

The trauma suffered by survivors of terrible accidents is well known. But what about the victims of minor incidents? Dr Simon Wessely reports

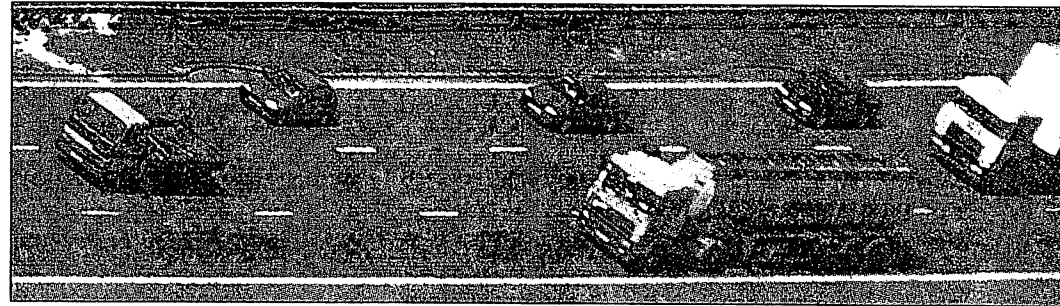
A car journey I can't forget

Susan is 47 years old and has run her own driving school for the past 15 years. Recalling the first ten years, she cannot remember being involved in an accident. All that changed four years ago. She and a pupil had stopped behind a lorry at a temporary traffic light. In her rear mirror she noticed a Volvo approaching at speed, and realised that it would be unable to stop. The collision thrust her car against the back of the lorry, smashing the front. For a moment, she thought she was going to be decapitated, but in the event Susan and her pupil were unharmed. The police decided not to prosecute the Volvo driver.

After the accident, Susan was bothered by neck pain, but it disappeared after a few months of physiotherapy and acupuncture. Her psychological problems were more long-lasting. She found it impossible to sit in the passenger seat of any car again. Whenever she tried, she would experience panic attacks when the car was stationary in any queue of traffic. Often, she would have to get out of the car until the lights changed. She was better if she was driving, but refused to drive long distances or at night. Away from the car, she was fine.

The panic attacks grew worse, and she was forced to give up driving instruction. Four years later, nothing has changed. She thinks that her fears are ridiculous — why should lightning strike twice in the same place? — and is cross with herself for being unable, as she puts it, “to pull myself together”. She is also cross with the lawyers and insurers, who have still to settle her claim after four years. But her main anger is reserved for the driver whose carelessness caused the accident. Susan believes that the police should have prosecuted him. She thinks her problems are psychological, but it was not until recently that her doctor suggested she might benefit from seeing a psychiatrist.

For many years, psychologists and psychiatrists have been studying the victims of disasters such as the Bradford fire, or the *Herald of Free Enterprise* sinking. A vast literature has developed around the psychological problems experienced by veterans of the Vietnam War. The concept of post-traumatic stress disorder (PTSD)



In the slow lane: a year after an accident many motorists are still very anxious about driving

is now accepted by the profession, the courts and the public, and it is routine for survivors of tragedies to be offered psychological treatment when necessary.

However, the psychological problems of those involved in more mundane accidents, such as the one described by Susan, which take place away from the media spotlight, remain neglected. Susan's psychological symptoms are the result of the accident, and have ended her professional career. However, she is not suffering from, and thus cannot be compen-

sated for, PTSD: the criteria specifically state that the trauma must be “out of the range of normal experience”. A rear-end shunt is all too common — in 1989 more than 14 million road traffic accidents were recorded in America, of which a third were rear-end collisions. So what is wrong with her?

With the recent publication in the *British Medical Journal* of the first reliable study on the psychological effects of road accidents, some answers have become available. Researchers led by Dr Richard Mayou interviewed 188 road

accident victims who had been taken to the John Radcliffe Hospital in Oxford. Nearly all reported some immediate psychological distress, and in 40 per cent this was initially severe. Not surprisingly, it was worst for those who suffered multiple injuries.

The researchers expected that these disorders would quickly settle as physical recovery proceeded, and for some it did. A year later, however, a quarter still suffered from one or more psychiatric disorders. Clinical depression was common, present in 10 per

cent of the sample, particularly those with previous histories of psychological problems. The most frequent outcome was that experienced by Susan — anxiety about travel as a driver or a passenger.

A year later, more than half were still frightened of being passengers. Slightly fewer remained anxious about driving, the differences probably relating to the greater control available to the driver. Changes in driving behaviour — avoiding night driving, driving more slowly, buying a safer vehicle — were reported by most victims. Among 10 per cent of the victims anxiety was so severe that they ceased to use private cars at all. The worst affected were those who had been riding motorcycles. Over the whole group no fewer than 10 per cent now suffered from all the features of PTSD.

Unlike depression, post-accident anxiety was not related to previous psychological disorder. Instead, the more frightening the accident, the greater the subsequent anxiety, with one exception. People who

had received a severe head injury, and were unable to remember the accident at all, did not complain of driving anxiety, and none was diagnosed with PTSD.

The Oxford group was also able to lay to rest another medical myth. Doctors who routinely see the victims of road accidents who are claiming compensation can become cynical about their motives, and phrases such as “compensation neurosis”, or “they won't get better until they get the money” are often heard. The reality is different. Many victims never claimed compensation, even when entitled to it. Others settled quickly, perhaps for smaller sums than they deserved, in order to get the process over with as quickly as possible. Nearly all found that the delays of the legal process frustrated their wishes to get on with their lives.

Finally, contrary to the views of the more cynical doctors and lawyers, few gave much thought to the money they might receive. Instead, far more reported anger and frustration with either the lack of, or leniency of, legal proceedings against the person they blamed for the accident.

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