

Editor's note

This translated chapter is from *The Real Faces of the Chapais Tragedy*, by Thérèse Villeneuve, and addresses the long-term physical and psychological problems experienced by the residents of Chapais, Quebec, following a devastating fire that killed 48 people on January 1, 1980. The verbatim comments included throughout the chapter are from people in Chapais who were interviewed by Villeneuve as part of her field work that was conducted from 2002 to 2005.

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Scott Sutherland, editor

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Chapter 8: Residual Problems: Impact on Mental and Physical Health

When people are very emotionally affected, mental health effects can manifest themselves in different ways, such as gradually recover or, more rarely, settle in permanently. Post-traumatic stress disorder (PTSD) was first recognized as a separate diagnostic entity in 1980. According to DSM IV,¹ it is characterized by symptoms of event revival in the form of intrusive thoughts, nightmares, revived physiological reactions; avoidance attitudes; blunting of emotionality; and neurovegetative activities such as insomnia, irritability, hypervigilance and jolts.

8.1. Demonstrations made by previous research

Although post-traumatic stress disorder is the most severe syndrome, diagnoses of PTSD are quite exceptional; *partial PTSD* is more common.²

Many of the diagnoses associated with trauma are in addition to the classification of PTSD in the DSM, which includes adjustment disorders.³ The most common diagnoses are anxiety, with or without phobia, depression and somatization, with immediate and longer-term effects.⁴ Experts who consider that neurobiological changes increase the risk of permanent psychiatric vulnerability have found in addition to phobias and major depressive problems, panic⁵ attacks and even emotional diseases.⁶

Among the general problems encountered were an increase in suicidal thoughts⁷ and the presence of self-destructive reactions.⁸ There was also an increase in the use of alcohol or⁹ drugs and medication.¹⁰ This was discovered in people with burns, among others, who had not had this

¹ DSM IV Diagnostic and statistical manual of mental disorders, 1994. American Psychiatric Association.

² Weisaeth, 1995

³ Hodgkinson & Stewart, 1998, p. 17

⁴ Green, 1995; Hodgkinson & Stewart, 1998, p. 11; Lalande, Maltais & Robichaud, 2000; Lystad, 1986; McFarlane & Yehuda, 1996

⁵ McFarlane & Papay, 1992 and Mellman et al. 1992, all cited by McFarlane & Yehuda, 1996.

⁶ Post, 1992, cited by McFarlane & Yehuda, 1996.

⁷ Breslau & Davis, 1992; Center for Disease and Prevention, 1993; Green et al., 1985b, 1994; Janerich et al. 1981, McFarlane et al., 1994; Mellman et al., 1995; Miller et al., 1981; cited by Maltais et al. 2001a.

⁸ Wilkinson, 1983, cited by Raphael, 1986.

⁹ Auger et al. 2000, Clayer et al., 1985, Green et al., 1994, Solomon et al., 1987, cited by Maltais et al. 2001a; Brillon, 2001; Erikson, 1976, Logue, Hanse & Struening, 1979, cited by Butcher & Dunn, 1988.

¹⁰ Auger et al., 1997, Friedman & Schnurr, 1995, North & al., 1989, cited by Maltais et al. 2001a; Brillon, 2001.

problem before.¹¹ There was also the long-term presence of distressing intrusive thoughts and severe psychological problems related to bereavement.¹²

8.2. The absence of post-traumatic stress disorder

According to our audit of IVAC's annual reports, there has been no recognition of victim status for mental health problems. We believe that the novelty of the diagnosis of PTSD and the lack of experts who can diagnose this syndrome may explain this situation. There are indications that some individuals may have suffered from it but that their symptoms have resolved, at least in those subjects who agreed to be seen. This is confirmed by previous studies, to the effect that over time, about two-thirds of PTSD disappears on their own.¹³

We reach the same conclusions in this research because, to verify whether Chapais survivors still suffer from PTSD, all of them underwent two questionnaires checking for intrusive symptoms and avoidance. According to this result, none of the 59 subjects interviewed had complete PTSD at the time of the meeting. However, we have noted the limitations of these instruments, which are not well suited for subjects exposed more than 20 years ago, because the instruments are only interested in the experiences of the last seven or fourteen days. However, these questionnaires did highlight the importance of *phobic symptoms*, which we did not expect. We also conducted a qualitative analysis of the emotional distress indicators mentioned in the interviews. The most important ones will now be analysed below.

8.3 General findings at Chapais

It is easy to imagine that this tragedy has caused considerable harm to a host of people. The effects of these multiple bereavements have been felt throughout life. The law of silence became a rule of life that was maintained over time. Individuals generally continued to isolate themselves and keep their distress to themselves. However, in Chapais, the survivors were not fooled, as they were helpless witnesses to the deterioration of their loved ones' lives:

Being isolated does not only have weaknesses, it makes you love yourself a lot. (...) You have no choice, you feel them, you see them. (...) You watch them go, then you know if

¹¹ Parrish, 1992.

¹² Elizur & Kaffman, 1982, Lindy & Green, 1981, Singh & Raphael, 1981, Lundin, 1984, all cited by Raphael, 1986, p. 194; Lindemann, 1944.

¹³ Kessler, Sonnegra, Bromet & Nelson, in press, cited by McFarlane & Yehuda, 1996.

they have problems. You don't necessarily know what it is, but you know there's something wrong. (...) The village, at some point, there is a modesty. There is still modesty, but there is a place where there is no more modesty. Because everyone knows that, and everybody knows that everybody knows. ¹⁴

This simple citizen, a housewife, has managed, on her own, to summarize the most severe difficulties, observed and also mentioned by several subjects:

There are some that it brought them problems, after they had passed the test: those who lost parents, children... Because I remember, a man too, that his wife had died in the fire; I know he started drinking. I don't know if he drank before, but this guy after that, he was always hot all the time! Some men, I think, have thrown themselves into the drink quite a bit! There are some in young people, it was the drugs. In young people, I don't know if they used it before; I know there are, it gets discouraged too. (...) Then there were some who were quite burned, I don't know if they had enough help; there were some who said they hadn't had enough encouragement. There was a man named G (...), he had been burned quite a bit; they said he had lacked help...¹⁵*[he killed himself after a few years]*.

8.4. Survivor's guilt

These lucid findings have manifested themselves in different ways, including survivor guilt, which is usually present universally.¹⁶ However, several circumstances can exacerbate it. Significant guilt that persists is an indication of difficulty adapting. ¹⁷

Some live deeply the cruelty of fate and even felt guilty to have survived because they had no children, while some parents had died. This has occurred in both men and women:

I, in any case, felt a bit of injustice: "Aye! That can't be, I'm still here, and look, my girlfriend is dead and she has two children! "It's still shocking. At the time, you think about that, you say to yourself: "It doesn't make sense! It is I who should have left, and then leave the mother to her children! "There is another [couple], you know; there were four children! It's full of stuff like that. ¹⁸

What kept me awake was the flashbacks! Then the question I was asking myself; it took *two years* before I stopped asking myself it. I never found an answer, but I stopped asking myself that. I thought to myself, "Life is like that, you have to accept it. "Why did

¹⁴ Informant no. 29.

¹⁵ Informant # 61

¹⁶ Lifton, 1970.

¹⁷ Raphael, 1986, p. 49.

¹⁸ Informant # 59.

I, who was all alone, no wife, no children, get away with nothing, and then there were still orphans? (...) I couldn't believe it; I felt guilty for getting out!¹⁹

Guilt can lead to questions that may seem illogical, such as the feeling of surviving at someone else's expense²⁰:

But the feeling that I should have been dead and then I didn't die stayed with me for a long time; as if I had been *forgotten*. How come I got out? Ah! I would say that it lasted for *about ten years*, certainly. It was intense, but it was there, a little sneaky, and then at some point, it questioned me.²¹

It can also happen that some people may feel guilty about the death of others for dragging them to the place of death:²²"I was scalded for the rest of my life. I paid for my boyfriend's ticket; I never saw him again."²³Unfortunately, this person was not the only one to bear such a personal drama, kept secret.

Guilt may also depend on how you perceive or evaluate yourself in the face of the event.

²⁴ This man couldn't get over the death of his daughter:

When the fire started, I was chatting, and then I saw my daughter dancing. My wife was on crutches, I took her out right away, sent her to the door. It's just after that, I said, "I'm going to go get the girl. When I returned to pick her up at the table, there was nobody there. (...) I blamed myself for not taking that child out."²⁵

8.5. Self-destructive tendencies

Survivor guilt is frequently associated with megalomania, the feeling that death can be overcome. This may lead some individuals to show morbid courage to find that they are victorious by embarking on reckless challenges.²⁶ Here is a striking example of a very suffering man who decides to brave the weather to make a repair following a power failure. Without necessity, he drags his boss with him:

¹⁹ Informant no. 31.

²⁰ Frédérick, 1981, quoted by Wilkinson & Vera, 1989

²¹ Informant # 2

²² Wilkinson & Vera, 1989

²³ Informant no. 70.

²⁴ McFarlane & Yehuda, 1996.

²⁵ Informant no. 40.

²⁶ Cyrulnick, 1999, p. 54.

Of course, there were still people there at the end, and then I had to go help! But I didn't even see the danger! "Find me a helicopter to go, I'll go! "It was as simple as that for me. When we turned around, the helicopter was walking like a leaf in the wind; it was hell. (...) I had no awareness of the danger. The helicopter, I knew we could crash and then it didn't matter to me (...) I was so confused at that time.²⁷

Another bereaved man played a dangerous sport and died:

There was nothing that interested him; it was dangerous races: it was motocross and all dangerous business and perilous. Then at some point, he killed himself on a bicycle. Then he would say, "I lost the two women of my life. He had the taste of that."²⁸

This survivor's death affected several of them, even though it was an accident.²⁹ This woman, who was saved from the blaze by this man, testifies to her upheaval:

I saw him a lot afterwards because his fiancée was in the hospital [*before dying*]. (...) It affected me a lot because, I don't know if he killed himself. I can't know that, I'll never know. But, if he hadn't mourned and then was so disturbed, even without committing suicide, that he had gone crazy. I said, "Me and my children, we were grieving perhaps without realizing it." Then I had a little period when I questioned myself: where I was going, what I was doing.³⁰

These risky behaviours can be associated with ordinal behaviour, a term that means looking for danger, in this case, to prove to yourself that you can overcome the ordeal. This phenomenon can also occur in the descendants of traumatized families.³¹ A young orphaned father and mother died accidentally as soon as he came of age: "There was a young teenager, placed in foster care with relatives and it was a little unfortunate. When he turned 18, he received the money. He bought a car and died in an accident not long after."³²

8.6. Drug addiction

Substance abuse is a common adaptive mechanism among people suffering from trauma. It varies according to the individual and contributes to the maintenance of symptoms³³: "There

²⁷ Informant no. 31.

²⁸ Informant # 2.

²⁹ Informant #s. 17, 29.

³⁰ Informant # 34.

³¹ Neuberger, 2005, p. 66.

³² Informant no. 8.

³³ 2001a; Brillon, 2001.

are some who have trials, then they will throw themselves into religion, there are those who will throw themselves into drinking. They will look for a crutch at that time." ³⁴

8.6.1 Alcoholism

When I fell back to fret, I began to cry again, then in the morning, I began to drink the morning drink. (...) But I'll tell you one thing, after the fire, if I had [*sic*] not drunk, you know, I would have died, suffocated. It is a valve that! ³⁵

It has been observed that these symptoms vary by gender, with alcohol use being prevalent among men, ³⁶but not all studies are conclusive. At Chapais, women are also addicted to alcohol. It seems that it had become more than before, a group reflex:

There are women who have taken a hit too. Oh yes! (...) You saw many people drinking and then drinking with rage. (...) In the village, people took a hit, then celebrated, then celebrated there; not nearly. Not celebrated in the sense of celebrating: send, we get knocked out a bit, then we take a shot, as long as we can. Then in November, when the snow arrived, all of a sudden, whoops, it fell. ³⁷

8.6.2 Cocaine

The use of hard drugs is seen as an extreme way to contain such extreme emotions in many bereaved people. They were consumed by both men and women, young or of mature age, which confirms the studies reported by Brillon. ³⁸ Chapais, even though it was a remote area, was economically flourishing and drug use was widespread. ³⁹ There had been a raid and cocaine seizure shortly before the event. ⁴⁰ A few people reported making it a way of life; this addiction has occurred even among people who had never used it before:

To start, when I got out of the hospital, I threw myself into drugs, then I threw myself into the drink because I, my wife, I saw nothing, I did not think she was dead. (...) Drugs, I've never touched that before, no, no. [Then] I took both... pot, coke." First of all, I don't know why I was taking drugs. (...) It was an idea because I could see that there were some who were taking it: "Ah! I'm no worse than any of them," that's what I thought in

³⁴ Informant no. 50.

³⁵ Informant no. 40.

³⁶ Tobin & Ollenburger, 1994, cited by Maltais et al. 2001a.

³⁷ Informant no. 29.

³⁸ Brillon, 2001 p. 4.

³⁹ Informant # 6

⁴⁰ Deux, 1980.

my head. But I came close to killing myself because of that junk. Ah! A wedge [*sic*] after ... five, six years maybe. ⁴¹

A very affected woman saw her friend, a mother of young children, also live a very disorganized life: "After that, the news I heard, she started using strong drugs a few years later. She ripped it off. She had lost her network and her husband had died." ⁴²

The cessation of what becomes for some people an addiction, requires a very long journey. For example, this young man, bereaved by his friends, had also made it a way of life, having become a severe drug addict for sixteen years. He eventually opted for abstinence after detoxification. He had consumed, from the night of the shock:

I got out of there and went to my boyfriend's house to smoke hash; I was smoking pot before that. (...) That was rough there! Still, I would have liked to sleep, so we calmed down with that when we talked to our buddies. (...) There are a lot of people in my gang with whom I was standing, who died! (...) I was 17... then I worked in the mine (...) After that I started doing drugs... Maybe it's not about that; maybe it is, I don't know, I didn't push. (...) Because I was just smoking pot before that, I wasn't doing coke. I was in good shape, having a little beer quietly. Then the coke was after, a year, maybe two years or so. (...) It gave a big blow eh! That's for sure! We all knew each other here. That's crazy. It's crazy, what happened here like this! (...) I (...) I was frozen stiff, until three years ago. ⁴³

Now look at the case of a tragic teenager whose mourning of her siblings has seriously undermined her life:

At 12, she, (...) it affected her a lot; she was revolted by life! (...). She's tried everything! Drugs, she imagined that she had to make her young life very, very eventful, because the ones who had died loved to party! (...) She had a difficult adolescence (...) not easy! Turbulent! Mind you, maybe it would have happened the same way! (...) She is the one who got out on her own, without anyone's help! (...) It was a little difficult, but she got through it. She was doing coke. (...) When she really started, she was maybe 16 or 17 years old. (...) After a year and a half, she shouted for help. ⁴⁴

Mass identification with the deceased is common in complicated bereavement cases. ⁴⁵ There is also the effect on the second generation, young orphans struggling with substance abuse or that of their children. This man is worried about his nephews:

⁴¹ Informant no. 52.

⁴² Informant # 30.

⁴³ Informant no. 70.

⁴⁴ Informant # 63.

⁴⁵ Hanus, 1994-2001, p. 293.

He didn't have a father, during his childhood I was far away. His other brother, he's really having a harder time getting by. He stays in Montreal, he's in the dope, he passes the dope. It's his livelihood, he doesn't do anything else than that. It's been a couple of times since he overdosed.⁴⁶

Another son, even as a teenager, had taken the place of his mother. Doing the tasks to replace the deceased person would be an unconscious way to protect against the risk of further mourning that would make them even more powerless:⁴⁷

I had one [child] among others, that was the real mother! He did the washing; he did everything. At fifteen, he was great, extraordinary! (...) Did it affected them? Maybe, but then I'm not in their skin, right? (...) My grandson, he was [in a shelter], they dropped him last year [at 18]. (...) He was on drugs; so, that's not good; the acid kills you! He received his first welfare check. (...) Then he took an overdose; but he didn't pass! (.....) Ah! Yes, yes, yes, deceased! (.....) Ah! he had said [my son], that he was not a man to have children.⁴⁸

As can be seen, this orphan later had difficulty assuming his own role as a father. The transgenerational effect was tragic in this case. It has been demonstrated, by analogy, that children of parents who survived the Holocaust suffered three times more from post-traumatic stress disorder than their own parents. They were disturbed to suffer from a disorder without being able to identify it.⁴⁹ Talking to them about it could help them get through the ordeal.

8.7. Mental health problems

Difficulties in adapting to a tragedy can manifest in different ways. Some are transient, others persist in the longer term with symptoms of depression or anxiety. The most common emotional difficulties, according to many testimonies, were found in the form of depression, sleep disorders and, in a disturbing way, phobic disorders including fear of fire.

8.7.1. Depressive states

Depressive symptoms are important in all types of disasters. According to Sowder, although not necessarily clear-cut depressions, they will be particularly prevalent among

⁴⁶ Informant no. 66.

⁴⁷ Hanus, 2001.

⁴⁸ Informant no. 14.

⁴⁹ Cyrulnik, 1999.

bereaved, seriously injured, mentally ill, disadvantaged, underprivileged, severely stressed and those without a supportive social network.⁵⁰

That's a lot of potentially sick people in Chapais. Depressive tendencies have been reported, in the short or long term, for both men and women, while according to psychologist Brillon,⁵¹this should be more specific to women: "Well, it took me at least three years. Sometimes, at any moment, you get down, especially when you stay in the middle."⁵² And this other testimony from a man: "At first, yes; we are a bit like I would say, depressed; it's true that we think about it a lot. Of course I was burned too, but then for a long time it seemed like it. At first, yes; we don't dare too much... then, little by little, it replaces itself."⁵³

This woman was so shocked, she left the community, living a separation, without having preserved the custody of her children:

I had no one, (...) my parents were not supportive either. (...) At one point, I was afraid of going crazy. I felt like leaving, nonsense. At one point I lost patience with [my daughter] (...), then I found that unacceptable. I was losing control of my reactions. (...) I just the time that I was in Chapais, I was unhappy. I was unhappy and stressed beforehand.⁵⁴

In some bereaved people, depression has even become chronic. They needed medication all their lives afterwards. First, the testimony of this grieving mother:

I used to take Mogadon, and then it didn't make me sleep any more. I spent my nights watching television and crying. I don't know if it was a depression. I was unhappy, when there were people smoking next to me, I was shocked. Then there were some who talked to me and said, "We lost children, then we forgot about it." It was not the same, they were losing babies; they were not children they had raised. It shocked me a little when they told me that (...) Elavil 25--I still use them, it's been 22 years.⁵⁵

This widower told us that he always found life difficult afterwards:

I was depressed for at least two, three years. In the evening I went to bed alone when I was burned, because I could not sleep! I used to take Valium, then I used three, four a day. Then it was worse than that, not taking any, I didn't rest. (...) Most of the time, after it happened, I took medication to sleep all the time. I'll take it all my life. Sometimes, if I feel down, if I'm stressed more than normal, I'll take it for two, three days, two, three a

⁵⁰ Sowder, 1986.

⁵¹ Brillon, 2001

⁵² Informant # 22.

⁵³ Informant no. 45.

⁵⁴ Informant # 30.

⁵⁵ Informant # 35.

day; then after that, I stop. If I'm not brave; there are times when we're down, we don't know why. ⁵⁶

This other widower can no longer sleep without the television on: "I have a lot of misery,[when] I'm just going to sleep elsewhere, if I don't have a television, I have trouble falling asleep. I'm used to sleeping in there. Ah! The noise, the image, the sound, everything, everything, complete. Before that, when she was alive, I didn't sleep with the TV in my room. ⁵⁷

Firefighters are not immune to the sight of corpses, although this is a possibility that occasionally adds to their duties; they are not used to doing so on a large scale. ⁵⁸ This man, who worked in the morgue, according to a family member, "was never the same"⁵⁹:

When I see that I can't sleep, I take a pill, hello. But it took a while for it to come back. I have not taken any medicine, I have not been to see a doctor, nothing. (...) Sometimes I'm more fragile, but I have to push myself out of the way to pep myself up. It can happen, it can come from there-these things, (...) It may be unconsciously. Sometimes when I am down, I haven't slept enough, it can happen... ⁶⁰

This bereaved woman found a resilient solution: "My writing, me, every night. I went to bed, I was thinking about it; it was two in the morning: "Now I'm going to write". When I write, after that, I fall asleep again. I've done this for years and years." ⁶¹

8.7.2. Anxiety disorders

Traumatized people become vulnerable to recalls as well as to the ordinary stresses of life and triggering events. ⁶² Immediately after the tragedy, many citizens developed uncomfortable symptoms related to fear of fire; for some, this remains present. In many people, anxiety and phobias were present in different forms without their suffering being identified or treated quickly. Some people have even been unable to accept an interview for this reason. One of them told us that she was unable to sleep for a week following our call. There are too many examples to be simply the result of chance.

⁵⁶ Informant no. 14.

⁵⁷ Informant no. 52

⁵⁸ Quarantelli, 1986; Dyregrov, 1989, cited by Hodgkinson & Stewart.

⁵⁹ Tumelty & Seed, 1990.

⁶⁰ Informant no. 26.

⁶¹ Informant # 39.

⁶² Figley, 1985, p. 408.

8.7.2.1 Phobias

Others have developed panic disorders, claustrophobia, and agoraphobia. The phenomenon of phobia has been observed very frequently in burn victims, but it has not been systematically documented.⁶³ It can also be found in people with mild burns.⁶⁴ Fear has its own structure which would function as cognitive-affective, behavioral and physiological reactions that are part of a long-term cognitive memory structure to which is added the interpretation of danger.⁶⁵ Fear of fire can last for a very long time and in some cases can lead to disabling disabilities.⁶⁶ We found that it was very present among the survivors of Chapais.

8.7.2.2 The fear of fire

First, examples of small-burn victims who were traumatized by fire:

In the beginning, I found it hard! It's true that we think about it a lot. Sometimes we go to bed with fear: "Will the fire hit you [*you*]?" There may be smoke detectors, but we're still afraid! We're always afraid. Even sometimes, I woke up two, three times, sometimes three, four times in the night, to go see if I had extinguished [*sic*], if I had not left a lit round or a cigarette because I smoke. (...) We get nervous; but it doesn't last: eight months, a year, then it goes on, little by little it gets replaced.⁶⁷

At first, we had bad dreams every night. We had an oil furnace. Every time you look at it, it goes away, the furnace. I heard it and then yes, I was scared. We had to have it removed because it woke us up. Almost immediately afterwards, after two weeks. We couldn't sleep! (...) We were always afraid of fire after that. When you go in theaters, we look at where the exit is. But that doesn't stop us from going. No, it happens once! It doesn't have to happen 50 times!⁶⁸

The members of this couple also live, both of them with the fear of fire, under various circumstances; one of them has experienced minor burns:

We bought the house and the fire started in the chimney of the wood stove and the next day, the wood stove was out. We set the fire outside and *hose* [*sic*] is near and we'll lower it. The fires in St-Jean-Baptiste, we find that they are not bad; we don't like it. We don't have a barbecue, but we have a Jenn-Air. I have a lot of trouble with propane; maybe unconsciously it bothers me.⁶⁹

⁶³ Andreasen et al., 1972; Burns and Steger, 1983; Herndon et al., 1986; Malavaud & Nuzzo, 1985; Noyes, Andreasen, & Hartford, 1971; Stoddard, Norman & Murphy, 1989; Sutherland, 1988.

⁶⁴ Blumenfield & Reddish, 1987

⁶⁵ Lang & Foa et al. 1989 cited by Brillon 2000 .

⁶⁶ Mole, 1979.

⁶⁷ Informant no. 45

⁶⁸ Informant # 60

⁶⁹ Informant no. 44.

External stimuli can cause *embarrassing* overreactions. There may be manifestations of *hypervigilance* characterized by a state of alert and preparedness to flee.⁷⁰ A few years later, a former burn victim panicked in his workplace, where he knew that controlled fires were a habit:

I don't want to be cremated, I don't want to be burned. I'm afraid of that enough for right now. Once, I was in a blueberry field *and then there was a fire burning* and the guy who was there, he had a tractor, then there was an exit, it was 200 feet wide. I was panicked enough that I didn't even see the exit. He came with the tractor, I sat in the *bucket [sic]*, and he took me out. (...) I kept running, I was looking for the exit, I was passing where the exit was, then I could not see it because I was panicked. It doesn't look good, many years ago, it was in '95.⁷¹

Indeed, the *hypervigilance* is even more pronounced if there is a fire: "At the factory, once, at one point, we had a fire, and it was pretty big. When I think about it, I was shaking too. I still helped put it out, but we didn't like it. I start shaking right away, as soon as I saw it."⁷²

Many survivors express their fear of the fire that affects their daily lives: "No nightmares about it, but there are some things I don't like. I don't like fire: if you burn something outside, these things make me very angry!-- The snow swirls around and she gets scared."⁷³

I'm afraid of the *fries* on the stove – they won't ever make me do that. I'm afraid of the deep fryer and I'm afraid of fire; but it does not keep me from living. Of course, everything will be closed at night; then there will be no place open; I'm more careful – that's for sure – and I have smoke detectors.⁷⁴

Some still react very strongly to a fire alarm, even if they were not direct witnesses of the flames: "Even my children are afraid when there is a fire drill or a smoke detector – we panic. I wouldn't say every week, but when there's a smell of fire or smoke, it's not long before I panic; my legs go weak."⁷⁵ These young kids may have been over-sensitized by the realistic fire drills in schools.

Among the burn victims, some are extremely cautious with fire and, paradoxically, others who quickly fell unconscious, say they are not afraid of it at all.⁷⁶

⁷⁰ Wilkinson & Vera, 1989

⁷¹ Informant no. 40

⁷² Informant no. 45

⁷³ Informant # 55 and informant # 56

⁷⁴ Informant # 49

⁷⁵ Informant # 57

⁷⁶ Informants #50, 51

8.7.2.3. Anxiety disorders

According to Brillon, ⁷⁷panic-related disorders are more likely to develop in women. A significant number of Chapais fire survivors and affected individuals have developed phobic-like symptoms that can manifest themselves at gatherings in different locations: overcrowded bars and cinemas or crowds outside: "On New Year's Day, I didn't want to go to public places. Even today, even large crowds frighten me. I'll always think about that." ⁷⁸Everyone is extremely vigilant when it comes to controlling the emergency exits: "When there are too many people somewhere, I feel [*sic*] unwell. So, I stand not far from the exit doors; or, I stay on the edge – let's say the *crowd* is a big one – I'm on the edge somewhere." ⁷⁹As a group, they have developed a real safety culture.

In the most extreme cases, there is a panic attack. These symptoms are also found in citizens who are not directly affected and who were absent during the event. Cases of panic have occurred in various places – with both men and women. This woman was present at the party and lost her husband:

The only thing that left its mark on me was that I wasn't *claustrophobic* and now I am. I have never faced the fire; since the fire, I have had a lot of difficulty with claustrophobia. Anywhere: in the theatre – I have a hard time going to the theatre – closed-off places. I've never been back to a party in a big room; I will go to a friend's house. Then, when it comes to the theatre, I try it sometimes; sometimes I'm able to watch the whole film and sometimes I'm not able to. ⁸⁰

This other person developed a problem of generalized phobia associated with different places, including her work, home, leisure activities and religious environment, even though she did not attend the evening. She was a teacher and lost a friend who was her co-worker, as well as many students. Her concerns have become obsessive:

I [*sic*] remained marked, in the sense that when I went to the high school, I always looked where the exits were and whether I would be able to get out. I was unable to enter movie theaters for a long time. In churches, I always looked for a way out. So, that was a consequence of the fire; *I was panicking without any panic there!* I was attending some kind of party at the high school, and because they had installed an iron bar –so that people wouldn't be able to skip school – I felt like a prisoner. Then I had to leave – I

⁷⁷ Brillon, 2001

⁷⁸ Informant # 4

⁷⁹ Informant no. 70.

⁸⁰ Informant # 34

couldn't do it! I was shocked Even today, when I enter a huge room, I look for exits to see if I can get out. Right here in this very house, even, I chose this room to be near the door. (...) I was a little affected! Not a little, a lot! Sure, it was a consequence of the fire.

⁸¹

Another survivor developed a chronic anxiety-type illness one year after the fire. She had reacted extremely strongly, demanding to move from Chapais almost immediately. The intensity of the emotional reaction during the event is one of the strongest predictors of long-term emotional difficulties, while it is social withdrawal that contributes most to dysfunction.⁸²

Her spouse summarizes her difficulties as follows:

Of course, after the fire, my wife who came from the city and then thought it was very far from her family, she didn't want to stay. [The fire affected her] a lot. (...) We did indeed go to the vigil. (...) Then unfortunately, we were put in contact with some people there, who had died in the fire. (...) After that, she wasn't able to go through with it: "'Look,' she said, 'I'm leaving.'" (...) She left at the end of February. (...) [During the fire, I had] taken a *hose* [*sic*] to spray the area where they found them all. Then, my wife, when she came back, at wits end, she was looking for me, because she couldn't see me. (...) She thought I had gone in to get people. There, she panicked. (...) She never got over it. (...).

All of a sudden, you think, why was my girlfriend, my wife affected like that? I didn't have time to think, "You work, go ahead. (...) Of course, my wife became agoraphobic afterwards. It's a triggering element – I don't know, how can I say it? They've found drugs because she can't do it; she's been afraid for years. (...). What chance is this? Why did she become agoraphobic afterwards? We didn't try to find out; we tried much more to free her from that, to try to control it. (...) Maybe a year after Chapais, we were going to a party – then, the panic was killing her. (...) Then she thought she had a heart disease, that her heart was about to jump out of her chest. (...) It's true. It was always at parties where we were with friends and then – oops! it took her."⁸³

It is interesting to note the difference between the impact on the man and that of his wife. Maes et al.⁸⁴ found that the impression of control during the event, mainly in men, was very helpful; conversely, the loss of control in women predisposes them negatively.

⁸¹ Informant # 21

⁸² McFarlane & Frost, 1984, Weisaeth, 1984, cited by Raphael, 1986.

⁸³ Informant no. 24.

⁸⁴ Maes et al., 2001.

8.8 Protective factors

Protective factors for the incidence of PTSD in fire survivors would also include loss of consciousness, particularly if the event lasted an extended period of time, i.e., if it lasted more than one hour⁸⁵ and if one had consumed alcohol before.⁸⁶ Without being able to make a conclusion, four people, without severe intrusive symptoms, fall into the category of loss of consciousness, two of whom were severely burned, one slightly injured and one survivor with no physical aftereffects. As for alcohol consumption, it was present but respondents remained unclear regarding the subject. First, here is how two burn victims experienced psychological protective measures when they became unconscious:

All this is something I haven't been through: arriving in front of a crowd of blackened people, then the smell – it stinks – it doesn't smell good! She [my wife] was confronted with this! (...) Of course, I experienced the shock of being hurt, but I didn't have the psychological shock of seeing that! The whole thing doesn't come off good to me!⁸⁷

I have my *flashes*, but it's part of my life. When it happened – at the moment it happened – I was stuffed into the plane; I remember it as if it were yesterday! (...) I saw smoke, smoke, smoke, and then fire. Then, when I came out of there, I was rushed to the CLSC (local community service center). When they transferred me – when I got on the plane – after that, I don't remember anything. I don't have [*sic*] any bad memories. (...) I may have had a drink, but I don't think so.⁸⁸

These other two individuals get by without intrusive thoughts despite the fear of death and severe grief:

First, I passed out because I wanted to get out, but I fell [*sic*]. So, that's why my ribs and my foot broke; there's a lot of people who ran over me! I thought I was going to be left there, because I was never able to get myself up! I lost consciousness; I didn't know if I would suffocate...but I woke up in the snowbank!⁸⁹

What happened there was that I lost consciousness! (...) The last thing I remember was that I said: "Don't push – we'll all make it out". (...) But, was I near the entrance of the door? I don't know! (...) Then, maybe I got out, or maybe it was – as I was breathing everything in at the time of the explosion – then, I can't tell you, I lost a second or two.⁹⁰

⁸⁵ Adler, 1943.

⁸⁶ Maes, Delmeire, Mylle & Altamura, 2001.

⁸⁷ Informant no. 50.

⁸⁸ Informant no. 51.

⁸⁹ Informant # 57

⁹⁰ Informant no. 17

8.9. The problem of remembering

8.9.1. Stress due to reminders of history

Personal knowledge of an event, as a reference point, can influence memory decades later. The deleterious effect of this experience does not mean that one has been a victim themselves.⁹¹ Media influence contributes to the resurgence of images and painful memories.⁹²

The fact that an event has become a historical marker, having affected an entire country, significantly increases the problem tenfold.⁹³ The Chapais fire has been an object of interest for 25 years and is occasionally reported in the media. This has consequences for those who have experienced the tragedy:

What made us think back to it was, in the first few years, when they always talked about it on the news; they rubbed the salt in the wound a little bit. It may have been interesting to those who hadn't experienced it, but we didn't need that reminder. That, along with Cantin's interviews, after 20 years. Still, one would like to forgive whoever they want, but after twenty years, is it still [*sic*] necessary? If the world wants to forget it, is it necessary to (...) always mention it?!⁹⁴

Indeed, despite the fact that more than twenty years have passed between the event and this study, a significant number of individuals are still uncomfortable with remembering what they experienced, whether in a private environment or when the event is covered by the media. The need for *avoidance* may even go so far as to prevent oneself from listening to the news or reading the newspapers around the anniversary of the fire.⁹⁵ The unexpected use of images of the Chapais fire when a major fire occurs elsewhere is a dramatic reminder of the events:

About two or three months ago, when there was a fire in a bar in South America,⁹⁶ I jumped. I was listening to this event and then they showed Chapais. They showed the fire. They showed the club; you saw the people taking out the garbage bags. Then, I really lost it. I wasn't able to have dinner that night. Talking about it is okay. But seeing the fire made me really sad! Just [*sic*] not capable. It caught me off guard, because I didn't know it would happen. If I had known, I wouldn't have looked! But then, as I was listening to the news, then suddenly in my head I was thinking about Chapais. I said to

⁹¹ Drabek, 1986, p. 325 and p. 331.

⁹² Butcher & Dunn, 1989; Hodgkinson & Stewart, 1998, p. 23.

⁹³ McFarlane & Yehuda, 1996.

⁹⁴ Informant # 44.

⁹⁵ Brough et al., 1991.

⁹⁶ 47 dead, in a night-club in Caracas.

myself: "It's the same thing as Chapais." (...) That night, I was depressed all evening. When things happen the way I see them, it makes me feel like I'm back in there.⁹⁷

"I'm not saying it happened recently, but I had a flashback: there was an incident in Bali – an explosion. I saw bodies on TV – oh, BALI!"⁹⁸Some people react to bad news, especially news with fires: "On television, when there are too many big fires, I change the channel."⁹⁹

8.9.2 Celebrations and difficult anniversaries

The holiday season has lost its sense of celebration for many. Few can celebrate it without experiencing a state of nostalgia: "But after that, I never went back to a New Year's Day celebration, ever. I don't like the holidays anymore!"¹⁰⁰"Life changes with that. The family has remained very united, very close, but Christmas is coming; it's not the same anymore. It was different after that."¹⁰¹

Like me, my mother was burned; then, you have to not talk about it. New Year's Day – she doesn't celebrate anymore! There is no more celebration; we still wish each other "Happy New Year", but the event comes up all the time.¹⁰²

Many live in a state of distress on New Year's Day, to the point of suffering again.

I work with the elderly and when it comes to the holidays, they re-think them. They think of their children who have died – of their grandchildren who have no parents left. There are resentments – things that have happened – that come back to mind all the time whenever January appears.¹⁰³

This historical impact made professionals, psychosocial workers and physicians supported by the CSSS (social and health service centers) think about it when they presented the research results to the public in April 2006. They concluded that in any future psychosocial or medical assessment, questions about the New Year's Day fire and its impact on the person being met should be routinely added. The Youth Centre of the region had previously reached the same conclusions.

⁹⁷ Informant # 57.

⁹⁸ Informant no. 66

⁹⁹ Informant # 35.

¹⁰⁰ Informant # 39.

¹⁰¹ Informant # 63.

¹⁰² Informant # 44.

¹⁰³ Informant # 2.

8.9.3 Context brings painful reminders

Intrusion is common to people who have experienced trauma; it decreases over time, usually within two years. Intrusive thoughts are thoughts that impose themselves on the subject beyond his or her control and require effort to be suppressed. They are persistent and perceived as something to be avoided. They can be associated with images or sensations experienced during the event.¹⁰⁴

Intrusive thoughts may arise about events that are in themselves banal and now carry a burden of remembrance. "For me, it's the clicks of the *lighters*; now I think about it all the time! If I see a young person opening their lighter, it makes me think about it instantly!"¹⁰⁵ For example, choral singing in church was no longer neutral because there had been a consecutive funeral related to the tragedy: "I decided never to sing in a funeral again."¹⁰⁶ This other person persevered but painfully:

When I was in the choir for the first few years, each time, I relived the fire. I sang in the *choir*; then, and I saw it with my own eyes there – yes – it the image presented itself to me often enough. I've been thinking about it for about seven or eight years now, but the image came back to me, quite often [when I was singing]."¹⁰⁷

Mental images involving the sensory organs can even cause hallucinations. The person may experience things as if they were real: having visions of the dead or injured person, being taken aback by striking images, smells or noises.¹⁰⁸ The recalling of images of burned people is also painful to relive. Those who were in charge of identification, or volunteers who searched for the bodies, were particularly marked:

In his pants was his wallet; that's how I identified my brother. The rest wasn't him, it looked like a roasted lamb. That's the image I have today. When I see a *roast*, it's like when you grill a little pig on a spit – it reminds me of that; that's what a burned person looks like. It's sad and it's not pretty. When I see a roast now, I say, "I don't want that."¹⁰⁹

¹⁰⁴ Wilkinson & Vera, 1989

¹⁰⁵ Informant # 59.

¹⁰⁶ Informant # 21.

¹⁰⁷ Informant # 23.

¹⁰⁸ Wilkinson & Vera, 1989

¹⁰⁹ Informant no. 66.

8.10 Somatic impacts on survivors

In addition to psychological problems, somatic problems increase after a disaster. In this sense, Bennett's studies ¹¹⁰are classics. He observed a 50% increase in deaths from all causes among flood survivors. Other authors come to the same conclusions: physical injuries and the importance of death would also be associated with psychopathology after a disaster. ¹¹¹ For the purposes of this research, we did not conduct a systematic search for perceived health problems. We only noted the facts reported spontaneously during the interviews. Some survivors observed that the tragedy may have shortened life or made some individuals particularly stressed by the event sicker.

8.10.1 Cancer

An increase of cancer was noted after a disaster. ¹¹² Two cases were mentioned to us in Chapais, among those in mourning. First of all, here is the tragic case of a religion teacher, which is a good example and is recommended in Tumelty & Seed's¹¹³ British model of intervention; we will return to it in Chapter 12 on psychosocial intervention. Indeed, it is necessary to check who, in the entourage, is affected by the tragedy. Drawing up an organization chart of the people affected avoids focusing only on direct witnesses and bereaved families. This lady was diagnosed with cancer six years later:

Of those forty-eight, I had *seventeen students!* I was teaching with two women who burned! (...) I had gone within the week; I was *friends* with [one of them]. Then, I stopped by her house – and I talked. [She said] : "I have two beautiful little girls." There was a five-year-old and a three-year-old. (...) But, you have to think: "They no longer have their mother; overnight, their mother burned in that pile!" AAAAH! That's emotionally painful (...) And I had her next to me, next to my desk, little C. I saw her for a long time, for a long time, for a long time, next to me; I saw her glasses. Ah! I dreamt about her; overnight, I didn't have her near me anymore! (...) I said I had cancer, but I don't necessarily attribute it to that fire. All certainly suffered a great, great, shock. Cancer is, maybe – I don't know – it's a shock. I asked the doctor where it had come from. Well, he

¹¹⁰ Bennett, 1970, cited by Maltais et al., 2001a.

¹¹¹ Freddy et al., 1994; Gleser et al., 1981; Logue, 1977; Murphy, 1988a; Pichens et al., 1995; Rubonis & Bickman, 1991; Titchener & Kapp, 1976; Ursano & McCarroll, 1994; all cited by Maltais et al. 2001a); Holen (1990, cited by Weisaeth, 1995).

¹¹² Center for Disease and Prevention, 1993; Janerich et al. 1981, cited by Maltais et al. 2001a.

¹¹³ Tumelty & Seed, 1990.

told me that if my schoolmates had smoked there, maybe... Yet, it's not lung cancer that I had, but *uterine cancer*.¹¹⁴

A mother gets sick:

[In my family] they all felt sorry for the sister I lost, then my daughter. I think there was nothing left but the girls in Chapais, then me. If there are some who were affected, they haven't told me about it very clearly. My mother had cried so strongly. But *not long after that, she got cancer*, so she went to the hospital. She didn't think the same as the rest of us. It was normal.¹¹⁵

8.10.2 Miscellaneous illnesses

In addition to cancer, in women who both survived and were in mourning, somatic manifestations have taken different forms: digestive discomfort, dermatological issues, infections, hypertension, white hair, heart attacks, back pain, arthritis, other general accidents:

He was sad – he didn't have sex anymore – he was really sad. He was sick; he had stomach ulcers. "I had surgery – then, they never found out where it bled!" "He was flown to Chicoutimi from the Chibougamau hospital in 1981, I think."¹¹⁶

There were other cases of somatic problems in grieving men:

After the event, I was still just about 30 years old. At 35, 38 years, I had severe, severe back pain. I was diagnosed with *fibromyalgia*: "This is going to stay with you; there's nothing else to do..." I was quite discouraged, so I went to see several people, which led me to work on myself (...). At one point, I went to a health center and found a session on kinesiology explanations. (...) Reminding me of a sad affair, which had to do with my brother's death in the fire. So, there was no muscle energy at that time. It was quite true, though, and it struck me. (...) He said to me, "Write to yourself, write to your little boy. Console him." That's what I did. Then, believe it or not, [*sic*] I haven't been exhausted since then. I had little back pain [*sic*] – a few weak spots – but was never strongly hit.¹¹⁷

Another man, in his early forties, who expresses little about his feelings about his family's loss, begins to develop arthritis, an autoimmune disease:

Ah! Sometimes I have a little bit of osteoarthritis. Then, they give me pills. I'm in pain for three weeks – a month at a time. It goes through the knees, wrists, elbows. *Arthritis*... Now I have a treatment for a couple of months that they're trying out. I had five bouts in the same month, I thought it was okay... It hurts!"¹¹⁸

¹¹⁴ Informant # 21.

¹¹⁵ Informant no. 40.

¹¹⁶ Informant 35 and informant 64.

¹¹⁷ Informant no. 48.

¹¹⁸ Informant no. 65.

Then there was mentioned a case of a very rare somatic problem in a survivor: a case of *sudden canitia*, which is defined as the total or partial discoloration of the hair. Under the effect of intense stress, an inflammatory reaction of melanin can occur, which produces a colour change that is usually permanent: ¹¹⁹

I've lost a ton of weight! (...) Then my hair changed color, too! I got *white hair*! Completely white at thirty years old! That wasn't...that part didn't turn white. It was from the root – after a year – my hair was completely white. There wasn't a brown hair on my head! ¹²⁰

8.10.3 Sudden deaths and accidents

There have also been cases of early deaths and tragic accidents. An otherwise healthy woman had a heart attack shortly after the fire:

My father-in-law was more severely burned than I was. He had his entire back burned – his arms. Then not long after, *his wife died of a heart attack*! She didn't have anything like that before; she watched over our five-month-old daughter. She was in her early 60s. A very, very sensitive woman. That affected her a lot. ¹²¹

Others seemed to become less cautious; one individual in mourning had a serious work accident:

Of course, it was like me at the mine – the accident – I certainly didn't have any idea when it happened to become my business. I was considerate; and then, there, I was surrounded by it all. Then, I think about the fire; then, you think about your daughter. You think about the sister, you think about friends, so you don't let your spirits dampen. ¹²²

In short, all these examples clearly demonstrate that the Chapais fire had serious psychological and physiological consequences for the victims and for the population in general: sadness, rumination, exaggerated fears, drug addiction, phobias, psychosomatic diseases. The negative consequences have been manifested in the very, very long term. In terms of therapy, it should therefore be considered to provide aid over a very long period of time.

¹¹⁹ Hordé, P. 2003.

¹²⁰ Informant # 55.

¹²¹ Informant no. 45.

¹²² Informant no. 40.