

Points of view

'The most horrendous day of our lives'

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The fire at Bradford City football stadium occurred 20 years ago. We provide accounts of the trauma of that day from the perspectives of someone who was there and a professional with experience of helping survivors. We also give sources of help



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'The most horrendous day of our lives'

The day of the match

Saturday 11th May 1985. The day itself started well, the weather was warm and just right for football or so I thought. I got on my motorbike and waved my wife and my two year old son goodbye and set off to Cottingley Bar, which is on the outskirts of Bradford, to meet my father. When I arrived dad had made me a lovely lunch. Dad had tried to get us tickets for the main stand; as luck would have it, the seating area was sold out, so we'd have to settle for the paddock, which was situated in front of where the 'fire' started. After lunch, dad and I made our way down to Valley Parade.

The occasion

Dad had watched Bradford City all season and they had just been promoted to the second division and won the third division title, which was brilliant for the club and Bradford in general. On our way down towards the turnstiles we could tell it was going to be a good crowd; the official attendance was more than 11,000, which at the time was good. The atmosphere was building and the opponents Lincoln City joined us in celebrating winning the trophy, which was presented to the Bradford team just before kick off.

Lucky to be alive

It was nearing kick off and things weren't too bad, although something didn't seem quite right and so it proved. My mind went back to my school days. At that early age I suffered depression on a manic scale. I attended Belle Vue grammar school. My friends and I used to go down to Valley Parade on an afternoon to watch the players as we got in for free. Everyone that sat on those old wooden planks used to remark on all the rubbish that had gathered beneath the stands. There were cigarette packets, crisp bags, old programmes and newspapers. It was a complete dump. It was a very dry day and everyone was in a festive mood. The match started, never to finish.

The fire took just four and a half minutes to burn from one end of the stand to the other, stopping near the dressing rooms. It was a complete disaster. Everybody was just rushing to the exits. As dad and I were in the paddock, we just managed to climb onto the pitch using the dugouts as our get-out clause. A few burly Bradford fans helped dad over the wall onto the safety of the pitch and I followed, very shocked and singed from the heat.

Policemen, fire fighters, fans and even the players tried to help but their efforts were in vain. Dear old dad didn't last much after the fire, which claimed the lives of 56 people and injured more than 250 more.



Worry

My wife at the time was worried about our whereabouts, as she had heard about it on the local news and had no contact with us to see if we were OK. I arrived home OK to the delight of my wife and son. The memories will never leave me and have made me anxious, panicky, depressed and near to suicide. Weeks after the fire I tried to go back to work at the pit but, as I travelled to work one day, I heard someone make some awful remarks regarding the disaster. I couldn't concentrate on the job and I had to stop working for a few months. I couldn't sleep; I just kept having nightmares seeing all those people go to their deaths.

Bad dreams

The first year after the Bradford fire was horrific, as one would imagine. Even bonfires in local gardens brought back memories of that horrible day. The felt roofing, the wooden seats and all that rubbish, still the bad dreams never left.

Wakening without much sleep, could only manage cat naps. This deep rooted depression which was bad even before the fire was only to go away slightly over the next two decades. The only thought was to sit about the house, curtains pulled, unshaven and not being able to physically work down the pit. Tablets and medication always close to me, too close!

A few years on

People couldn't believe that I was so poorly, saying I should pull myself together. Even people close to me. Daniel now aged 5 didn't understand what I was going through at that time. Daniel knew a few years on that I was poorly. Five years later I had to sort things out. My marriage had suffered, I needed to go back to work. Daniel's mum and I decided to go into the licensing trade, hoping this would bring things together. I was trained as a manager, so I had a start and the backing of my ex-wife. She was a brilliant landlady, taking care of the money and ordering side of things. Life took on a different perspective. Until I had my second nervous breakdown. I managed to get a bit better, but my marriage ended soon after. Who would live with a person like me?

No help

Everything was at a standstill; I had no wife for help. Daniel was at school in Featherstone, but I only saw him three days a week. He had become a strong character, not letting my condition interfere with his education. Daniel, my eldest son John and daughter Victoria were all brilliant at their respective schools and they all have good jobs, which makes me proud.

Life today

Well, here we are nearly 20 years after the disaster. I am stronger and able to write this piece of work, whereas 10 years ago I couldn't have managed it. I have had some first class training at Baghill House and Fieldhead Hospital¹, which has proved very therapeutic. My son, who is now 21 and ironically a Bradford City fan, realises what his granddad and I went through and has helped me complete this work. The main stand at Valley Parade has now been replaced by a brilliant structure which incorporates a memorial with the names of those who lost their lives. Daniel helped me return to Valley Parade to watch football and overcome many obstacles and has been a big help to me. My thanks go to him and his mother, also Virginia, Chris and everybody at Fieldhead Hospital.

Thanks,
From John & Daniel Girdlestone

1. Baghill House and Fieldhead Hospital are located within South West Yorkshire Mental Health NHS Trust. Baghill House is the base for a community mental health team. Fieldhead Hospital is the location for a range of in-patient, out-patient, and other Trust services.

Reflections on the Bradford Fire and Post Traumatic Stress

"Time doesn't heal, processes do" (James Thompson)

I came to Leeds to train as a clinical psychologist three years after the Bradford Fire. In one of our training sessions, we were shown photographs of the stadium in the four minutes it took for the fire to take hold and devastate so many lives. I had known about post traumatic stress before then, having edited the British Psychological Society's statement on the psychological effects of nuclear war (Thompson, 1988). That book had included a review of the known impacts of disasters, from Hiroshima and Nagasaki to natural disasters like floods, so I was familiar with how people reacted to major catastrophes. One interesting thing was that it had taken about 17 years before anyone studied the impact of Hiroshima/Nagasaki seriously, so great was the effect. This is a good example of

denial, one of the known post traumatic stress reactions, this time at a public level. If you don't think about it, it will go away - but it doesn't.

The photos of Bradford, though, had a different sort of impact. Difficult to get them out of your head - close in time and close to where I was living and immediate emotional impact, not like the academic words I'd been reading and writing. Some time after that session, I decided to do my dissertation on the impact of the fire on the police who had been involved. The accounts I heard made it clear how much police and other service personnel had been affected. The dissertation compared how much sick leave they had taken in the two years before the fire with the years after the fire, but most interesting were the things some of the police said. How unfair it was that it was their home ground. How difficult it was seeing people, who the previous week they might have thought of arresting, dying in the fire while trying to save others. How many thought things like "If only I'd gone back into the stand, I could have saved that person", when the reality was they would have died themselves in the attempt.

Since that time, I've heard many first-hand accounts from people who have survived major disasters, some of them friends, some strangers, and some clients. One that stays with me is listening to Eva Hart talk about her life to an audience of clinical psychologists. Eva was one of the last survivors of the Titanic. She was 7 when the Titanic sank. Her father drowned, but she and her mother were rescued. She reported having nightmares for years, which her mother helped her through. She said going on another cruise liner as a young adult helped her. At 85, when I saw her, she came across as a strong, powerful woman, who had somehow gained strength by going through that awful experience. She said she had lived through the Blitz in London without being badly affected by thinking "I've survived worse things than this". And Eva had never received any professional help.

The key factor in healing is captured in the quote from James Thompson above. Reactions to a traumatic event are often automatic, giving you thoughts, images and feelings you have never had before. Trauma can also shatter previous beliefs about yourself (e.g., "I can always cope") or about the world (e.g., as a safe place). These impacts can lead to you feeling totally out of control and you certainly cannot "pull yourself together". What gets you through is being able to make some sense of what's happened and integrate it with your understanding of the world. Some people, like Eva, manage to do this on their own, with help from family and friends. Others benefit from professional help, which can be offered in different ways, from talking to your general practice doctor to having individual therapy with a specialised therapist or making use of self-help material provided by specialist services such as Elaine Burleigh's 1997 leaflet – see our list of sources of help given after this article.

When something completely out of your experience happens, be it a major disaster like the Bradford fire, or the devastation caused by the tsunamis following the earthquake in Indonesia in December 2004, or a personal tragedy like an unexpected violent attack, most people get three sorts of reactions. The first is a preoccupation with what happened. We talk about it all the time, re-experience it in the form of flashbacks and nightmares, and can't get it out of our heads. This is our attempt to make sense of or process what has happened. In many cases, this is just too difficult to do, so the second reaction comes in, which is denial. This is a protection process, which stops us being overloaded by the enormity of the event. For some people, preoccupation takes over and they get overwhelmed. For others, denial takes over and their feelings get totally buried. For others, the two processes go on at the same time and people alternate between feeling overwhelmed and trying to avoid thinking about what has happened. The third reaction is that we become hyper-aroused to signs of danger, a sensible reaction if the danger is still there, but not very helpful if the danger has gone.

What heals is being able to talk or think through what has happened in a safe environment, which might be around sympathetic family, friends or a therapist. Feeling safe is a key requirement; otherwise hyper-arousal or denial will take over. What helps is starting to think through or re-experience the event in imagination, so that the first reaction, the preoccupation, can run its course without totally overwhelming us. Getting back on the horse after you've been thrown really does help, but not if you're absolutely terrified and the horse is too out of control to

mount. This re-experiencing in a safe environment is what's captured in treatment guidelines for posttraumatic stress (Foa, Keane & Friedman, 2000, or the recent guidance from NICE: National Institute for Clinical Excellence, 2005). The guidelines recommend treatment like cognitive behaviour therapy (CBT) or eye movement desensitisation and reprocessing (EMDR), the key components of which are safe re-experiencing of the traumatic event. Medication, such as one of the Selective Serotonin Re-uptake Inhibitors (SSRIs), can be effective in reducing some of the symptoms of posttraumatic stress, but will not deal with the underlying problems.

From the perspective of the therapist, the healing power of just listening cannot be underemphasised, but it can be extremely difficult to listen when someone is telling you awful things. What helps the therapist are good supervision and a good knowledge of the process of healing, as well as not being totally involved with the person recounting their experiences, which is what sometimes makes it difficult for family members or friends to help someone through – they might get overwhelmed themselves. How difficult it must have been for Eva Hart's mother to have helped her through her nightmares, when she had experienced the same horrific event herself, but it might have helped her heal too.

Twenty years on, the Bradford fire is still with me, although not in the immediate way it must be for John Girdlestone and his family, who experienced it directly and whose account is in this issue of the journal. Such major disasters affect many people and, although rare, occur frequently enough to remind us all we are not invulnerable. Samuel Pepys writes about the impact on him of the Great Fire of London in 1666. Whilst writing my dissertation in 1989, I was listening to the news and heard of a terrible tragedy unfolding at Hillsborough. Whilst writing this article in December 2004, I heard the news of the Indonesian earthquake...

References

Burleigh, E. 1997. *Coping With Trauma: Self-Help For Individuals Who Have Been Through A Traumatic Experience*. Internal publication, Adult Psychological Therapies Service. South West Yorkshire Mental Health NHS Trust.

Foa, E.B., Keane, T.M., & Friedman, M.J. 2000. Treatment guidelines for PTSD. *Journal of Traumatic Stress* 13, 538-588.

National Institute for Clinical Excellence (2005). *Post-traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care*. Clinical Guideline 26, March 2005. Available from www.nice.org.uk/CG026NICEguideline.

Thompson, J. 1985. *Psychological Aspects of Nuclear War*. Leicester: BPS Books and Chichester: Wiley.

Chris Leach

What is Post Traumatic Stress Disorder or PTSD?

People who have lived through a very traumatic event, usually one that is quite outside everyday experience, may experience post traumatic stress or PTSD. The event is usually one that is life threatening or likely to cause serious injury to oneself or others. Not everyone will experience PTSD in similar circumstances. Those who do experience PTSD usually have a group of three types of symptoms:

- A. Persistent experiencing or re-experiencing of the event, including things like:
 - Distressing recollections of the event
 - Distressing dreams of the event
 - Acting or feeling as if the trauma were recurring
 - Intense distress at exposure to things that resemble or remind them of the event

- B. Persistent avoidance of things associated with the trauma, including things like:
 - Efforts to avoid thoughts, feelings or conversations associated with the trauma
 - Efforts to avoid activities, places or people that remind you of the trauma
 - Inability to recall an important aspect of the trauma
 - Loss of interest in things or activities that used to interest them
 - Feeling detached or estranged from others
 - Unable to feel things as before
 - Sense of a foreshortened future

- C. Persistent increased arousal, including things like:
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hyper vigilance
 - Exaggerated startle response

After a frightening event, it is normal to feel shocked or anxious but if these feelings continue and stop a person living their normal life then they may be suffering from PTSD. To be labelled PTSD, such symptoms as those listed above should continue for more than a month after the event and should have a major impact on social or work life. If you have experienced a traumatic event and don't have the symptoms in sufficient intensity for your problems to be labelled PTSD, this doesn't mean that you haven't been affected by the trauma. People react to traumatic events in many different ways. Many cope with traumas with minimal help from others; those whose symptoms are sufficient to count as PTSD may need professional help.

Useful sources of help and advice on Post Traumatic Stress Disorder

The first source of advice and help is likely to be a person's General Practitioner (GP). The GP may then make a referral to either psychiatric or psychological services for a further assessment and possible treatment or support from someone who is a specialist in Post Traumatic Stress Disorder (PTSD). Treatment may take the form of trauma focused therapy sessions such as cognitive behavioural therapy (CBT) or eye movement de-sensitisation and re-processing (EMDR). Self-help material is also becoming available; this can give a good understanding of likely reactions and ways to overcome them. Some people may benefit from taking anti-depressants for a time.

Many people find it helpful to have sources of information that offer practical advice in the immediate aftermath of a traumatic experience or the opportunity to talk to someone about their experience. Some sources of information and advice are listed below:

General sources of advice and support

NHS Direct Online

www.nhsdirect.nhs.uk

The NHS Direct site links to another site:

www.besttreatments.co.uk/btuk/conditions/post_traumatic_stress

MIND

National MIND can be contacted at:

15 – 19 Broadway

London E15 4BQ

MINDinfoLine: 0845 766 0163

Details of local MIND offices can be found on the information line or via the website:

www.mind.org.uk

MIND also has a series of helpful booklets including 'Understanding post-traumatic stress disorder'.

www.mind.org.uk/Information/Booklets/

Victim Support

National Office

Cranmer House

39 Brixton Road

London SW9 6DZ Telephone: 020 7735 9166

Local offices exist in each area and details can be found on:

<http://www.victimsupport.org.uk>

Alternatively contact the support line 'Victim Supportline' which offers free and confidential support: 0845 30 30 900

Social Services Departments

Details of local social services offices can be found in telephone directories or from Town Halls.

The Samaritans

Helpline: 08457 90 90 90 (24 hours)

Website: www.samaritans.org.uk

More general support and advice

ASSIST (Assistance Support and Self Help in Surviving Trauma)

11 Albert Street
Warwickshire CV21 2QE
Helpline: 01788 560 800
assist@traumatic-stress.freereserve.co.uk

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Globe Centre
PO Box 9
Accrington BB5 2GD
E-mail: babcp@babcp.com
Website: www.babcp.org.uk

The leading body for cognitive-behavioural therapy in the UK. The website has a search facility to find an accredited therapist and gives information on how the therapy works.

British Association for Counselling and Psychotherapy (BACP)

35-37 Albert Street
Rugby CV21 2SG
Tel: 0870 443 5252 (Mon-Fri 8.45am-5pm)
E-mail: bac@bac.co.uk
Website: www.bacp.co.uk

BACP can provide you with a list of private counsellors in your area, plus information on counselling and choosing a counsellor. Please telephone or send an SAE to the above address. Alternatively, you can search for a counsellor at the website which, along with an online directory of counsellors, contains details about membership, training and an extensive publications list.

Specific support and advice

Cruse Bereavement Care

Cruse House, 126 Sheen Rd
Richmond
Surrey TW9 1UR

Runs a helpline and offers counselling, advice, information and support to anyone who has been bereaved.

Helpline: 0870 167 1677 or 0808 808 1677 (for 12 to 18 year olds)
www.crusebereavementcare.org.uk

Ex-Services Mental Welfare Society (Combat stress)

Tyrwhitt House, Oaklawn Road
Leatherhead KT22 0BX
01372 841 600
www.combatstress.com

Lifeline

Help for victims of violence in the home, sexual abuse, and incest.
Telephone: 01262 469085

Refuge

2-8 Maltravers Street
London WC2R 3EE
Helpline: 0808 2000 247 (24 hours)
E-mail: info@refuge.org.uk
Website: www.refuge.org.uk

Provide counselling, support and welfare rights for women and children escaping domestic violence as well as accommodation and refuge.

Refugee Support Centre

47 South Lambeth Rd
London SW8 1RH
Rsctherapy47@hotmail.com

The Compassionate Friends

53 North Street
Bristol BS3 1EN
For bereaved parents and their families.
Helpline: www.tcf.org.uk

Traumatic Stress Centre (Wales)

Aims to assist the healing process by offering a confidential service providing free help and advice. Run a 24-hour helpline, backed by an emergency 24-hour mobile number, and a range of courses relating to PTSD.
Advice Line 01792 521063
www.trauma999.co.uk

Traumatic Stress Clinic

73 Charlotte Street
London W1T 4PL
020 7530 3666
www.traumatic-stress-clinic.org.uk

Traumatic Stress Service

Maudsley Hospital
99 Denmark Hill
London SE5 8AZ
0207 919 2969
Referral through Community Mental Health Teams.

Other Websites

Helping Children and Adolescents Cope with Violence and Disasters

www.nimh.nih.gov/publicat/violence.cfm

This site is run by the US National Institute of Mental Health to help children and adolescents cope with violence and disasters. It identifies post traumatic stress disorder and the way in which children and adolescents react to it. It also offers sources of advice and treatment.

Psychology in Daily Life

www.helping.apa.org/daily/traumaticstress.html

This site is produced by the American Psychological Association and has articles and resources on managing traumatic stress and information on coping with the aftermath of a disaster. It also has guidelines for children coping with trauma.

The International Society for Traumatic Stress Studies

www.istss.org

This site is for both health professionals and the general public. It contains fact sheets and useful resources and links.

The National Center for Post Traumatic Stress Disorder

www.ncptsd.org

This US-based organisation was set up to address the needs of veterans with military-related PTSD. The website is an educational resource concerning PTSD and other enduring consequences of traumatic stress. It has extensive information, fact sheets, links, FAQs and suggested reading.

Trauma Information Pages

www.trauma-pages.com

This site focuses on emotional trauma and traumatic stress, including PTSD, whether following individual traumatic experience(s) or a large-scale disaster. Aimed primarily at clinicians, researchers and students in the traumatic-stress field. It is American-based.

UK Trauma Group

www.uktrauma.org.uk

This website contains information on PTSD and features details of local specialist centres providing diagnosis and treatment for sufferers. It also has links to other