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Predictors of Fear of Flying in a General Population Sample: a Psychopathological Perspective

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Keywords

Fear; anxiety disorders; phobic disorders; risk factors

Abstract

Aim: Fear of flying is a common phenomenon in the general population, yet it remains under-recognized in psychiatric research and clinical practice. This study has examined the prevalence and psychopathological predictors of flight anxiety, with a particular focus on anxiety sensitivity and sociodemographic variables. **Subjects and Methods**: A total of 216 adults from an urban population completed a set of self-report questionnaires, including the Visual Analogue Flight Anxiety Scale (VAFAS), the Flight Anxiety Modality (FAM) and Flight Anxiety Situations (FAS) questionnaires, and the Anxiety Sensitivity Index - 3 (ASI-3). Flight anxiety was operationalized as a score ≥ 1 on the VAFAS. Logistic regression analyses were conducted to identify significant predictors. **Results:** Flight anxiety was reported by 60 % of participants. Female sex [Exp (B) = 0.42, p = 0.006] and older age at first flight [Exp (B) = 1.04, p =0.010] were significant sociodemographic predictors. Among ASI - 3 subscales, only the Physical Concerns dimension significantly predicted flight anxiety [Exp (B) = 1.12, p = 0.018]. Other variables, including traumatic flight experiences, marital status, education, and general age, were not associated with flight anxiety (p > 0.05). **Conclusions:** Fear of flying is highly prevalent in the general population and is significantly associated with female sex, delayed first flight experience, and high somatic anxiety sensitivity. These findings underscore the role of interoceptive vulnerability in flight anxiety and suggest targets for early screening and intervention, particularly in individuals exhibiting high physical concern sensitivity.

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Introduction

Flying phobia is an anxiety disorder characterized by an unreasonable or irrational fear related to flying. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), it is classified as a situational type of specific phobia [1]. Individuals with flight phobia not only experience fear during flights but also report significant anticipatory anxiety (e.g., planning a trip, purchasing a ticket, or waiting at the airport) and distress in related situations (e.g., hearing or seeing an airplane, visiting an airport).

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Although relatively common in the general population, the prevalence of fear of flying has been the subject of relatively few large-scale studies. Existing research suggests that the lifetime prevalence of flight phobia ranges from 2.5 % to 3 % [2-5]. In contrast, broader estimates indicate that 10 – 40 % of individuals experience some level of fear or anxiety related to air travel [6,7]. This wide range highlights the importance and relevance of the issue, as a significant number of individuals experience distress when flying.

Despite the growing number of treatment studies, there is limited research on specific factors associated with flight phobia. One study by Aitken and associates identified predictors in aircrew members, including concerns about spouses, presence of childhood and adult phobias, and a family history of traumatic flying experiences [8]. Another study by Medialdea and Tejada found that a personal history of an aircraft accident was associated with fear of flying [9]. Additionally, Fredrikson and associates reported that fear of flying is more prevalent among women and older individuals [2]. However, these studies have largely focused on aircrew, with relatively few investigations addressing passengers or the general population.

Anxiety sensitivity — the tendency to respond fearfully to anxiety-related bodily sensations due to beliefs about their harmful consequences — has been linked to various anxiety disorders [10]. Some studies have also shown a relationship between high anxiety sensitivity and fear of flying [11,12]. However, since anxiety sensitivity is a multidimensional construct that includes somatic, social, and cognitive fears, it remains unclear which of these domains are most strongly associated with flight phobia.

This study aimed to identify predictors of fear of flying in a sample drawn from an urban general population. Based on prior research and clinical observations, we hypothesized that certain demographic factors (e.g., marital status, parenthood) and flight-related experiences (e.g., traumatic events) would be associated with flight anxiety [2,8,9]. Additionally, we explored whether specific dimensions of anxiety sensitivity are predictive of fear of flying, positing that some domains may be more relevant than others.

Subjects and Methods

The subjects in this study were recruited from a non-clinical, urban general population in Belgrade, Serbia. The sample consisted of 216 participants assessed in 2024.

To obtain a diverse sample of urban, non-clinical individuals, participants were recruited from various locations and through multiple approaches. Some were friends and relatives of the authors or their acquaintances who agreed to participate. Others were medical students who were assessed during a class session and were asked to invite family members and acquaintances who were willing to participate. These participants were also included in the sample. This recruitment method follows a procedure already used by Bogaerde and De Raedt in their study on fear of flying and its relation to anxiety sensitivity [12]. All participants gave written informed consent. The study protocol was approved by the local ethics committee of the University Clinical Center of Serbia under the number 341/2 dated September 14, 2023.

The sample (N = 216) included nearly equal number of male and female participants (male = 49.53 %, female = 50.47 %). The mean age was 39.85 years (SD = 11.84), with an age range of 20 to 65 years. The majority were married (46.29 %), had children (57.41 %), had completed secondary (52.32 %) or university education (46.29 %), and were employed (84.25 %).

Participants were assessed using the following instruments: the Socio-demographic and Flight History Questionnaire, the Visual Analogue Flight Anxiety Scale (VAFAS), the Flight Anxiety Situations Questionnaire (FAS), the Flight Anxiety Modality Questionnaire (FAM), and the Anxiety Sensitivity Index - 3 (ASI-3) [13,14].

- The Socio-demographic and Flight History Questionnaire collected data on age, sex, marital status, parenthood, educational level, and employment status. It also gathered information about flight-related experiences, including age at first flight, number of flights in the past 10 years, and any traumatic flight experiences.
- The Visual Analogue Flight Anxiety Scale (VAFAS) was the primary measure of flight anxiety. Similar instruments have been used in previous studies [15]. Participants were asked to rate their level of flight anxiety on a one-tailed visual analogue scale ranging from 0 ("No flight anxiety at all"), 2 ("Low flight anxiety"), 4 ("Moderate flight anxiety"), to 6 ("High flight anxiety").
- The Flight Anxiety Situations Questionnaire (FAS) is a 32-item questionnaire assessing anxiety related to flying situations. Responses are rated on a five-point Likert scale (1 = "no anxiety" to 5 = "overwhelming anxiety"). The FAS contains three subscales:
  1. Anticipatory Flight Anxiety (14 items),
  2. In-Flight Anxiety (11 items), and
  3. Generalized Flight Anxiety (7 items).

  The FAS has demonstrated excellent reliability, with Cronbach's α values above 0.88 and test–retest correlations exceeding 0.90 [13].
- The Flight Anxiety Modality Questionnaire (FAM) is an 18-item scale measuring symptoms of anxiety and anticipatory anxiety in flight-related contexts. Responses are rated on a five-point Likert scale (1 = "not at all" to 5 = "very intensely"). It includes two subscales:
  1. Somatic Modality Scale, assessing physical symptoms, and
  2. Cognitive Modality Scale, assessing distressing cognitions.

The FAM is a reliable and valid instrument, with Cronbach's α = 0.89 and test–retest correlations above 0.79 [13].

– The Anxiety Sensitivity Index - 3 (ASI-3) is an 18-item self-report scale measuring fear of anxiety-related sensations. Items are rated from 0 ("very little") to 4 ("very much"). The ASI - 3 includes three subscales:
  1. Physical Concerns (e.g., "It scares me when my heart beats rapidly"),
  2. Cognitive Concerns (e.g., "It scares me when I am unable to keep my mind on a task"), and
  3. Social Concerns (e.g., "It is important for me not to appear nervous").

  The internal consistency of the ASI-3 subscales in this study was acceptable: physical (α = 0.70), cognitive (α = 0.77), and social (α = 0.79).

The Serbian versions of the FAS, FAM, and ASI-3 were translated using the back-translation method to ensure semantic equivalence and preserve psychometric properties [16]. All questionnaires were administered with standardized instructions.

For the purpose of data analysis, two logistic regression analyses were performed to identify predictors of flight anxiety. The dependent variable was derived from the Visual Analogue Flight Anxiety Scale. Scores were dichotomized: a score of 0 indicated no flight anxiety, while a score of ≥ 1 indicated the presence of flight anxiety.

The first logistic regression included socio-demographic and flight experience variables as independent predictors. The second regression analysed the three ASI - 3 subscale scores (physical, cognitive, and social concerns) as predictors of flight anxiety.

Results

Flight Experiences

The majority of participants (90.3 %) reported they had flown at least once, and nearly half of the sample (46.8 %) had flown within the past 10 years. The mean age at first flight was 15.25 years (SD = 9.91), with a range from 0 to 45 years. The median age at first flight was 18 years, and the most frequently reported (modal) age was 20 years. A large majority (94.9 %) indicated that they would be willing to fly immediately if given the opportunity. Only 8 participants (3.7 %) reported they had experienced a traumatic event during a previous flight, most commonly turbulence. No participants reported they had experienced an in-flight emergency.

Flight Anxiety

On the Visual Analogue Flight Anxiety Scale, participants generally rated their flight anxiety as low. The mean score was 1.24 (SD = 1.42). Notably, approximately 40 % of participants reported no flight anxiety (score = 0), while 60.6 % of the sample indicated some degree of flight anxiety (score ≥ 1) (Table 1).

To assess the validity of the Visual Analogue Flight Anxiety Scale as a measure of flight anxiety, we compared the mean scores on the subscales of the Flight Anxiety Modality Questionnaire (FAM) and the Flight Anxiety Situations Questionnaire (FAS) between two

Table 1.

Level of anxiety	N	Percent	Cumulative Percent
0 Not at all	85	39.4	39.4
1	60	27.8	67.1
2 Low	41	19.0	86.1
3	5	2.3	88.4
4 Moderate	19	8.8	97.2
5	2	0.9	98.1
6 High	4	1.9	100.0
Total	216	100.0	

Table 2.

	Variable	Total sample N = 216		With flight anxiety N = 131		Without flight anxiety N = 85		t (df = 214	p
		Mean	SD	Mean	SD	Mean	SD		
FAM	Somatic Modality	13.99	4.98	15.07	5.88	12.33	2.35	4.08	< 0.001
FAM	Cognitive Modality	9.62	3.98	10.63	4.59	8.06	1.97	4.86	< 0.001
FAS	Generalized flight anxiety	8.11	2.51	8.68	3.06	7.22	0.52	4.34	< 0.001
FAS	Anticipatory flight anxiety	15.19	7.13	16.81	8.49	12.71	2.88	4.29	< 0.001
FAS	In-flight anxiety	16.84	8.61	20.04	9.61	11.91	2.53	7.62	< 0.001
FAS	Total FAS	40.13	16.54	45.52	19.16	31.83	4.16	6.48	< 0.001

Table 3.

	B	S.E.	Wald	df	Sig.	Exp (B)
Male	-0.84	0.31	7.48	1	0.006	0.42
Married	0.57	0.47	1.49	1	0.221	1.77
Parenthood	0.14	0.54	0.03	1	0.849	1.10
Education level	0.47	0.31	2.44	1	0.118	1.61
Employment	0.08	0.20	0.17	1	0.680	1.08
Age at first flight	0.04	0.01	6.57	1	0.010	1.04
Flying in the last 10 years	0.07	0.07	0.36	1	0.830	1.08
Constant	-1.04	1.26	0.68	1	0.409	0.35

groups: participants who reported no flight anxiety (score = 0; N = 85) and those who reported some degree of flight anxiety (score ≥ 1; N = 131). The results showed that participants with self-reported flight anxiety (score ≥ 1) had significantly higher mean values across all subscales and total scores of both the FAM and FAS (see Table 2). Table 2 also presents the mean values of the subscales and total scores on the FAM and FAS for the entire sample.

Sociodemographic and Flying Experience Predictors of Flight Anxiety

The relationship between flight anxiety and sociodemographic and flight experience variables was initially explored using univariate logistic regression analyses. Variables that showed a statistically significant association with flight anxiety were subsequently included in a multiple logistic regression model. These significant variables were: sex (Wald = 9.39; p = 0.002), marital status (Wald = 6.73; p = 0.009), parenthood status (Wald = 4.08; p = 0.043), education level (Wald = 5.82; p = 0.016), employment status (Wald = 4.05; p = 0.044), age at first flight (Wald = 7.01; p = 0.008), and having flown in the last 10 years (Wald = 5.89; p = 0.015).

Variables that did not show a statistically significant association with flight anxiety and were thus excluded from the multiple logistic regression analysis included: age (Wald = 3.35; p = 0.067), general flight history (Wald = 2.96; p = 0.085), and traumatic experiences during past flights (Wald = 2.08; p = 0.149).

Table 3 presents the results of the multiple logistic regression analysis. Among the sociodemographic and flight history variables, female sex and older age at first flight emerged as significant predictors of flight anxiety. Other variables did not demonstrate a statistically significant predictive value.

Anxiety Sensitivity Predictors of Flight Anxiety

A significant association was found between the total score on the Anxiety Sensitivity Index-3 (ASI-3) and the dichotomous variable of flight anxiety (defined as a score ≥ 1 on the Visual Analogue Flight Anxiety Scale). The Spearman's rho correlation coefficient was 0.223 (p < 0.001), indicating a positive correlation.

Associations between flight anxiety and the individual components of anxiety sensitivity were first examined using univariate logistic regression analyses. All three ASI-3 subscales demonstrated statistically significant associations with flight anxiety and were subsequently included in a multiple logistic regression model. The univariate results were as follows:

- Physical concerns: Wald = 9.45; p = 0.023
- Cognitive concerns: Wald = 3.85; p = 0.049
- Social concerns: Wald = 4.21; p = 0.041

Table 4 presents the results of the multiple logistic regression analysis of these ASI-3 subscales. Among them, only the Physical Concerns subscale emerged as a statistically significant predictor of flight anxiety. The

Table 4.

Variable	B	S.E.	Wald	df	Sig.	Exp (B)
Physical concerns	0.11	0.05	5.64	1	0.018	1.12
Cognitive concerns	0.02	0.07	0.08	1	0.777	1.02
Social concerns	0.01	0.05	0.04	1	0.840	1.01
(Constant)	-0.03	0.21	0.03	1	0.863	0.96

Cognitive and Social Concerns subscales did not retain significance in the multivariate model.

Discussion

In this study, we have examined various aspects of fear of flying within an urban general population. Our aim was not to investigate flying phobia as clinically defined in the DSM-5, but rather to assess flight-related fear in a broader context. To this end, fear of flying was operationalized as a dichotomous variable, defined by participants' self-rated anxiety at a score of ≥ 1 on the Visual Analogue Flight Anxiety Scale.

Using this definition, fear of flying was present in 60 % of our sample, a much higher prevalence than previously reported rates of flying phobia [2,4]. This discrepancy may be due to the fact that many individuals experience flight-related anxiety without meeting the threshold for clinical diagnosis or seeking psychiatric assistance. They may experience discomfort during flights but are generally able to manage it independently.

Furthermore, participants who rated their flight anxiety at ≥ 1 had significantly higher mean scores on all subscales and total scores of the FAM and FAS questionnaires. This supports the validity of the ≥ 1 cut-off score on the Visual Analogue Flight Anxiety Scale as an indicator of flight-related fear. Additionally, the mean scores on FAM and FAS in our sample were nearly identical to those reported in a Dutch general population sample, lending further support to the comparability and generalizability of our findings [15].

Understanding the predictors of flight anxiety in the general population can contribute to a better understanding of its underlying psychopathology. Identifying specific contributing factors may enhance the development of targeted interventions and preventive strategies, ultimately reducing fear of flying and improving mental health outcomes for affected individuals.

To identify specific factors associated with flight anxiety, we have used logistic regression analyses, focusing first on sociodemographic and flight history variables. The results indicated that female sex and older age at first flight were significant predictors of fear of flying.

The association between female sex and flight anxiety aligns with previous findings suggesting that fears and phobias are generally more prevalent in women [2,5,17,18]. The link between the flight fear and older age at first flight may reflect a tendency that individuals with early flight-related anxieties delay flying until it becomes unavoidable. While this interpretation is speculative, it is supported by evidence that flight phobia in aircrew is associated with childhood and adult phobias [8].

Other sociodemographic variables—such as age, marital status, parenthood, education, and employment—were not significantly associated with fear of flying. Therefore, we did not replicate the findings of Fredrikson and associates, who reported a higher prevalence of flight anxiety in older populations. Likewise, traumatic flight experiences (e.g., turbulence) were not significantly associated with fear of flying. This result was somewhat unexpected and contrasts with other studies [5,9]. A possible explanation is the small number of participants who reported such experiences and the relatively benign nature of the events described.

Our findings support previous research indicating a positive correlation between anxiety sensitivity and fear of flying [12,19]. Given the established multidimensional structure of anxiety sensitivity we examined the relationships between specific ASI-3 subscales and flight anxiety [19].

Among the ASI-3 subscales, only Physical Concerns significantly predicted flight anxiety. This subscale reflects the belief that somatic sensations (e.g., palpitations, breathlessness) are dangerous and may lead to physical collapse. Our findings suggest that individuals who are particularly fearful of such bodily sensations are more likely to experience flight anxiety. The other two dimensions - Cognitive Concerns and Social Concerns - were not significant predictors.

These findings are consistent with previous research showing that anxiety sensitivity moderates the relationship between somatic symptoms and flight anxiety, in a way that somatic sensations predict higher anxiety only among individuals with elevated anxiety sensitivity [12]. This raises the question: how is fear of flying linked to the somatic dimension of anxiety sensitivity?

Air travel may provoke physical sensations (e.g., hypoxia, instability, dehydration), which, when coupled with autonomic arousal due to anxiety, may intensify somatic symptoms. In individuals with high levels of anxiety sensitivity—specifically somatic sensitivity—these sensations may exacerbate anxiety, reinforcing a cycle of fear. Consequently, such individuals may experience flight anxiety not only because of the flying context itself but also due to distress caused by anxiety-related bodily sensations.

Interestingly, our findings diverge somewhat from a study suggesting that flight-phobic individuals with high sensitivity to bodily sensations do not experience greater distress than those with low sensitivity [20]. This discrepancy may be due to differences in the study populations (general population vs. clinically diagnosed flight-phobic).

Our results have practical implications for the treatment of flight anxiety. Therapeutic interventions should

target anxiety related to bodily sensations- particularly in individuals with high somatic sensitivity. Interoceptive exposure, for example, could reduce anxiety linked to physical symptoms and, consequently, lessen flight-related fear. Given the prominent role of somatic anxiety sensitivity, interventions targeting maladaptive interpretations of bodily sensations may represent relevant therapeutic targets, as suggested by evidence linking anxiety sensitivity with adverse anxiety outcomes [21,22]. Consistent with the broader literature, exposure-based approaches are consistently supported as highly effective treatment modalities, as they directly address avoidance behaviour and facilitate habituation to both situational and interoceptive cues [23].

In addition, recent advances suggest that virtual reality–based exposure therapy may offer a practical and scalable alternative to in vivo exposure, particularly for individuals who are reluctant or unable to engage in real-life flight situations [24,25]. However, findings from recent studies indicate a limited additional benefit of targeting specific psychological mechanisms or enhancing sensory realism during exposure, suggesting that treatment effects may primarily be driven by exposure processes themselves [21,26].

Several limitations must be acknowledged. First, the use of self-report measures, including the Visual Analogue Flight Anxiety Scale, relies on participants' subjective interpretation of their anxiety levels. Second, while our regression analyses identify correlates of flight anxiety, they should not be interpreted as causality. Third, the study focused on an urban general population; we did not include a rural comparison group, which limits the generalizability of our findings. Fourth, the study was conducted in Serbia, a country where air travel has historically been less frequent due to economic reasons. This context may influence the observed prevalence and nature of flight anxiety, although we assume that flight anxiety is a broadly relevant phenomenon not geographically limited.

Despite these limitations, the findings of this study suggest that fear of flying is a common phenomenon, particularly among women, individuals who fly at an older age for the first time, and those with heightened sensitivity to anxiety-related bodily sensations. These factors represent promising targets for prevention and intervention efforts aimed at reducing flight anxiety in the general population.

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Conflict of interest

None to declare.

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