

Is Money a Cure? Follow-up of Litigants in England

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American and British authors collaborated on a follow-up study in England of accident victims who brought litigation which had been resolved. Eighteen subjects who had complained of psychiatric symptoms during the course of the litigation were recruited from the British psychiatrist's files. Based on review of court documents and extensive interviews of the subjects, the authors describe case examples that demonstrate a complicated relationship between monetary compensation and outcome. Some of the litigants improved after they received compensation, but this seemed to be related to issues besides the money, e.g., feelings about their impairment, family support, the loss or gain of a relationship, personality characteristics, and ability to return to work. The authors discuss the results of this study in light of differences between the British and American legal systems.

We live in an increasingly litigious society where the response of an injured person who has just been aroused after a brick has fallen on his head is not, "Where am I?" but "Whose brick was it?"¹ Victims of accidents may bring lawsuits and often claim that they have suffered psychological symptoms as a result of the accident. Psychiatrists frequently are asked by defense and plaintiff attorneys to evaluate accident victims and determine the extent of psychological damage and the prognosis.² As pointed out by Mendelson³ contra-

dictory opinions are often expressed in our courts about the eventual prognoses of postaccident symptoms. In fact, during the litigation process, a polarization often develops between those who claim that litigants will improve as soon as they receive their monetary compensation from the court and those who hold that the award of money will not cure the plaintiff's condition.³ The purpose of this paper is to describe follow-up of a series of cases to illustrate factors affecting the prognosis of psychological symptoms after the termination of litigation.

Several authors have referred to the paucity of follow-up studies on litigants.⁴⁻⁶ The few studies that have attempted to do follow-up on litigants after their lawsuits have been settled have arrived at quite different conclu-

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sions. Some studies have reported that most litigants recover within a short time after the finalization of their legal actions.⁷⁻¹⁰ Other studies have found the opposite, i.e., that the majority of litigants who had psychological symptoms at the time of litigation continue to have significant symptoms after the litigation is settled.^{2, 11-16}

Follow-up studies of plaintiffs are difficult to do for several reasons. First, many plaintiffs cannot be traced.^{7, 8} For example, in many of the studies cited above, it was impossible to locate significant numbers of plaintiffs (e.g., references 2, 15, 16). This may be partially explained by the fact that after trauma, people may move or change their phone numbers, and/or they do not want to be contacted and reminded of the trauma.¹⁷ Second, many psychiatrists who do medico-legal evaluations and might be interested in doing follow-up on plaintiffs may be understandably reluctant to contact plaintiffs after the conclusion of litigation, even when this contact is for research purposes. The psychiatrist's role in relationship to the plaintiff is as an evaluator who is a consultant to an attorney.¹⁸ It is awkward to directly contact the plaintiff after the conclusion of litigation. This discomfort is magnified if the psychiatrist's role was as consultant to the defendants' attorney in civil litigation.

This current study represents a collaborative effort between American and British medico-legal experts. The study was done in England and the interviewer (the American psychiatrist) was different than the medico-legal consultant (the

British psychiatrist). The goals of the study were to follow-up litigants who had been evaluated by the British psychiatrist and whose claims had been resolved. In a prior report, we described the data gathered from standardized rating scales and structured interviews with the same sample of litigants.¹⁹ We reported that most litigants improved on follow-up as indicated by the decrease in number of plaintiffs with DSM III-R diagnoses and by decreases in their scores on standardized symptom rating scales. In addition, we reported that factors associated with better prognoses were a shorter time between accident and settlement, a longer time after settlement of the lawsuit, and having less severe symptomatology after the accident.¹⁹

In this study, we will describe the results of clinical interviews of the litigants and their self-reports of what led to a good or bad outcome. We will illustrate different outcomes of postaccident psychological symptoms following lawsuit resolution using a series of case descriptions.

Methods

Subjects Subjects were recruited from the files of a British psychiatrist (MRT) who performs medico-legal consultations. To be included in the study the subjects had to have been victims of industrial or motor vehicle accidents. They needed to have brought civil litigation which had been resolved by the time of the study. In addition, the subjects needed to have complained of psychological symptoms resulting from the

accident during the course of the litigation process. Using these inclusion criteria, 25 potential subjects who had been evaluated from 1978 to 1990 and who had a valid address in their charts were contacted by letter and follow-up phone calls explaining the purpose of the study. Two of these subjects did not respond to the initial letter or follow-up letter. Two potential subjects stated that they were too busy to participate, one did not show up for his interview on three occasions, and two refused participation by way of a spokesperson, i.e., an attorney in one case and a mother in the second case, who felt that it would be too traumatic for the accident victim to participate in an interview. Thus, out of 25 potential subjects, 18 (72%) gave informed consent and were interviewed.

Procedures Prior to meeting each subject, the American psychiatrist (RLB) reviewed all the medical records that had been prepared in the course of the litigation including psychiatric reports written by defense and plaintiff psychiatrists. She interviewed each subject for two to three hours using the Structured Clinical Interview for DSM III-R-Nonpatient Version (SCID-NP)²⁰ to establish a DSM-III-R diagnosis. In addition, plaintiffs were asked questions related to their accidents, postaccident symptoms, their litigation experiences, and the effect of the monetary compensation. After the interview, the interviewer completed the Global Assessment of Functioning Scale (GAF), a rating of the subjects' overall severity of psychiatric impairment.²¹ Five of the interviews took place in the subjects' residence or office and 12 took

place in the hospital where the researchers worked. The plaintiffs' spouses or relatives participated in six of the interviews.

Results

Sample Characteristics At the time of the interview, the 18 subjects had a mean age of 49.8 years (range, 30 to 68 years). Twelve were male and six were female. Eleven were married, five were separated or divorced, and two were single. All were Caucasian. Ten were skilled or unskilled manual workers, two were clerical workers, two were owners of small businesses, and four had other occupations.

Twelve of the subjects had reached out of court settlements, and six had had their cases heard in court. The median damage award was \$40,000, with a range of \$0 to \$360,000.

Effect of Compensation Seventeen out of 18 subjects felt that their award had been too low and that this was an additional stress on them. For the group as a whole, there was no significant correlation between the amount of compensation and level of psychiatric impairment at the time of the interview as indicated by the GAF score ($r = 0.01$, NS). However, in some individual cases, the compensation or lack of it did appear to impact on the psychological symptoms. An example of this is Mr. A.

Mr. A is a 68-year-old, married disabled mechanic. Ten-and-a-half years prior to his interview, he had an industrial accident which necessitated hospitalization. During that hospitalization he became delirious, jumped out a window and fractured his right ankle. He sued the hospital stating that the hospital had not given him adequate medication and also had

left him unattended. Because of his ankle fracture, he was unable to return to work as a car mechanic. The case was tried in front of a judge two years prior to the interview. At that time, Mr. A had many financial obligations and was depressed because of his physical disability and his inability to work. The judge deliberated for four months and then did not award the plaintiff any compensation. According to Mr. A, the judge felt that the injury was self-inflicted and therefore the hospital was not liable. Mr. A stated that he felt as if "a knife had stabbed [him] in the back." He and his wife related that he felt humiliated and became increasingly depressed. He stated that he wanted a settlement of \$170,000 because he "became crippled for life." At the time of his interview, he had a major depression with psychotic features and had symptoms of Post-traumatic Stress Disorder (PTSD) related to his court appearance and denial of compensation, e.g., he reported nightmares and intrusive images of his appearance before the judge.

Only one plaintiff felt satisfied with the amount of compensation he received and described how the money helped ameliorate his symptoms. This was a tunnel miner who developed aseptic bone necrosis as a result of negligent decompressions. He received \$360,000, the largest award in this study. He had become depressed about not being able to financially support his family since he could no longer work as a tunnel miner and earn the large amount of money that tunnel miners earn. His large settlement made him feel that he could now provide for his family again.

Effect of Litigation Process As has been found in other studies,² most of the litigants (16 out of 18) in this study felt that the litigation process itself was extremely stressful and exacerbated their psychological symptoms. For example,

one plaintiff described the litigation as the most stressful time of her life. She said it was expensive and took a long time (four years) before settlement. She also commented that the attorneys did not seem to care about her. Another plaintiff described how he experienced distress because he felt he was not believed and in fact, was blamed for his injuries in a motor vehicle accident because he was not wearing his seatbelt. Only two plaintiffs had positive feelings about the litigation. One was a single man who lived alone on the periphery of London. He described his prior life as lacking excitement and stated, "I liked the outings to London to see the solicitors and barristers." The other plaintiff stated that he had had a supportive solicitor and therefore had positive feelings about the litigation.

Effects of Litigation Resolution

Eight of the litigants felt that the resolution of litigation decreased their symptoms. In seven of these cases, the litigants described that their symptoms decreased after termination of litigation because they no longer had to be reminded of the accident. In addition, for three of the plaintiffs, an important issue was the satisfaction gained from the defendants' acknowledgement of negligence. For example, one plaintiff who was injured when a chainsaw spun upwards and cut her body and face stated, "I was delighted I won." (She was awarded \$20,000.) "I accomplished what I wanted: the rental company no longer rents chainsaws to the public. There was a TV show about my accident which alerted the public."

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Two of the litigants felt that the resolution of litigation increased their symptoms. One was Mr. A described above. The other was a taxi driver who had been hit by an oncoming vehicle while sitting in the driver's seat of his taxi. He was awarded \$20,000, but felt that he was cheated. He blamed his "incompetent" attorney and filed malpractice charges against his attorney. This was expensive and stressful and exacerbated his symptoms of depression which were already present at the time of the lawsuit settlement.

Factors Independent of Lawsuit or Compensation Affecting Outcome In eight of the cases, the litigation resolution and the compensation seemed to have little impact on the litigants' prognosis and other factors seemed much more important. This is illustrated by the following paired cases each of which illustrate the influence of additional factors on outcome.

Feelings about Impairment and Family Support The following cases illustrate how the outcome of injury is affected by the emotional reaction of the patient to the impairment as well as the response of important others in the patient's family and social milieu.^{3,22}

Mr. B is a 62-year-old divorced construction worker who was working on scaffolding when he fell 95 feet. Fortunately, he hit a ledge as he was falling and this broke his fall. He also luckily landed on plastic pipes. Nevertheless he fracture several bones including an arm, leg, and shoulder and was unconscious for one week. The accident occurred seven years prior to his interview and the case was settled out of court one year prior to his interview for \$250,000 (partially related to the fact that there was liability since a guard rail was missing

from the scaffolding). After the accident, "Mr. B" developed many psychological symptoms including depression and withdrawal, increased alcohol consumption, PTSD and multiple physical pains. At the time of the accident, he was married. He related that his wife divorced him because of the frequent arguments and his extreme irritability. At the time of the interview, he met the DSM-III-R criteria for major depression—severe with decreased interests, weight loss, decreased sleep, decreased energy, feelings of worthlessness, and decreased ability to concentrate. He also had symptoms of chronic PTSD. Although he did not remember hitting the ground, he had nightmares of seeing the blue sky and falling through the air. He also had avoidant and anxiety symptoms related to scaffolding and he startled easily. He also was drinking three pints of beer each day. He stated, "I felt like a 21-year-old kid when I worked. I worked 10 years as a scaffolder and before that, I worked in demolitions. I was never sick. I had a perfect body. I will never be the same person again." He related that he is afraid of being knocked down in crowds or of someone starting a fight and his not being able to defend himself. He stated that he sees no hope for the future or for any future relationships.

Mr. C is a 41-year-old, married construction worker who was a steel erector in a cradle 150 feet above the ground when the rigging broke. Fortunately, he fell through the wooden roof of a building and landed on the wooden floor. His wife related that the accident occurred after lunch and after the cradle was moved to be above the wooden building. Before lunch, the cradle had been 150 feet directly over the concrete ground and he probably would have been killed if the fall had occurred then. Nevertheless, he fractured several bones including his pelvis and his spine. He also punctured his lung and was unconscious for two weeks. The accident occurred 11 years prior to his interview and the case was settled out of court, 5½ years prior to his interview for \$36,000. (The relatively low settlement was related to the fact that liability could not be proven since this type of accident had never happened before.) After the accident, Mr. C developed many psychological symptoms including those of a major depression, with suicidal ideation, irrit-

ability, clinginess, feelings of worthlessness, withdrawal, decreased energy, decreased sleep, and weight loss. He also had severe back and knee pain and had problems with memory which severely frustrated him. His wife related how difficult it was to live with him. He never left the house and he would become extremely apprehensive when she departed. She described his high levels of irritability and argumentativeness. She was a housewife, but resumed outside employment because the family, including an 11-year-old daughter, had many financial obligations such as mortgage payments. She considered divorce since it seemed impossible to live with him. At that point, her family and his family intervened. They helped financially and intervened in some of the ongoing arguments. Mr. C decided that he would return to work and three years after the accident, he started working in a factory owned by one of his relatives. Subsequently, he worked as a grounds caretaker and more recently had resumed working on scaffolding on buildings. He stated that he had no recall of the accident and therefore had no fear of heights. At the time of the interview, he did not report any symptoms of depression. He continued to have occasional irritability and temper outbursts, but these had markedly improved. He still had memory problems manifested by forgetting his thoughts in the middle of a conversation. His wife stated that he now accepted this problem and did not get upset about it. He continued to have back and knee pain, but it was improving and he stated that he does not pay attention to his pains.

Effect of Gained or Lost Relationship In two of the cases, where litigation resolution did not impact on the outcome, the crucial issue related to outcome seemed to be the loss or gain of a relationship.

Mr. D is a 36-year-old single man from a rural area in England who worked as a laborer and lived alone with his mother. Four-and-one-half years prior to his interview, he was the driver of a Land Rover and his mother was in the passenger seat. A bus hit them from behind and the Land Rover rolled over a number of

times. His mother was killed and he remembers her being covered with blood as he tried to pull her out of the car. He suffered a fracture of L1 which has made it impossible for him to work. The case was settled out of court for \$80,000, one year prior to his interview. Since the accident, Mr. D has suffered from a major depression with decreased interest in activities, weight gain, psychomotor retardation, difficulty sleeping, crying spells, and extreme feelings of guilt because he feels he should have stayed home on the day of the accident. He also has a posttraumatic stress disorder with avoidance of cars and buses and intrusive images of his mother's blood stained face. Mr. D related how he was the youngest son who had been very dependent on his mother. She made all the decisions and took care of him. He had never cooked for himself until she died. He had never had a girlfriend and had no peer relationships. He feels that the settlement of the litigation had no impact on him. He related that he is not interested in the money and that his life was ruined when his mother died.

Mr. E is a 46-year-old, divorced man who was a food distributor. Nine years prior to his interview, he was driving a truck when he had a head-on collision with a truck that jackknifed in front of him. He suffered a severe head injury and multiple fractures. After the accident, he developed many psychological symptoms including depression, irritability, indecisiveness, alcohol abuse, decreased memory and concentration, and PTSD with nightmares, anxiety symptoms, and avoidant behavior. His wife divorced him and gained total custody of their children. He related that he felt totally worthless and like a failure. He had lost his business, his marriage, his children, and his money. Five years after his accident and one year before settlement, he met his current girlfriend. He stated that he started to become hopeful and most of his symptoms disappeared. His depression, PTSD, and memory problems cleared. Instead of being irritable and indecisive, he described himself as patient and decisive. He stopped drinking and entered a new business. His legal case settled three years prior to his interview for \$200,000, but he stated that the money had nothing to do with his improvement. In fact, he had used up

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most of the money prior to his receiving it since he had incurred mortgage debts. He stated that he was left with only a few thousand dollars. Mr. E stated that his symptoms abated prior to his lawsuit settlement and were related to his new girlfriend and not to the litigation resolution.

Personality Characteristics In two other cases where litigation resolution did not impact on the outcome, the central issue seemed related to attitude and personality style rather than to litigation resolution.

Ms. F is a 54-year-old, divorced woman who was driving a car when another car hit her. She hit the steering wheel and had a minor head injury with loss of consciousness for five minutes. She subsequently developed partial blindness which had been diagnosed as a conversion reaction since no physiological explanation had been found. Since her automobile accident which occurred 10 years prior to her interview, she has been disabled. In addition to her blindness, she suffers from a major depression with depressed mood, decreased sleep, decreased energy, feelings of worthlessness, decreased concentration, and suicidal ideation. The resolution of her lawsuit, which occurred three years prior to her interview and resulted in an award of \$140,000, did nothing to alleviate her symptoms. She related that she is not interested in antidepressant medication because it has side effects. When any possibilities of employment are offered to her, she comes up with reasons why the suggestions are unreasonable. She is pessimistic about the future and seems unwilling to attempt to change her situation.

Mr. G is a 65-year-old single man who formerly worked in a social service agency. Seven-and-one-half years prior to the interview, he was a customer in a car repair garage when gasoline ignited and he received burns over 18 percent of his body including his face and both hands. Mr. G had nightmares and daytime intrusions about the accident but no other symptoms of PTSD. He currently has no Axis I diagnosis. When asked about his scars, he

related that he is no longer a young man and they do not bother him. He retired from his employment and stated that he had been thinking of early retirement anyhow. He stated that he is grateful for the past 7½ years of retirement. He said that when he was in the hospital for his burns, many patients would complain, "Good Lord it's morning." However, he would say, "Good Morning, Lord!" Mr. G received compensation of \$40,000 four years prior to the interview. However, he related that this had no impact on him. He stated that he did not want any money because he had enough in fact, he had donated his award to charity.

Return to Work In this study, 56% ($n = 10$) of the litigants returned to work after their accident. For the group as a whole, there was no statistically significant correlation between current GAF scores and current employment status ($r = 0.27$, NS). However, this factor seemed important in some cases. The following two cases illustrate how the ability to return to work can influence the prognosis irrespective of compensation.

Mrs. H is a 51-year-old, married former factory worker whose job was to sew buttons on fabric. Six years prior to the interview, she was a passenger in a bus which was rear-ended by another bus. She received a minor head injury and neck injury (whiplash). She and her husband stated that she had been unable to work since the accident because she gets neck pain and headaches. Her husband said that she had worked since age 15 except for two years after the birth of her only child. All of her friends and social contacts were related to her work. At the time of the interview, she had a major depression with depressed mood, decreased interests, decreased sleeping, restlessness, decreased energy, guilt, and decreased concentration. One year prior to the interview, her case was settled out of court for \$40,000. Her symptoms did not abate after settlement.

Mr. I is a 38-year-old, married electrical engi-

neer. Seven years prior to the interview, electrical equipment exploded as he was working on it. He suffered burns of 33 percent to his face, trunk and extremities. He developed a major depressive episode and signs and symptoms of PTSD. He attempted to return to work seven months after the incident. He then became unemployed when his job was phased out. He stated that his symptoms got worse again and that he felt worthless because he was not working. He returned to work again and is currently advancing in his business. He stated that he thinks his satisfaction from being able to do well at work had been the primary factor in his improvement. His symptoms had cleared prior to his receiving \$208,000 one year prior to his interview.

Discussion

The results of this study show that there is a complicated relationship between monetary compensation and outcome. It is an oversimplification to state that money will cure a patient (e.g., reference 23). Some of the patients in this study improved after they received compensation, but this seemed to be related to issues besides the money, e.g., not being reminded of the accident, the decreased stress of not having to deal with courts and attorneys and the feelings of vindication or satisfaction. Many of the patients did well or poorly based on factors unrelated to the lawsuit or compensation, e.g., feelings about their impairment, family support, the loss or gain of a relationship, personality characteristics, and ability to return to work.

There are several limitations to this study. The sample size is small and the results may not be generalizable to other groups of litigants. For example, there were no litigants who were revealed to be malingerers. There were two plaintiffs who admitted to lying during the course

of litigation, but they stated that their symptoms were real. One man said that he lied about his prior psychiatric treatment and one woman admitted that she purposely did not mention that she was caring for her invalid mother because then her stress would be mistakenly assessed as relating to her mother rather than her automobile accident. It is of interest that many of the experts suspected malingering and were wrong. For example, in the case of Mr. B the defense psychiatrist wrote that the man was malingering and wanted compensation. He predicted that there would be marked improvement of symptoms once the medico-legal issues were settled, yet this in fact did not occur. This lack of malingerers may be related to the type of referrals to this one psychiatrist's practice or may be related to cultural differences in England.

Another limitation of this study is that subjects were asked about what they felt affected their outcome. This is subjective and may not reflect all relevant data. For example, there may have been unconscious determinants of outcome which the subjects did not report.

The subjects in this study were recruited in England. There are differences between the American and British legal systems which may affect the course of psychological symptoms during lawsuits.

The Lack of Contingency Fees in England Many plaintiffs spoke of how they incurred huge financial obligations because they had to pay their solicitors. One man stated that he settled his case for a low amount because he was in-

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creasingly concerned about the legal costs. he had already remortgaged his home and he was concerned about paying for his son's education. He spoke longingly of the American contingency fee system where the attorney had a financial stake in the outcome of the lawsuit and no debts are incurred. It is of interest that the contingency fee system may soon begin in England.²⁴

The Solicitor-Barrister System In England In England, these are two types of lawyers. In the civil law suits described in this paper, the solicitors investigated the case, interviewed witnesses and obtained expert opinions. However, solicitors are not allowed to plead a case in High Court. Instead, the case is assigned to a barrister who is responsible for researching the points of law and arguing the case in front of the judge. The plaintiffs have no direct access to the barrister. Access is through the solicitor. Several plaintiffs who went to court complained about the fact that they had had no prior relationship with their barrister. Their perspective was that the barrister was not as emotionally supportive as their solicitor. This same complaint had been described by other authors.² It is of interest that there had been a recent proposal by the Lord Chancellor in England to reform the system and partially merge the functions of the two types of lawyers.

Lower Compensation Awards in England Most of the plaintiffs felt that they deserved more money and hypothesized that they would have received more compensation had their cases been tried in the United States. It is of interest

that psychological damages have only been recognized in English law since 1970 and PTSD has only been fully recognized since 1989.²⁵

Lack of Jury Trial in These Types of Cases in England All of the cases in this paper were heard in front of a judge. Similar cases would have had jury trials in the United States. Several plaintiffs criticized the judge. One woman said that her judge qualified in 1934 and did not understand that she needed more money to support herself. One man said that although many judges are excellent, he felt that he had a "funny" judge who was not competent. The plaintiffs felt they might have gotten larger awards and more understanding from a jury of their peers.

The Urging of Settlement in England Most plaintiffs related how they had been encouraged to settle their claims without going to court. There is a rule that if the case goes to court, and the judge awards one penny less than had been put into court by way of an offer by the defendants, the plaintiff is responsible for the legal expenses. Many plaintiffs related that they settled their cases because of this rule, even though they felt that the amount of compensation was too low.

These differences between the American and British legal systems impact on the generalizability of the present study to American plaintiffs. Nevertheless, there are many similarities in the experience of American and British plaintiffs. The results of this study demonstrate the difficulties in generalizing about the expected effect of an injury or

of compensation on an individual. As illustrated in this study, there are many additional factors that can affect the prognosis and psychological outcome.

References

1. Trimble MR: Post-traumatic Neurosis: from Railway Spine to the Whiplash. Chichester, John Wiley, 1981
2. Tarsh MJ, Royston C: A follow-up study of accident neurosis. *Br J Psychiatry* 146:18-25, 1985
3. Mendelson G: *Psychiatric Aspects of Personal Injury Claims*. Springfield, Charles C Thomas, 1988
4. Naftulin DH: The psychological effects of litigation on the industrially injured patient: a research plea. *Industrial Med* 39:167-70, 1970
5. Keiser L: *The Traumatic Neurosis*. Philadelphia, JB Lippincott, 1968
6. Weighill VE: Compensation neurosis: a review of the literature. *J Psychosom Res* 27:97-104, 1983
7. Purves-Stewart J: Discussion on traumatic neurasthenia and the litigation neurosis. *Proc R Soc Med* 21:359-61, 1928
8. Kelly R: The post-traumatic syndrome. *J R Soc Med* 74:242-5, 1981
9. Culpan R, Taylor C: Psychiatric disorders following road traffic and industrial injuries. *Aust N Z J Psychiatry* 7:32-9, 1973
10. Miller H: Accident neurosis. *Br Med J* 11:919-25, 1961
11. Denker PG: Prognosis of injured neurotics: study of 1,000 disability insurance claims. *NY State J Med* 39:238-47, 1939
12. Thompson GN: Post-traumatic psychoneurosis—a statistical survey. *Am J Psychiatry* 121:1043-8, 1965
13. Kelly R, Smith BN: Post-traumatic syndrome: another myth discredited. *J R Soc Med* 74:275-7, 1981
14. Balla JI, Moraitis S: Knights in armour: a follow-up study of injuries after legal settlement. *Med H Aust* 2:355-61, 1970
15. Mendelson G: Compensation neurosis: an invalid diagnosis. *Med J Aust* 142:561-4, 1985
16. Sprehe DJ: Workers' compensation: a psychiatric follow-up study. *Int J Law Psychiatry* 7:165-78, 1984
17. Binder RL: Difficulties in follow-up of rape victims. *Am J Psychotherapy* 35:534-41, 1981
18. *The Mental Health Professional and the Legal System*. Group for the Advancement of Psychiatry. New York. Brunner Mazel, 1991
19. Binder RL, Trimble MR, McNeil DE: Does time heal all wounds?: the course of psychological symptoms after lawsuit solution. *Am J Psychiatry*. in press
20. Spitzer RL, Williams JBW, Gibbon M, *et al.* *Structured Clinical Interview for DSM-III-R, Nonpatient Edition*. New York Biometrics Research Department, NY State Psychiatric Institute. New York, 1989
21. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (ed 3 rev). Washington, DC, American Psychiatric Association, 1987, p 12
22. Kolb LC: Disturbances of the body-image, in *American Handbook of Psychiatry*. Edited by Arieti S. New York, Basic Books, 1975, pp 810-37
23. Kennedy F: The mind of the injured workers: its effect on disability periods. *Compensation Med* 1:19-24, 1946
24. Gibb F: Much ado about concession. *The Times*, August 21, 1990, at 23
25. Yule W: The psychological sequelae of disasters and resulting compensation. *Prac Rev in Psychiatry* 2:6-12, 1990