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POST-TRAUMATIC STRESS IN FLIGHT ATTENDANT'S LABOR

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Airline crashes, hijackings, turbulence incidents and other emergencies have the potential for inflicting severe emotional trauma in flight attendants involved either directly or indirectly. A critical incident is a part of the extreme professions in aviation. Although the aviation industry attempted to bring help following an air disaster, post-traumatic stress is still one of the most misdiagnosed and ignored illnesses that can beset an individual. In the article, which is based on the results of Russian and American aviation psychologists' research, we try to answer the questions: How post-traumatic stress affects cabin crew's work performance and flight attendants' life? How to recognize the early warning physical, emotional and behavioral symptoms? What to do about negative effects of disaster-induced emotional injury on the flight attendants' labor and lives? How to make more effective psychological support to eliminate emotional trauma?

Flight attendants' names

Over the years the aviation industry has spent a great deal of money and time in exploring ways to reduce the number of aircraft accidents, but they continue to happen and the airlines must learn to recognize the very special needs of the people who survive or witness an incident, especially for the crew members. It's not a secret that in many crashes the airport emergency plan only for injured and the dead is in effect. The air crash of Boeing-737 of air company "Aeroflot-Nord" in September 2008 (82 passengers, 2 pilots and 4 flight attendants died), a successful ditching of A-320 of US Airways (without victims) and other air crashes evoked us to describe in this article how a critical incident or traumatic event can affect the flight attendants (FA). After any crash of an aircraft the mass media says much about pilots, who are of cause responsible for flight safety, but it is still paid too little attention to the cabin crew members. The media forgets even to mention the FA's names. Meanwhile the FA contact with the people on board an aircraft, and they are responsible for the passenger's safety and even lives.

Stress in flight attendants' professional life

The FA of all the airlines are told in the initial and the on going training programs that they are responsible for the passengers' evacuation from the aircraft during an emergency. The FA must be ready to do this any time in any flight so they must always be in good physical and mental health condition. Professor d-r Maria Simonson (USA) investigated stress producing activities in the FA's labor, both in flight and on the ground. She took into consideration the results of interpretation, differences in group administration, union rules and support, airline policy, age, sex, experience, time in service, personal factors and attitudes of the respondents. These are some of the areas affecting health and stress situations in the FA's labor: 1. Flights, disruption of duties. 2. Career progress. 3. Working environment. 4. Health problems. 5. Sleep. 6. All types of communications with cabin crew management, colleagues, pilots. 7. Meal breaks and eating habits. 8. Schedules. 9. Family life. 10. Leisure activities. 11. Stress producing duties in family and flight activities. 12. Time changes, jet lag. 13. Fatigue. 14. Fears of flying. 15. Safety and emergency. 16. Passenger situations (all kinds). 17. Hygiene on board. 18. Group relations. 19. Job satisfaction. 20. Absenteeism. 21. Relations with management. 22. Lavatory and galley problems. 23. Air quality. 24. Pregnancy, PMS, menstruation. 25. Use the on board equipment (galley-pantry, emergency doors, etc.).

Many stressful factors in the FA's work performance were described in the dissertation (Tatiana Filipieva, PhD, Moscow, Russia, 2006). The FA's professional activity is carried out in a confined and narrow space, which is restricted by the design of fuselage of an aircraft flying at high speed. The specific character of the stress inherent in the FA's labor is determined by: the need for wide-

ranging technical knowledge concerning operation of on-board equipment; the unique psychological atmosphere aboard passenger aircraft (subconscious fear of death, underlying fear of flying); the fulfilling of multiple functions and difficult combinations of diverse professional roles; crowded conditions in a confined space; the need to deal with a wide diversity of passengers; constant exposure to the public; availability and openness to many people at the same time.

Other unfavorable factors of the working conditions (Anatoly Kochur, 1995) influence the FA's psychophysical condition and health. Some of them are (a) susceptibility to cosmic and solar radiation; (b) sharp barometric changes during takeoff and landing, as well as between airports up to 150 mm Hg in a short period of time (for example, the high level alpine airport in Katmandu [Nepal] or the airport in Amsterdam [Holland] which is located 4 m below sea level); (c) the drop in the portion pressure of oxygen (hypoxia – oxygen starvation); (d) the reduced level of humidity in pressurized cabins (6-8% of the norm); (e) noise levels exceeding maximum standards and unfavorably affecting the cardiovascular and nervous systems; (f) the vibration of resonance frequencies, causing deformation of organs and tissues; (g) frequent and rapid changes in weather-climatic conditions depending on the geography of the flight; changes in the time zones of up to 8 hours in the course of one flight; (h) stressful and conflict situations on board, etc. The above described unfavorable stressful factors of the working conditions are the FA's everyday professional life. Fortunately, the FA's management and unions of different airlines have already recognized these facts and start to realize that the crew members involved in accidents or incidents experience a number of psychological problems which may render the FA be unable to meet the exacting professional requirements, often through no fault of their own.

Critical incident

Professor d-r Simonson (USA) defines a critical incident as any situation that a person finds emotionally overwhelming and that attacks a person's ability to cope with it. Any critical incident is a tragic or traumatic event of such significance to the involved participants that it may cause a person to experience unusually strong emotional reactions which have the potential to overwhelm normal coping abilities. Types of critical incidents are as follows: (1) serious injury, unexpected death, or suicide of a colleague; (2) serious injury or death of a child, under tragic circumstances; (3) actual or perceived threat to physical safety/life; (4) actual or perceived threat to the organization with which you identify any disaster or major crisis that involves the organization (M. Simonson). A special questionnaire helped us in Aeroflot to get the following results (2000): the FA (n - 670) prioritized personal values as follows: health – 90%, family – 84.5%, personal safety – 6%.

Trauma Reactions

People recognize that they are all individuals and react to situations in different ways but in a critical incident there are a number of general reactions which are shared by many in common. If the FA understand the common and natural reactions which are the result of involvement in highly stressful situations, they will find themselves better prepared to deal with them. Reactions for critical incident can vary greatly according to the nature of the accident and is as unique as the persons involved. The FA's individual reactions to the traumatic events are highly personal and private. Severity of reaction is dependent upon: the individual's personality, current life situation, prior history, support systems. It's also important to take into consideration phases of psychological trauma. They are: (1) shock phase (24-48 hours), which may be characterized by shock, emotional numbness, disbelief, confusion and fear, impaired decision making and concentration are often present during this period; (2) impact phase or immediate aftermath (6-8 weeks after the incident, delayed stress reactions may occur); (3) long-term effects & adjustment (months to several years). Common reactions to traumatic events may include physiological responses which are beyond people's control such as nausea, profuse sweating, muscle tremors, crying, and urgent need for a lavatory. General reactions are practically similar to stress symptoms and manifest themselves in physical, emotional and behavioral symptoms.

Physical symptoms

Physical symptoms are: headaches, poor condition of skin, hair and nails; diarrhea; upset stomach; increased blood pressure and heart rate; dandruff; susceptibility to illness (colds, flu); chest

pains; lung disorders, hyperventilation; changes in eating habits or gastric problems such as indigestion, sharp decrease or increase of appetite; undue fatigue, etc. Signs of physical tension also include insomnia or sleep disturbance – problems falling asleep, sporadic sleep patterns up or having repetitive dreams or nightmares. A FA may find himself exhausted for no particular reason – yet not be able to sleep well because of this state of hyper-vigilance and hyper-alertness. The fight-flight reaction is fully activated during the critical incident so that it can be difficult for a FA to calm down physically.

Emotional symptoms

Emotional symptoms include: worry, anxiety, absent-mindedness, aloofness, increased restlessness and tearfulness, a focus on disturbing subjects, sadness, grief, withdrawal, irascible reactions, pessimism, disappointment, feeling of weakness, apathy, easily offended, loss of self-control, insecurity, fear of flying, inability to pull oneself together. A lack of concentration and short term memory problems may interfere with carrying out daily tasks. Intrusive thoughts about the incident or flashbacks (relating to previous traumatic events) can also interfere. If there has been a personal threat or danger, the FA may feel unsafe or fearful that a similar event could happen again. Strong emotional shock, associated with unpleasant memories, evokes neurosis, which the FA try carefully to hide, but which can lead to illness, frustration and, eventually, to leaving the job. For example, an experienced cabin attendant A. (15 years of work for Aeroflot) felt fear when the plane was flying through the turbulent area over the Bermuda Triangle in flight from Moscow to Havana. Later, on subsequent flights at takeoff, on landing and in turbulence he felt a spasm in his throat and pressure at his chest, his forehead and palms became clammy. A psychologist happened to be beside A. during one such incident and gave him some helpful advice of coping strategy. Emotional stability in the face of adverse conditions aboard a passenger aircraft is developed through overcoming fear, acquiring professional skills, as well as through conscious and analysis of a FA's actions and emotional states.

Other emotional reactions may include a feeling of powerlessness of not being in control, e.g., of something as important as the safety of life or some major aspect of it. When the FA dwell on the feeling that they can't do anything about this, they may start to feel depressed. Perception may be distorted so that hearing can seem muffled, time can be slowed up or vice versa seem to pass very quickly. Tunnel vision is another emotional distortion.

A very common emotional reaction is irritability and anger. The anger may be directed (a) at the organization (FA's department or airlines) for not foreseeing and preventing the incident; (b) at the colleagues for procedures, errors or lack of support, particularly if someone professionally responsible for what happened; (3) at a close friend or relatives for being in the wrong place at the wrong time. The anger and even rage may be also directed at the person who caused the situation (passenger). According to the results of our research, the FA's negative opinion (n – 350) of the passengers on board the plane is illustrated by the following figures: irritated (77%), captious (68%), rude (66%), upset (61%), annoying (45%), easily offended (40%), tiresome (37.5%), sex-minded (25.5%).

To improve the attitude to the passengers the FA should take into account the stress factors affecting air passengers in flight (A.Messer, H.Hock, Lufthanza, Frankfurt, Germany). On board the flying aircraft any passenger: a) is unable to stop the flight and leave the aircraft; b) has to obey the flight crew members; c) is compelled to follow the instructions and strict rules of behavior on board an aircraft; d) is limited in freedom of movement and action; e) is compelled to be in the company of strangers; f) has the experience of physical discomfort, causing fatigue, such as narrow space, prolonged inactivity, restricted movements in a fixed position in a passenger seat.

Behavioral symptoms

Behavioral symptoms are: general sluggishness and weakness, uncoordinated movements and actions, trembling in hands and legs, misconduct, rude behavior towards members of the flight crew, colleagues and passengers; disorganization, avoidance of responsibility, fussiness, constant moving things from place to place, deviation from standard procedures of passenger service, errors even in routine automated actions, self-isolation. The FA may feel "on guard" and alert to all kinds of possible threats in

life. Checking over the shoulder, feeling apprehensive or becoming overprotective of the children are examples of this type of behavior. This alertness is common but it can be very unsettling and draining.

The FA may feel (unrealistically) responsible for what happened as if they somehow erred or misjudged a situation or failed in their professional responsibilities. Second guessing oneself (e.g., "What if I had ... ", "If only I had not ... ") is a common reaction if the FA are typically in a position of taking charge or looking after others' welfare. Sometimes the FA may think, that they get what they deserve. They may feel, that if something bad has happened, it might be because they've brought it on themselves or they may have helped it happen. Guilt and second guessing oneself may become prevalent. The FA may become indecisive for a time or lose usual confidence. Other signs of a critical incident stress reaction which may, on the surface, seem less directly connected with the traumatic experience, are: family problems or interpersonal conflicts; loss of interest in the job or previously enjoyed activities; increased use of alcohol, tobacco and other drugs (particularly to help sleep); increased accidents and illness. The FA must be psychologically prepared to experience some or all of the enumerated reactions.

Incorrect behavior while experiencing traumatic event is: (a) isolate yourself or think you are alone in your reactions; (b) get angry that you are experiencing unpleasant reactions for a time; (c) be afraid to arrange individual professional assistance; (d) mistrust your competence; (e) make any major irreversible life decisions with significant long-term implications, for several weeks, without consulting someone impartial – preferably a professional trauma-counselor; (f) self-medicate (caffeine, nicotine, alcohol). There are some troubling results indicated by an anonymous survey among the Aeroflot FA (n – 228): 75% respondents think that the FA use alcohol in business trips “to release stress and relax”; 70% – think that the FA have to take a sick list “in order to rest” not being ill.

A number of factors affect the degree of impact on an individual and should be considered in assessing an individual's condition such as: 1) the severity and nature of the disaster; 2) the impact of assigned/assumed responsibility for others; 3) physical and psychological proximity to the event; 4) the survivor's previous experience in personal crises; 5) the individual's life situation at the time of the event; 6) the nature and effectiveness of handling by others during the emergency; 7) the immediacy of psychological support and treatment. Sometimes there is an almost obsessive need to talk about the incident or bad experience. Again, this is not an uncommon reaction as stewardesses try to master their intense feelings.

The FA, by virtue of the specific rhythm and schedule connected with their work, are separated, frequently left to themselves and having to cope with distress without any help. Psychological trauma, especially if inadequately cared for, can result in behavioral and other effects that reduce the quality of life for the affected persons and lower their efficiency as employees. And no wonder that records of attempted and successful suicides are often a result of untreated or undiagnosed trauma. Research undertaken in 2005 at the institute Superiore di Sanita (Rome, Italy) has shown that the rate of suicide among stewardesses ages 23 to 44 is three times higher than among women of the same age in other professions. It is known that the problems of suicides, drug addiction and alcoholism among the FA exist practically in each air company and are in need of special attention.

Post-traumatic stress is one of the most misdiagnosed or ignored illnesses that can beset an individual. Although the aviation industry has attempted to bring help following an air disaster, it was alarming to count those who completely ignored the value of preventive measures in this area. A critical incident is a part of the extreme professions in aviation and no preventive coping training can dispel it magically. Anyone who has been in a disaster knows that no one is untouched by it. An air crash can reach out and touch any cabin crew member even though he is not in it. The psychological and emotional effects of an airline disaster extend well beyond those on board the aircraft and spread like ripples from a stone cast into a pond, generally diminishing with distance but present in significant amounts far from the point of impact. Experiencing traumatic event can be an emotional shock even when a FA is only indirectly involved in the critical incident. Many different incidents such as death of a loved one, witnessing a traumatic incident such as fire or accident, severe stress in marital discord, loss of friends or family, divorce etc., can contribute to the possibility and potential of post-traumatic stress in a vulnerable individual.

Psychological recommendations

It is helpful for the FA to think and to speak about what has happened. The following words can be used in a therapy conversation with a FA. First of all, you have experienced a very tragic event – an event which will have a very personal, private meaning to you. It may be that your sense of decency has been offended, you may be very sad about a loss, angry that it has happened, upset by the fact that you were unable to prevent the tragedy, or worried about others' and your own safety. It is very important to remember that the psychological reaction you have to this event is highly personal and will not be exactly the same as anyone else's reaction.

Secondly, it is very important to remember that whatever you are experiencing is an individual natural physical and psychological reaction to a very unnatural situation. The incident may have affected you less or perhaps more than you expected it would. You may be experiencing a reaction so intense that you have developed a post-traumatic stress reaction. You may be finding that you are remembering past painful events or personal memories. You may be having a difficult time with present life decisions that have to be made, or future work choices or relationship choices. Whatever your personal reaction, you should remember that you have been psychologically "wounded" and that your body and mind are going through their natural, effective process of psychologically "healing". Remember to allow yourself to go through your own, private, natural healing process, whatever it may be.

Third, you are one of many who are experiencing these reactions at this time. You are not less capable or less competent because of your reactions. Your own personal reaction is very similar to others' and that your co-workers are very accepting of your personal thoughts and feelings. You have also learned that when you experience some degree of confusion or distraction, you can depend upon your co-workers to understand this, to accept this, to assist and support you.

Fourth, you may have thoughts and memories about the incident which keep coming back to you. You may feel many emotional changes, or physical symptoms, or illness. You may find yourself thinking about what is important to you in your life, both at work and away from work, in your family and in your other friendships. You might begin to experience "rough spots" in your marriage or other important relationships. You should remember that these events are probably connected to your reaction to the incident and to your healing process. It is very important to understand this and to speak with someone about it. It is important that you do not make any major decisions about work, family life or any other irreversible life decisions without considering that they might be part of a post-traumatic stress reaction. Your sense of confidence and credibility will return in time. You will be able to resume your normal lifestyle in time.

Correct behavior

Correct behavior while experiencing post-traumatic stress is the following: 1) Understanding and accepting oneself. 2) Support of oneself as an individual. 3) Care of one's physical condition. 4) Active life and entertainment. Understanding and accepting oneself means: expect and accept a period of uncharacteristic thoughts, feelings and behavior; studying one's own priorities and values, analyze needs and desires, give yourself permission not to be "yourself"; permitting oneself to be natural, properly evaluate oneself and one's capabilities, identify reasons that lead to an increase of stress; be patient with your own process of healing; take self rating psychological tests for stress vulnerability and burnout. Support of oneself as an individual means: share your thoughts about the incident, feelings and reactions with the co-workers, special friends and family members; make presents to yourself or to someone else, accept compliments from the passengers and colleagues and give them to others, allow oneself small indulgences, be able to relax completely when circumstances allow, ask the co-workers for help when needed; accept praise from others in the case of success, find the positive in failures, searching not for the reason something happened (why?) but for how it can assist future tasks (for what purpose?). Care of one's physical condition means: take special care of your physical health, eat nutritionally (healthy food and a balanced diet) and avoid alcohol, caffeine and nicotine as much as possible, massage therapy, physical activity (running, jumping, walking, swimming), use physical exercise to help discharge the tension, sound sleep, and find time for good and sufficient rest. It is important to look after the physical health so that the FA could have sufficient reserves to deal with the emotional stress.

Active life and entertainment means: read interesting books, watch movies, go to the theatre and concerts, meet with friends, visit family and acquaintances, engage in favorite occupations (hobbies), taking pleasure trips, sight-seeing.

The airlines should start working on accident follow-up programs to ensure that the crew members get the help they need. This is to say that it is the right of every FA to have special training in the curriculum as a health benefit. This does not, however, negate the need for professional medical help, but FA's bruises and cuts are treated, bandaged neatly, yet no care is given or even thought about possible psychic wounds and distress. Disaster survivors need to have their emotional invisible injuries diagnosed and treated with the same care that is applied to physical injuries. They should be evaluated by a mental health professional soon after the emergency and have appropriate care prescribed and furnished just as for a physical injury. It may be very necessary to discuss the emergency situation with the survivor at a fairly early stage following the accident. The longer we wait, the more difficult it will be to convince the crew member of the need for therapy.

In order to help the survivors understand what is happening to them, it is often helpful to put them in touch with other FA who have experienced similar trauma. It is, of course, necessary to ensure that the "helper" is fully recovered from their own trauma before enlisting their help. The recovery will occur in stages. The FA may feel they've mastered their intense feelings, only to find they come back occasionally. With time the FA will become more detached from the event and they will be more freely able to choose to think, or not think about the incident. If the FA find that after 4 to 6 weeks they are still experiencing the stress reactions described above, it would be helpful to seek the assistance of a trained, professional trauma counselor.

There is no doubt that post-traumatic stress can influence the lives, health, safety and behavior as well as many other individual factors of a person's life who has been touched by stress, disaster or any particularly serious situation causing problems. These touch crew work performance, safety, colleagues, family members, and in retrospect the whole future progress.

Conclusion

- 1) Any aircraft emergency will cause some level of emotional trauma in a number of persons, some directly connected with the emergency, and some at a distance from it. Affected personnel can range from first line workers to top managers, depending on susceptibility and circumstances.
- 2) The effects of the emotional shock may appear immediately, or not until months or years later, depending on the degree of emotional suppression immediately following the incident.
- 3) Once the emotional effects appear, they may last for only a short while, or they may endure for years.
- 4) The emotional effects can appear as undesirable behavior that may manifest itself as irritability, efficiency or absenteeism. Certainly it reduces the quality of life for the survivors.
- 5) The immediate support of peers associates, and friends can often be all that is needed to help the survivor work through the emotional damage, and professional treatment may often not be necessary. However, this is much more likely to be true if helpers have been trained in psychological support techniques.
- 6) Appropriate training and crisis intervention programs sometimes including professional psychotherapy, can significantly reduce the adverse effects of this emotional trauma in a survivor, and can speed the FA's return to full effectiveness and enjoyment of life.
- 7) Helpers must themselves be cautious not to work themselves into "burnout".
- 8) If airlines' managers want to improve the cabin crew's work performance, they have to recognize the value and importance of training qualified, professional instructors, psychologically able to handle disaster and stress situations, protect and preserve individuals' health, render proper assistance and support to those involved in crashes or other disaster situations.
- 9) Proper care for the emotional injuries will help both the personnel involved and the company for which they work.
- 10) The knowledge of post-traumatic stress in FA's labor can promote the good health flight attendants deserve – in health care and in prevention. It will also benefit the air company's human resources.