

Use of Family Therapy Methods in Management of Behaviour Troubles

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Consulting a behaviour problem in a cat or dog means receiving a complaint from a person or family about an animal. The practitioner has to give a diagnosis, prognosis and treatment, and to explain these elements to the owners. Sometimes only the animal is involved in the pathology and there will be no problem communicating the situation to the family. But, in many cases, things are not so easy. When the prime cause of the problem is the bond between the owner and the animal, the practitioner has to consider the whole situation and use family therapy methods.

Human-animal linked pathologies

We shall take two examples of pathologies involving the human-animal bond

Separation anxiety is not a loneliness anxiety. Often people explain that symptoms appear even when someone stays at home. The person staying at home needs to be an attachment object for the pet to prevent the symptoms. Pageat's theory is based on the ethology of the dog. Naturally, the puppy has to be detached from the mother at the end of the pre-pubescent period. When people adopt a two month old puppy, they keep it close to them, and there is no problem with that. But, according to natural sequences, people would have to detach the puppy when it was about 6 months old. In many cases they don't want to, and will not, even if prescribed to do so by a veterinarian or behaviourist. Hence the dog cannot reach an adult status. This is the root of the problem with vocalisations, destructive behaviour and soiling being merely the symptoms of a permanent anxiety based on the abnormal situation. We can describe that pathological situation as a problem of the relationship. The dog is normal, the people are normal, but the bond causes damage to the affective balance of the dog. We can call this "hyperattachment". This is only a clinical sign and not a moral judgement. Hyperattachment can be pointed out by the looking at the main behaviours of the dog such as scanning behaviour; the dog always tries to keep in physical contact with its' owner, failing that, visual contact. There always tend to be owner rituals of leaving and arriving linked to these behaviours.

Sociopathy is the second major pathology involving the human-animal bond. We have before us a well socialised dog with kind people as owners, but a problem with the relationship. According to the ethology, if people concede too many prerogatives to the dog, feeding it before they eat, for example, it is possible for the pet to develop dominance. Then, according to its' status, it may bite, when the created hierarchy is not respected by the owners who do not understand the situation that has arisen.

Systemic therapy

These two cases highlight the situation that the dog is not the only patient but the entire household itself, including all the people and other pets. The important point is that it would be a mistake to treat the dog in isolation of these other elements. In all situations involving a pathology of the human-animal bond it is important to use a systemic approach. To improve our action, it is important to know the basics and we therefore need to use the

four main principles of the General Theory of Systems as described by Ludwig von Bertalanffy. This theory has been applied, by Bateson, Haley, Weakland and other of the Palo Alto school, to humans and it considers organisms and their minds as opened systems near balance.

1. Principle of totality. If you change one element of the system, you change them all. This is really useful in practice. When presented with a complex family situation, just by altering a small part of it a large difference can be made, providing the correct choice of change is made. Similarly, a change can be made that is not direct on the main symptom, but the easiest that can be modified.

2. Principle of homeostasis. If you remove a system from its position of balance, it will tend to come back to that position. It is very important to keep this in mind. A pathological system is often balanced by its pathology and trying to change the rules will meet strong resistance.

3. Principle of equifinality. Two similar pathological situations can arise from two very different starting points. In other words, you can't infer a cause from a result. You therefore must deal with the current situation and not waste time with hypothetical causes.

4. Principle of non-summativity. The system is not the sum of its elements. The system has its own rules and its own life. When a practitioner has a dog in front of him, he has to deal with three clients; the dog, the person and the system.

A French psychiatrist, Malarewicz, set up seven axioms about systems which are particularly helpful in daily practice.

1. Change is a complex process. Never think that it will be easy to make a change in a family, even if they have bad relations with their pets. If they live in that way you can be sure that one or several members will gain some benefit from that situation.

2. The simpler the system, the more complex the change.

3. The more complex the system, the simpler the change. We can induce changes more easily into a group with numerous members, according to the principle of totality, because we have many more options to alter the system.

4. Changing the main symptom is less important than inducing the first change. If you succeed in changing something small in the right way, this small change will induce a more important one, and so on. However, you need to identify the weak part of the system in order to induce the first change.

5. Clients don't want external solutions. They only want the practitioner to allow them to use their own solution. It is always a bad solution to dictate the terms of a therapy. It is much better to discuss with the people and, according to their will and ability, tailor a solution to their individual situation.

6. Only spontaneous change is pertinent. This is a difficult point because you - the vet - have to explain and direct the therapy towards the desired goal. And you are the outsider in the system. That is why the first consultation is so important when managing problem behaviours. Throughout your first consultations you are constructing a new system of which you are now a part. If you do this then the solution offered can be accepted as belonging to the system. You must have empathy with the people in the system otherwise you won't belong to the system and your solution will be denied.

7. Past does not explain present. We have to *manage a case and try not to explain it*. According to the principle of equifinality, many different roots can give the same tree.

Newer theories use other ways of assessment and describe an opened system as one far from equilibrium. The great difference is in the theory of homeostasis. If you consider the pathological group (humans and animals) as a system far from equilibrium, you can imagine that the therapeutic intervention will allow the system to reach a new level of equilibrium.

In Bertalanffy's theory the system always comes back to the same status.. In Prygogine's way there are different levels where the system can be balanced. In some situations, it is hoped that the human-animal group would be able to reach another status.

All these models have built the body of systemic therapy, born about 40 years ago in human medicine and used in the past few years in veterinary practice.

Strategic therapy

Strategic therapy is a special part of systemic therapy. It is a more elaborate way to manipulate the bond towards a therapeutic goal.

In simple systemic therapy, the goal and the way to get it are obvious. Each Behavioural therapy is explained, the correct way to carry it out is described and the goal is clearly defined.

We need to use strategic therapy when the real goal is hidden. We do it when we know the owner won't tolerate the real therapy. In a case of separation anxiety, sometimes, people don't want to detach from the dog. We know it is the only way to cure the dog but we can't prescribe it in a simple way. We have to use a strategic approach because if you try to enforce the rule then the treatment will fail. We want the owner to take the leadership in the affective relationship and he or she does not want to push the dog away. Here we can prescribe the opposite. An example was a separation anxiety case where the owner did not want to dismiss the dog. "OK, so you can't bear to push your dog away, so anytime it is looking at you, you must take it into your arms." After a few days of this treatment the dog was looking at her more and more but she was becoming tired of carrying the dog. Hence, she decided just to pat the dog only when she was looking at it.

This is a therapy of a symptom where the symptom is not dangerous to the person. If you amplify the symptom it will become intolerable and the people will change their behaviour!

Flight into recovery is another strategic technique. We can call it the 'too heavy' technique. You can say to someone who is badly managing the behavioural therapy; " Well, there is another solution: but it's a very difficult, very expensive one. If there isn't a better result in a few weeks, we shall use it.) The fear of this 'terrible' therapy the owner applies the 'soft' therapy much better leading to a successful outcome.

Some people always try to put a check on the therapy. In this case it can be helpful to use the 'low position' to communicate effectively. Experts in communication tell us that if you are in the lower position you lead the communication. The use of paradoxes, metaphors, auto-reference and sense of humour are all ways to realign a systemic problem in a strategic way.

Discussion

We need to discuss the limits of these attitudes. Are we beyond the scope of our work if we attempt to treat a dog using the systemic approach? Do we need to work with the help of psychiatrists? Can we manage the case of the 'normal' requires therapy because of the psychological trouble of its owner?

We think that our job is to treat the suffering animal and in many cases of separation anxiety, sociopathy and replacement dog syndromes we are shown that the human-animal bond can be pathogenic. When we manage behaviour problems in pets, we can't forget the human part of the problem. The real problem is our lack of knowledge in dealing with pathological systems. We presume that every veterinary surgeon involved with behavioural problems has to study this approach, but we can enlist the help of psychiatrists experienced in family therapy. The results obtained are progressing further than we could have hoped. We see dogs recovering from their anxieties and their owners happy, we have therefore achieved our goal.

It is a very interesting challenge for our profession: we can deal with a case from the beginning to the end, from the prescription, to the drugs, to the systemic and strategic approaches to cure the problem. Maybe it is new way to be a veterinary surgeon, maybe it is worth giving a name to this practice, maybe it could be 'zoopsychiatrist'.....

References

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