

## PSYCHOLOGIC SCARS REMAIN 50 YEARS AFTER DIEPPE RAID, STUDY OF CANADIAN VETERANS FINDS

Tom Spears

### In Brief • En bref

A Toronto psychologist has conducted a 50-year follow-up study of the psychologic problems faced by Canadian troops who landed on the beaches of Dieppe, France, in 1942. Lynne Beal says many of the men have suffered in silence, never realizing that they were experiencing the widespread condition known as post-traumatic stress disorder. The veterans hope her work will help them win greater official recognition of their condition.

Une psychologue de Toronto a effectué une étude de suivi, 50 ans plus tard, sur les problèmes psychologiques auxquels ont fait face les militaires canadiens qui ont débarqué sur les plages de Dieppe, en France, en 1942. Lynne Beal affirme que beaucoup de militaires ont souffert en silence, sans jamais réaliser qu'ils étaient aux prises avec le problème répandu appelé syndrome de stress post-traumatique. Les anciens combattants espèrent que ces travaux les aideront à obtenir une plus grande reconnaissance officielle de leur état.

It wasn't until Lynne Beal was a teenager that she learned her father had been captured in the disastrous Canadian raid on Dieppe, France, on Aug. 19, 1942. Ronald Beal, who had been a private in the Royal Regiment of Canada, never talked to his family about his army days or his experiences as a prisoner of war.

Years later, Lynne Beal, PhD, would learn that her father's silence on the subject was typical of Dieppe veterans. Her recent study of the soldiers who landed on Dieppe's beaches (Beal AL: Post-traumatic stress disorder in prisoners of war and combat veterans of the Dieppe raid: a 50-year follow-up. *Can J Psychiatry* 1995; 40: 177-184) tells of a group of men who suffered in silence, many of them dying without ever learning that they had suffered

for half a century from the widespread condition known today as post-traumatic stress disorder (PTSD). Now the veterans hope that her work will help them win greater official recognition of their condition, as well as disability pensions from Veterans Affairs Canada (VAC).

The study by Beal, who is chief psychologist with the East York Board of Education in suburban Toronto, is not only the story of the 4100 Dieppe survivors but also a story of discovery in an ordinary Canadian family.

The men she surveyed have been living with unsettling memories and symptoms of anxiety and post-traumatic stress for 50 years, and the most troubling fact for Beal is that none knew what was wrong with them. "No one ever explained to them that any normal person with normal human emotions would be totally distressed by the experience

they had," she said in an interview. "The veterans never had their problems diagnosed — they all thought they were crazy."

To make things worse, they didn't talk to each other about their troubles. Each man thought his nightmares, gastrointestinal problems and other symptoms were unique to him.

"The way traumatic memories work is you really put huge amounts of energy all the time into selectively forgetting them," says Beal. "You don't really talk about the worst things. Once you do, these traumatic memories you've been suppressing come flooding right back over you. It's very difficult to cope. This is why you'll see the veterans on Remembrance Day or VE-Day choking back tears. The onset is extremely fast, and it is provoked by anything that's related to your memory of the trauma.

"So they haven't talked about it, and because they haven't released the traumatic memory they have had a lot of PTSD. Worse than that, I thought: My God, these guys have never been treated."

The Dieppe veterans, especially those who were captured and who suffered through 33 months of captivity, beatings and malnutrition, could have benefited from psychotherapy. However, because their stress disorder was not recognized at the time, they were never given a chance to bring their most painful memories to the surface, to face them, and to learn to live with the memories without pain and anxiety. "They could have had a better life," she says. It is not too late

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to help the survivors, she adds, but unfortunately most of the men have already died.

Beal said her study, conducted by a questionnaire sent to 276 men in 1992, 50 years after the raid, is the first to track post-traumatic stress over half a century. Several studies have followed men over 40 years, some from WW II and some from the Korean conflict.

American studies of former prisoners of war (PoWs) found PTSD in 55.1% of former prisoners of the Japanese and in 55.7% of PoWs held in Europe (Zeiss RA, Dickman HR: PTSD 40 years later: incidence and person-situation correlates in former PoWs. *J Clin Psychol* 1989; 45(1): 80-87). Beal argues that the federal government and military should pay greater attention to the psychologic symptoms of veterans returning from both wars and peacekeeping missions.

"Dieppe PoWs have as high an incidence of PTSD as American PoWs held by the Japanese and others," she wrote in the *Canadian Journal of Psychiatry*. "The incidence of PTSD in Dieppe non-PoWs is also astonishingly high."

In the US, the experience of Vietnam veterans led to extensive research, broad clinical services and financial benefits for ex-PoWs through the Veterans Administration, wrote Beal, but in Canada recognition has been lacking.

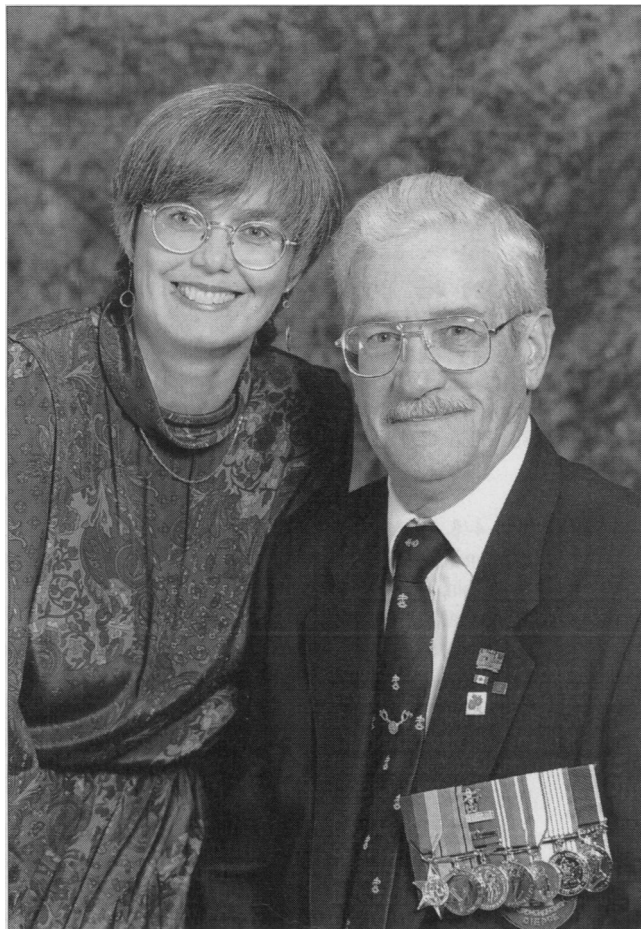
The symptoms Beal found in Dieppe veterans include:

- Anxiety: 68% of former PoWs and 39% of non-PoWs who answered Beal's questionnaire reported anxiety.

- Among Dieppe veterans, gastrointestinal problems were found in 61% of former PoWs and 22% of non-PoWs.

- Severe headaches were being experienced by 41% of ex-PoWs and 22% of non-PoWs.

Other symptoms included depression, feelings of helplessness and isolation, confusion, suicidal thoughts, duodenal ulcers and the inability to use words to describe emotions.



Dr. Lynne Beal and her father, Ronald

Many also expressed guilt at surviving the raid and captivity. (On the morning of the raid, 907 of the approximately 5000 Canadian troops were killed in action.)

Ronald Beal, who had been underage when he enlisted, took his daughter and other family members back to Dieppe in 1992 and showed them the wall on the beach where he

and his companions were captured or killed. "He re-enacted the battle for us in between choking back the tears," his daughter recalls.

Her study opened Ronald Beal's eyes. He was one of many veterans who assumed he was alone in his lasting reactions to the raid and his captivity. Like many other ex-soldiers, he had never talked about the subject. "You tend to push it back," he explained in an interview. "It's

something you feel you have to deal with yourself. It was a relief to know that you weren't alone and that you were able to talk to others about it."

He recalls being "short tempered" and bad humoured for years, describing himself as a no-nonsense father who was hard on his children. He didn't intend to be that way, he says, but the frayed nerves betrayed him. He says his daughter "couldn't understand why I would be so emotional, why I would see something on TV that dealt with the war and fall apart — I'd be a basket case." For Beal, remembering the war was like reliving the experiences.

He says he recognizes the same behaviour in veterans who fought in Italy, Holland, Asia and other theatres of war during WW II. Now president of the Dieppe Veterans and Prisoners of War

Association, he says his organization has applied twice to the Senate Committee on Veterans Affairs for disability pensions based on PTSD. They say something in the range of 10% to 15% of a full disability pension would be fitting.

VAC says many of the veterans already receive disability pensions based on psychologic trauma, but of-

ten it is not labelled as PTSD. Many men are classified as having chronic anxiety disorder, neurosis or depression, says Dr. François Déziel of VAC. Pensions for these problems usually amount to between 10% and 30% of a full disability pension, or up to about \$5000 annually. He says 92 of the 440 Dieppe PoWs still listed in VAC records already receive a partial disability pension based on some psychiatric condition, although these conditions are not listed as PTSD. All 440 receive compensation for having been prisoners, and some get

special allowances for clothing, help in the home, or other benefits. The average monthly payment to Dieppe PoWs is \$1199.

Déziel says ex-PoWs should have no difficulty in making a claim for psychologic damage. "There's a general acceptance that if someone had a psychological disorder and had been a PoW of the Germans or Japanese, then the PoW experience was probably the cause," he says.

Unfortunately, it is too late to get extra help for most Dieppe veterans. Of the 5000 Canadians who landed

on the beaches of Dieppe in 1942, Beal estimates that only 700 to 800 are still alive.

Three years ago, Beal's chapter of the Dieppe Veterans Association, representing Ontario and Western Canada, had about 1400 members. Today it has 524.

Still, Beal figures he and others have gained by learning about their problems in the past few years, as has his daughter. "My daughter," he says, "has a better understanding of why her father was the way he was during her childhood." ■

#### Conferences continued from page 1300

**Dec. 17-22, 1995: International Symposium on Environmental Biomonitoring and Specimen Banking (held in conjunction with the International Chemical Congress of Pacific Basin Societies, sponsored by the American Chemical Society, the Canadian Society for Chemistry, the Chemical Society of Japan, the New Zealand Institute of Chemistry and the Royal Australian Chemical Institute)**

Honolulu, Hawaii

K.S. Subramanian, Environmental Health Directorate, Health Canada, Tunney's Pasture, Ottawa ON K1A 0L2; tel 613 957-1874, fax 613 941-4545

**Feb. 2-3, 1996: Better Breathing '96**

Toronto

Ontario Thoracic Society, 201-573 King St. E, Toronto ON M5A 4L3; tel 416 864-9911, fax 416 864-9916

**Feb. 4-7, 1996: 5th International Congress on Trace Elements in Medicine and Biology: Therapeutic Uses of Trace Elements (organized by the Société francophone d'étude et de recherche sur les éléments trace essentiels)**

Méribel, France

*Official languages: French and English*

Ariette Alcaraz, Laboratoire de Biochimie C, CHRUG, BP 217 F-38043, Grenoble, Cedex 9, France; tel 011 33 76 76-5484, fax 011 33 76 76-5664

**Feb. 4-8, 1996: 51st Annual Meeting of the Medical Society of Pan-American Doctors**

Guadalajara, Mexico

Medical Society of Pan-American Doctors, PO

Box 1419, Pincher Creek AB T0K 1W0; tel 403 627-3321 or 627-4039, fax 403 627-2280

**Feb. 25-Mar. 3, 1996: Stitches 6th Annual Spring Seminar for Physicians**

Costa Rica

Dr. John Cocker, 16787 Warden Ave., Newmarket ON L3Y 4W1; tel 905 853-1884, fax 905 853-6565

**Mar. 4-6, 1996: Obesity — Advances in Understanding and Treatment**

Washington

International Business Communications USA Conferences Inc., 225 Turnpike Rd., Southborough MA 01772-1749; tel 508 481-6400, fax 508 481-7911

**Mar. 7-9, 1996: 12th International Seating Symposium (cosponsored by the Sunny Hill Health Centre for Children, the School of Health and Rehabilitation Sciences, University of Pittsburgh, and RESNA)**

Vancouver

12th International Seating Symposium, Continuing Education in the Health Sciences, University of British Columbia, 105-2194 Health Sciences Mall, Vancouver BC V6T 1Z3; tel 604 822-4965, fax 604 822-4835

**Mar. 9-10, 1996: International Psychogeriatric Association India Regional Workshop**

New Delhi, India

*Abstract deadline: Dec. 1, 1995*

International Psychogeriatric Association, 3127 Greenleaf Ave., Wilmette IL 60091; tel 708 966-0063, fax 708 966-9418

**Apr. 14, 1996: 8th Annual Symposium on Treatment of Headaches and Facial Pain**

New York

Dr. Alexander Mausek, director, New York Headache Center, 301 E 66 St., New York NY 10021; tel 212 794-3550

**Apr. 16-18, 1996: Community and Hospital Infection Control Association (Canada) National Education Conference**

Vancouver

Mrs. Gerry Hansen, conference planner, PO Box 46125, RPO Westdale, Winnipeg MB R3R 3S3; tel 204 895-0595, fax 204 895-9595

**Apr. 19-21, 1996: 4th International Conference on Geriatric Nephrology and Urology**

Toronto

Dr. D.G. Oreopoulos, Toronto Hospital — Western Division, 399 Bathurst St., Toronto ON M5T 2S8; tel 416 603-7974, fax 416 603-8127

**Apr. 20-21, 1996: Pacific Northwest Radiological Society Annual Meeting**

Victoria

Myra Wooten, Pacific Northwest Radiological Society, 1100-2033 6th Ave., Seattle WA 98121; tel 206 441-9762, fax 206 441-5863

**Apr. 26-28, 1996: Ethical Issues in Renal Dialysis and Kidney Transplantation**

Fort Lauderdale, Fla.

Dr. Jos V.M. Welie, Clinical Ethics Research, Education and Consultation (CEREC) Center of Southeast Florida, PO Box 292932, Fort Lauderdale FL 33329-2932; tel 305 424-9304; jwelie@bcfreenet.seflin.lib.fl.us

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