

I have a daughter with severe fear of flying, and I have spoken to you once before and now receive your newsletter.

I recently flew with my daughter . . . , a trip that required 3 legs each way. The first fear of flying episode was dreadful. I tried some of your tips, but my daughter shook uncontrollably, her teeth chattered, tears poured down her face, and she talked to herself rapid-fire. She had asked me before we took off on the first flight to keep telling her it was "just like an elevator", which I did, and she repeated it like a mantra the whole time. When I spoke to her she put her hand over my mouth. When I put a comforting hand on her arm, she jerked away from me. I had no idea what else to try. Though she improved with each flight, she assured me when we completed the journey that she would NEVER fly again. Luckily, we sat next to pilots on 2 of the flights, and she did talk to them. I encouraged her to schedule a counseling session with you, but I don't know if she will. She has flown many places fearlessly in her youth, but developed this fear on her previous flight 2 years ago.

How helpless we feel when faced with massive anxiety and the suffering it causes us to see another person suffer! That, indeed, is one of the reasons I started SOAR, because when I was working with one of the original fear of flying courses, on the "graduation flight" people were doing what we taught them and in too many cases, suffering just the same way your daughter was.

Another approach would be to say that though we as parents do the best we can at the time, children often do not get what they need in that all-important earliest two to three years of their lives that gives them the sense of connectedness and trust with us.

And then if they get some, it is often damaged as they continue to grow up when we fail to protect them from sexual abuse, from family violence, from the effects of alcoholism, or from dangers outside the home.

Though fear of flying may not show up until a person is an adult, vulnerability to it is produced by our failures as parents. Yes, genetics can be a factor, but when the child does have parents or a parent who is fully available and attuned to pick up the child's needs and unexpressed feelings. If we as parents need words to do our job, we aren't going to be able to do our job.

But who taught us? When we, ourselves, did not have this high level of parental attunement that produces secure attachment and trust that the world is a safe place (which will later include airliners), what can we do?

The qualities which form the foundation for secure attachment include a parent who is consistently available and who is consistently available in terms of attunement to pick up the child's emotional state. Only when the young child KNOWS the parent senses what s/he is feeling, can the child KNOW that s/he will be responded to when in distress. Why? Because the child's distress is felt by the parent.

If the parent is not available physically, not available in attunement, depressed, obsessed, distracted, of involved with substances, the child cannot adequately develop an ability to calm him/herself.

If the parent reacts to the child's emotions or aggressiveness by hitting the child, or threatening the child, the child cannot develop an ability to calm him/herself.

If the parent does not have the ability to "be meta" to him/herself - that is, to self-observe and hold back reactions to the child and replace reaction to the child with response to the child, the child cannot develop an ability to calm him/herself.

So when we did not get that, we cannot give it. Neither you nor I can give what we don't have.

If we didn't get it, how can we get it so we can give it? Therapy. Long term therapy CAN cause a person to develop an ability to respond rather than react, can help a person develop an ability to "be meta" to one's thoughts and actions in a way that makes it possible to constantly self-evaluate what one is doing and to monitor one's ongoing attunement to the young developing child.

A child will not learn to self-soothe in front of a television set. A child will not learn to self-soothe at school. A child will not learn to self-soothe alone. A child learns it from others, but only from others who are dedicated to soothing the child consistently, which is only done accurately when you can attune to the child and sense what the child is feeling.

The shortest way to say this is, we internalize what we observe that is absolutely consistent. I know if I hold out a coffee cup and open my hand, that it will fall. Why? Because gravity is consistent, and thus I have "internalized" its effects on objects like coffee cups. To "internalize" mom or dad actions, these actions must be as consistent as gravity, but to be a beneficial internalization, mom or dad must be consistent in their attunement and appropriate response - not reaction.

It may not feel good when we, as parents, are "taken for granted" but that is indeed what needs to happen; we need to be so consistently attuned to our children that they take us - in that way - for granted. It is only that which is so consistent that we take it for granted that can be internalized by a child. Anything more complex than that is too complex for the child to internalize.

Then, when it is time for the child - or the young adult - to deal with the world on their own, if mom/dad is not "inside" to automatically calm one, then the person needs either: a. mom/dad or a replacement "outside" to automatically provide calming, and/or b. control, of the "outside" situation through one's own efforts or the efforts of the "outside" person.

We can get very good at controlling "outside" things. We need to get very good at controlling "inside" anxieties. Outside control without some inside control is out of balance. Inside control without some outside control is out of balance. We need to have an ability to do both.

In your letter, you find that, though you are there for your daughter, you can't provide her with control either of her anxieties or of the airplane for her. When we find ourselves in such situations, we are in a "too little too late" situation. The time for helping her learn to deal with things was twenty years ago, and if we didn't do it then, it was most likely because we didn't know how to deal with feelings then ourselves.

We can still develop the ability, and our adult children can still develop the ability. Hopefully before our adult children become parents and we become grandparents. That means long term therapy. There is no other way.

Is this "blaming the mom?" I know I will get emails saying that. No. There are only three possible causes of anxiety disorder: 1. Nature, Nurture, and Fate.

1. Nature, that there is a genetic cause.

2. Nurture, that there was not enough emotional attunement ability for the first two to three years.

3. Fate, that the child was traumatized and did not have the kind of relationship which allowed the child to communicate about the trauma, and through adequate communication, neutralize its traumatic effect.

Which of these can be changed? We can't at this point change the genetics. We can only partly control fate; we can do our best to protect the child, and we should prevent trauma when we can. And when a child or an adult is exposed to trauma, there needs to be a relationship in places which - through real communication and caring - minimizes the aftereffects of the trauma.

Thus, when we find a person is suffering from anxiety disorder, we have to assume most if not all of these factors are in play.

How can one blame a parent for not being able to pass something on that was not passed to them? It is like a relay race where a baton is passed from one runner to the next. What if there is no baton? You may not even know there is supposed to be one, or what it looks like.

Nurture in the form of attunement and being meta is that "baton." When it is passed to a parent it can be passed on to the next generation. When it is not passed to the parent, the parent cannot pass it on to the next generation . . . UNLESS the person does the therapy needed to gain the baton via long term therapy.

This is not blaming anyone, but only pointing to the proximate cause. Of the causes we can do something about, parent is the main cause of the child's ability to self-soothe, or inability to self-soothe by either providing protection or not, by either providing attunement or not, and by providing a relationship that reduces the effect of trauma if and when it happens in spite of protection.

This goes on generation after generation after generation . . . until SOMEONE decides to make it different.

Whether to make it different or not is a decision each of us has to make . . . will I be the one who makes it different for the next generation. . . by working on my self, and developing in myself the ability to self-soothe and to attune and respond and maintain "meta sensing" of myself and my attunement and my responses/reactions in relationships.

Last Saturday night, CNN did a program on Post Traumatic Stress Disorder in veterans who developed the disorder because the things they experienced were: a. overwhelming, and b. were experienced alone. When we are overwhelmed as we experience something too intense, the part of us that is overwhelmed is our own sense of our who we are. Momentarily, during overwhelm, our ego dies, vanishes, is killed off by the intensity of the experience.

Thus, that which is experienced is recorded into memory WITHOUT a sense of who we are, because "who we are" is overwhelmed, momentarily gone.

If - and this is crucial - promptly what is experienced is shared with another person, the event that just took place which was overwhelming is RE-RECORDED to include a sense of self, because the presence of the other person reinforces our sense of self as we share the experience together. In other words, alone the experience was overwhelming to our sense of self and gets recorded without the experiencer being part of the memory. When promptly sharing the experience with another person, that person's presence reinforces our sense of our own self and re-records the memory, this time INCLUDING our sense of self.

Any memory which is recorded without including a sense of the person who experienced it has the potential to cause a "flashback" which is a re-experience of the intense experience AS IF IT WERE HAPPENING NOW AND NOT IN THE PAST. Why? Because it is having a

sense of our self as the experiencer of the intense experience which makes it known that a memory is a memory that happened in the past. Without the experiencer being part of the memory, the memory does not seem like a memory . . . Instead it feels like it is a present experience.

Some therapists, when discussing mental illness, have said "it's all PTSD." It is not unreasonable to consider that all mental illness is due to overwhelming experience. This is why it is so important for the parent to be available to the child in an attuned way: it prevents PTSD in the child.

Once the child has overwhelming experiences early in life, experiences later in life resonate with the experience of being overwhelmed. This is why I have sometimes said, there is only one panic attack; the initial one; all later ones are just a replay. I know this is an overstatement, but it does sometimes help to say it to make the point.

When we, as parents, allow PTSD to develop in a one, two, three, or four year-old, we have - without even knowing it - set up an anxiety disorder which will cause both that child as s/he becomes an adult to not understand - nor will we as the parents of that child understand, even though our failure to be attuned caused it.

TO GET STARTED ON BEATING FEAR OF FLYING - To order any part of the SOAR Course or the Full Guaranteed SOAR Program, go to <http://www.fearofflying.com/begin.html>