

11-18-1999

# Trends. The Crash of EgyptAir 990: Realities of Psychological Screening

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## Recommended Citation

Editor (1999) "Trends. The Crash of EgyptAir 990: Realities of Psychological Screening," *International Bulletin of Political Psychology*: Vol. 7 : Iss. 19 , Article 5.

Available at: <https://commons.erau.edu/ibpp/vol7/iss19/5>

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International Bulletin of Political Psychology

Title: Trends. The Crash of EgyptAir 990: Realities of Psychological Screening

Author: Editor

Volume: 7

Issue: 19

Date: 1999-11-18

Keywords: Aviation Safety, Psychological Screening

In the wake of the crash of EgyptAir 990 and (at the time of this writing) the possibility that someone in the cockpit might have intentionally caused the crash, some journalistic sources have bemoaned the absence of periodic, formal psychological screening by many commercial airlines of all pilots and other members of a flight crew. For example, it is extremely rare that a comprehensive battery of objective and projective psychological testing would be used as part of an annual medical screening required of all pilots at an airline. However, at least two types of psychological screening do occur.

First, a competent physician carrying out a medical evaluation will be sensitive to cues-e.g., physical appearance, medical history, social history, small talk, and the like-that suggest psychological and social problems might be beyond what is normal or normative for a specific population. At that time, the physician may probe more deeply or-if necessary-make a referral to a mental health professional-usually a psychiatrist or clinical psychologist.

Second, and, perhaps, most importantly, psychological screening occurs on a daily, almost continuous basis. This screening comprises the interactions between supervisors and supervisees, among colleagues, among all of these and other friends and family members and so on. The screening becomes apparent through rumor and innuendo, stories that reflect favorably on an individual, and after-action reports following an air disaster may often suggest that a number of people "knew" that an individual "had a problem." Certainly-as with a medical or formal psychological evaluation--some of this information is accurate, some not, some may be of unknown quality.

At Issue is how the information from both types of screening is used. In both cases, there is often a resistance to identify and use information that might hurt an individual's career, damage one's reputation, or cast dispersion on one's own loyalty to the individual. That is why along with adequate screening procedures must come the nurturing of an organizational culture that maximizes the benign identification and use of such information.

Unfortunately, in air disasters and other tragedies, the pressure to seize on a "smoking gun" pointing at a dereliction of duty or responsibility can hide the good in safety/security procedures as well as the bad. (See Jehl, D. (November 17, 1999). Men on cockpit had solid experience. *The New York Times*, p. A21; Martinussen, M., & Torjussen, T. (1997). Pilot selection in the Norwegian Air Force: A validation and meta-analysis of the test battery. *International Journal of Aviation Psychology*, 8, 33-45; Okaue, M. (1995). Relations between flight screening test and psychological interview. *Reports of Aeromedical Laboratory*, 36, 59-69; Popper, S.E., Morris, C.E., & Briggs, J. (1997). Human subject screening: A dynamic process. *Aviation, Space, & Environmental Medicine*, 68, 99-942; Stuck, A.E., et al. (1992). Multidimensional risk assessment versus age as criterion for retirement of airline pilots. *Journal of the American Geriatrics Society*, 40, 526-532; Zuckerman, L. (November 17, 1999). Some crashes classified as deliberate. *The New York Times*, p. A21.) (Keywords: Aviation Safety, Psychological Screening.)