

CLINICAL NOTES

USE OF FERAL CATS IN PSYCHOTHERAPY

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ABSTRACT

Animal-assisted therapy typically involves the use of domesticated, well controlled animals that are trained to permit approach behavior and interaction by patients. This report describes the use of undomesticated, feral cats as adjuncts to psychotherapy. This approach provides advantages not attainable when domesticated pets are used. Case examples are provided to illuminate the various applications of this unique therapeutic technique.

INTRODUCTION

It is well documented in the literature that the human-animal bond represents a powerful and dynamic attachment, potentially instrumental in encouraging the process of healing (Vormbrock and Grossberg 1988; Calvert 1989; Kongable et al 1989; Wilkes, et al 1989; Siegel 1990; Allen et al 1991; Edney 1992; Voelker 1995; Allen and Blascovich 1996). The use of domesticated animals as participants in the treatment of humans with emotional and/or physical impairments in a variety of settings, for example, nursing homes, hospitals and prisons, remains an area of active investigation and interest (Holcomb and Meacham 1989; Draper et al 1990; Hoffman 1991; Haughie et al 1992; Fick 1993; Jerome and Blackman 1996). On the other hand, there are far fewer reports on the involvement of feral animals as adjuncts to human therapy. This report describes how feral cats have featured in the treatment of psychiatric patients in a rural community mental health center.

The inclusion of four feral cats in psychotherapy was the product of an evolution of accidental and unanticipated events, but has proved its merit countless times since the first cat-client meeting transpired. The intent of this paper is to describe the process wherein these animals have been integrated into one psychotherapist's practice and to introduce some ideas which may be of interest and relevance to other health care providers. It should be appreciated from the outset that the utilization of

these feral cats in the treatment process has itself been an unfolding process. This process continues to be modified and expanded as our awareness of the therapeutic capabilities of these remarkable animals grows.

As the field of animal-assisted therapy was being examined, and the feral cats were simultaneously allowed to define their roles as "co-therapists," it became evident that the therapy experience with these cats was profoundly different than the more traditional animal-assisted therapy. In other therapeutic contexts, animals are generally introduced into the treatment situation by their handlers, and are quite clearly extensions of these humans. They are well-trained, civilized, often eager to please, and generally must meet a number of well-defined requirements designed to select those animals best suited to be good companions. In contrast, the feral cats contribute to the therapy how and when they choose, offering the many dimensions of their different character, preferences, pleasures and dislikes as enhancements to the therapeutic process.

BACKGROUND

The Mental Health Center is located in rural Michigan, USA. The Center itself lies adjacent to an open field and woodlot, where wildlife is fairly abundant. Feral cats have existed in this setting for several decades, and were often seen carrying prey to wherever they resided. One of the staff members of the Center began to provide food supplements during a particularly

severe period of bad weather one winter. Over time, one particular cat began approaching this staff member, although not, at that point, to the extent of permitting touching. This cat delivered a litter of four during that spring, and the feline family became established as residents of the bushes outside the therapist's office, where their feeding site was located. Eventually, two of the four kittens were no longer observed with the rest of the family, but the remaining three seemed content with the situation, and a shelter was constructed in this area to protect them during harsh Michigan winters.

Clients who were treated in the therapist's ground level office were able to observe the comings and goings of these essentially wild animals throughout the year. It became clear that many clients looked forward to seeing the cats and inquired as to whether the cats could be permitted entry into the office. One day during that summer, the window was left partially open and the mother cat began to come into the office, eventually to be followed by her two remaining offspring. No effort was made to confine the cats or restrict their behavior, and, over time, they found several places in the office where they enjoyed sleeping or simply perching and observing. Thus began the involvement of a family of feral cats in the treatment of mentally ill clients. These cats remain free-ranging, but no longer can be considered "feral" in the strictest sense of the word. Over time, and to varying extent, each cat has demonstrated an inclination to be touched by the humans. All three of the cats delivered litters the following spring, after which each was captured for the purpose of spaying and providing appropriate medical attention. One kitten from the third generation of this family was left after an enthusiastic adoption program was conducted, and she completed the three generational family of free-ranging cats.

THE THERAPEUTIC PROCESS

In order to help the reader envision what actually transpires in this cat-assisted psychotherapy, some details will be provided. The office, as indicated above, is at ground level, allowing easy entrance for the cats through a partially open window. When the cats' presence is desired, the window is simply left open. New clients routinely are given the option as to whether or not the cats will be present during the course of their treatment. Agreement to permit the cats to be present during therapy sessions does not commit the client to continued or indefinite participation. Clients can elect to initiate or discontinue participation of the cats at any time. In an effort

to discourage the development of any guilt or responsibility on the part of clients who might feel obliged to invite the cats into the office in order, for instance, to protect them from the weather, it is pointed out that there are cat shelters directly outside the window, providing adequate protection from undesirable elements. Clients are also told that the cats are not to be picked up or restrained in any way, but that if the cats initiate touch or play, the client may respond in like if so desired. Finally, the clients are advised that while the cats have been vaccinated, spayed and pronounced healthy by their veterinarian, they do have claws. When the cats are allowed in the office, they are essentially permitted to come and go as they wish. They often opt to sleep in the letter baskets they've claimed as their beds, but at other times they interact with each other or with humans.

Beyond a brief identification of the cats who frequent the office, no further elaboration regarding their behaviors, individual idiosyncrasies, or habits are provided to the clients at the initiation of therapy. It was quickly discovered that clients' initial responses to the simple fact of the cats' presence offered important information regarding how the cats would subsequently be integrated into the ensuing treatment process. There are times, for example, when clients essentially ignore the cats, only occasionally using them as diversionary devices, while basically assuming a tolerant, indifferent posture with respect to the animals. Other clients immediately engage with the cats, either directly or in the form of spontaneously produced stories regarding cats they've known themselves; pets they've loved and lost. A significant sub-group of clients have focused meticulous attention on the history of the cats, posing numerous questions regarding where the cats originated, how the therapist became involved with them, why they live outside, and how administrative permission to have the animals in the Center was obtained. Subsequently, a variety of potentially relevant therapeutic themes tended to develop in the course of the abbreviated rendition of the cats as survivors of the myriad of dangers which confront them on a regular basis, and the therapist as someone who, in a limited way, fed, cared for, and befriended them.

In powerful ways, the cats have elicited emotions, vivid memories and obvious attachment efforts from many adult clients. Those who are seriously vulnerable and impaired, such as persons with schizophrenia, multiple personality disorders, or severe character pathology seem to bond in a very important way with the cats, often speaking to the therapist through the cats, revealing impor-

tant data about themselves by describing what the cats are thinking and feeling, and why they think the cats are behaving in certain ways. More commonly found in the therapist's caseload, are adult victims of childhood sexual, physical and emotional abuse, whose identification of themselves as "victim" has accompanied them well into their adulthood. Such individuals are often seriously stunted in their development, particularly with respect to their ability to establish and sustain mature, intimate and trusting relationships. These clients quickly establish important attachments with the cats, often asking after them each time they arrive for an appointment. They pay special attention to the ways the cats manage to survive during the winter, in the face of other hardships and natural enemies. They make a special effort to learn the cat's names, their personalities and histories. It became evident that several clients who had similar histories of being victimized also seemed to share similar responses to the cats. They quickly identified with the cats who, by virtue of their own homeless histories, and perceived experiences of hardship, were seen at once as victims, and more importantly, also as survivors. It is this perception on the part of clients that differentiates these cats from those that live as someone's pet or companion. Thus, this identification provided hope to the clients, that they, indeed, could also become survivors.

An alternative explanation for client/victims' rapid and meaningful bonding with the cats emerges, when the clients' histories are examined. Many clients can recall experiencing virtually no positively endowed relationships during their developmental years. The absence of an essentially positive attachment is extremely likely to be severely damaging to a developing psyche. Although no suitable human being may have been available to these clients to play the role of "caring other," several clients have described the immeasurably important presence of a cherished pet in their pasts. Their descriptions of the very special, intimate and unconditionally loving relationship established with their pet, strongly suggest that this animal-human attachment served as that all important trusting relationship for these individuals when they were developing children. When these clients encounter the cats in the therapeutic setting, they are quickly reminded of the important other in their pasts, as well as of the pain, loneliness, and fears from which they were protected by their childhood pet.

Clients whose character development was seriously disrupted, delayed or disturbed, often lack the capacity for developing empathic or caring relationships. This severely curtails their ability

to establish friendships, intimate attachments, and sustained commitments to individuals, groups, or even their own careers. The prognosis for recovery by these characterologically impaired people has, historically, been extremely poor. After months or even years of fruitless psychotherapy, some of these individuals demonstrated, often for the first time, the capacity for an empathic relationship with the free-ranging cats. The development of the capacity to establish a caring, empathic relationship, which was previously absent, is a critical initial step in the recovery process of these individuals. Poresky (1990) demonstrated that empathy toward children was correlated with empathy for pets, and children with a strong pet bond had a greater degree of empathy for other children than children without pets. That the feral cats, in contrast to more conventional domesticated animals, were perceived as less contaminated by human identification, may have been a factor in these clients' ability to identify with, and positively relate to, what they regarded as wild animals.

As past or present sources of nurturance, the cats clearly became important contributors to the treatment process. Tactile interaction is generally considered inappropriate within the context of most psychotherapeutic treatment modalities, as well it should, given its potential for communicating unintended messages to vulnerable clients. However, the unique comfort which accompanies the experience of touch can be provided by animals without much danger of sexualizing the interaction, and in this respect the cats have proved invaluable. Numerous clients have looked towards or called to one of the cats at times of acute emotional distress, and others have specifically identified the cat they wanted present before discussing one of their most disturbing experiences. One 14 year old boy, who entered treatment after having spontaneously recalled a violent rape he experienced six years ago, would only cry in the office until his favorite cat jumped onto his lap, at which point he put into words for the first time in his life the details of the traumatic event.

In addition to the ways in which clients use the cats as objects of their projections or sources of nurturance, emotional gratification or simple entertainment, the cats are used in ever expanding ways. The therapist's nurturant history with the three generations represented in this feline family defines the therapist as a caring, giving person. This is generally an image therapists endeavor to present, but are rarely allowed such an effortless and succinct way to communicate the message. When clients seem unable to produce verbal material useful to the therapeutic dia-

logue, an attempt is made to diminish the sense of threat or tension they are apparently experiencing by directing the questions to one of the cats; for example, "Do you think Susie is getting tired of all my questions, or is it that I'm asking the wrong questions?" Alternatively, when two of the cats become involved in an altercation, the client may be asked if their children or spouse or parents ever do what the cats are now doing, and if so, can they demonstrate how they handle such aggressive behavior.

At times, one of the cats will choose to participate in the therapist's efforts to communicate various messages to the clients, and one of the cats in particular can be depended on to greet and initiate tactile contact with many of the people who visit the office. Such unqualified interest in the client, successfully confirms the message that they are valued. At other times, one of the cats will visually portray a part of something that the therapist is in the process of trying to explain, as was the case when the oldest of the four cats, M.C., stretched herself trustingly beneath the elevated, tremulous foot of a client who suffers from an obsessive compulsive disorder. This client was extremely distressed by her obsessive conviction that she could quite easily, if unintentionally, be the cause of harm to others with whom she interacted. She understood her fears to be entirely unfounded, but as is generally the case with this disorder, cognitive awareness only mildly touches the powerful fears associated with such obsessions. At the very moment she was expressing her fears of being lethal to others, her attention was directed toward M.C.'s obviously trusting position, *vis-à-vis*, the client above her. The fact was drawn that M.C. is a creature whose survival capabilities far surpass most of ours, and she obviously sensed no danger whatsoever in the client. The client literally laughed through her tears, and began to re-structure her faulty thinking.

Clients will sometimes use the cats as vehicles of communication, particularly when their own verbal skills are limited. This can be seen in the case of a pregnant client whose relationship with her unwanted pregnancy had seemed frighteningly hollow. She didn't talk about the baby inside her at all, and despite efforts to help introduce this client to her unborn child, she remained entirely uninterested. She had also denied the cats entry into the office because, she angrily stated, "They've got houses of their own; they should go there where they belong!" This posture was maintained for weeks, until one day the client simply stated that the cats should be let into the room, a directive which was soon followed by the

client's discussion of how hard the baby was kicking and how this must mean that the baby is a boy because no girl would be that rough.

To further illustrate the cats' impact in therapy, consider the following case study. Ms. G. is a 39 year old divorced woman who presented for her first exposure to psychotherapy after her experience of an extremely violent rape perpetrated by her fiancé. She did not disclose the fact of this trauma to anyone, including the therapist, for over one full year after starting therapy, and her chief complaint when she sought treatment was simply that she felt, "depressed and dead inside." She later described to the therapist that following the rape, she'd, "just kind of gone away inside, [herself] ...didn't have any feelings...couldn't look at anybody or anything...just gone away..." Ms. G. had a chronic history of extensive abuse and abandonment pre-dating the rape which precipitated her involvement in psychotherapy. Of considerable significance was the fact that she'd never discussed any of these painful experiences with anyone at any length. Her efforts to cope had historically revolved around her pattern of avoidance of, "going away inside." Because this coping strategy never allowed Ms. G. directly to confront the fact and impact of the many abuses and abandonments she'd experienced, she never adequately recovered from any of these traumas. As is true for many individuals in such a situation, the failure to recover from traumatic events and damaging relationships invites history to repeat itself.

While Ms. G. was difficult to engage in a meaningful and productive verbal interaction with the therapist, she made it clear from the onset of treatment that she valued, cared about, and identified with the cats. Her first comments during virtually all her therapy appointments were either questions about, or remarks to, the cats. As she learned about their life histories, Ms. G. began spontaneously to recall and talk about her own history in a chaotic, abusive, and primitive family system. When one of the cats was missing for over six weeks, Ms. G. remembered and discussed the loss of her only pregnancy two years earlier. She later asked about the offspring of her favorite cat, and was informed of the abuse two of this cat's kittens had experienced at the hands of marauding children three years ago. Ms. G. finally disclosed the fact and details of her own rape within the month following her discussion of the kittens' experience of abuse, and she went on to allow herself to trust the therapist and the cats to provide a safe environment for her recovery process.

CONCLUSION

Because feral cats display such a broad array of behaviors and vocalizations, ranging from their endearing and loving, grooming activities to the seemingly unprovoked expression of dominance and aggression, they provide countless opportunities for a more thorough understanding of clients' experiences. Clients usually respond in some fashion to the cats' behavior, and much can be learned about that person through their responses to the action transpiring in the office.

Since it is true that the feral cats often behave in ways that are unpredictable, and, at times in ways that no therapist would want to see duplicated by clients (e.g., hissing, spitting, killing and torturing of other weaker animals, and disappearing for weeks at a time) it might appear that their role in animal-assisted therapy could produce more problems than it corrects. Sometimes clients verbalize disappointment, because the cats aren't present when they arrive for a scheduled appointment, and, over the years, there have been several near tragedies with the cats, in the form of a missing member of the family, or hostile animal or human invaders attacking and intimidating them. The therapy's unpredictability and potential for emotional risk, however, constitutes one of its unique attributes as an accurate mirror of life as it truly exists.

Psychotherapy, irrespective of the particular approach, requires that certain rules of engagement must exist which serve to protect all parties participating in the process. Boundaries must be established and respected. There exists an expectation and confidence that frustration will be tolerated without the fear of permanent loss or catastrophe. These conditions ordinarily take many weeks to months in order to be firmly established. The introduction of feral cats into the psychotherapeutic process hastens this process; often within a single session. Furthermore, unlike their domesticated cousins who are often enjoyed

because of their tameness, attractiveness, and affinity for humans, these cats are not tame, trained, or particularly cute, and yet, are respected on the basis of their intrinsic worth. This has been, for many clients, a major initial step toward changing their entire life-view.

The authors recognize that this report is not a controlled study, comparing for instance, the usefulness of other domesticated animals with the feral cats. Certainly domesticated cats could be, and are, used as adjuncts to psychotherapy. However, the uncontrolled nature of the feral cats presents unique events and circumstances that clearly do not occur in the lives of more domesticated animals. The fact remains that many of the clients who were exposed to assisted therapy utilizing these cats, were deemed refractory to treatment prior to this experience. Several clients were simply non-communicative, while others did not meaningfully engage in the therapeutic alliance until they were exposed to the primeval behaviors and other indescribable emanations from these untamed, unpredictable, and yet incredibly effective animals.

Finally, several areas demand more structured scientific study if the general field of animal-assisted psychotherapy can develop as a valid and well understood treatment modality. Animal-assisted therapy with feral cats has provided a genuine enhancement to the process of psychotherapy for a large number of clients of varying ages, socio-economic backgrounds, cultures, and diagnoses. It may be that this particular situation with the four feral cats described cannot exactly be duplicated elsewhere. In fact, the program described in this paper may, some day, reach its natural conclusion. It is hoped, however, that this experience with feral cats and psychotherapy might help encourage other health care providers to consider integrating animal elements from their environment into the treatment they provide.

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