

Fear of Flying as a Psychological Symptom

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Aims

1. Provide brief conceptual overview of cognitive and behavioural treatment of fear of flying.
2. Pose questions about how we conceptualise treatment and it's outcome.

My work context

- Provide treatment for those seeking help to overcome their fear of flying.
- Offer consultation to airlines who refer crew for assessment and treatment of fear of flying.

DSM-IV TR

1. Fear of flying is not a specific disorder.
2. It is generally (though not always) regarded as a specific phobia
"characterised by clinically significant anxiety provided by exposure to a specific feared object or situation, often leading to avoidance behaviour" (p.429)

Other Phobias

- (a) Simple phobias (snakes, buttons, dentists, flying)
- (b) Social phobias: avoid social situations because they are afraid of embarrassing themselves (public speaking, public toilets etc.)
- (c) Agoraphobia: fear of being in public places in unfamiliar settings (public transport, theatres etc.)

Note:

- ❖ It is possible that an individual can present with more than one type of phobia.
- ❖ Co-factors (e.g. mood) may trigger or maintain the phobia.
- ❖ Simple phobias are easier to treat than social phobias, which in turn are easier to treat than agoraphobia.

Fear of Flying as a Social Construct

A fear of flying is a social construct and is dependent on context and available information.

1919	"aeroneurosis"
1939-1945	"moral fibre" and "right stuff"
1970s	mass transportation
9/11	"rational" fear
Post 9/11	"irrational" fear

Fear of Flying as a Symptom

Fear of flying is a term used to describe a more specific primary fear:

- heights
- separation
- enclosure
- sensations, sounds
- the unknown
- death
- control

and these differ between people.

Treatment Efficacy

Modern treatments that have been shown to be effective all have significant cognitive and behavioural components.

However, the notion that everyone should receive the same package of treatment is misguided, unless everyone in a cohort experiences the same specific fear.

This prompts a further series of questions:

- What is the most cost effective treatment?
- How much treatment is sufficient?

One size fits all?

Putting everyone seeking treatment through the same procedure (typically educational input, exposure and desensitisation - often including simulation) is bound to yield success, but this is only valid if the specific fear has been clearly identified.

Formulation

The primary task of the therapist is to formulate with the client what the specific fear is (heights, sounds, panic, fear, etc.) and then to devise a specific exposure and desensitisation programme for that fear.

What is the real denominator in fear of flying treatment outcome?

High treatment success rates belie the unknown numbers of people who:

- resist flying altogether
- avoid treatment because it is too stressful
- do not have access to treatment
- are not motivated to seek treatment.

Outcome data does not include this group of unknown size.

Conclusion

In order to determine which treatments work most effectively and for whom, we need to:

- update surveys on the prevalence of fear of flying taking into account a wider population who don't access treatment
- assessment needs to be clinically driven and open-minded, and seek to identify which specific symptoms are present and are most amenable to which treatments
- determine the dose effect for achieving acceptable outcomes.