



## **London can take it - psychological reactions to terrorism from the blitz to Bin Laden**

**Professor Simon Wessely**

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Introduction by Professor Frank Cox, Honorary Fellow of Gresham College

It is a great pleasure to introduce an old friend of Gresham College, Professor Simon Wessely, who is Professor of Psychiatry at the Institute of Psychiatry which is now part of King's College London. He is also Director of the Institute of Military Studies at that organisation, and his main interests have been looking after the effects of war and battle on servicemen. In this first of three lectures on the public understanding of psychiatry, Professor Wessely is going to talk about psychological reaction to terrorism from the Blitz to Bin Laden.

Professor Simon Wessely

Thank you very much for that. I notice the next person in this series is Raj Persaud, talking about the psychiatry of seduction, so everybody who has come for that is going to be deeply disappointed!

General Hastings Ismay was arguably the most important man in Britain in January 1939. He was known as Pug for his facial features. He was the first Secretary General of NATO. In 1939, he was the Secretary of the Committee of Imperial Defence. This was an extremely powerful, but not very well known, committee that was the forerunner of our own COBRA or our Joint Intelligence Committee now, and it was charged with managing the defence of the realm. In 1939, they were obviously much concerned with what they already knew to be the forthcoming War. One of the things that concerned them most was what would be the effect of what was expected to be mass German bombing on Britain's cities.

Pug Ismay produced a paper, which has been long since available, in which he and his staff estimated that a sustained German attack on London would produce 600,000 dead and 1.2 million wounded. He went on to say there would be mass panic in the streets, that civilians would spontaneously evacuate and would refuse to come to work, there would be a catastrophic decline in production, and indeed, right at the end, he said, "There is every chance that this could cost us the war." He was not alone in that kind of view. It is impossible to find anyone in that period who did not have a similar pessimistic view as to what would be the effect of strategic bombing. Beginning with Stanley Baldwin's famous phrase in 1932, "The bomber will always get through," it was a standard feature of all health, military and civic planning, that the results of strategic bombing would be devastating, both physically but most of all psychologically and mentally.

Now of course, the Blitz happened, and the various events or the nightmares of Pug Ismay and all his staff did not come to pass. I'm going to show a brief excerpt from a film which is from September 1940 to give you a flavour of (a) what was happening, but also, the kind of rhetoric and language of the time. So this is September 1940. It is an old film, so it's a rather grainy thing from the Public Record Office.

[Excerpt plays]

"I'm speaking from London. It is late afternoon and the people of London are preparing for the night. Everyone is anxious to get home before darkness falls, before our nightly visitors arrive. This is the London rush hour. Many of the people at whom you are looking now are members of the greatest civilian

army ever to be assembled. These men and women, who have worked all day in offices or in markets, are now hurrying home to change into the uniform.

....the dusk is deepening. Listening crews are posted all the way from the coast to London to pick up the drone of the German planes. Soon the nightly battle of London will be on. This has been a quiet day for us, but it won't be a quiet night. We haven't had a quiet night now for more than five weeks. They'll be over tonight, and they'll destroy a few buildings and kill a few people, probably some of the people you are watching now. Now they're going into the public shelters. This is not a pleasant way to spend the night, but the people accept it as their part in the defence of London. These civilians are good soldiers.

Now it's 8 o'clock (Big Ben chimes). Gerries a little bit late tonight. The search lights are in position, the guns are ready, the people's army of volunteers is ready. They are the ones who are really fighting this war – the firemen, the air raid wardens, the ambulance drivers...

There's the wail of the banshee (air raid sirens). The nightly siege of London has begun. The city is dressed for battle.

Here they come (noise of planes)... Now the search lights are poking long white inquisitive fingers into the blackness of the night.

(Noise of bombing) These are not Hollywood sound effects. This is the music they play every night in London, the symphony of war. (Noise of loud bombing) That was a bomb. (More noise of planes/bombing).

The very young, and the very old, with that deep wisdom given only to the very young and the very old, sleep in the shelters. Do you see any signs of fear on these faces?"

Obviously that film goes on for much longer, but it is in a very similar vein. You will recognise it used an American narrator because it was meant for the American market – that's what it was clearly intended for – but notice how the kind of rhetoric and images in the film are completely different to the way in which Pug Ismay described what was going to happen when he had written only a year before. Now, how much of that film – some of that, I suspect, probably staged, some of it clearly wasn't, but how much of it was propaganda, and how much of it reflected reality?

Of course, it wasn't just that this was designed for the overseas market. The way in which the people at the time also talked about the population's reaction to the Blitz was terribly similar. It wasn't just a language we used for when we sent images to America; it was a language we used among ourselves as well.

For example, as are described, there was an intensive monitoring of civilian morale right through the War. This is a guy called Judge Parker, who was Director General of the Minister of Home Security. If you think the Americans invented that term, you are wrong; it began in 1940. This is a secret report. He wrote a daily digest on morale, which was presented to the Cabinet on a daily basis. Right at the height of the Blitz, he said, "...little appearance of nervous or physical overstrain. Nothing has affected the unconquerable optimism of the Cockney, nor anything restricted his ready, if graveyard, humour." So that's the language of the time used in private as well as in public discourse, and it is that view of how people behaved and reacted during the Blitz and the Second World War in general that has prevailed.

Right at the end, shortly after the end of the War, in Richard Titmuss' classic "Problems of Social Policy", which was one of the great social post-war planners. It was the foundations of the welfare state and the kind of social democracy that reigned really from 1945 to the advent of Thatcher. This view developed and became the received wisdom, that morale had been maintained during the War because of the equitable sharing of risk and danger and the rise of an egalitarian collectivism, of an informed citizenry standing together against the horrors of war. That is very much the view that surfaced and has become the conventional wisdom.

Now of course, like all conventional wisdoms, there are people who have suggested revisionist views, the most famous being Angus Calder in his "People's War" and then in his "Myth of the Blitz", who pointed out some of the inconsistencies in this narrative that we tell ourselves, that despite the film you saw, there was indeed, after bombing raids, considerable amounts of looting. Delinquency rose during the Blitz. There were considerable reports of defeatism and frequent conversations. People forget strikes continued during the War and often had a deleterious effect on the War effort. Rationing was supposed to bring about a kind of collective egalitarian spirit, but there was of course the black market, which is the exact opposite, and some measures of public health declined.

So it happened that when an opportunity arose, with the declassification of the files of the Home Intelligence Division, and in particular the Minister of Homeland Security, Home Security as they called it, myself and colleagues in history and political science decided to see what was revealed by these files, which were not the kind of public face of the Blitz – what did they say about what had happened, and what was the monitoring of public opinion and morale, and of course psychological disorder, our particular interest, together with other known documents and the observations of the Mass-Observation Movement – you know, Tom Harrison's group who would go and eavesdrop on people in pubs and clubs and so on. If you think we live in a surveillance society now, you are certainly right, but it was just as bad in 1940.

So, sadly for us, because we expected to come up with a more glamorous and historical revisionist conclusion, it turns out that all these secret files said pretty much the same as the public files did as well: law and order was maintained; there was little evidence of a failure in morale. Judge Parker was able to write in the way that he did on most days of the week. Most important for our story, there was no evidence of the predicted surge in psychiatric casualties that had so worried Pug Ismay and had led him to believe this could lead to the end of the war effort.

Belmont Hospital, for example, was one of three hospitals taken over by the War Office for civilian psychiatric casualties that were expected to flood out of England. Mill Hill was the second, and the third was Barnstead. These huge mental hospitals on the edge of the City were set aside for civilian casualties. These of course did not materialise, and in November 1940, these were handed over to the military to be hospitals.

The kind of data that was produced during the time already was speaking to the fact that the anticipated horrors had not happened. We can see in *The Lancet*, it says, under Felix Brown, a famous psychotherapist, "The swarms of hysterics that were by some expected to follow bombing have not appeared." And then Aubrey Lewis, who was the most famous psychiatrist of the age, who had founded the Institute of Psychiatry where I now work, did a study in 1941 in Willesden: "After intensive raids, there is a slight increase in the total amount of neurotic illnesses in the affected area, chiefly in those who have been neurotically ill before." So he is saying not only had there been not much rise in psych disorder, it was largely in those who had already been ill – nothing much then to do with the Blitz.

Now of course, we also found, and there were, exceptions to that general picture. For example, a report in 1943 of something known as the Bethnal Tube tube disaster. I don't know if people are familiar with this, but this was the largest loss of civilian life during the War – 173 people were killed. Bethnal Green Tube was being used as a deep shelter, and an air raid was anticipated, didn't actually materialise, and people were moving down into the shelter when a new anti-aircraft gun – it was actually a rocket – started firing. It was a noise that was not familiar to the population, a stampede developed, and 173 people were killed. There is a memorial to those people on the spot now. That of course was certainly not released at the time, along with many other episodes that didn't quite fit the picture.

In Coventry, on December 13th, in Belfast, briefly in Birmingham, after heavy raids, there were certainly times when the Government was not in control of the city, but these were isolated incidents. There was the famous Mast and Mutiny, when aircraft workers, civilian workers at an RAF base on the south coast, went into the shelters and simply refused to come out. That of course was not mentioned in any press, although it was much mentioned in the files that are now publicly available. But the truth is these were exceptions. I have a picture, which is obviously a propaganda picture. It is seen through the Blitz or whatever, but nevertheless, it's not an entire lie, and in fact it's probably not a lie at all, but it conveys a particular picture and, in general, the records of the time do back up the picture that they put forward, and hence the Official Historian of Civil Defence in 1955 is able to say this, "London can take it." There is small doubt that this reflected the reality of the situation.

Well, fair enough, and that's a particular picture of London during the Blitz, which I'll come back to slightly at the end to discuss why did that happen, but now let us go forward, and go to another episode of terrorist violence in our City. This is of course the July 7th bombings. What I want to talk about are three things: first, the acute behavioural reactions that people have under extreme pressure, what does that tell us; second, the psychological reactions that all of us, as ordinary citizens, have; and third, what are the longer term consequences and what should we do about them as well.

So let's start off with the acute picture of what happened on July 7th to those most intimately involved. Just as Pug Ismay believed that the first thing that would happen would be mass panic, evacuation of the city, and civilians running around, like headless chickens – that wasn't a phrase he used, but if it had been around, he would have used it – just as that view among emergency planners persists to this day, that

people and extremists will behave in a disorganised way and then all sorts of dangerous things will happen.

What actually happened on July 7th? Now, let's first of all look at those people most directly affected. I am not going to go over the events of July 7th. You all know it. I just want to point out this particular chronology, just to show just how – this is about the most scary situation we could imagine. You are in a tunnel. Bombs have gone off. The place is filling with smoke. It was actually dust and debris, but at the time people thought it was smoke. They were terrified they couldn't get out. The tracks are live – you can't get out – and it's 30 minutes before the first emergency services arrive. People forget that in disasters and traumas, that's always the case. The people who do the rescuing and the life saving are not the emergency services; they are always the people there.

The same happened in 9/11 in New York. The whole evacuation of the World Trade Center was self-organised. There were no emergency services on the scene at all. By the time they got there, it was too late. So people had to organise themselves.

So what happened on July 7th? I'm indebted to my colleague, Chris Cokin, who has done a project collecting eyewitness reports, directly and through other sources, of the kind of narratives that people said on the day as much as he could.

Here we can see, "Straightaway the packed carriage filled with smoke. People panicked immediately." So again, yes, this is a scary situation, but notice, "Some people on the carriage calmed everyone down." The eyewitness suggests that this particular period lasted no more than a couple of minutes.

Another eyewitness: "There was no real panic, but a sense to get out of the station quickly," which is of course a pretty sensible thing to want to do. That is not panic, to want to leave the situation.

There was also a remarkable feeling, which comes from all these narratives, of unity. You can see here: "We're trying to find the best way out of there, to reassure each other." "One of the things that struck me," it says, "one minute you're standing around strangers, and the next minute, they're the closest and the most important people in your life. That feeling was quite extraordinary." That was from a woman at Russell Square.

Co-operation: "Many people kept calm and tried to help one another, to see if anyone was injured." "I was aware of people helping each other. I was being helped myself." This is from a lady who had a traumatic amputation, also at Russell Square.

Passengers with medical experience were found. Of course, that's the other thing that fascinates me – there always are people like that around. They always say, "It was jolly good luck there was a doctor somewhere." There's always a doctor somewhere! Whenever you go on a plane, there is always a doctor. You know, was it good luck the bus blew up outside BMA House? Well, maybe... Was it good luck that at the London Hospital that day there was a conference of anaesthetists going on, only too happy to leave a really boring lecture, I'm told, to dash to theatre and do what they like doing best? I think it isn't. I think you can rely on the fact there will always be people around who can do these kind of things, and who will do those kind of things.

"All of this," it says, "allowing the medical guys to enter the other train." That's not the ambulance service – those are the passengers.

What we see in the acute situation is what always emerges, always surprises those who haven't thought about this very much, but it is a way in which people actually very rapidly organise, help, rescue, and co-operate, long before the trained professionals arrive. I don't suppose there is anyone in this audience who has had that experience or was there, but I think many of us will have been in London at the time, and will perhaps remember it.

What we're talking about now is the social and psychological reactions of the rest of us, ordinary Londoners, there on July 7th. We set up a study with the Health Protection Agency, and about 7 days after the bombings, we interviewed a random sample, over 1,000, completely normal, random Londoners. These are not people who had been involved in the incidents themselves; this could have been me or you, chosen purely at random by random digit dialling. We were looking at the psychological and behavioural responses of ordinary people straight after a big event like July 7th.

The questions we chose, they are not the greatest questions, and I will tell you why we chose them in a minute, but 25% of ordinary people certainly reported feeling upset. Other symptoms – poor memory, sleep, concentration, and so on – were reported by not that great a proportion, although when you amplify



this by 6 million Londoners, that is a lot of people having forms of distress, feeling unhappy, nervous, worried, irritable, whatever. Indeed, we specifically looked at travel anxiety, and in fact we asked about when the tube is running, because it wasn't running at that time, and there was a great deal of anxiety about safety on the tube – again, nothing particularly surprising or alarming in that, but a lot of people were nervous about public transport when the system resumed. Those who were more distressed, it's fairly predictable if you do the kind of work I do, but I'll just point out a couple of things. People who indicated they were Muslims were much more likely to be distressed by the events of July 7th. Those who were unsure about the safety of others were more likely to be distressed – I'll come back to that. Those who said that they had previously had experience of terrorism – and we didn't really elaborate on what that was, so I'm not quite sure what that means (perhaps they were in London during the IRA campaign, I don't know) – they were less distressed, so those who had had previous experience were less distressed.

None of that is particularly surprising, and if we compare with the reactions on September 11th – and the reason why we chose the questions we did was because they were identical to those used by American colleagues who had done an identical study in New York City seven days after September 11th. If you compare the two – and of course the two events are not directly comparable – it is a much more massive public event in New York, so it is not surprising that they had a bit more symptoms than we did, but nevertheless, the pattern of the symptoms very similar. A lot of distress around, still the majority of the population not reporting psychological symptoms, so that is a direct comparison of the two.

Now, what can we expect? We can expect that that distress will reduce. The normal history of psychological upset, trauma, and so on, is it starts high and, with the passage of time, time being the great healer, it will go down. That is exactly what we found. We interviewed the same 1,000 people – well, we found about 700 of them – six months later, and what you can see, as you would imagine, only 30% of people reported originally being completely not bothered by the events of July 7th, six months later, that figure had doubled. There was still some residual anxiety around, but nevertheless, it is returning to normal. If you compare, again, us with New York, the same pattern emerging in New York as well. Six months after the events, the rates have dropped down and we are getting back to the normal levels of stress in either London or New York City, and, you know, there is quite a lot of stress around anyway, irrespective of terrorism. So stress is reducing, and we look at travel anxieties, things like that – somewhat surprising, still quite a lot of people nervous about using the tube. We find this a little bit difficult to interpret because the numbers on the tube is now back to normal – in fact, it is higher than it was just before July 7th – so I am not quite sure whether or not this is reality or people's intentions. It certainly has not been reflected in passenger numbers, but it still indicates a degree of concern about travel, but perhaps not reflected in actual action.

So we can say then, after terrorist events, disasters, trauma of any shape or form, distress normally reduces. Well, it does do so, unless we get in the way. Now, how could that happen? Well let's have a think...

Consider the crew of the Starship Enterprise, Star Trek, the New Generation. Now, you may think that this is the work of science fiction, of no relevance at all to everyday life, but you would be wrong. This is an acutely observed social commentary on our times and culture. Let me show you why. Let's meet the crew, shall we? Here we go.

We have our captain, Jean-Luc Picard. He is what we now call a three-star, he is an admiral in fact, so he is the big cheese, he is in charge of the whole show. Next to him is TIC, his second in command, Commander Riker – he is a one-star, so he is still very, very big, very important. Lieutenant Worf, the Tactical Officer – you will of course know Lieutenant Worf is a Klingon. Now, in the days when Star Trek was worth watching, when it had Captain Kirk and Mr Spock, the Klingons were our deadly enemy.

Of course, since then, there has been the end of the Cold War and the fall of the Berlin Wall, and now the Klingons are our friends. This is all about the kind of agenda of truth and reconciliation, etc. So there's Lieutenant Worf, the Klingon. There we have got the engineer. Now, he is obviously important, because if you have got engines that push, you know, you are going at twice the speed of light, which is what the Starship does, someone has to know how the damned things work! So he is clearly very important; he should be on the bridge.

The 3 IC, third in command, is Lieutenant Commander Data. Now, he's a bit of a pasty looking fellow – that's because I think he is a clone. Again, the producers of Star Trek have not quite decided whether or not this is a good or a bad thing, and if it turns out that cloning actually leads to GM food, cancer, and mass death, they will be able to say, "Well anyway, we never made him look healthy, so that's okay." He is also

the Security Officer, because he is there to keep an eye on the Klingon; because they are our friends, the Klingons, we still don't quite trust them, and recent events – just mention Russians in London, and you will see exactly what I mean.

But who is the lady? She is called Deanna Troi and she comes from the planet Betazed. I'm not making this up, by the way. I mean, I'm not, but someone made it up! Anyway, as those who know about Star Trek will know, the inhabitants of the planet Betazed are famous for their empathy. That is what they are very good at, and she is the Starship's Counsellor. That is her job. She is a humble Lieutenant, among all these one, two and three-stars, but she is an integral part of every episode. Towards the end of each episode, when things have gone wrong, as they always do – they've eliminated the wrong planet, or run out of t-shirts, or whatever the latest disaster is – she is there to make it all better. So she is there to counsel them, and in particular, to talk them through it – “how did you feel?” that kind of stuff. She carries out what is known as psychological debriefing. During the '80s and '90s, this has become a major social movement. This is what I mean about this is actually a commentary on our times. It is a process that goes on, after bad things have happened. You know exactly the scenario I mean. There has been a terrible event. Trained counsellors arrive. They carry out this thing called single session psychological debriefing. You get together, you talk about it: “How was it for you?”, “What are your emotions?”, “How do you feel about it?” “These are the symptoms you've got and will get,” and so on and so forth. This has now just become an accepted part of the theatre of disaster. Almost before the blue lights have stopped flashing, the trained counsellors will be there.

I have to say, I have often thought about that word...have you noticed? Always on the media, it says “trained counsellors”, always, every time. I have never, never ever heard it not referred to as “trained counsellors”. But that's a bit odd, because when you go into hospital to have your appendix out, the chap doesn't say, “Hello, I'm your trained surgeon!” does he? When you get on a British Airways flight, he doesn't say, “Hello, I'm your trained pilot!” You would think, “Bloody hell, I want to get off! What's going on here? I'm on Aeroflot or something....” Anyway!

Why has that happened? Well in fact, the reason that it always says “trained counsellors” is because there has been quite a lot of research to show that indeed a large number of people who do this kind of psychological debriefing don't actually have formal psychological training – hence we have the phrase “trained counsellor”. It has become, as I say, part of our times.

We did a newspaper search, just looking over a six month period for as many instances as we can find of the use of psychological debriefing. I will be very clear about what I am talking about here. I am talking about post-traumatic psychological debriefing, so single session counselling given to people who have been involved in unpleasant incidents. It turns out, as I say, that not only has this become very common, it turns out you don't even have to be human to do it at all. An article from The Sunday Times at a school in New York state shows us there a specially trained dog named Star. Come on...it's a trained dog...so no lapse of standards there then! I'm just making a cheap joke here, and it's terribly unfair, and we shouldn't give a dog a bad name, even a dog named Star, if he's doing a good job.

Now, we have to get a little bit boring and serious because we do know the answer to that. There have now been over 15 randomised controlled trials in which we randomly allocate people to receive debriefing or not, and we know now, for certainty, that this does not work. This isn't one of the cases where “the jury is still out”. The jury has come back, it has been sent home and banned from jury duty for five years. We know this does not work. And worse, the three best studies, with the longest follow-up, have shown that those who randomly receive the debriefing were more likely to develop PTSD, that's Post-Traumatic Stress Disorder, than those who did not. Without those trials, we would never have known this fact, but now we can say psychological debriefing does not make you feel better and it makes some people feel worse, and in particular those who are most distressed, those who are most anxious, are the ones who are adversely affected by this procedure, and those are precisely the ones who we are most likely to give the treatment to.

Why? Well, there are various reasons. We say it's good to talk. Sometimes it is. Sometimes it isn't. Perhaps, just when you have had the major event of your life, it is not a good time. It could be that it is too early – it just simply shakes you up for no good purpose. Most likely, it gets in the way of the natural process – because, as I said, normally, distress reduces anyway. It starts the creeping thing of “Wait a second, maybe there is something wrong with me after all. Maybe I'm developing a psychiatric and mental health problem. Why else would I be seeing a mental health professional?” But most of all, I believe that I think it gets in the way of doing what comes naturally, which is talking to who you want, when you want, at

a time of your place and choosing.

What did Londoners do after July 7th? Going back to our random sample of 1,000 Londoners, yes, everybody talked. I'm sure you did. I certainly did. We all did. And who did we talk to? We talked to our family, our friends, our colleagues, maybe our GP, our vicar; the people who knew us best, who knew us before, and will know us afterwards, and we did it a hell of a lot. Only one per cent of us went for professional help, and only one per cent of us thought we needed help. That figure remained exactly the same six months later. So people like to talk after a trauma, but they talk within their own social circles.

It isn't just ordinary Londoners. We did a study of tough soldiers. This is UK, mainly people in the Parachute Regiment, coming back from a very nasty tour in Bosnia. Again, what you can see is, who did they want to talk to? Well, the ones who did – quite a lot of them don't actually, and you know, if a Paratrooper guy doesn't want to talk, it's a good idea not to make him! Anyway, what did they do? They wanted to talk to the folks who had been there, their family and friends. Not many of them wanted to talk to the people above them in the chain of command, few wanted to talk to Welfare, and only one per cent wanted to talk to a psychiatrist, much the same as ordinary Londoners. So people want to talk, but they don't often want to talk to professionals, and nor should they.

We talk about communication, and politicians always talk about communicating with the public – I want to talk about people communicating with each other, because I think that is more important. It decreases anxiety, it prevents panic, and it does exactly what we want to do, which is to mobilise our own social networks and our own social support, because that is what provides us with true resilience against adversity, is our own social networks, not social networks by people we have never met before and will never meet again. People want to talk, so we should help them do that. In the 7 July event in London people couldn't get through on their mobile and were unable to discover if their family or friends were safe, and they were more likely to be distressed and that persisted six months later.

We see the same Israel. After every suicide bombing, there is a sudden surge in mobile traffic. If they get through and find that actually, their family are okay, people return to normal, but when they don't, they get very distressed and start kind of trying to go and find them and all sorts of disorganisation happens. In Israel, keeping the networks going is regarded as very important for public resilience and public confidence. In Britain, it is regarded as an irritation. They switch the networks off because it gets in the way of the emergency services, which I don't believe. We are hoping that gradually that policy will change, because that itself is the thing that increases population resilience.

But we are losing the plot is what I am saying here. We have over-professionalised distress. We have forgotten the natural way we cope. Consider another story. Three weeks later there was the Stockwell shooting. It came up on the BBC website only 40 minutes since the poor old Brazilian was shot. You can see the timing – 11:33. I don't know if anyone remembers this – I haven't got the video unfortunately. This guy with a very broad Cockney accent, a tremendously good witness, said, "I saw an Asian guy," – okay, well he's not that good a witness, but anyway – "I saw an Asian guy. He ran on to the train, pursued by three officers. I've just basically," he's speaking very, very fast, "I've just basically seen, I've seen a man shot dead, I've seen a man shot dead. I was distraught, totally distraught, less than five yards away from where I was sitting. I saw it with my own eyes. I got into the ticket hall. I was approached by a policeman and London Underground staff asking me if I needed counselling." And then he started swearing! But you know, we've lost the plot, haven't we?

It could have been worse though. I saw a headline a couple of weeks ago: "Heather Mills McCartney...!" I tell you why I like this story, I love it. It's that phrase, it's the second – it's not the first bit, okay, it's the second bit. "She told reporters that she did not want any publicity." I mean, I don't understand these things, but I do understand that if you don't want publicity, you don't tell reporters, but there we go, what do I know?!

Now, the problem is that this social movement has become very big business. It is around. It is now the kind of knee-jerk reaction that we have to trauma. We have the trained counsellors, we have the stress managers and so on. If something bad happens in a company, this is what happens. It is partly altruistic, a real belief that it helps, but it does not. It is also partly to protect against litigation. It is part of a general thing that has happened in society, that we have become more and more concerned about issues of Post-Traumatic Stress Disorder, sometimes known as "the hidden epidemic of modern times." From its beginnings after the Vietnam War, when it was used as a diagnosis for people who had developed psychiatric disorder after incidents in which they were in genuine fear of their life. It came from the military – that is how it developed. It has spread.

So everyone now has a supply of stupid stress stories, usually in the Daily Mail, to regale you with. Of course, it would be a cheap act to show a few of those, so of course I will!

Here's one, here we are, Daily Mail, there we are, "Claim over stewing over a spilled pot of tea". Here's my favourite, Daily Telegraph – "Man who suffers from epilepsy has been ordered to pay compensation to a student upset by his face during a seizure," being paid £3,500 to this woman for the mild post-traumatic stress that she suffered. There is no possible way you can say that Yvonne Rennie was in genuine fear of her life seeing someone have a fit.

Now, that's all well and good, but there is a downside to this, and a serious side. This is a man with a very distorted face, this is Guardsman Simon Weston from the Welsh Guards, who was very seriously burnt at Bluff Cove in the Falklands in 1982. He has spoken many times. I have never met him, I am not revealing anything no one else knows, but he has spoken many times about how the fact that his post-traumatic stress disorder, his PTSD, has proved more of a problem for him than his very obvious physical injuries. The problem we have is that the inflation of stress and post-traumatic stress has devalued the stories like this, the stories of these people in real fear of their lives, who have developed very serious, very difficult psychiatric disorder. And so by – you know, Gordon Brown is always telling you this – inflation leads to devaluation, and that is why I object to those, "I tripped over a paving stone and now I have PTSD" stories, because they deflect attention and resource from this kind of story.

What should we do then? How can we bring this together? What is the best treatment and the best way to help people after disaster and terrorist strikes? Well, let's go back to the Blitz and the Public Record Office. Here we can see, what they are saying is this: "It is important to be there. The morale of the bonds largely depends on the care they get in the first 36 hours." But what was the care that they thought was important? I have paraphrased slightly, but this is what that report went on to say: "It was important to provide practical assistance: rest centres, facilities for children, information (people needed to know what had happened), healthcare was important, and the provision of food."

Nothing much has changed since then. The real mental health measures, the ones that work, in the immediate aftermath of trauma, are not asking, "How do you feel?" because the answer is "Crap" okay? They are about real support, information, most important of all, what has happened, communication, I've just talked about...all the things that people need. They need to feel secure. They need to find out, "Where is my car?" You know, "How am I going to get home? How are my family going to get home?" These practical things. And then, if they have been bereaved, they are going to need practical assistance with all the bureaucracy that goes around accidents, trauma, disasters and death these days. Those are the immediate mental health measures that work, and those are what we should be doing.

There is no problem of course if people want to talk, fine, but we should be careful. We should not impose this on people. We should remember that, first of all, it should be when they want to do it, and all the evidence is immediately after the greatest shake-up and tragedy of your life is not the best time. It should be with who you want to talk to, preferably those who know you before and afterwards, who can put this in the context of your life, but if it is an organisation, it should be people who are part of your organisation, who understand you and your culture, and we should never forget there are people, my father's generation for example, who don't want to talk, for whom reticence is more important than emotional expression, and there is nothing at all wrong with that. There is no correct way in dealing with these things. They come in fashions, and there is no reason to think that reticence is any better than emotional expression or any worse. It is doing what comes naturally.

We have set up a study with the Royal Navy to try and implement this on the ground, and what we have done is we have been training up the kind of the NCOs, the various people in the Navy, and we have given them a couple of days course on very simple psychological skills and then sending them on their way, so that when bad things happen to them, as they do, they will be able to manage this within their own culture and it will facilitate the expression of distress if they wish, but not involving people like me: psychiatrists, professionals, and so on. These are the new counsellors that we have trained, and you know, these look a bit different, don't they? This is RSM Kevin Green, seen just on the road to Basra in 2003, and here is Skip Dorney, currently in Afghanistan with the Grenadier Guards. You don't get more military than an RSM and the Grenadier Guards, you really don't – and he's not a guy you would like to meet on a dark night, or indeed any night, but he is also now, in his way, a trained counsellor, and if bad things happen to them in Afghanistan, god forbid, he will be there to help them within his own culture, with people he understands, who understand him – in other words, not me.



So then, what is the conclusion? First of all, the bombs themselves have created many victims. I have moved away from what happened to those people in those trains, but of course, you know, the bomb did its work, and there are people with physical and psychiatric disabilities, but it is important that we do not make things worse for the rest of us, and that we do not confuse the differences between being upset, which happens to most of us, and developing psychiatric disorders, where we cannot earn our living, we cannot look after our family, where we have a serious psychiatric disorder which happens to few. It is a mistake to waste our money on ineffective, and indeed counterproductive, treatments which we give to the majority of people who are going to get better anyway – that is what debriefing is – and what also happens is that diverts resources away from the small numbers of people who are not getting better, for whom we actually do have treatments that do work. The problem we have at the moment is we are doing too much of the former and not enough of the latter. In the nice guidelines for PTSD, that is exactly now what they say: the policy of watchful waiting, wait two or three months, most people who are distressed will be better, those who are not, we then treat, and around 20-25% of the direct victims of the London bombings have now been helped in that way. That is probably a much more sensible use of resources than what has previously happened.

My second conclusion though takes us back to the beginning. We have lost sight of the fact that people are rather more resilient and resourceful than we have tended to think about them. If we go back to the Blitz, on the 8th of March 1945, there was a VE attack on Smithfield Market that killed 135 people. The Blitz, the terror of London, lasted for the whole six years. Right at the end, death was certainly less predictable, in a way, more anxiety-provoking than it had been at the beginning. Yet, despite all those years of trauma and death – over 35,000 civilians killed – there is little doubt that the conclusion that we began with remains the case. As I said, the negative features emphasise this is a very modern history by revisionist historians, although indisputably present – it wasn't all plain sailing, there were bad things that happened: "It was not on such a scale to invalidate the orthodox picture of a people who became actively committed to the project their leaders put before them. The lows did not last for long and were more than outweighed by the highs."

Now, why was that? It is the middle sentence there that gives us the context – "...the orthodox picture of a people who became actively committed to the project their leaders put before them." That is the bit of the picture I have missed out. By 1944, 80% of the civilian population were actively engaged in the War effort. They knew why they were there, they knew what they were doing, they knew why they had been asked to accept the risk and adversity and hardship that they were, and not only did they know why and what the purpose was, they also were playing, in a small way, a part in overcoming that. That is the problem we face now, because it is very difficult for us to know what is our role, as we face the modern sources of terror. How can we show bravery and resilience? It is difficult. We are there just to be victims perhaps, or, if the most brave thing we can do is go through and be humiliated in an American airport, it is not a particularly courageous act. That is the real challenge we face. People will show resilience and accept hardship in the face of danger, but only, and only, if they feel there is a purpose and meaning to do so, and that is the part we currently miss.

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