

Survivors of the London Bombings With PTSD: A Qualitative Study of Their Accounts During CBT Treatment

Naomi Wilson, Patricia d'Ardenne, Carleen Scott, Howard Fine and Stefan Priebe

Traumatology published online 19 April 2012

DOI: 10.1177/1534765611426793

The online version of this article can be found at:
<http://tmt.sagepub.com/content/early/2012/04/18/1534765611426793>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Traumatology* can be found at:

Email Alerts: <http://tmt.sagepub.com/cgi/alerts>

Subscriptions: <http://tmt.sagepub.com/subscriptions>


Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

>> [OnlineFirst Version of Record](#) - Apr 19, 2012

[What is This?](#)

Survivors of the London Bombings With PTSD: A Qualitative Study of Their Accounts During CBT Treatment

Traumatology
XX(X) 1–10
© The Author(s) 2012
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1534765611426793
http://tmt.sagepub.com


Naomi Wilson¹, Patricia d'Ardenne¹, Carleen Scott², Howard Fine³,
and Stefan Priebe⁴

Abstract

After the London bombings on 7 July 2005, trauma-focused cognitive behavioral therapy (TF-CBT) was provided for survivors with posttraumatic stress disorder (PTSD). A “screen and treat” approach was used. The transcripts of 18 audiotaped CBT treatment sessions with these patients were analyzed using the qualitative method of thematic analysis. Interviews comprised participants’ direct experiences of the terrorist attack and its impact on their lives. Themes identified were shock and disorientation, horror, getting out, reorientation and reconnecting with the outside world (on the day of the bombings); and posttraumatic stress and depression, feeling different, and recovery and resilience (following the day of the bombings). Services may be part of wider political responses to terrorism but this did not preoccupy participants. In CBT, during elaboration of traumatic memories, attention might usefully be paid to clients’ experiences of collective action taken during a terrorist attack.

Keywords

terrorism, 7/7 London bombings, PTSD, CBT, qualitative analysis

Introduction

The London bombings on 7 July 2005 (referred to commonly and throughout this article as “7/7”) were the United Kingdom’s first alleged terrorist attack from Al Qaeda. Three bombs were detonated on underground trains, and a fourth exploded on a bus. The attacks killed 52 commuters and the four suicide bombers, injuring more than 700 (Great Britain: Home Office, 2006). The Irish Republican Army (IRA) targeted the London Underground in the 1970s, but this was unprecedented in being the first attack in London by terrorists at multiple locations and involving suicide bombers. Two weeks later repeat terrorist attacks by Al Qaeda were intercepted, and London remained in a state of heightened alert.

Quantitative surveys have reported the impact of terrorism on civilian populations in the weeks following terrorist attacks in London (Rubin, Brewin, Greenberg, Simpson, & Wessely, 2005), in New York (Schuster et al., 2001), and in Madrid (Vazquez, Perez, & Matt, 2006). New York City residents and US citizens surveyed post-9/11 showed marked psychological impact for those nearby, (Boscarino, Galea, Ahern, Resnick, & Vlahov, 2002; Galea et al., 2002; Huddy, Feldman, Capelos, & Provost, 2002; Schlenger et al., 2002) and modest impact for those geographically distant. (Schlenger et al., 2002; Schuster et al., 2001; Silver, Holman,

McIntosh, Poulin, & Gil-Rivas, 2002). Galea et al. (2003) reported that initial levels of probable posttraumatic stress disorder (PTSD) symptoms subsided after several months. Luce, Firth-Cozens, Midgeley, and Burges (2002) reported the 1998 Omagh bombing and its impact on emergency staff. None of these studies, however, directly explored the personal perspectives of survivors, which is ubiquitous in trauma-focused cognitive behavior therapy (TF-CBT). Two qualitative studies captured the immediate effects of 9/11 on the U.S. general population (Cohn, Mehl, & Pennebaker 2004; Small, Lerner, & Fischhoff, 2006), but the experience of survivors was not the focus of either work.

The aim of this study was to understand how survivors with PTSD experienced the London bombings. Quantitative studies demonstrating the efficacy of TF-CBT for patients treated following the London bombings, has already been

¹East London NHS Foundation Trust, London, UK

²Canterbury Christ Church University, Tunbridge Wells, UK

³Barts and the London School of Medicine, London, UK

⁴Queen Mary University of London, London, UK

Corresponding Author:

Naomi Wilson, Institute of Psychotrauma, East London NHS Foundation Trust, 61 Bartholomew Close, London EC1A 7BE, UK
Email: naomi.wilson@eastlondon.nhs.uk

published (Brewin et al., 2008, Brewin, Gregory, Lipton, & Burgess, 2010). This study is a qualitative investigation of material from TF-CBT sessions with 18 of the 82 patients evaluated in the primary quantitative paper (Brewin et al., 2008).

Whereas the quantitative study (Brewin et al., 2008) looked at recovery from PTSD following TF-CBT, we wanted to explore the unique accounts of this group of survivors. Our aim was to describe a rich picture of the experience of the bombings, to orientate clinicians offering TF-CBT to clients who have experienced a terrorist attack to the possibly unique themes within their narratives. Thematic analysis was the research method used, as it was deemed to be a good epistemological "fit" with these aims.

Method

Context

After the 7/7 bombings, London implemented its emergency response. A centralized "screen and treat" program offered survivors with PTSD treatment in one of five central London trauma services of their choice (Brewin et al., 2008). This article's authors are all clinicians at the Institute of Psychotrauma, (d'Ardenne, Capuzzo, Ruaro, & Priebe, 2005) one of the London services that provided TF-CBT to survivors. Ethical approval for the study was granted in June 2006 by the East London and City Local Research Ethics Committee.

Material

All 7/7 London bombings patients, treated at the above institute, between October 2005 and July 2007, were approached with information about the study. Thirty people out of 49 who had received individual TF-CBT as a result of PTSD following the 7/7 bombings agreed to participate. Of these, 8 current and 10 discharged patients had audiotaped sessions, from varying stages of treatment, suitable for analysis (see consort diagram, indicating how transcripts were selected for inclusion in the qualitative analysis). The clinicians carrying out treatment comprised five clinical psychologists and psychiatrists. All were trained in CBT and had specific training and experience in working with individuals to treat the psychological consequences of trauma, including PTSD. In this way data collection was opportunistic, reflecting the reality of a psychological service, rapidly responding to an unparalleled London-wide emergency. The only exclusion criterion was poor audio quality.

Qualitative Analysis

All 18 session recordings were transcribed verbatim by one of the authors, Carleen Scott, and anonymized. Analysis of the patients' speech was carried out by three clinical psychologists and one research psychologist at the institute. All

those involved had expertise in the treatment of the psychological consequences of trauma. One of the researchers, Patricia d'Ardenne, was therapist for 8 of the 18 treatment sessions analyzed. Transcripts were distributed randomly and equally among the four authors for initial analysis.

The 18 transcripts were analyzed using thematic analysis (Braun & Clarke, 2006), and the sample was sufficient for saturation to be reached. The transcripts were divided among the researchers who read them twice to familiarize themselves with the material. They made notes about the material's form and content according to the following criteria: settings/context, definition of the situation, perspective, ways of thinking about people and objects, process, activities, events, strategies, relationships, and social structure and methods (Bogdan & Biklen's criteria, 1992, cited in Miles & Huberman, 1994).

Codes were initially generated by each researcher and shared. Codes were accepted, altered, or abandoned through discussion within the research team (the four authors). A single, initial combined coding scheme was then used to code the transcripts line by line, and additional codes generated where none fitted. This process was repeated until the coding scheme captured all aspects of participants' experiences comprehensively. On the fourth coding round, two distinct time frames emerged: the day of the bombing (7/7) and time after (post-7/7), for each participant. Any material relating to time prior to the day of the bombing was discarded, firstly, because it was only indirectly relevant to the bombings, and secondly, it comprised a negligible proportion of the transcripts; on average, 5%. The research team then collapsed the coded data into broader themes for 7/7 and post-7/7 for each participant. Superordinate themes were developed through a cumulative and cyclical process of linking themes from the individual transcripts. Evolving superordinate themes were: (a) strengthened by subsequent transcripts, (b) eliminated, or (c) incorporated into other superordinate themes. Emerging themes were regularly debated with a wider research team within the service as a validity check. Following analysis, two independent psychology researchers reviewed the transcripts as a reliability check.

Results

Participants

All participants had a diagnosis of PTSD, established through clinical assessment and the Structured Clinical Interview for *DSM-IV* (SCID; First, Spitzer, Gibbon, & Williams, 1997). Participants were diverse in age, gender, ethnicity, point in treatment, and bombing location (see Table 1). None had sustained serious physical injury in the bombings. Fourteen participants reported previous experience of traumatic events (two of whom had experienced other terrorist attacks) as recorded on the Life Events Checklist (Gray, Litz, Hsu, & Lombardo, 2004), or during assessment or treatment.

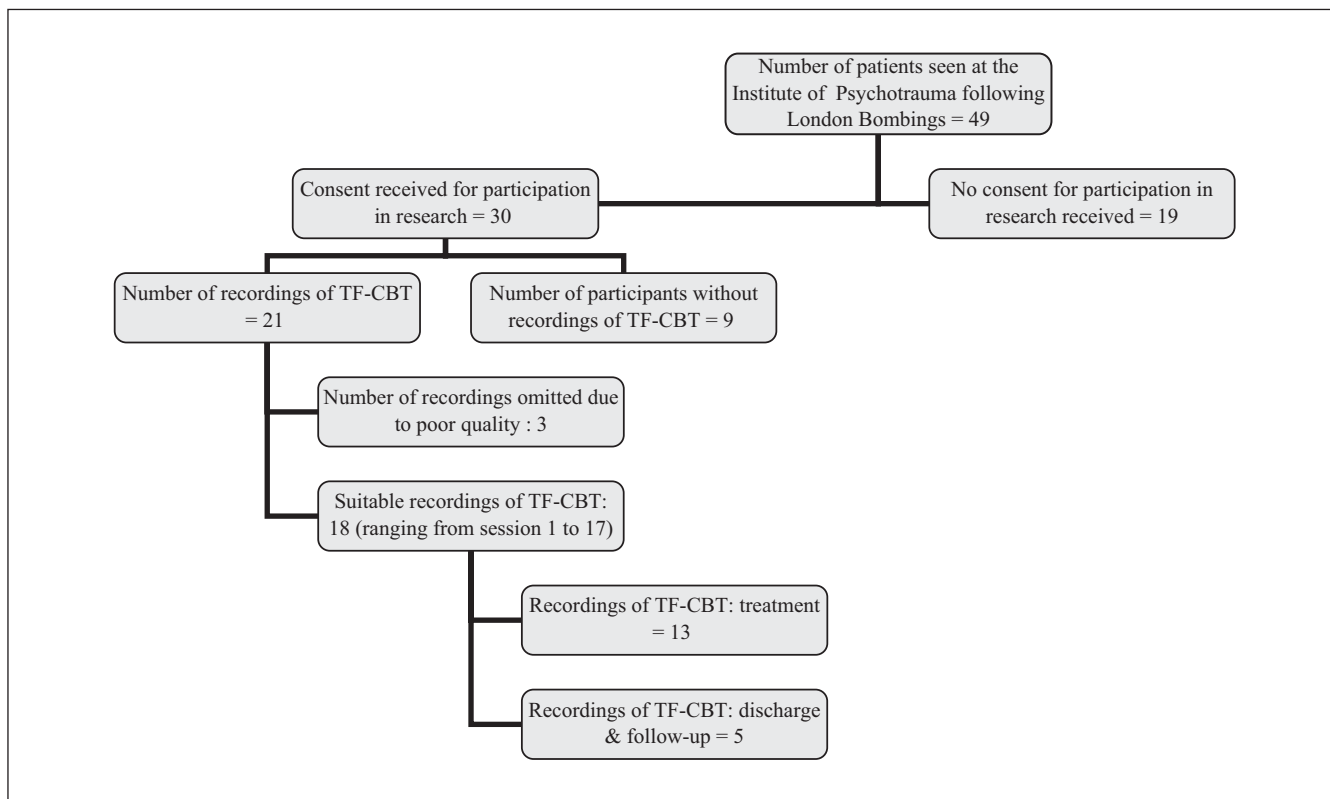


Figure 1. Consort diagram: Indicating how transcripts were selected for inclusion in qualitative analysis

Table 1. Biographical Details of the Participants (n = 18) and Their Location and Perspective of the London 7/7 Bombings, on the Day of the Terrorist Attacks

Age	Gender	Ethnicity	Incident (locations of the four terrorist attacks on July 7, 2005)	Perspective of participant in relation to the bombing they survived
Mean age = 38.4 years Range = 24-59 years (SD = 11.6)	Females = 12 Males = 6	White UK = 11 German = 1 Indian = 1 Iranian = 1 Tunisian = 1 Ghanaian = 1 Turkish Cypriot = 1 Guyanese = 1	Aldgate Tube = 6 Edgware Road Tube = 5 Kings Cross Tube = 4 Tavistock Square Bus = 3	Passenger = 15 London Underground staff = 2 Eye witness = 1

Transcripts analyzed were of Sessions 1 to 17 of treatment. They included material relating to participants’ experiences of the London bombings and their lives afterward.

Themes Reported by Participants

From analysis of the transcripts, seven overarching themes emerged, but which were subsumed under two time frames: 7/7 and post-7/7.

Four superordinate themes reflected the day of the bombings (7/7): shock and disorientation, horror, getting out, and reorientation and reconnection with the outside world. Three superordinate themes described the time after the day of the bombings (post-7/7): posttraumatic stress and depression, feeling different, and recovery and resilience (see Table 2). These will be reported below and illustrated by anonymized excerpts from participants’ transcripts.

Table 2. Distribution of Theme by Participant: Timing of Where Each Participant Was in Therapy When Audio Recording Was Made, Relative Dialogue Within Therapy Session Relating to Time Pre- and Post-7/7 and Themes Reported From Analysis of Individuals' Transcripts

Participant	Point in therapy	Percentage of transcripts by time period		Shock and disorientation	Horror	Getting out	Reorientation and reconnecting with the outside world	Posttraumatic stress and depression	Feeling different	Recovery and resilience
		7/7	Post-7/7							
1	Treatment	20	76	*		*		*	*	*
2	Treatment	33	67	*				*		
3	Discharge	49	51		*	*		*		*
4	Follow-up	65	30	*	*	*		*	*	*
5	Follow-up	8	90				*	*	*	*
6	Follow-up	6	75				*	*	*	*
7	Treatment	21	76	*			*	*	*	*
8	Treatment	42	46	*	*	*	*	*	*	*
9	Treatment	79	19	*	*	*	*	*	*	*
10	Treatment	64	36	*	*	*	*	*	*	*
11	Treatment	6	94	*	*	*	*	*	*	*
12	Discharge	17	80	*	*	*	*	*	*	*
13	Treatment	74	16	*	*	*	*	*	*	*
14	Treatment	81	19	*	*	*	*	*	*	*
15	Follow-up	29	69	*	*	*	*	*	*	*
16	Discharge	81	18	*	*	*	*	*	*	*
17	Follow-up	0	100					*	*	*
18	Treatment	9	66	*	*	*	*	*	*	*
				14/18	12/18	11/18	9/18	18/18	11/18	9/18

7/7

Shock and disorientation. Participants gave vivid descriptions of a violently changed environment during and following the explosions.

It felt like the train lifted and jolted and um . . . the floor blew up in front of us and that was just . . . It felt like a fire ball going through the carriage and um . . . I mean the noise was just incredible, but it felt like a wind going through the carriage. (P8, female, 50 years)

Participants felt overwhelmed by the sudden change in their physical surroundings and described frantic and bewildered responses, reflecting a desperate need to make meaning of and thereby regain control over their world.

Just sort of panic really . . . It's difficult to gauge what's going on around you because you're so like, I dunno, just really in a world of myself, . . . What am I gonna do? What am I gonna do? What am I gonna do? (P14, female, 39 years)

They were disorientated, evidenced by paralyzed or fragmented thinking and dissociative experiences.

I felt as if I'd been locked out of my body. I couldn't use bits of my brain I needed to function (P9, female, 57 years).

In this way participants clearly described attempts to make sense of what was happening but experienced their normal capacities to "think through" how to respond as compromised.

Horror. Participants' horror at what they were witnessing was prominent in their accounts. They were confronted with the mutilation and deaths of other passengers and described this in graphic detail.

We were in a medieval torture chamber. The walls, the tunnel, the train walls, the darkness, the blood, the screaming, the . . . I thought 'I'm in a nightmare now . . .' (P9, female, 57 years).

People with maybe half a leg or leg held on by a piece of muscle and skin or like a trail of blood across the platform . . . There were so many things that were equally horrific . . . One man had a shard of glass that had gone through his sandal and through his foot, he also suffered a heart attack. And another lady, I think it was, who had a . . . fairly horrific injury around her right eye socket . . . I think the eye had gone. (P3, male, 59 years)

These scenes meant people had to repeatedly digest new images and information that was terrifying. Participants gave

accounts of becoming fixated by their imminent death. Underground, the fear was of asphyxiation, being burned alive, crushed, or electrocuted by live rails. Further explosions were also feared, including by survivors of the bus bombing. Overall, immediately after the bombs the sense of further threat remained.

. . . every step I was taking I thought the ground would explode (P14, female, 39 years).

Getting out. Participants gave lengthy and detailed narratives of what they and others did in response to the carnage around them. Survivors rapidly, spontaneously, and intimately comforted each other.

One gentleman just walked up to me, never said anything, just gave me a hug . . . And then, erm, the lady that gave me the water she sort of stayed . . . with me . . . (P10, female, 28 years)

I turned round and there was a young girl on her own sobbing and she was just so scared, so I just went up to her and I gave her a hug and I said, "don't look" and she was just still looking. I had to physically grab her and turn her round "don't look there it's not nice." (P13, female, 29 years)

What was clear from accounts was that escape was to be a collective action. Participants described trying to give or follow others' directions. However, the process of reaching safety continued to feature significant confusion.

I'm telling people to hold their positions, I'm saying to people to stay on the doors and the gates (P16, male, 51 years).

Shouldn't we just stay where we are? Erm . . . but I followed everybody (P10, female, 28 years)

Survivors of the underground bombings were also instructed by London Underground staff and emergency services to evacuate the trains. They described clambering over and around other seriously wounded passengers or not being able to reach others who were in extreme distress. This was highly disturbing and participants felt guilty at not helping other injured passengers.

They couldn't get down onto the lines because the power was still on but this fella was screaming for help like and you know, you couldn't get down onto the lines (P12, male, 28 years).

Reorientation and reconnecting with the outside world. The capacity to continually make shifts to reorientate themselves to their newly changed environment, and make decisions

about how to respond, was the means by which survivors navigated their “escape.” This rapid switching between surreal and dangerous horror and potential safety gave accounts tension. Survivors had repeated experiences of trying to make sense of how the world had changed so instantaneously and dramatically at a physical, cognitive, and emotional level. Being able to respond to the carnage around them represented salient turning points in the day and were a source of hope for survival; some described feeling sudden defiance in the face of possible death, moments when rescuers arrived, or instances when they felt closer to safety.

. . . another part of me was raging, just raging . . . I do not wanna die like this, I’m not gonna die here. This is not how I am gonna die (P9, female, 57 years).

It might have been a mobile or whatever; we started to see light in the carriage (P11, female, 45 years).

I could see Paddington Station . . . this small golden lit vision of normality (P9, female, 57 years).

In contrast to these moments, disorientation reverberated throughout the rest of the day. Some narratives described people automatically trying to resume travel to work or to continue with their original plans for the day, without success. Some survivors did not realize that they had been involved in a terrorist attack until hours later in the day. This again represented a turning point in their stories, but instead was from times of presumed safety to moments when the trauma was re-realized as life threatening.

I said “I don’t need to get on a bus to go to hospital. I’m not injured. I’m not hurt. I don’t need to go to hospital.” And [my daughter] didn’t want to either and so we . . . walked back to the office . . . I didn’t realise that of course we were covered in black and I said “don’t worry we’ll get back to the office and we’ll just clean ourselves up and we’ll just go to work,” . . . we had no idea what had happened . . . []. And then as we went into reception, there’s a big reception area with a telly, . . . and [my daughter] just completely fell apart at that point and lost it, and I never forget trying to get her to sit down and she was screaming, to “just turn it off, turn it off, turn it off.” (P8, female, 50 years)

And I was like “hang on a minute” . . . and I said to the girl—“have I just been in a bomb explosion?” and she went “I think so” and I went “what? There was a bomb on my train?” and she went “I think so” and then . . . I was like, “but how comes I’m here then—like the bomb exploding and I’m still here” and then I just started to cry . . . (P13, female, 29 years)

The experience of emerging from the underground and facing the media was, again, bewildering, as at this point participants perceived themselves to be witnesses rather than victims of a terrible event.

I thought “why are they taking photographs, why are there cameras, why are they pointing them at us?” I thought “they only do that” . . . I thought to myself “they need to be holding them at, you know, people who were victims” and then I realised with a horrible shock that’s the category I came in to. (P9, female, 57 years)

In summary, this process of shock, terror, reorientation, and hope was one that individuals circled round repeatedly on the day of the bombings.

Post-7/7

Posttraumatic stress and depression. Although participants did not explicitly refer to their difficulties as symptomatic of PTSD, as expected from this sample these symptoms were prominent. This theme was divided into the *DSM-IV* PTSD symptom cluster (American Psychiatric Association, 2000 [*DSM-IV-TR*]) plus depression.

Re-experiencing: Participants spoke about the intensity, rather than frequency, of their intrusive memories of 7/7:

It’s almost like I could see it in front of me . . . It was like a sudden dream” (P16, male, 51 years).

I mean the whole thing goes through my head. It’s almost like it’s on fast forward play (P18, female, 24 years)

Avoidance and numbing: All of the participants described signs of avoidance. This included travel phobias and avoiding routes or transport reminiscent of their experience of 7/7.

I don’t, I can’t go on the Tube (P12, male, 28 years).

I still always sit at the front of the bus—never at the back [The bomb at Tavistock Square was detonated at the back of the bus] (P7, female, 26 years).

Participants also reported how they, after these experiences, felt detached from others. Talking about others not directly involved in 7/7,

. . . times that I felt that, sort of, just, I suppose just wanting to move away from them, or ignore them, cut off from them (P6, female, 51 years).

Increased arousal: Participants reported being more irritable, less tolerant of others, and being hypervigilant

to future threat. They were critical of changes in their behavior since the bombings.

My wife says I need to calm down a bit - like a pressure pot (P16, male, 51 years).

Talking about a previous relationship, "it was all my own doing like, you know, it was me that finished it. I don't know why though. As you said, irritable, and you know, cuddling, I found it very claustrophobic (P12, male, 28 years).

Some talked with discomfort about their fear when seeing young Asian, Black, or Muslim men who were carrying rucksacks immediately after the bombings.

Following a question about increased hypervigilance,

Yeah, if I see a person carrying a big rucksack . . . What they carrying that for [] . . . if they're Muslim or Black or . . . yeah. Like . . . You be watching people like . . . and you can't judge people by that can you like that? Colour of their skin or what they wear? (P12, male, 28 years)

Depression: Depression was prevalent in the survivors' accounts. Many disclosed disturbed sleep (also a feature of PTSD), changes in their eating pattern, and reduced self-esteem.

I can't really be bothered with eating (P7, female, 26 years).

I feel very much like I am totally useless, that I'm never going to be good at what I'm meant to be good at (P18, female, 24 years).

My wife says I need to calm down a bit - like a pressure pot" (P16, male, 51 years).

. . . that feeling of it could happen and might happen again . . . (P18, female, 24 years).

Difficulties subsequent to 7/7 were described as indicative of personal failure to cope with the impact of the events of that day. Guilt and shame were related to surviving the bombing.

. . . at the same time you feel guilty. I feel bad that [another victim] didn't make it and wish that he had survived I think (P8, female, 50 years).

Feeling different. Participants here referred to personal and interpersonal changes which they felt made them different from those who had not been in the London bombings, and

in ways that they felt could not be understood by others. This left them feeling silenced, disappointed, and alone.

. . . one guy was saying he had a friend who wouldn't call him and he tried calling him himself and after a while he got through to him and he goes "what's happened? Why didn't you call?" and he goes "I didn't know what to say" . . . (P17, male, 27 years)

. . . I couldn't tell my family and friends. (P16, male, 51 years)

For some, the difference was about having developed a nascent sense of a shared humanity, becoming emotionally more sensitive to suffering; being both more capable of being hurt and more attuned to the suffering of others.

I've become quite schizophrenic of late . . . A bit like Gollum on Lord of the Rings . . . but yeah, I mean I do feel like a bit split personality now as well (P17, male, 27 years).

You know when people used to just come like behind me and you know you'd kind of laugh it off, but now, I don't find it funny at all (P12, male, 28 years).

In response to this sensitivity, some wanted to make life changes and appeared to seek conciliation through such changes.

I mean yeah, I remember you saying you wanted to, I was going through some weird phenomenon of having a mid life crisis at the age of 22 (P 17, male, 27 years).

I've grown up more, which I think has really helped and it made me see things differently and understand things more and it's been a real learning curve. Although I would've liked not to have gone through it to get to this point, erm . . . it's made me see life in a kind of different, in a different way. (P7, female, 26 years)

There was relatively little discussion around attribution. Where this did occur there was a range of perspectives. Some denied anger toward the perpetrators or political leaders (who, in contrast, were subject to wide public scrutiny post-7/7), some felt the attacks were meaningless, and others failed to understand why terrorists would commit such acts. Some were angry at the perpetrators, the wider Muslim community, and UK and US politicians, who were perceived to have placed the UK at increased threat of terrorism.

I just find it really difficult to, you know, have some form of really . . . compassion or think that this person has also died, you know, in the explosion. It just made me angry that this person had done this, you know to

me. How dare you? Kind of thing . . . erm . . . and that's why I stopped watching the TV because that was just making me more angry, more upset. And I guess a year later I probably don't, I probably still feel angry but I kind of also thought pity as well for this person. Like a senseless death and taking lots of innocent victims with you . . . (P1, female, 29 years)

You know, if Tony Blair had not gone to war, then it might not have happened. (P3, male, 59 years)

In summary, felt difference was not an experience of becoming politically mobilized but one of increased personal attunement to suffering, both their own and of others.

Recovery and resilience. Participants articulated ways in which their lives were moving forward. For example, they said their symptoms of PTSD were diminishing through perseverance with exposure, and that they were viewing the events of 7/7 differently now.

I don't get as scared or flustered or, you know, nervous as before. Um . . . I do get trepidation from time to time but er . . . not as bad as before. Er . . . when the thought comes to my mind I just try to either ignore them or tell myself "don't worry, it's not a terrorist, the events of 7th July will not occur." (P5 male, 42 years)

I think my gut feeling is "I think I'll be OK", you know. At times it's hard to cope with certain things; I do get help for certain things which is helpful. And just . . . carry on the way I have been really. I'm not sure really . . . I think I'll be all right. (P15, female, 27 years)

Participants displayed resilience through their determination to rebuild their lives at an intimate level. For some, their different feelings meant after the traumatic experiences, that they valued their relationships more highly and that their existential views had changed.

I mean we spend time together like, just . . . feel like I appreciate it more than perhaps when you just take for granted that "yeah we can go . . . we can go to the theatre," you know, lots of things that you take for granted. Now I try to allow myself, my life to be interrupted whereas before I really kind of, really, just did not. (P1, female, 29 years)

Overall, those who had survived the experience of the terrorist attacks were primarily concerned with the immediate impact on their lives, rather than the political meaning of the terrorist attacks.

Discussion

Key Findings

Survivors of the London bombings on 7 July 2005 who presented with PTSD described two time periods in their accounts of these terrorist attacks during TF-CBT. These were "7/7," which encapsulated the day of the London bombings and "post-7/7," the period of time after this day.

The themes of 7/7 tracked participants' reverberating shock and disorientation immediately after the explosions, horror and their process of escape. This was followed by reorientation and being reunited with a more familiar world once they were physically safe. The themes of post-7/7 were PTSD, (a cognitive, emotional, and somatic reliving of the trauma) distress as a result of symptoms and concomitant depression, felt difference from others and from their previous selves, and then adjustment and hope. Participants' process of psychological survival post-7/7, at best, resulted in an enhanced sense of connectedness to others. One of the unifying features across both time frames was the repeated changes of thinking that survivors made to make meaning of a situation that was unprecedented for them.

What was distinct within these accounts was that despite being in mortal danger during 7/7, survivors recounted in detail their experience of where they were in relation to the other passengers around them, moments of togetherness, and joint escape. This was in contrast to feeling different and disconnected from others, both in intimate and other relationships post-7/7. Whereas the disorientation of 7/7 was a physical and psychological dislocation from the world they had expected during their journeys, the dislocation subsequently felt was as an internal difference from others who had not been involved in the London bombings. Their view of the world had changed, and others' responses to survivors since the bombings were at times incongruent with what they now needed.

Limitations and Strengths of Study

The generalizability of the results reported in this study are limited, as inclusion of transcripts was through self-selection, and the sample size was small. However, despite the heterogeneity of the participants' and their differing points in treatment, their accounts showed remarkable consistency and similarity. Arguably saturation of findings was reached even in this small sample.

Inevitably TF-CBT would elicit detailed narratives of the trauma, and the themes of PTSD arguably were consonant with this agenda. However, this study was unique in revealing new insights into the impact of terrorism on individual survivors, which, without exploration, would have remained privy only to clients and therapists.

Therapeutic Implications

Descriptors of PTSD in these accounts support established models of traumatic memory and PTSD (Brewin, 2001; Brewin et al., 2010, Ehlers & Clark, 2000). What this study has shown that is new, however, is that during TF-CBT, the therapist may need to attend more to their clients' experience of collective action taken by themselves and others during terrorist attacks to help elaborate their traumatic accounts. For example, the CBT therapist might usefully focus on multiple shifts in meaning on the day as a consequence of interactions with others, for example, other survivors, the media, emergency services, bystanders, and families, to facilitate a fuller trauma narrative that incorporates the process of survival, as well as, moments of threat. Therapeutic interventions that help clients recall acts of kindness or heroism could redress guilt or sadness about perceived individual acts of omission, such as not helping the severely injured.

Our analysis revealed that participants felt isolated from those unaffected by the bombings after 9/11 which they believed slowed their recovery from PTSD. Despite the extensive media exposure of survivors' experiences, our results indicate that survivors' sense of difference warrants exploration by CBT therapists. This felt collective experience on the day of the attacks, followed by felt distance from others also merits studies of group CBT interventions for these clients.

Survivors were more likely to blame themselves, if any-one, for their ongoing difficulties. They expressed surprisingly little anger toward the perpetrators, nor strong desire for retribution. This is in marked contrast to the political response and media reportage of the bombings. The disparity between survivors' priorities, evident in these personal accounts, and political priorities should be considered during emergency response planning for terrorist attacks.

Authors' Note

The work submitted conforms to all applicable governmental regulations and discipline-appropriate professional ethical standards. The work was approved by an institutional review committee established to protect the welfare of human or animal subjects. Participants provided informed consent.

Acknowledgments

The authors would like to thank the survivors of the London Bombings who permitted us to publish their stories and Professor Chris Brewin for his valuable comments on this article.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Boscarino, J., Galea, S., Ahern, J., Resnick, H., & Vlahov, D. (2002). Utilization of mental health services following the September 11th terrorist attacks in Manhattan, New York City. *International Journal of Emergency Mental Health, 4*, 143-156.
- Brewin, C. R. (2001). A cognitive neuroscience account of post-traumatic stress disorder and its treatment. *Behaviour Research and Therapy, 39*, 373-393.
- Brewin, C. R., Scragg, P., Robertson, M., Thompson, M., d'Ardenne, P., & Ehlers, A. (2008). Promoting mental health following the London bombings: A screen and treat approach. *Journal of Traumatic Stress, 21*, 3-8.
- Brewin, C., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. *Psychological Review, 117*, 210-232.
- Cohn, M. A., Mehl, M. R., & Pennebaker, J. W. (2004). Linguistic markers of psychological change surrounding September 11, 2001. *Psychological Science, 15*, 687-693.
- d'Ardenne, P., Capuzzo, N., Ruaro, L., & Priebe, S. (2005). One size fits all? Cultural sensitivity in a psychological service for traumatised refugees. *Diversity in Health and Social Care, 2*, 29-36.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of post-traumatic stress disorder. *Behaviour Research and Therapy, 38*, 319-345.
- First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1997). *Structured clinical interview for DSM-IV Axis I Disorders—Patient Edition* (SCID-IP; Version 2.0, 4. 97 revision). New York: New York State Psychiatric Institute, Biometrics Research Department.
- Galea, S., Resnick, H., Ahern, J., Gold, J., Bucuvalas, M., Kilpatrick, D., . . . Vlahov, D. (2002). Posttraumatic stress disorder in Manhattan, New York City, after the September 11th terrorist attacks. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 79*, 340-353.
- Galea, S., Vlahov, D., Resnick, H., Ahern, J., Susser, E., Gold, J., . . . Kilpatrick, D. (2003). Trends of probable post-traumatic stress disorder in New York City after the September 11 terrorist attacks. *American Journal of Epidemiology, 158*, 514-524.
- Gray, M. J., Litz, B. T., Hsu, J. L., & Lombardo, T. W. (2004). Psychometric properties of the Life Events Checklist. *Assessment, 11*, 330-341.
- Great Britain: Home Office. (2006). *Report of the Official Account of the Bombings in London on 7th July 2005*. London, UK: The Stationery Office.
- Huddy, L., Feldman, S., Capelos, T., & Provost, C. (2002). The consequences of terrorism: Disentangling the effects of personal and national threat. *Political Psychology, 23*, 485-509.

- Luce, A., Firth-Cozens, J., Midgely, S., & Burges, C. (2002). After the Omagh Bomb: Posttraumatic stress disorder in health service staff. *Journal of Traumatic Stress, 15*, 27-30.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed., pp. 61-62). London, UK: SAGE.
- Rubin, G., Brewin, C. R., Greenberg, N., Simpson, J., & Wessely, S. (2005). Psychological and behavioural reactions on 7 July 2005: Cross sectional survey of a representative sample of Londoners. *British Medical Journal, 334*, 789-793.
- Schlenger, W. E., Caddell, J. M., Ebert, L., Jordan, B. K., Rourke, K. M., Wilson, D., . . . Kulka, R. A. (2002). Psychological reactions to terrorist attacks: findings from the national study of Americans' reactions to September 11. *Journal of the American Medical Association, 288*, 581-588.
- Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliot, M. N., . . . Berry, S. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine, 345*, 1507-1512.
- Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *Journal of the American Medical Association, 288*, 1235-1244.
- Small, D. A., Lerner, J. S., & Fischhoff, B. (2006). Emotion priming and attributions for terrorism: Americas' reactions in a national field experiment. *Political Psychology, 27*, 289-298.
- Vazquez, C., Perez, S. P., & Matt, G. (2006). Post-traumatic stress reactions following the March 11, 2004 terrorist attacks in a Madrid community sample: A cautionary note about the measurement of psychological trauma. *Spanish Journal of Psychology, 9*, 61-74.