

# AEROMEDICAL FLYER

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This *Aeromedical Flyer's* theme is stress and flying with a distraught crewmember. Dr. Carlos Porges, Psy.D., ABPP, has the unique perspective of being both a certified psychologist and a commercial airline pilot. Since emotional distress such as depression can have a profound effect on how we think and react, safety of flight could be compromised. These articles give us tools to deal with stress and depression, either personally or with a fellow crewmember. Dr. Porges' bottom line: When dealing with any kind of problem, the key is to be educated and proactive. Fly safe! Stay healthy!

Captain R. A. Solik  
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## The Canary in the Coal Mine

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Airline pilots are a unique group because we are the proverbial canary in the coal mine. We are the first on the scene when bad things happen. No, I am not talking about working in the pointy end of a fantastically sophisticated machine, expertly threading it through hideous weather and complex airspace, ensuring hundreds of lives, hopes, dreams, and loves arrive safely and dependably. The nonflying public thinks this is what stresses us out. And, of course, we worry about the operational challenges, but these are professional issues we deal with, well, professionally.

But no matter how safely we land in a gusty crosswind on a short, icy runway, or how many times we calmly tell Maintenance Control, "No, I am not flying the airplane with that deferral," we are still the very first to feel the lack of oxygen in the proverbial mine: The airlines are acutely sensitive to the economy's ups and downs, with financial meltdowns, fluctuating oil prices, regulations, cabotage, mergers, and bankruptcies. Contract negotiations, seniority list integrations, furloughs, and dwindling retirements and pensions can also be added to a plate already full with the standard-issue stressors affecting our nonflying brethren. Eventually, we begin feeling stressed.

Stress is a personal phenomenon. We each experience stress in different ways, and our bodies experience stress differently as well. So, what is stress? Are there common threads that tie together these individual realities, perceptions, and effects, and can we learn to deal with it in a better, more effective fashion? Yes, but first, let's define terms.

What are we talking about? In my clinical practice, pilots often tell me about a cold, dreadful feeling in the pit of the stomach. They relate feeling nervous, anxious, jumpy, or ill-mooded. Often I hear about an ominous sense of dread: events are out of control,

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devolving, and, whatever happens, it's not going to be good. People feel powerless and helpless as things—inexorably, it seems—get out of hand. These are the effects of stress that we can see, feel, and experience. We can recognize them in others and, sometimes, in ourselves.

On the other hand, there are signs of stress that, though not as obvious, are just as relevant, and they include difficulty thinking clearly, concentrating effectively, and learning and remembering quickly and well. Additionally, feelings of sadness, anger, or anxiety (or all three, even) are often experienced. Sleep problems are common as well: difficulty falling sleep, staying asleep, and waking up feeling rested. Changes in weight, appetite, and bowel patterns are frequent. Chest palpitations and higher blood pressure, as well as headaches, stomach aches, muscular pains, and a general feeling of malaise, are typical physical symptoms. Sometimes we turn to alcohol and/or drugs to help us cope.

What to do? Well, the first thing is to realize that if we, as airline pilots, feel stressed, it often is because stressful things are indeed happening. Our stress is reality-based. There is nothing wrong with us—we are not weak or inadequate. We are normal people living in very abnormal times. It is also vital to understand that one thing we can control is how we respond to our environment. If we learn to respond more adaptively, we will be healthier, happier, and ultimately in a better position from which we can tackle our problems.

Maybe one way to achieve a more peaceful way of life is to consider the following list of characteristics present in persons who cope effectively with stress.

Persons who cope well with stress:

1. Are genuine, real, and open in communication and relationships.
2. Have a sense of purpose and meaning in life.
3. Have values that are fairly stable and are a "right fit" for the person.
4. Are optimistic about events in the future.
5. Have mostly positive self-statements in anticipating stressful events.
6. Have more rational beliefs regarding self-worth, the past, needing approval, and needing to be perfect.
7. Have a sense of control over what happens.
8. Have a sense of being able to cope.
9. Have a satisfactory pace of life (do not always feel rushed).
10. Have fewer major life changes in a given period of time.
11. Are not very competitive with others, feel less time urgency, feel sure of values, and have less hostility.
12. Have a liking for people.
13. Have good relationships with coworkers.
14. Do not feel lonely.
15. Have at least one confidante who'll listen, understand, and not judge.
16. Have a support group of friends or relatives.
17. Engage in regular moderate or vigorous exercise.
18. Eat regular meals, including breakfast every day.
19. Have normal weight.
20. Do not smoke.
21. Practice moderate or no drinking.
22. Get seven to eight hours of sleep each night.
23. Have a sense of high job satisfaction.
24. Have a sense of humor.
25. Deal with hostility in constructive ways.
26. Have productive relationships with their job supervisor.





But how do we get there from here? There are many ways to learn to cope better with stress, and there is no one “best” answer. For example, relaxation management training, deep-breathing exercises, and progressive muscle relaxation, as well as meditation and yoga, all work well. The ultimate goal is to feel better and be healthier.

The following are a series of commonsense (but scientifically validated) suggestions you might try to integrate into your daily life:

1. Take care of yourself:
  - a. Sleep and eat as regularly as possible, and watch caffeine and alcohol consumption.
  - b. Exercise.
  - c. Maintain your weight within limits.
  - d. Make sure to play in some way every single day.
2. Find people who will offer you support and whom you can support.
  - a. Talk about things that affect you.
  - b. Listen to your friends—it helps to feel needed.
  - c. Laugh with people.
  - d. Ask for help when you need it.
  - e. Offer help when you think you can make a difference.
3. Slow down internally.
  - a. Change your self-statements: Is your “inner dialogue” filled with suspicion, anger, doubt, or resentment?
  - b. Concentrate on the present and appreciate the little everyday treasures—for example, savor your food, really listen to others.
  - c. Once a week, review the causes of your “hurry sickness.”
  - d. Control your breathing. Deep-breathing exercises can bring about a relaxation response almost anywhere, at any time.
4. Re-engineer your life/behaviors.
  - a. Start the day in a leisurely fashion rather than in a fight against time. Set your alarm clock 30 minutes earlier.
  - b. Find as consistent a time as possible in your day to totally relax.
  - c. Practice stretching and relaxation exercises adapted for use in the cockpit. Involve other cockpit crewmembers.
5. Assess your work/study habits.
  - a. Prioritize: Shed tasks, rather than doing more and more in less and less time.
  - b. Schedule yourself, but leave room for changes.
  - c. The best way to avoid anxiety is to be prepared.

Don't be afraid to contact your EAP—these are hard skills to learn. They might have clinicians who can give you training in how to better manage your stress.

Ultimately, what matters is this: Am I happy, and do I take care of myself and others as best I can? If the answer is yes, the likelihood of a longer and more fulfilling life is increased. Now, that doesn't sound too bad, does it?





# Dealing with a Distressed Crewmember

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I remember when, many years ago, a friend of mine was in his first IOE trip and called me late at night, his voice thick with worry. We were classmates, and this was our first job at the airlines. We had slogged through ground school, simulator sessions, and the checkride in the actual aircraft. We just wanted to pass this last hurdle and get on with our dream of being airline pilots. He called me because he literally did not know what to do, and I was the only clinical psychologist he knew.

One of the "before taxi" checklist items in our aircraft required the FO to call out "steering tiller" (or words to that effect), and the captain was supposed to respond "depressed." And so he replied: "Depressed, just like me," then burst into tears. The rest of the trip was a mess. The captain's mood fluctuated from angry to sad to frankly despondent, often peaked at inappropriately happy, then only to sink into sadness again.

This event, which actually happened, highlights a problem that we sometimes encounter in the cockpit. Our profession has always subjected us to inordinate stress, but it has been magnified as of late. Thankfully, it is rarely as severe as the situation just described.

So, what do we do if one of our crewmembers appears to be experiencing an emotional disorder? First and foremost, we must make an honest assessment, as professional airline pilots, as to whether safety of flight is compromised. Is this person's emotional distress interfering with his or her ability to fly the airplane properly, to interact with the rest of the crew in a way to guarantee good CRM, and to properly face an abnormal or emergency condition? If the answer is yes, then the aircraft should not leave the gate until the issue is dealt with. In a private, matter-of-fact manner, encourage this person to call in sick and follow up with the company EAP.

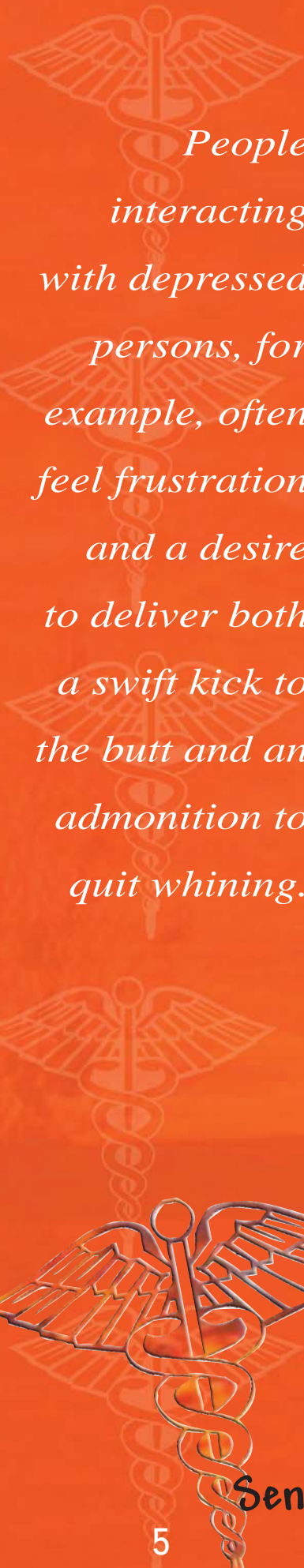
Second: Don't make it a personal issue, make it a professional issue. In my office, I have never found a pilot who disagrees with me when I say, "In the cockpit the only altar we kneel to is the altar of safety." I often tell my patients that their emotional distress is incompatible with operating an aircraft in the same way that acute appendicitis is. It's a medical condition over which one has no control and that can be treated medically. Also, after treatment one can be recertified to return to the cockpit.

So far we have established a very obvious, but very important, first rule. If you think safety of flight is compromised by the crewmember's emotional distress, then your duty as a professional pilot is to help your brother or sister in need and to make sure that the aircraft does not move. But what do we do if the situation is not so blatantly obvious? First, trust your instincts. "Auricular generosity," otherwise known as "lending an ear," can do wonders. If you think sympathetic listening can help, by all means listen sympathetically. If you think the person should seek professional help, then by all means say so.

But are there signs or markers that we can look for to help us determine severity? The answer is yes, clearly there are, but they come with a caution: Do not be tempted

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to diagnose and treat. In the same way that an airline pilot can judge whether or not a slight deviation in an ILS approach will result in a dangerous trend, the diagnosis of psychological conditions is filled with nuances that are best left to the experts. However, there are general guidelines about which one should be aware.

First, focus on the emotions this person is bringing out in you at the moment. Then consider that this is very likely how others feel about him or her as well. Why is this relevant? Because it gives you a window into their lives (i.e., empathy) as well as insight about what's going on. People interacting with depressed persons, for example, often feel frustration and a desire to deliver both a swift kick to the butt and an admonition to quit whining. If you notice yourself feeling this, it is probably both an indication of how alienated this person is in his world and a clue akin to a master caution light in the cockpit: "Something is going on. . . . What could it be?"

In general, the following questions may give you an idea about the nature and severity of the problem:

- Have there been stressful events in this person's life as of late? Has there been a threat to the person's life and/or health or to that of a loved one? Is there financial, vocational, legal, or romantic distress?
- Does this person still enjoy things that were pleasurable before? For example, if an avid amateur musician who tells you he has given away his guitar to a street performer because he doesn't "feel anything anymore," it is worthy of note.
- Is the person sleeping too much or too little? Can he fall asleep easily, and does he wake up very early in the morning, unable to sleep again? Does sleep result in rest, or does the person wake up exhausted?
- Has this person experienced a change in appetite and gained or lost a significant amount of weight?
- Are there strong feelings of guilt, failure, and shame?
- Has this person been inappropriately using alcohol or drugs/medications?
- Are there thoughts about dying, or hurting himself or others in some way?
- Does the person complain of, or demonstrate, poor memory and/or concentration?
- How long has this been going on?

If the person with whom you are flying expresses or experiences these things, suggesting a consultation with a mental health professional would be appropriate. This will help determine if indeed there is something to be concerned about.

Why does any of this matter? Because it affects the safety of flight. Emotional distress such as depression leads to difficulty in thinking clearly and quickly, poor judgment, and distraction caused by morose, ruminative, and intrusive thoughts and feelings.

The bottom line: These conditions are highly amenable to treatment, and there is a good success rate in returning to the cockpit. The key is to be educated and proactive. Early intervention leads to a quicker resolution. Simple as that.

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