
How Is Our Pilot Feeling Today?: A Courageous Conversation That Could Make a Difference



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There is an existing quick assessment of psychological risk factors for high performing individuals. We believe it may help prevent tragedies by detecting subtle signs and symptoms of stress among a group of people who are often reluctant to talk about their problems.

Over the last few weeks, disturbing details about the Germanwings plane crash in the French Alps appear to indicate a deliberate act on the part of the co-pilot Andreas Lubitz. This tragedy may seem unthinkable, but unfortunately it is not an isolated one. A study published in the journal 'Aviation, Space and Environmental Medicine' lists 24 similar incidents between 1956 and 2012. Now people admit they have a new fear of flying: *How is the pilot feeling today?*

Evaluating pilots' mental health is a very difficult challenge. Carsten Spohr, the CEO of Lufthansa was quick to declare in the interviews he gave after the air crash that Andreas Lubitz was fully fit to fly, both physically as well as psychologically. But what does "fit" really mean, and how do we determine fitness to fly?

Current protocols not sufficient

Although airlines conduct rigorous medical and psychological tests, pilots may deny or hide depressive episodes or other psychological problems. The Germanwings incident is an extremely rare example, but it shows clearly that current protocol has weaknesses. Several consultations and even recent hospital visits with psychiatrists did not stop Andreas Lubitz from boarding an aircraft on March 24.

In 2012, the Aerospace Medical Association published [recommendations to extend the aeromedical assessment of pilots](#) with brief mental health check scales. However, the association noted: "It is recognised that there may be barriers affecting a frank discussion of mental health issues between an aeromedical examiner and a pilot". Clearly, an approach is needed that picks up on warning signs despite the denial of the pilot and/or their impression management towards others, and in addition, encourages the pilot to seek help.

Our stress assessment protocol

We have been developing a protocol that is designed to do just that. Our experience working with senior executives has shown that stress and depression are prevalent, but taboo. In order to help executive coaches or close colleagues make a quick assessment of psychological risk factors for high performing individuals, we developed an interview protocol, drawn from studies on stress, that we call the Stress APGAR. Similar to the [APGAR neonatal assessment](#) used by pediatricians and obstetricians for over 50 years, the Stress APGAR protocol is easy to recall, quick, and indicates the danger zones that require urgent professional attention. Our exploratory studies have shown the Stress APGAR to be effective even in brief encounters with high-risk individuals, and it can be done repetitively to assess whether there is an increase or decrease of danger signs. We supplement this interview protocol with a psychodynamic lens, RADIO, that enriches the "data" gathered through the Stress APGAR protocol.

The Stress APGAR protocol looks at the following dimensions:

- Appearance (for example, sleep patterns, eating habits/weight control, exercise, energy levels)
- Performance (for example, ability to take decisions, concentration and memory, generating new ideas)
- Growth & self-development (for example, satisfaction with opportunities for personal growth and learning - too much? not enough?)
- Affect management (for example, ability to feel, understand and show emotions appropriately)
- Relationships (for example, perceived quality of relationships with life partner, family, friends and with professional peers and superior)

To arrive at a realistic assessment of a person's functioning, an interpretive approach to collecting insights is taken. To give a practical example, the person doing the assessing might consider: Does the person look healthy? Tired? Does the person seem focused, or rather jumpy? Does the person complain of being stuck in his or her work, or on the contrary, does the person seem to be working outside of his comfort zone? Does the person seem to become frustrated or irritable easily? How does the person interact with others around him or her? Does he or she have friends? How does the person treat co-workers? In looking for answers to these questions, the assessor listens with his or her gut—instinct—as well as considering the “facts.”

Insights can be deepened using the five dimensions of the RADIO indicators as described by the psychiatrist Otto Kernberg: (1) Reality testing (for example, does the person show delusion?); (2) Affect management (for example, do they show stable and appropriate emotions?); (3) Defences (for example, does the person freeze in response to probing?); (4) sense of identity (for example, does the person seem to have a realistic sense of who they are?); and (5) Object relations (for example, does the person have primitive or mature relations with others?). The Stress APGAR and RADIO help to retrieve information even though a person might not pinpoint particular stress or mental health issues.

We propose that this approach may be valid for an on-going, informal assessment of airline pilots. As for senior executives, there is a taboo among pilots around the impact of psychological issues. The Allied Pilots Association, for example, instituted a programme in 2011 that allows pilots

to seek help for mental health issues, but some pilots may avoid seeking help because they fear losing their licence. The Stress APGAR and RADIO, when used in conversations with pilots, may indicate signs of stress or depression by, for example, registering responses that are extremely positive or flat to a question of how they are generally doing (possible use of defences or delusion); by highlighting comments on constantly having low energy, sleep problems or gastrointestinal issues; by considering whether the pilot looks over- or underweight, or has a strained complexion (physiological symptoms associated with stress and depression). Also seemingly unimportant details such as the pilot forgetting what question was asked several times (a possible sign of the use of defense mechanism or mental confusion) are indicators that a further evaluation of possible mental health problems would be useful.

As the Stress APGAR is not a self-assessment test, distortions are less likely to occur. As it is a relatively simple protocol, it enables assessment on a regular basis. It is not a diagnostic tool, but it helps those who are concerned to understand the pilot's needs. It indicates high risk, and points to areas that may require professional attention. This kind of conversational protocol, in our experience, is non-threatening, and can even be a starting point for a more explicit discussion of how the pilot is feeling.

Time for change

Clearly, the time has come to realise that the present cognitive-behavioural and self-reporting systems for pilots (and other people in high stress professions) are inadequate. We advocate a more realistic stress management approach by paying attention to psychological clues that signal irrational behaviour patterns. Although no assessment is 100 percent foolproof, the APGAR stress protocol may help prevent tragedies by detecting subtle signs and symptoms of stress among a group of people who are often reluctant to talk about their problems.

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