervasive cognitive void when attempting to imagine their future. For some, the future was not only vague but entirely inaccessible. One participant noted, *“When I try to think of where I’ll be in five years, it’s just blank. Like a fog I can’t see through.”* This difficulty often stemmed from emotional numbness and an absence of mental imagery, leaving them unable to engage in future-oriented planning.

Fear-Based Projections. A significant number of women projected fear and dread onto their imagined futures. Their thoughts were often steeped in catastrophic anticipation, ranging from self-sabotage to imagined loss and failure. As one participant expressed, *“Every time I picture the future, something bad happens. I lose my job, I get sick, or I end up alone.”* These intrusive, fear-based narratives were emotionally overwhelming and demotivating.

Disconnected Identity Over Time. Participants frequently described a discontinuity between their present and imagined future selves. There was a sense that the future self was unfamiliar or even alien. One interviewee shared, *“I don’t recognize the person I think I’ll become. It’s like she’s someone else entirely.”* This temporal disintegration created barriers to long-term identity formation and life planning.

Negative Emotional Anchoring. Several participants reported that thinking about the future triggered negative emotions such as shame, guilt, and dread. Future-oriented thoughts were emotionally anchored in past trauma, creating avoidance behaviors. One woman explained, *“When I think about tomorrow, all I feel is guilt for even surviving.”* This emotional burden led many to disengage from forward-looking thoughts altogether.

Absence of Agency in Future Narratives. The women’s descriptions often lacked a sense of control or autonomy

over their future lives. Their narratives were marked by passivity and a perception that external forces or fate dictated their outcomes. As one participant described, *“I feel like things just happen to me. I don’t make plans because they never work out anyway.”* This absence of agency fed into learned helplessness and inaction.

Self-Perceived Unworthiness of a Future. Many women internalized the belief that they did not deserve a meaningful or successful future. This sense of unworthiness was linked to trauma-related self-blame and low self-esteem. One participant said, *“I don’t think I’m the kind of person who gets a happy ending.”* This internal barrier hindered their motivation to pursue long-term goals.

Ideal vs. Actual Future Self Conflict. A recurring subtheme was the painful gap between participants’ ideal visions of the future and the reality they expected. The dissonance caused anxiety and avoidance. As one interviewee reflected, *“The life I want feels so far from who I am now. It hurts too much to think about it.”* This incongruity made future planning feel futile and emotionally risky.

Theme 2: Trauma-Driven Motivational Impairment

Emotional Avoidance and Paralysis. Participants frequently described feeling emotionally paralyzed when trying to make decisions about the future. This paralysis stemmed from a fear of commitment, fear of failure, or fear of success triggering trauma responses. One woman stated, *“I avoid setting goals because I’m scared I’ll fall apart trying to reach them.”* Emotional disconnection served as a defense mechanism against potential retraumatization.

Loss of Purpose and Drive. Several women conveyed a deep sense of motivational depletion. They spoke of losing direction and meaning in everyday life. One participant shared, *“I used to have dreams, but now I just get through*

the day.” This existential void reflected a trauma-induced collapse of intrinsic motivation and long-term orientation.

Distrust in Positive Change. Participants often articulated skepticism about the possibility of change or improvement. This distrust was rooted in repeated experiences of betrayal, disappointment, or relapse. One woman said, *“Therapy helps a little, but deep down I believe nothing can fix me.”* Such cognitive distortions diminished their willingness to invest in future outcomes.

Hyperfocus on Present Survival. Many women described a short-term, survival-focused mindset. They were consumed by daily coping demands and avoided thinking beyond the present. As one participant explained, *“I live hour by hour. Planning ahead just feels unsafe.”* This present-focused coping left little cognitive or emotional space for motivational growth.

Cognitive Dissonance in Goal Setting. For some, goal setting triggered intense internal conflict. Although they desired a better future, they simultaneously feared it. One woman remarked, *“Part of me wants to heal, but the other part is terrified of what comes after.”* This ambivalence often resulted in either avoidance or self-sabotage.

Theme 3: Reconstructive Possibilities Through Self-Insight

Reflective Awareness of Temporal Self. Some participants demonstrated growing awareness of their fragmented temporal selves. Through introspection and therapy, they began to articulate differences between past, present, and future identities. One shared, *“I’m starting to see that who I was isn’t who I have to be.”* This narrative distance enabled greater cognitive flexibility.

Emergence of Self-Compassion. In a minority of cases, participants expressed a shift toward self-compassion in their thinking about the future. These women described being less judgmental and more accepting of setbacks. As one participant stated, *“I’ve stopped beating myself up for not having it all together. The future feels more possible that way.”*

Reclaiming Future Through Micro-Motivation. Some interviewees described using micro-goals to regain a sense of agency. They set small, manageable objectives to build momentum. One woman explained, *“I can’t think five years ahead, but I can plan next week’s grocery list. That’s a start.”* These micro-motivations laid a foundation for broader hope.

Role of Supportive Relationships. A recurring enabler of positive future thinking was the presence of validating and supportive others. Friends, partners, or therapists served as

anchors for envisioning a different life. One participant said, *“My sister tells me I still have time to build a future. I hold on to that.”* These interpersonal resources often acted as external scaffolds for motivation.

Imaginative Re-authoring of Future Narratives. Finally, some participants engaged in creative strategies to reframe their future identities. Techniques such as journaling, future-self letters, or vision boards were mentioned. One woman described, *“I wrote a letter to my future self saying she made it. It felt weird, but also hopeful.”* These imaginative exercises facilitated psychological reintegration and optimism.

4. Discussion and Conclusion

The current study sought to investigate how women diagnosed with PTSD cognitively represent their future selves and how these representations relate to motivational impairment. Through thematic analysis of semi-structured interviews with 25 women in Mexico, three primary themes emerged: fragmented future self-image, trauma-driven motivational impairment, and reconstructive possibilities through self-insight. Collectively, these themes underscore the profound cognitive and emotional impact of PTSD on future-oriented thinking and motivational capacity in trauma-affected women.

A central finding of this study was the fragmentation of the future self-image, which manifested in an inability to visualize the future, fear-based future projections, and emotional disconnection from anticipated life outcomes. This finding is consistent with existing literature suggesting that PTSD fundamentally disrupts temporal continuity and future self-conceptualization. In particular, individuals with PTSD tend to experience time as fractured or non-linear, often remaining psychologically anchored in traumatic past events (Saltzman & Terzis, 2024; Zelenska, 2020). The data revealed that for many participants, the future was experienced as either a void or a space of overwhelming dread—a cognitive phenomenon consistent with the negative future-oriented schemas reported by Saltzman and Terzis in bereaved adults with PTSD (Saltzman & Terzis, 2024).

Further, the emotional valence attached to future representations in this study was predominantly negative, often linked to shame, unworthiness, or anticipated failure. These emotions inhibited the formation of coherent, hopeful self-narratives. As seen in Pan's (2024) work with firefighters, the ability to admire one's future self and

associate it with positive emotions significantly contributes to motivation and mental health recovery (Pan, 2024). The women in this study, by contrast, showed a high level of dissonance between their ideal future selves and their perceived reality—mirroring the internal conflict identified by Rezaie et al. (2024a), who found that flood-affected adolescents with PTSD struggled with goal engagement due to distorted time perspectives and a diminished sense of efficacy (Rezaie et al., 2024b).

Another prominent theme in this study was trauma-driven motivational impairment, including emotional avoidance, loss of purpose, and cognitive dissonance in goal setting. These findings align with earlier studies linking PTSD to motivational dysfunction through the mechanism of temporal disruption. For instance, Mengxin and Zilan (2022) identified intrusive rumination as a key predictor of an unbalanced time perspective, which in turn undermines long-term motivation and adaptive functioning (Mengxin & Zilan, 2022). The present findings reinforce this dynamic: participants often described being “stuck in survival mode” or focused only on the present, which reflects the shift toward present-fatalistic time orientation observed in Walg et al.'s (2020) study of adolescent refugees (Walg et al., 2020).

Moreover, motivational disintegration in the current sample often stemmed from a deep distrust in positive change, a belief that future outcomes were either uncontrollable or doomed to repeat past trauma. This echoes the findings of Contractor et al. (2025), who observed that PTSD symptom clusters—particularly those involving negative mood and arousal—contributed to a diminished capacity to engage with positive autobiographical memory and envision a constructive future (Contractor et al., 2025). Likewise, Shepherd-Banigan et al. (2023) demonstrated that veterans' engagement with therapy was influenced not just by logistical barriers, but by internalized beliefs about recovery and the perceived utility of long-term planning (Shepherd-Banigan et al., 2023). These insights are particularly relevant to understanding how trauma impairs not only memory and affect but also motivational structures and future-oriented cognition.

Importantly, the study also identified reconstructive mechanisms that allowed some participants to reclaim a sense of agency and rebuild their future self-narratives. These included reflective awareness of self across time, the emergence of self-compassion, and micro-motivation strategies such as setting small, achievable goals. These findings suggest that cognitive representations of the future

self are not fixed but can be reshaped through intentional practices and therapeutic interventions. This aligns with the principles of Time Perspective Therapy (TPT), which has been shown to improve psychological well-being in PTSD populations by helping individuals reconstruct a balanced and hopeful time orientation (Malekiha & Moradi, 2019; Rezaie et al., 2024a). TPT's effectiveness, especially when combined with cognitive-behavioral strategies, underscores the importance of targeting distorted temporal cognition to alleviate motivational impairments (Rezaie et al., 2024a).

Additionally, the current findings confirm that supportive relationships and external validation can serve as critical scaffolds for future-oriented thinking. Several participants described how trusted others—family members, therapists, or close friends—helped them “borrow” hope when they lacked it themselves. This observation is supported by Mastroleo et al. (2023), who emphasized the role of social connectedness in integrated interventions aimed at reducing alcohol use and PTSD symptoms among veterans (Mastroleo et al., 2023). While most prior research has focused on clinical or institutional settings, the present study demonstrates that even informal sources of encouragement can facilitate cognitive re-authoring of the future self.

The motivational impairment associated with PTSD is also reflected in behavioral outcomes such as academic disengagement, procrastination, and diminished persistence. Rezaie et al. (2024b) found that PTSD symptoms in adolescents were significantly related to impaired academic motivation and sustainability, effects that were mitigated through time perspective and mindfulness-based therapies (Rezaie et al., 2024a). Although the current study did not focus on academic settings, the underlying mechanism—a distorted or feared future self—appears to be consistent across domains. Similar patterns have been observed in substance use research. Farrelly et al. (2021) demonstrated that coping motives mediated the link between PTSD symptoms and cannabis craving when individuals were exposed to trauma cues (K. Farrelly et al., 2021). Zaso et al. (2024) extended these findings to momentary alcohol cognitions, showing that temporal beliefs shaped event-level PTSD-alcohol associations (Zaso et al., 2024). These studies suggest that distorted future representations not only affect motivation but also fuel maladaptive coping strategies.

Finally, the gendered context of the present study highlights the need for trauma research that accounts for sociocultural and gender-specific variables. Women in this study were often embedded in family systems or cultural environments that further constrained their future

possibilities. As Shen et al. (2024) argue, health behavior change in PTSD populations must be understood through the lens of lived experience and patient voice (Shen et al., 2024). The qualitative approach used here reveals dimensions of motivational impairment that may be obscured by quantitative assessments, particularly in underrepresented populations such as Mexican women with complex trauma histories.

5. Limitations and Suggestions

Despite the richness of the qualitative data, this study is not without limitations. First, the sample was limited to women in urban Mexico, which may constrain the generalizability of the findings to other cultural or socioeconomic groups. Future self-representations are likely shaped by contextual and cultural narratives, and similar studies in rural or non-Latin American populations may yield different themes. Second, although theoretical saturation was reached, the reliance on self-report interviews may have introduced recall bias or social desirability effects, particularly in discussions of trauma and shame. Lastly, the study focused solely on PTSD and did not control for comorbidities such as depression or anxiety, which may also influence motivational functioning and time perspective.

Future research should explore the longitudinal development of future self-representations in PTSD populations across different recovery stages. Investigating how these representations evolve with therapy could provide insights into effective timing and targets for intervention. Moreover, comparative studies involving men, non-binary individuals, or adolescents could elucidate whether certain cognitive-motivational themes are gendered or universal. Mixed-methods research combining qualitative insight with time perspective inventories and motivation scales would also strengthen theoretical models and support clinical application.

Clinicians working with trauma-affected women should attend not only to symptom reduction but also to the reconstruction of future identity. Therapeutic techniques that enhance future self-continuity, foster self-compassion, and use micro-goal strategies may be particularly beneficial. Integrating Time Perspective Therapy and narrative interventions into trauma-informed care can help restore agency and long-term motivation. Importantly, practitioners should consider cultural values and systemic constraints when supporting future planning and motivation in women with PTSD.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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