

# An Interview with Capt. Tom Bunn

Fear of Flying Expert



**Hello**, Kevin here! I am an experienced Flight Attendant. In fact, I have operated just under 3,500 flights now.

I meet passengers with a fear of flying every day, and gain great satisfaction from helping them get through the flight. It is this satisfied feeling that persuaded me to take to the Internet and build my website at FlyingFear.net.

I recently asked my newsletter subscribers, and Facebook group (Facebook.com/FlyingFear) to send me questions for me to ask Tom Bunn, the creator of the only fear of flying treatment that is guaranteed to work.

The questions asked are in blue, and Tom's answers follow. I'm sure you'll join me in thanking Tom for taking the time to answer the questions...

### FIRSTLY, MAYBE YOU COULD INTRODUCE YOURSELF AND THE SOAR PROGRAM

As both a pilot and a licensed therapist, I have specialised in this work since 1980. As the result of a great amount of study, experience, and research, I have developed a method to treat this problem that is far more effective than anything available elsewhere. I have just finished a book that teaches therapists how to use this new method.

### IS THERE ANY POINT WHERE I SHOULD ACTUALLY BE WORRIED?

No. On takeoff, there is never a point where the pilots have no options. The most serious problem during takeoff is to have an engine fail. Until reaching takeoff speed, if an engine fails, the pilots just stop the plane. Prior to flight, they are required to do calculations that prove there is sufficient runway for stopping. Once the plane reaches takeoff speed, even if an engine fails, the plane can takeoff and fly without a problem.

However, the plane would not continue the flight, but return and land.

### I AM HORRENDOUSLY TENSE UNTIL THE CABIN CREW MOVE ABOUT THE CABIN. IS THERE ANYTHING I COULD KNOW THAT WOULD EASE THIS PANIC?

The answer to this is a bit more complex than it might appear. Technically, it is called "*social referencing*". In situations where we are in doubt, we tend to turn to others to see what their take on the situation is.

If an anxious flier could fly in the cockpit, when they hear a noise or feel the plane move in some way they don't understand, they could simply look at the pilot's face. Since the

pilot would also have felt or heard the same thing, if the pilot's face shows no alarm, then the anxious passenger intuitively understands that there is no problem.

Anxious passengers try to get the same kind of reassurances from a flight attendant's face. I think the answer is to use your own resources. **Learn how flying works.** Learn what the noises and motions mean. Then, instead of trying to rely on a flight attendant's facial expression, you know - yourself - what is going on; perhaps better than most flight attendants would know.

**I WAS OUTSIDE JUST NOW AND SAW TWO PLANES THAT WERE VERY QUIET, BUT SOMETIMES I SEE PLANES THAT ARE VERY NOISY AND I IMMEDIATELY THINK THEY COULD BE IN TROUBLE. WHY IS THAT? IS IT SAFE?**

There is no correlation between noise and safe operation of an airliner. Planes make more noise when taking off than when landing, so the noise a plane makes is going to depend on what it is doing. Also, the engines on some planes are quieter than on others. I think the best plan is to understand that the amount of noise is not related to safety.

**WHEN ON BOARD, SOMETIMES THE PLANE MAKES A DIFFERENT NOISE. IT DEPENDS WHICH PLANE YOU'RE ON AND IT SEEMS TO BE LOUDER AT THE BACK. IT HAPPENS MID FLIGHT WHEN YOU ARE CRUISING ALONG CALMLY, AND THEN SOME HYDRAULIC NOISE HAPPENS. IT GOES AGAIN, BUT SOMETIMES COMES BACK. WHAT IS THIS NOISE?**

During cruise, what sounds like a hydraulic noise is probably due to a change in the operation of the air conditioning system. The airflow in the air conditioning system is different when it needs to increase the amount of hot air, or to increase the amount of cool air it is pumping into the cabin.

**HOW SAFE IS TAKEOFF? I KNOW WE GET TOLD PLANES CAN GLIDE IF AN ENGINE CUTS OUT ONCE WE ARE UP, BUT WHAT IF IT CUTS OUT ON TAKEOFF? WOULD THE PLANE JUST DROP THEN?**

Airliners have at least two engines, and can operate fine on just one. If an engine quits on takeoff, the plane can fly fine with the remaining engine. The chance of an engine failing on takeoff is extremely small, and the chance of both engines failing on takeoff is such a remote possibility that it seems to me to not be worth consideration.

Yes, I know Captain Sullenberger ran into some geese and lost power on both engines, but when you consider all the flights that have operated in fifty years of jet aviation,

if something like that happens once, it isn't likely to happen for another fifty years. Even so, his plane did not drop; it glided down and landed safely in the Hudson.

## I CAN NOW FLY, WHICH IS FANTASTIC, BUT I STILL FEEL ANXIOUS. I RELY ON THE ROUTINE TO KEEP ME GOING. ARE THERE ANY REMEDIES THAT CAN BE RECOMMENDED?

You are right that routine plays a key role. To really understand this, we need to examine the architecture of the brain.

A part of your brain, the amygdala, monitors what is going on around you. It divides everything into "routine" or "non-routine". If things are routine, it does nothing. But, if it senses something non-routine, the amygdala releases stress hormones. These hormones activate systems that are intended to make you pay attention to the non-routine situation and to further regulate stress hormones as needed.

When the amygdala releases stress hormones, they activate one advanced system and one primitive system. First, the primitive one: the Mobilization System (MS). When stress hormones are released, the MS responds by urging us to run.

Fortunately, we have a more advanced system (our high-level thinking) called Executive Function. It overrides the urge to escape so it can carry out a three-step process.

- A. It assesses the situation.
- B. It builds a plan of action.
- C. It commits to the plan and carries it out.

This works beautifully on the ground. For example, when driving, if another car drifts into your lane, the amygdala recognises the non-routine situation and releases stress hormones. That activates Executive Function.

Your Executive Function (A.) assesses the car as a danger. It (B.) builds a plan and decides to hit the brakes and turn the wheel. It (C.) commits to your plan of action. At the moment of commitment, a signal is sent to the amygdala telling it to stop releasing hormones.

This works if you can see what is going on and take appropriate action. But when you hear a noise or feel the plane move, can you make an assessment as to whether that is alright or not? If you are sure the noise or movement is normal, you can plan to ignore it. But if you are not sure, you can't build a plan and commit to action, therefore you can't signal the amygdala to stop releasing stress hormones.

So, what can you do. In the [SOAR Program](#), we tap into a system that can stop the release of stress hormones. On the ground, the Social Engagement System (SES) reads the facial expression and body language of other people. When the SES is satisfied that we are safe with them, the SES releases a powerful hormone that shuts down the amygdala, and keeps it shut down for a few minutes at a time.

To use the SES in the air, we show you how to identify a time in your life when your SES shut down your amygdala. Once we find such a moment, we link each anxiety-producing moment of the flight to the memory of the moment that signals the SES to shut down the amygdala. Once each of the things that happen on a flight are linked to a moment that shuts down the amygdala, it is impossible for it to release stress hormones in flight.

Then when flying, as the flight unfolds, none of the things that previously triggered the amygdala trigger it. No stress hormones, no problem.

**I WONDER IF WHAT MOST OF US NEED TO KNOW IS HOW TO BELIEVE FLYING IS SAFE AND HOW TO STOP THE ANXIOUS THOUGHTS AND SEE IT AS SOMETHING NORMAL LIKE TAKING A TRAIN.**

The same motions that drive people to panic in flight are motions people completely ignore on a train. Recently, my wife and I went on the steam train that runs out of Essex, Connecticut. I used an app on my iPhone to measure G-forces. The ride on the train, according to my measurements, was worse than "severe turbulence" in flight. No one even noticed. Why? Because the primitive system - the Mobilization System I mentioned before - is available. You know you can escape if you need to. Knowing you are on the ground where you can step out if there is a problem makes it unnecessary to react to the motions going on.

It is so different in flight. Since you can't use your Mobilization System at 30,000 feet, you have to hope your Executive Function can keep emotions under control. But in turbulence, your Executive Function can get overwhelmed.

Let's say the plane hits a bump. Stress hormones are released and they FORCE you to notice that. Executive Function starts to grapple with doing its ABC. And maybe it can, if it has enough time, recognise that this is just a bump, and there is nothing you need to do, and so you can settle down and go back to whatever you were doing. That would signal the amygdala to quiet down. But even so, once stress hormones have been released, it takes a couple of minutes for the effect they have - to rev you up - to go away.

But you don't have two minutes; you may, maybe, have two seconds before another bump hits. It probably will hit before you have finished your ABCs about the first bump.

The new shot of stress hormones make you give up doing ABCs about the first one, so you never reach the point where you turn off the amygdala about the first bump before the second bump grabs you attention. Before you can finish the second bump, a third one hits.

This means turbulence causes a barrage of stress hormone releases, and Executive Function can't keep up. You end up with high anxiety or panic, but it can get worse. If the stress hormones disable your ability to tell the difference between imagination and reality (which happens fairly easily), you can start to believe that what you fear (perhaps the plane might fall out of the sky) is really happening. That, then, means terror in turbulence!

Since neither your advanced Executive Function nor your primitive Mobilization System can help, the anxious passenger is left with no way to control emotions at all. This leads to **anticipatory anxiety**; having found that flying leaves you with no ability to regulate emotion, you dread taking a flight. You know what you are in for if there is turbulence. You hope and pray for a smooth flight. Otherwise, it can be awful. So that becomes the cause of anticipatory anxiety.

I see no way to deal with this other than to train the mind to automatically use the *Social Engagement System* to inhibit the amygdala during flight. When the amygdala is out of the picture, it is not possible to experience fear. That, I think, is the only real answer to the problem.

## HOW CAN WE SEE FLYING AS ENJOYING AND EXCITING INSTEAD OF FRIGHTENING - HOW TO CHANGE THE IRRATIONAL PART OF THE MIND THAT SEES IT AS A THREAT IF IT REALLY ISN'T.

I don't think we can. The question, as you phrase it, seems to suggest that if we just think rationally, fear will be controlled. That "top-down" approach doesn't work. Why?

Because so much of what people feel when flying is generated "bottom-up". In other words, it doesn't matter how rational you are.

You ARE up high, so your primitive MS doesn't work. You ARE not in control, so your In flight, Executive Function has only one plan available that it can potentially commit to, and that is to do nothing.

If you can't be sure that doing nothing is an OK plan, you can't commit to that plan. You can't complete the process that would stop the release of stress hormones.

## WHY DO PEOPLE FEAR FLYING, AND WHY AM I STILL SCARED DESPITE SEEING THE SAFETY STATISTICS THAT SHOW HOW SAFE FLYING REALLY IS?

Flying is remarkably safe – physically. Emotionally – that is a different matter. Who ever said reality and emotion was supposed to match up? It doesn't matter how physically safe you are in an elevator. If the elevator gets stuck, a lot of people will have a panic attack. It doesn't matter how safe a person is in a movie; a lot of people can't sit anywhere but on the end of an aisle, or they will suffer claustrophobia.

No matter how safe flying is, whether it takes a million flights, or one-hundred million flights, to produce one fatal accident, an anxious flier worries about being that “one”.

Statistics don't help. When the person has no way to regulate emotions other than control and escape, when they fly, they are in trouble because on a plane they have neither.

## IN ALL YOUR YEARS AS AN AIRLINE PILOT, DID ANYTHING EVER SCARE YOU?

No. Airline flying is like driving a bus. If you had asked me about flying fighters in the Air Force, there was something about every flight I made that was frightening.

That was the F-100, the first supersonic fighter the Air Force had. It was not a safe airplane. One out of every three F-100s built crashed. Over 300 of the best pilots the Air Force had were killed flying it. If you weren't afraid when flying it, you obviously did not understand the situation.

## WHY IS IT THAT DOCTORS HAVE NO IDEA HOW TO TREAT SOMEONE WITH A FEAR OF FLYING?

If you go to Midas, you are going to be sold a muffler. If you go to a medical doctors, you are probably going to be offered drugs because that is what their area of specialty is. But the best drugs they can offer are of limited value at best, and more often than not, make the problem worse in the long run.

Research at the Stamford University School of Medicine shows medication does not prevent hyperarousal; rather, it makes an anxious flier oblivious to hyperarousal.

Medicated anxious fliers - who reported they felt fine on the flight - had higher heart and breathing rates than unmedicated anxious fliers on the same flight who were in a state of panic!

Though the person is unaware of the hyperarousal, it is believed to traumatize the central nervous system. Thus, each medicated flight increases the central nervous system's sensitivity to flying until finally, medication no longer works and the person becomes unable to fly.

Stanford University School Of Medicine research on this is at <http://www.ncbi.nlm.nih.gov/pubmed/9299803>

## DO YOU RECOMMEND HYPNOSIS AS TREATMENT FOR A FEAR OF FLYING?

I'm trained in hypnosis, but I don't use it for fear of flying. Hypnosis can help a person relax, but the part of the brain that releases stress hormones - unless trained to do otherwise (which we do) - will react to flying, trigger the release of stress hormones, the relaxation disappears, and high anxiety or panic return.

## IF YOU COULD ONLY GIVE ONE PIECE OF ADVICE TO SOMEONE TRYING TO OVERCOME A FEAR OF FLYING, WHAT WOULD IT BE?

Meet the captain. Giving up control is hard. Board early and ask a flight attendant to go up to the cockpit and see if it is OK for you to visit. When you make the personal connection, a lot of the anticipatory anxiety - which seems to be mostly about giving up control - goes away. During the flight itself, it helps to know you are not alone in this project to get from point A to point B safely.

If you don't have trouble with panic attacks, the free help at <http://www.fearofflying.com/free-video/> can get you through a flight. If you have trouble with panic, though, there is nothing that is going to work other than to establish automatic control of the feelings that arise in flight.

## IF FLYING IS SO SAFE, WHY DO PLANES CRASH?

When there is a crash, an investigation determines what went wrong. Measures are taken - such as new procedures, or changes in the plane's engineering - to try to make sure that that particular accident cannot happen again.

Most of the time this works, and so for an accident to take place, it's usually due to something that has not happened before. If something hasn't happened before in fifty years of jet aviation, it has to be pretty rare.

So that's usually what causes a crash: something that never happened before.

## WHAT IS TURBULENCE, AND HOW DANGEROUS IS IT?



Turbulence is air that, instead of just sitting there like water in a lake, is moving like surf at the beach. It isn't dangerous at all. On a cargo flight, the pilots do not bother to try to avoid it. On a passenger flight, the pilots try to avoid it so the flight attendants can do their food or beverage service.

Since pilots know turbulence is not dangerous, most pilots have no idea anyone thinks it is dangerous.

## WHERE IS THE BEST PLACE TO SIT TO AVOID THE WORST SENSATION DURING TURBULENCE?

The worst place is the tail because it moves around more in turbulence than any other part of the plane. The best place is over the wing or forward of the wing.

## THANK YOU FOR THOSE BRILLIANT ANSWERS TOM. IF YOU HAVE ANY FURTHER COMMENTS YOU WOULD LIKE TO MAKE, PLEASE DO SO BELOW.

We offer a lot of free help. Every Wednesday night, we have both chat and free group phone counselling.

The chat is from 9 PM until 11 PM Eastern time.

To join the chat, go to <http://www.fearofflying.com/talkread/chat.shtml>

From 10 PM until 11 PM, we have the free group phone counselling session. To join in,

- dial (805) 309-2350
- when asked, enter the conference ID 9352101 followed by the # sign.

**Thank you** Tom. Just as a little added extra, below you'll find some questions that I have been asked recently, and how I responded;

I WAS WONDERING WHAT THE CHIMES SIGNIFIED AT CERTAIN TIMES DURING THE FLIGHT. NOT THE BELL THAT RINGS FOR THE SEATBELT SIGN OR A PASSENGER CALL BUTTON BUT THE OTHER ONES THAT ARE HEARD. OFTEN IN PAIRS OF 2... THANKS!

That is cabin crew phoning each other on the interphone system, or a phone call between pilots and cabin crew. Hope that helps!

**I HAVE MEDICAL ISSUES (SEVERE MIGRAINES AND IBS). WHAT HAPPENS IF THE SEATBELT SIGN IS ON, BUT I DESPERATELY NEED TO USE THE RESTROOM? WHAT HAPPENS IF I HAVE A MIGRAINE AND FEELING DIZZY AND AM VOMITING?**

**WHAT ABOUT PANIC ATTACKS? IS ANYONE TRAINED TO HANDLE THAT? WOULD SOMEONE MAKE SURE MY CHILDREN WERE OK IF I WAS BEING REALLY ILL?**

With regards to seatbelt signs being on then they are there to ensure your safety. But if you have a severe problem that means you HAVE to be in the restroom, then we can make exceptions. However, to be out of your seat for takeoff and landing would be too dangerous.

All you need to do is explain to the crew that you have no choice but to get up and use the restroom due to your condition. We will usually phone the Captain and explain, and you'll be allowed to leave your seat.

If someone is having a severe migraine and vomiting then we do the best we can. Obviously migraines require darkness and silence to help alleviate the symptoms, but we cannot provide either of those on a plane. We would provide you with water, and something to cover your eyes. Vomiting can either be done into a sickness bag or in the restroom... Nobody should ever feel ashamed of having to use a sickness bag. The crew handle vomit almost daily and we are very used to it.

If the medical situation gets too severe we will advise the Captain that we need to divert if medical attention is required.

With regards to panic attacks, we are trained to be calming and reassuring. In this scenario we would try and take you away from other passengers (for your benefit.. not theirs), and sit you in the galley and talk to you. Being over-attentive can cause a panic attack to worsen, so we just stay with you and explain anything that needs explaining.

We would always ensure your children remain safe and looked after. If you suffer from anything on an aircraft, one of the crew will stay with your children and keep them entertained whilst another will help you. We would always make sure your children are not left alone.

Remember... every single Flight Attendant is first aid trained, and have to pass annual checks.

PLEASE COULD YOU EXPLAIN SOMETHING FOR ME? I WAS ON A TRANS-ATLANTIC FLIGHT RECENTLY AND WATCHING THE FLIGHT INFORMATION ON THE ENTERTAINMENT SCREEN IN THE BACK OF THE SEAT IN FRONT. IT SHOWS AIRSPEED, TAILWIND, DISTANCE TO DESTINATION, ALTITUDE ETC, I NOTICED THAT THE PLANE KEPT AT THE SAME ALTITUDE FOR MOST OF THE FLIGHT, BUT AT ONE POINT, IT CHANGED BY A FEW THOUSAND FEET, BEFORE CLIMBING BACK TO THE SAME ALTITUDE AS BEFORE. WHAT COULD BE A REASON FOR A PLANE TO CHANGE ALTITUDE? THANKS

There can be various reasons for this. The most likely is other traffic crossing your path.

For obvious reasons there are minimum separation regulations, so ATC may have requested your pilots to descend a few thousand feet to ensure your plane was a safe distance away from another in the same area. It could also be due to a report of turbulence at a particular altitude, therefore your pilots may have descended to avoid this.

Aircraft descend and climb all the time, however the higher the altitude the better the fuel economy, so aircraft will normally fly as high as ATC allow them too (and the aircraft is capable of). This would explain why your pilots climbed back up to original altitude.

This brings us to the end of this question and answer session! I hope you have gained some useful knowledge from reading this. I aim to keep this booklet constantly updated, adding more questions and answers regularly. If I do update it, I'll send you a quick email and let you know.

You can contact me at [kevin@flyingfear.net](mailto:kevin@flyingfear.net) at any time, or find me on Facebook ([Facebook.com/FlyingFear](https://www.facebook.com/FlyingFear)) or Twitter ([Twitter.com/FlyingFear](https://twitter.com/FlyingFear)).

Don't forget to check out Tom's SOAR Program at <http://www.FearOfFlying.com>

