



flying without fear

SECOND EDITION

Effective Strategies to



Get You Where You Need to Go

DUANE BROWN, PH.D.

“Phobias are present everywhere and Duane Brown’s book can help countless people.”

—C.A. Charles “Bud” Baldrige, retired American Airlines captain

“An outstanding book. I find myself recommending *Flying Without Fear* to nervous flyers on a daily basis.”

—Tim Touchet, flight attendant since 1986

“The book addresses all aspects of the fear of flying, from the anxiety that starts days or weeks prior to the flight to touchdown, with techniques to overcome anxiety during each phase. The question and answer format of the book allows a fearful flyer to quickly turn to the section of the book that references their fear and review the strategy they need to use.”

—Sheryl Pacelli, former client

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New Harbinger Publications, Inc.

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Tim Touchete began his career as a flight attendant with American Airlines. He now flies with Southwest Airlines. We were recently reminded of the importance of flight attendants to the safety of the passengers when US Airways flight 1549 landed in the freezing waters of the Hudson River. A skilled captain and a crew of well-schooled flight attendants saved every life on that plane. Tim knows safety, and when he spots a fearful flyer aboard one of his flights, he becomes a cheerleader, hand-holder, and dispenser of sage advice. His thoughts regarding this book are much appreciated.

Thanks also go to Sheryl Pacelli, a former fearful flyer, who took the first step away from the oppression of fear a few years ago and still flies with confidence. This book was written with the goal of freeing others from their debilitating fear of flying.

The editorial staff of New Harbinger deserves much credit for the final product, and my heartfelt thanks go out to them.

Finally, my wife conquered her fear over twenty years ago and was so amazed by the changes it brought about in her life that she immediately set out to establish a fearful flyer program. The American Airlines AAirBorn program came about because of her efforts. Thousands of fearful flyers have benefited as a result. This book is based on the curriculum used in that course.

CHAPTER 1

Flying After 9/11

On September 11, 2001, the world as we knew it in the United States changed forever. At 8:46 A.M. (EDT), hijacked American Airlines Flight 11 was flown into the North Tower of the World Trade Center in New York City. Minutes later, United Airlines Flight 175 flew a similar trajectory into the South Tower of the World Trade Center. Less than an hour after the second attack on the World Trade Center, American Airlines Flight 77 crashed into the Pentagon in Arlington, Virginia. The fourth hijacked flight, United Flight 93, which was destined for either the White House or the Capitol Building in Washington, DC, crashed into an open field near Shanksville, Pennsylvania, thanks to the bravery of its passengers.

Nearly three thousand people died on September 11, 2001, and people who were unafraid of air travel, nervous fliers, and those already convinced that air travel was unsafe asked how this could happen. These same people now ask, “Could it happen again?” This is a valid question, one that cannot be answered with a yes or no. I’ll simply say at this point that the answer is probably not, and as time passes, the likelihood will lessen. Good things are in the works. I have faith in the U.S. airline industry and the men and women who fly and repair the planes, serve the passengers, and work to maintain order and safety on the ground.

In the late 1980s and early 1990s, my wife, Sandra, and I headed the American Airlines–sponsored program AAirBorn, which was designed to help fearful fliers overcome their fear. I also saw several people in a part-time private practice while I was a professor at the University of North Carolina at Chapel Hill. More than three thousand people enrolled in the AAirBorn program, and about 85 percent of them received the help

they needed. Perhaps more importantly, I was on dozens of flights, sat in on numerous safety briefings, and visited the American Airlines maintenance facility in Tulsa, Oklahoma, where its planes are totally disassembled and refitted as one step in a rigorous maintenance process. I was, as I am now, confident that flying is the safest form of travel. (Support for this claim is provided in chapter 10.)

I was right about the relative safety of air travel and I produced the statistics to prove it in my 1996 book *Flying Without Fear*. However, I was naïve because I didn't incorporate some of the facts that I learned inadvertently into my perspective about air travel. I should have known that some of the incidents I observed could have implications for the aircraft safety. For example, we often conducted fearful flier seminars in New York's LaGuardia Airport. It was not uncommon to find homeless people in secure areas, supposedly accessible only to airline personnel. It never occurred to me that one of those homeless people might plant a bomb in the terminal or infiltrate and hijack an aircraft. When I visited San Diego International Airport, which had the most vigilant security system that I encountered, I learned that a person had been able to climb a chain-link fence surrounding the airport, find a nook on the outside of a plane (probably a wheel well), and take a successful flight. What if that person had been a suicide bomber?

Terrorism was far from my thoughts until September 11, 2001. Metal detectors were in use in New York's LaGuardia Airport, but I learned that they were not as sensitive to the presence of metal as were the metal detectors in Canada. When I flew a return flight with a group of fearful fliers from Montreal to New York, many people in our group found themselves having to remove jewelry, shoes and belts that had metal buckles, and other items that had not been picked up by metal detectors in the United States. Clearly the metal detectors used at Boston's Logan Airport on September 11, 2001, were not sensitive enough to pick up the minuscule metal portion of a box cutter. I also knew that, for the most part, passengers' luggage went uninspected unless they were entering the country or traveling to Israel. When the issue of luggage inspection arose, the main concern seemed to be detecting drugs and identifying illegal purchases that required duty payments, not locating contraband such as explosives. That has changed, as will be shown in chapter 7.

No one that I talked to about safety seemed to realize that a 9/11-type of attack was possible. I was among that group. I was most concerned

about the possibility of a bomb being placed aboard an airline in passenger luggage and I made numerous inquiries about this possibility. In 1988, Pan Am Flight 103 was blasted out of the skies over Lockerbie, Scotland, by a bomb. Two hundred and seventy people died. In the late 1980s and the early 1990s, some luggage was x-rayed, but there seemed to be no sense of urgency among airline officials, airport operators, or the Federal Aviation Administration (FAA), the agency that oversees the airline industry. I will say that there was one group that was concerned about the bomb threat: the pilots. Admittedly my sample was limited to a dozen American Airline pilots that I worked with in the AAirBorn program, but they realized that bombs were a real threat to the airplanes they were flying.

The four airliners that crashed because of terrorist attacks on September 11, 2001, eliminated the naïveté about air travel forever. The resulting changes have not made air travel perfectly safe. If you are seeking an unequivocally safe means of transportation, I have one bit of advice for you: stay home! Actually that may not work either. Nearly a dozen people in the Lockerbie, Scotland, area were killed by falling debris when the 747 was blown apart. In the November 12, 2001, crash of American Airlines Flight 587 in New York City, five people were killed on the ground.

Traditionally there has been a tug of war between the airline industry and the agencies that regulate their functioning. Regulations that require additional pilot training or maintenance procedures cost money. It is a beleaguered industry and some companies are on the edge of bankruptcy. Each day meetings are held to find means of cutting expenses. We have already seen salary cuts for most personnel, offshoring of airplane maintenance, elimination of meals and snacks, and extra charges for checked luggage. These cuts raise irrational questions in the mind of the fearful flier and the greater flying public: Are employees disgruntled as a result of the salary cuts? Will they be as diligent in their work because they are performing the same tasks for less money? Will cutting the fat reach the bone in key areas such as maintenance and pilot training? The airline industry could not survive if it was staffed by disgruntled, poorly paid employees who cut corners and jeopardize the safety of passengers who foot the bills. The oversight by the FAA and others is sufficient to ensure the safety of air travel, but one other group is concerned about safety as well. The labor union that represents the pilots lobbies continuously with

the FAA, Congress, and the industry to ensure that safety standards are maintained. No pilot wants to strap him- or herself into an unsafe airplane.

FEARFUL FLIER, YOU ARE NOT ALONE

My goal is to update and extend the information presented in the first edition of this book, which targeted fearful fliers. How many of you are there? The National Institute of Mental Health (NIMH) estimates that at any given time, 8.7 percent of nearly two hundred and fifty million in this country, or nearly twenty million adults in the U.S. population, have some type of specific phobia (NIMH 2004). The NIMH estimates are not broken down by type, but my experience suggests that fearful fliers with phobias typically fall into four categories: *aerophobia* (fear of flying), *claustrophobia* (fear of cramped, enclosed spaces), *acrophobia* (fear of heights), and *agoraphobia* (fear of having a panic attack, especially in public, and not being able to escape or get help). However, not all fearful fliers suffer from one of these phobias. Many fearful fliers simply do not have accurate information about pilots, airplanes, air traffic control, and so forth. Some fearful fliers travel by air while others avoid airplanes altogether. Those who do fly often resort to extreme measures such as taking a half-dozen anti-anxiety pills (e.g., alprazolam, lorazepam) or drinking numerous cocktails, sometimes with disastrous consequences such as the development of alcoholism or drug addiction. Hopefully this small volume will help you take the first step to flying with confidence.

OVERVIEW

I am writing this book at this time primarily because many aspects of the first edition are out of date. Additionally, many people who have read *Flying Without Fear* have contacted me, urging me to write about the threat of terrorism.

In the next chapter, I will ask you to begin to think about the nature of your fear. Some mental health professionals believe that the type of problem that you have is of little consequence when deciding on a treatment strategy. There was a time when I would have subscribed to this philosophy. However, after having dealt with fearful fliers who have a

variety of issues, I have come to realize that some fearful fliers need only information while others need far more extensive interventions. Those people who need information may be able to eliminate their fear using the information in chapters 5–7. Others who have phobias will need to read the entire book, and a few will require the help of a skilled therapist to overcome their fear.

Chapter 7 is new to this edition and deals with terrorism and what is being done to combat this threat. You will be relieved to know that there is much in the works as the FAA and Transportation Security Administration (TSA) work to make the U.S. system the best in the world. You can judge for yourself whether this is being accomplished. I'll compare the U.S. system with the one employed by El Al, the national airline of Israel, which has the best existing security system in the world.

I've already said that fearful fliers with psychological problems will need more than information. It would be difficult for them to overcome their fear using self-help procedures, but I have seen it done. Chapters 2–4 may be useful in self-curative attempts. These chapters duplicate the procedures I used in my private practice. Other mental health professionals will undoubtedly use other approaches. Chapters 8, 9, and 11 should be helpful to almost every flier who has some degree of anxiety. Chapter 8 focuses on an issue, anticipatory anxiety, that is unique to some fearful fliers. This group of people begins to worry days or weeks before a scheduled flight, sometimes so intensely they cannot sleep. Some readers who do not suffer from anticipatory anxiety may wish to skip chapter 8.

GETTING ADDITIONAL HELP: CAVEAT EMPTOR

Many people who enrolled in our seminars had invested thousands of dollars and dozens of hours with private practitioners without ridding themselves of their fear. If you decide to hire a mental health professional to assist, be an informed consumer. My recommendation is to avoid people who are offering fear-of-flying programs and services but are not properly licensed mental health professionals unless you believe that all you need is better, more accurate information. If you decide

to see a mental health professional, I suggest that you choose one who uses a short-term cognitive behavioral approach. My opening statement with many of my clients was, “If we have not made substantial progress in five weeks, one of us is not doing their job.” There are exceptions, notably people who suffer from agoraphobia or have other issues such as depression, but phobias are typically amenable to short-term treatment in my experience.

CHAPTER 2

Fears and Phobias

Professional counselors, psychologists, and social workers use a number of terms, including “anxiety,” “fear,” and “phobia” to describe human reactions. In this chapter, I will define some important concepts, particularly “fear” and “phobia,” and discuss some others such as “worry,” “anxiety,” and “panic.” In the final section of the chapter, I will briefly discuss the role of courage in overcoming fear. However, before I begin, I want to delve into the issue of how people acquire fears and phobias, beginning with the latter.

The following definitions were abstracted from the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 2000). This comprehensive manual is not widely available, but numerous online sources contain additional descriptive information for the curious (e.g., Factsheet: Phobias, found at www.nmha.org/go/phobias).

As mentioned, not everyone who hesitates to fly is aerophobic. People who suffer from *posttraumatic stress disorder* (PTSD) may be afraid to fly because they mistrust the “system,” that is, everything from pilot training to the air traffic control system. People who suffer from *claustrophobia* (fear of enclosed spaces), *acrophobia* (fear of heights), and *agoraphobia* (fear of having a panic attack while unable to escape from the space where the panic attack is occurring) also avoid flying. A *phobia* is an irrational, intense, persistent fear of certain situations, activities, things, or persons. The main symptom of a phobia is the excessive, unreasonable desire to avoid the feared stimulus. When the fear is beyond one’s

control or if the fear interferes with daily life, a diagnosis of phobia is appropriate.

Fear is a response to an immediate dangerous situation, activity, thing, or person. By contrast, *anxiety* typically occurs without any external threat; it is internally generated. Anxiety is the result of perceived threats that are thought to be uncontrollable or unavoidable. *Worry* is one of the manifestations of anxiety.

There are several points worth highlighting in the foregoing definitions. First, fear is a rational, adaptive response. Human beings survived as a species because they could identify danger and either decide to flee from it or confront it. Phobias are irrational responses to nondangerous stimuli and may or may not be more intense than a normal response to a fear-inducing stimulus. For example, the response of a phobic flier is probably no more intense than that experienced by a California hiker who is suddenly confronted by a cougar on a mountain trail. Both phobias and fears evoke the fight-or-flight (no pun intended) mechanism, although the typical response of the person with a phobia is avoidance (flight).

Before they board the aircraft, fearful fliers often have thoughts (and thus anxiety) about crashes and dying. This is called *anticipatory anxiety*. After fearful fliers board the plane, the sights, sounds, and smells of the flight may stimulate fearful thoughts and, again, anxiety. However, if smoke begins to accumulate in the cabin during the flight, a fearful response is appropriate and prepares the passenger to deal with the situation.

Two other terms require definition: “panic” and “panic attack.” Most dictionaries define *panic* as a sudden, overwhelming sense of terror. To this standard definition should be added that the person experiencing a *panic attack* has a sense of an impending catastrophe. It is not unusual for phobic fliers to panic and either decide not to board the plane or rush off the plane to avoid what they are sure is going to be a disaster. When fearful fliers panic, the source of the anxiety is internal images about what will occur if they stay on the plane. However, some people, particularly those suffering from agoraphobia, become anxious, not because they fear dying in a crash, but because they are afraid that they will have a panic attack and be unable to exit from the plane. They may also have mental images of panic-driven acts that will embarrass them or endanger others on the plane.

SOURCES OF FEARS AND PHOBIAS

Psychiatry in the United States has generally taken the position that most psychological maladies are the result of biological issues that result in an imbalance in enzymes, which in turn interrupt the normal functioning of the brain. This is not necessarily the perspective of many mental health professionals, psychiatrists in other countries, or every psychiatrist in the United States. Most mental health professionals agree that genetic factors probably predispose some people to the acquisition of phobias and other anxiety disorders.

Most human behavior, including irrational fear, is learned through various modeling processes. A behavior may be modeled by such variables as parent behavior, a television program, or a newspaper. Some of the fearful fliers that I have known had parents who were afraid to fly. It would be easy to conclude that genetics played a key role in the development of their disorder, but I also know many people who have parents and other relatives who are afraid to fly and have not developed the disorder. In this same vein, many fearful fliers' parents were not afraid to fly. What can we conclude from this information? The most likely explanation for the development of phobias is that both modeling and genetic factors play instrumental roles in the development of phobias.

But this is not the entire story. Many people become afraid to fly after "bad experiences" on an airplane in the absence of "good information." For example, turbulence is a normal part of flying, but many people do not understand that planes are built to withstand severe turbulence. After taking a turbulent flight, these fliers conclude that when the plane had encountered turbulent air, they had narrowly escaped death. Their thoughts that they had been about to die as a result of turbulence induced high anxiety during the flight. Once the plane landed, the anxiety dissipated rapidly and, by doing so, reinforced the belief. Put another way: an irrational fear was born because of a process known as *negative reinforcement*. Had these fliers known that, although turbulence is uncomfortable, it is not dangerous, the outcome might have been entirely different. Turbulence is scary, but accurate information can change your thoughts about it.

Genetics may predispose you to the development of irrational fears, but it is unlikely that a fear will erupt spontaneously because of your

ancestors' genes. The fear of flying can be learned via modeling experiences regardless of the presence of predisposing genes. In light of this, I offer the following strategies to prevent the development of irrational fears among children and to prevent relapses among people who have overcome their fear.

Children and Prevention

Children under twelve years of age should not be allowed to watch or read about airline crashes. If they are exposed to news reports about crashes, they should receive a carefully worded explanation of what occurred and the facts about the safety of air travel.

Children who express fears about flying should not be belittled or otherwise made fun of by parents or others. Remember, fear is a normal response that is often the result of insufficient information. Give children the information they need to assess the risks associated with flying; encourage them to explore accurate sources of information. Finally, fearful fliers should refrain from any discussion or emotional demonstration of their fear when children who are less than twelve years of age are present. Even very young children are sensitive to the emotional reactions of their caretakers.

Recovering Fearful Fliers

People who are recovering from fear of flying should not read about or watch telecasts or webcasts that contain explicit information about, or photographic images of, air disasters, particularly in the period immediately following a crash (in the aftermath of an airplane crash, misinformation abounds about the cause of the accident).

When you decide to confront your fear, carefully investigate the options open to you. Treatment programs for phobias, except for agoraphobia, should be short (four to six sessions) and should involve practice flights, simulators, or virtual reality devices if at all possible. Treatment for other disorders, such as PTSD and agoraphobia with panic disorder, will take longer, but if your therapist or program director mentions years when discussing the duration of the treatment, run, do not walk, to the nearest exit. My firm belief is that a skilled therapist should be able to