

Today, according to *Cat Fancy* magazine (2001), about 55 percent of American households have either a cat or a dog and 16 percent have both. Nolan (2003) reports that 63 percent of pet owners say “I love you” to their animals each day, 83 percent refer to themselves as the mothers or fathers of their pets, and 59 percent celebrate their pets’ birthdays.

AAT began by accident in the 1950s when psychologist Boris Levinson’s dog Jingles ran into his consulting room and elicited a warm response from an autistic child. His professional colleagues initially disparaged his interest in animals, but he persisted in his work. Other practitioners joined him, and although the idea of using pets in therapy still raises eyebrows, AAT is now a flourishing modality.

The Delta Society (deltasociety.org), founded in 1977, is one of the leading organizations in the field of AAT. Under their auspices, animals and their humans (pet partners) work in a wide variety of settings, that is, hospitals, hospices, nursing homes, prison units, centers for disturbed persons, and facilities for Alzheimer’s and AIDS patients. Dogs are the most common therapy animal, but the Delta Society also trains cats, horses, rabbits, snakes, birds, llamas, donkeys, pigs, and chickens. The Society reports that approximately 8,000 trained volunteers work with animals in institutions in the United States and abroad. In addition, approximately 125 licensed health care providers are registered with them, which they say is probably only a small number of professionals using AAT.

According to Delta Society research,

animals provide many physical and psychological benefits. When people hold animals on their laps or just see an animal in the room, their blood pressure lowers. Animals can also help people become calmer, more outgoing, more verbal, and less hostile. Loneliness decreases, and self-esteem increases. The sick recover from operations earlier, use less medication, and live longer. People adjust more easily to life changes.

Note that this research has been done in institutional settings, where the bulk of AAT takes place. Although many therapists may already be including pets in their practices, there has been almost no research on the impact of pets in outpatient treatment settings or reports on this subject. Yet the impact of the institutional research already completed seems to have obvious applications for psychotherapy, as I will describe below.

Working with animals in a private practice is different from working with them in large, often noisy institutional settings. For example, my cats are not trained to stay still on a patient’s lap as Delta Society therapy animals are, and their freedom of movement has proved at times to be a benefit rather than a drawback.

About Boots and Tiger

As mentioned, Boots and Tiger joined me at four and a half weeks. A police-woman in Brooklyn found them lying on the ground between the paws of a protective dog. She took them to a local veterinarian’s office, where I heard about them.

My decision to use AAT developed not only from patients’ responses to my cats but also from the personal healing they provided me. They calmed me down. They listened to me when I needed to talk. I also noticed my reactions to their different personalities. Boots is the alpha cat—regal, adventurous, and outgoing. As a kitten he used to beat up beautiful, timid Tiger, who would shrink and run away.

I admired Boots and felt that he represented a side of me, a self state, that I wished to show more of. I was also angry with him for attacking Tiger. I felt sympathy toward Tiger and anger at his passivity, realizing he represented another aspect of myself. These insights helped heal splits within me. My healing process increased when I decided I

would help Tiger/me grow. I am not an animal behaviorist, and I am not sure if my actions actually caused the change I witnessed. I noticed, however, that if I petted Tiger a lot, he would immediately jump off my lap and attack Boots.

Over time, both cats have changed. Tiger is somewhat more assertive, and Boots is less aggressive. Sometimes they play/fight, sometimes they ignore each other, and sometimes they curl up together. Both my patients and I have felt very involved with and inspired by their changes.

My experience indicates that one can use animals for a wide range of patient populations from simple neurosis to the severely traumatized patient, resulting in a wide range of benefits. It may be, however, that further research will find that specific animals are more suited to certain patients or types of problems than others.

Assuming that the therapist uses a healthy and friendly animal, I see only a few contraindications to AAT in private practice. The first is with patients who might abuse the animals. The second exception might be phobic patients. I have had only two such patients. One person with a mild phobia gradually overcame her fear of the cats and let them come into the room to sniff her. The second patient asked that I keep Boots and Tiger out of the office during all times. We explored her phobia as it related to her mother’s phobias and her general fear of life. Unfortunately, as we were planning to desensitize her, she left treatment for “logistical” reasons. Finally, a problem could arise with persons allergic to animals. I have, however, been very successful using hypnosis to reduce substantially or even eliminate allergic responses, so that no patient has left treatment for that reason.

Theoretical Considerations

Without doubt, when lonely people turn to animals for companionship, the animal becomes a transitional object, as described by Winnicott (1953). The animal fills an intermediate space between fantasy and reality, symbolizing the self-soothing function of the mother. And yet people also relate to animals, especially the independent cat, as whole objects in their own right with unique, distinctive

James Li



Tiger (left) and Boots.

personalities. They then form an intersubjective arena among patient, therapist, and animal.

A recent article by Frankel (1998) on the relationship between adult and child therapy presents other considerations relevant to AAT. He reminds us that Winnicott (1953) sees psychoanalysis as a “highly specialized form of playing in the service of communication with oneself and others” (p. 41). Play, Frankel says, involves freedom from external goals, pressures, and threats. It allows curiosity, exploration, spontaneity, novel behavior, creativity, and pleasure in activity for its own sake. All of these qualities are, I feel, fundamental attributes of animal behavior. These qualities of play, Frankel says, help the client achieve a major goal of psychotherapy—to bring dissociated states into communication with each other in the interpersonal relationship with the therapist.

In addition, Frankel comments that therapists facilitate patients’ play by their own openness to playfulness. For example, patients entering the office often go directly to the cats to pet or talk with them. I encourage this behavior with my own petting and conversations with the animals, especially when Boots holds his paw out and I touch it and say, “Give me five, Boots!”

The condition of alexithymia, described by Krystal (1982) as an impaired capacity to utilize emotional signals, also can be effectively addressed with AAT. As Krystal notes, for some patients emotional signals may be undifferentiated, vague, and unrecognized, thus limiting their capacity for reflexive self-awareness. Thus, alexithymia is a major deterrent to successful psychoanalysis. Krystal suggests various methods to help the patient overcome this problem, that is, through explanation of the problem, improved affect tolerance, affect naming, and verbalization. It is a slow process. But here again, the unconscious, spontaneous nature of animals and the concrete models for emotional expression that they provide can facilitate this process.

Clinical Material

My clinical material covers 10 different functions that Boots and Tiger provide in my treatment of patients. My cats (1) calm and soothe both patient and therapist, (2) facilitate emotional expression in

patient and therapist, (3) model desirable behavior, (4) serve as a projective screen, (5) model ego states, (6) allow us to touch and be touched, (7) encourage spontaneity and fun, (8) respond to human emotions, (9) support the therapist and lessen his or her isolation, and (10) provide an unconditional love essential to human well-being of the sort one can never find in a human relationship. This last function is an ever-present phenomenon providing patients the opportunity to develop, through interaction with the cats, the vital capacity for self-soothing that they would ideally have achieved from their mothers’ comfort.

Calming and soothing. I believe animals’ ability to calm is one of their most important contributions to psychotherapy because of the tactile comfort and unconditional love mentioned above. Over and over, patients report feeling peaceful when they see Boots and Tiger, especially when they cuddle and groom each other. One patient said watching them interact gave her a deep sense of serenity. This feeling increases even more when Boots and, occasionally, Tiger sit on patients’ laps.

Nancy started therapy following a mastectomy. One day she requested hypnosis but was too frightened about a recurrence of cancer to relax into it. At her request, I put Boots in her lap. She began petting him and then entered a beneficial hypnotic state. Note that hypnosis is a focused state of attention characterized by increased suggestibility that relaxes the patient, frees up unconscious processes, and facilitates the use of imaginative techniques.

The cats also sit on my lap. At first I felt unprofessional allowing them to do so, even though their choice of perch has facilitated my work. When questioned, patients usually say they like the cats with me. It calms them almost as much as holding a cat themselves. On those rare occasions when a patient responds negatively to my holding a cat, I put him down and explore this response. One patient felt jealous Boots was sitting with me, not her, leading to discussion of her sibling rivalry.

Emotional expression and interaction. Just as the Delta Society reports that animals facilitate social interaction among clients in residential settings, I find they facilitate

emotional expressiveness in therapy sessions. Often patients say they speak more freely holding a cat. Occasionally, a patient talks to me through the cat, helping overcome alexithymia. Bob, who had been brutally traumatized, kept his distance, ignoring questions about our relationship. One day, however, he noted the cats had changed. “Tiger is more outgoing,” he said. “But of course he is changing. You are a nurturing person to him.”

Other patients who witness my affectionate interaction with the cats say it helps them feel they can trust me as a therapist because I am so loving to the cats. And during the time Boots and Tiger were changing, some patients said they saw me as both an effective cat mother and an effective therapist because I had facilitated change in my pets.

Sometimes when patients block emotionally, I ask what the cats would say. Claire and I were doing a guided meditation together. She created a story about a spotted dolphin that was rejected by her father for being different. She could not move beyond the pain, so I asked her what Boots thought. She replied that Boots would say, “Don’t let him affect you like this. There are a lot of people out there to like you.”

Holding a cat also facilitates my own flow. Gary loves cats, and he often came to sessions early to play with them. One day when I entered the waiting room, he was petting Tiger. Tiger seemed agitated, and I took him into the office and put him on my lap. Gary then spoke of suicidal feelings. I realized his emotions had affected Tiger, and I petted the distraught cat till he lay limp in my lap. His relaxation, in turn, relaxed me and made it easier to work effectively. Gary calmed down and, as he left, looked at Boots, who was sitting nearby, and said to him, “Don’t worry, Boots; I’m not going to do anything to hurt myself,” an illustration of the intersubjective arena among patient, therapist, and cats.

Modeling ego states. Patients also react to both cats individually and use them in ego state therapy (EST), which is similar to the concept of self states. It is a hypnotic technique developed by Watkins and Watkins (1997) in which the patient visualizes and talks with different parts of him- or herself. (Sometimes the ther-

apist also talks with the patient's different parts or self states.) Similar to work with self states, this process helps achieve awareness, acceptance, and cooperation between the different parts, fostering personality integration.

EST in hypnosis operates on an imaginative symbolic level. Shy Tiger and outgoing Boots in the therapy room concretize the ego self states, thus allowing for playful opportunities. For example, many patients admire and emulate Boots's fearlessness. Sometimes I create hypnotic suggestions around him. "Look how he holds his head high, with tail and ears alert," I say. "Notice his vibrancy, curiosity, the way he races after that fly and grabs onto life." Sometimes patients think of Boots when they handle difficult situations, here internalizing the qualities of the cat-therapist-mother.

Tiger elicits a range of feelings. Some patients sympathize and identify with him. They cheer on his growth. Janice, struggling to stand up to a verbally abusive partner, chanted "Go, Tiger, go!" as she watched him face down his attacking brother. Roger said he wanted to be like Boots, but Tiger reminded him of himself, coming into his own. He liked watching the "scruffing" between them just as he is "scruffing" with his own life. "Tiger is getting stronger," he said. "It is a pleasure to see. If Tiger can do it, so can I."

Projective screen. Occasionally, patients' projections onto Tiger help them achieve perspective. Gary felt great despair over time lost struggling with emotional problems and wondered if he would ever find peace. He noticed Boots sitting on my lap. "Boots is dignified and outgoing," he said and then glanced at Tiger sitting on the floor nearby. "But," he noted, "Tiger has greater wisdom than Boots will ever have because of his suffering, and this is a wonderful gift he and I both own."

Marie disliked Tiger because he reminded her of herself. She much preferred Boots. In one session, I put her into a trance, and Tiger jumped into her lap. During hypnosis she began crying. She felt sad that the cats had been cast out on the street as kittens, just as she had felt abandoned in her own childhood. Tiger had been sucking on her arm, just as her own baby had sucked her

breast. She said she felt compassion for her baby self, who suffered so much, in a way she never had felt before as an adult.

In another example of both projection and ego state integration, Tom said, "I want to be like Boots but without the (projected) nasty aggression." He added, "I want to strengthen the frightened Tiger part of me without losing his sweetness."

Handling aggression. Sometimes my cats' play or fighting proves distracting, and I remove them from the room. More often, it is beneficial when patients use it to understand their own fears of aggression. The cats' behavior also can create transformative moments. For example, I was working with a couple locked in battle. Boots and Tiger had been sitting quietly in their cat tree. Suddenly they jumped to the ground and began thrashing their legs and tails, biting and yowling. We laughed as we watched their reenactment of the couple's fight, and when we resumed work, the mood had shifted. The couple had become warm and empathic toward each other and were able to work out their conflicts, another example of how animals can contribute to the intersubjective arena and of the value of play.

Touching. Our society and our profession inhibit touching. Yet touching is vital to well-being, and as mentioned, the cats constantly soothe and relax patients by providing tactile contact and nurturing feelings. Sometimes the touch of a cat moves the patient to even deeper levels. Boots stretched out on Carol's lap as we began hypnotic exploration with her four-year-old self. She had been sexually abused and was shut off from her pain. The adult Carol began to speak of the pain of the child. She wanted to comfort the child and felt distressed that she (in imagery) would not respond. Suddenly I noticed that both Carol and I were petting Boots. It seemed to me that we were petting the four-year-old through Boots in a way neither of us could do directly. The following week my patient reported the work had been helpful. She felt more relaxed, in touch with and accepting of her early pain.

Spontaneity. Like most cats, Boots and Tiger are independent. Although sometimes they stay on a patient's lap throughout a stressful session, other times, for reasons unknown, they jump off or refuse



"Co-therapist" Boots gets acquainted with patient and her newborn baby.

to come at all. This behavior provides useful opportunities to deal with rejection occurring in vivo. One session Mary worried that Boots and Tiger kept away because they disliked her. She used this feeling to explore her intense neediness, which causes people, and possibly cats, she said, to flee. At the very end of the session, when Mary felt calmer, Boots rewarded her by unexpectedly jumping into her lap.

Emotional responsiveness. Some animal behaviorists question animals' emotional capacity, but AAT is based on the premise that animals can be emotionally responsive (Masson & McCarthy, 1996; Sheldrake, 1999). Although Boots and Tiger do not always respond to patients and me, at other times, they are deeply in tune.

For example, Tiger was sitting quietly when Jeff came into session very drunk. He started crying about his abusive parents. He became more hysterical as he spoke of watching people jump from the World Trade Center. Tiger began to wander restlessly around the room. My patient screamed, "They made a decision how they wanted to die—by fire or by jumping. Here I am stuck here in life, unable to act!" Tiger opened his mouth and gave a great big meow. Jeff laughed and said, "That grounds me. I'm so tired of being afraid and tired of being stuck." As he walked out of session, he said, "I think it's time I changed my drinking patterns." And, incredibly, from then onward, he did.

Another time Boots sat on a table and maintained constant eye contact with a patient who was sobbing about her guilt over abandoning her dying mother. Both she and I stroked him as we talked. The

tactile contact helped us—certainly me—manage the intense emotions. The patient said Boots was “a sweet cat,” and he made it easier to forgive herself.

Conclusion

I end with this thought: Psychotherapy is both a very intense and isolating profession. Using animals as “copartners” in the therapy room can renew our interest and engagement in this challenging work. They lessen our isolation by their soothing companionship and their sensitivity to human emotions, which a skilled clinician can then transfer into a highly effective and collaborative relationship among patient, therapist, and animal.

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