Animal Hoarding: Comorbidity of Animal and Self Neglect

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Working Definition of Animal Hoarding

1) Having more than the typical number of companion animals;

2) Inability to provide even minimal standards of nutrition, sanitation, shelter, and veterinary care (this neglect often resulting in starvation, illness, and death);

3) Denial of the inability to provide this minimum care and the impact of that failure on the animals, the household, and human occupants of the dwelling

Patronek, 1999

Hoarding of Animals Research Consortium

1999 study of 54 cases – Some initial findings:

- 76% female; 46% >60 y.o.;
- 50% in single family homes (isolated, solitary lifestyle)
- 48% unemployed, retired, disabled;
- 58% denied any problem existed

Patronek, 1999

Research findings (see Patronek 1999, 2002)
Characteristics of Animal Hoarders’ Personal and Home Conditions

- Extreme clutter creating unsafe, unsanitary living conditions (77%);
- Having accumulations of animal excrement in human living areas with associated toxic air quality, bacterial growth, and/or pests (69%);
- Presence of animal carcasses in the home (59%).

Cases were also characterized by the following problematic conditions related to safety, sanitation, and the performance of activities of daily living:

- use of toilet (53.8%)
- use of bath or shower (61.5%)
- use of kitchen sink (78.6%)
- maintenance of basic personal hygiene (74.2%)
- access to sanitary bed (56%)

- preparation of food (86.7%)
- use of kitchen table (76%) or dining room table (89.5%)
- sitting in living room (61.3%);
- ability to find important objects (71.4%)
- exiting home quickly in case of danger (61.3%)
Clinical Observations and Impressions – cont.

- Moderate to High rate of cognitive impairment – i.e. executive functioning skills; insight, abstract reasoning; poor trouble-shooting and problem solving skills (may be reversible as related to untreated med/psych conditions, medication side effects, and toxic environment)

- High rate of defensiveness, denial, and/or dissociation

- High rate of unsatisfactory knowledge base with regard to human-animal health and welfare

The Development of Animal Hoarding Behavior

Emerging Theories

What are the natural and normal forces of attraction, affinity, and attachment that people have with pets?

What are the features of companion animals that may contribute to human health and well-being and the development of functional relationships?

The Dynamics of the Human-Companion Animal Relationship:

Functional versus Dysfunctional Relationships

- Unconditional love— pets are nonjudgmental (accepting us as we are)

- Constancy, predictability, dependability – amidst life’s changes, challenges, crises

- Object/focus of our sense of physical and mental well-being: effects of mutual nurturance
- **Aesthetic pleasure**: “the beauty of the beast”
  - Form
  - Movement
  - Pheromones
  - Touch

- **Play, Recreation**:
  - Non-Competitive, childlike, uninhibited;
  - Healthy diversion or distraction from our problems

- **Communication**, non-verbal though it is – without disagreements or misunderstandings – “transgressions” readily forgiven
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- **Simplicity** – Getting Down to Basics

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**The Ties That Bind**:  
(Findings of the 2004 Pet Owner Survey - American Animal Hospital Association)

- 77% Consider their pets to be full-fledged members of the family;
- 55% Consider themselves to be the “Mom” or “Dad” of their pets; referring to the pet as “a child of mine”

- 54% Feel an emotional dependency their pet
- 50% Would risk their own lives for a pet
- 50% Would choose dog/cat/other pet rather than a human as a companion if on a deserted island
- 45% Believe that their pets listen to them best (over spouse, friend, or family member)

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**What Pets Bring Out In Us**

- Feeling needed by virtue of their being totally dependent on us
- Feeling unique as an individual (enhanced sense of identity and self-esteem)
- Providing us with a sense of control

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**How can the relationship with pets become dysfunctional, as it does with an animal hoarder?**
• How animal hoarding behavior develops?
• Is this a mental and/or physical illness?
• Is it treatable? If so, how is it treated?

A Theoretical Trajectory of Contributing Developmental Factors

Early History:
• Lack of secure or stable attachment/bonding to primary caregivers (parents, guardians)
• Physical, emotional, and/or sexual abuse
• Adversely affected by domestic violence, substance abuse, and/or mental illness of primary caregivers

Adolescent/Adult:
• Lack of trust in humans (believed to be unpredictable; harmful; cruel)
• Lack of self-esteem
• Lack of adequate social supports; becoming isolated
• Deriving trust, predictability, sense of identity, heightened self-esteem, sense of control within the “refuge” of one’s “animal domain”
• Cycle of dysfunctional adult relationships
• Triggering event: crisis, trauma or major loss, for which coping skills are insufficient; consequent complicated grief response

Other contributing problematic factors
• Undiagnosed or untreated physical and/or mental illness
• Exacerbated conflicts and discord with family members, friends, and others
• Financial problems
• Legal issues
• Self-neglect co-morbid with animal neglect

Theories of Self-Neglect as Applied to Animal Hoarders

“Social Breakdown Syndrome”
Theories of identity, aging, and control
Effects of cumulative losses
Effects of isolation – potential for being uninformed or misinformed
Application of Theories of Self-Neglect to Animal Hoarders

- The normal aging process that involves cumulative losses – contributing to a sense of uselessness and obsolescence in old age (Rathbone-McCuan, 1996, citing Kuyper and Bengtson 1973)
- The potential for diminished or lack of self-esteem, may be suggestive of a self-fulfilling prophecy as personal and property conditions deteriorate
- Decline in overall life satisfaction that correlates with high degrees of self-neglect

Application of Self-Neglect Theories, cont.

- Having minimal attachment to other persons; non-existent or very limited support networks;
- Isolation factor contributing to diminished “reality testing”;
- Self-neglecters’ decreased or lack of awareness of the risks involved in their behavior; may be uninformed or misinformed with regard to safety and sanitation codes and associated risk of condemnation

Application of Theories of Self-Neglect, cont.

- “Stepping outside one’s own perspective” may be related to mental capacity, but Bozinovski (2000) found that in “some cases, clients perhaps chose to appear as though they could not understand others” perspectives as a self-protection tactic... curtailing or preventing interactions with others who offer discrepant definitions of the situation...[especially] when the discrepancies are perceived as discrediting to self or as diminishing personal control”
- Theory of “continuity of self and control... an assertion of choice to either maintain or ignore personal care and living conditions” (Bozinovski, 2000)

Typology of Animal Hoarders

(see Patronek, Loar, Nathanson, Eds. 2006)

Different Strokes – Different Folks

**Typology**

**Examples:**

1) The Overwhelmed Caregiver/Hoarder
2) The Rescuer Hoarder
3) The Exploiter Hoarder
4) The Breeder Hoarder

The Overwhelmed Caregiver Hoarder

- Some awareness of the problems; may be somewhat realistic about situation
- Conditions have deteriorated due to some major crisis or loss; physical or mental illness
- Doesn’t know what to do to remediate situation
- Very attached to animals as family members
- Self-esteem wrapped up in caregiving role
The Overwhelmed Caregiver – cont.

- Isolated, reclusive by choice or by default
- May be more compliant, cooperative, respectful of authority and willing to accept intervention and assistance
- Passively acquires animals

The Rescuer Hoarder

- Feels a mission to save animals
- Fears death in general (for animals, et. al.)
- Initially has capacity to care for animals, and may engage in placement efforts
- Both active and passive acquisition of animals
- Gets overwhelmed; can’t say no (unable to set boundaries or limits on oneself as well as on others)
- May avoid or hinder the access of authorities
- May not be socially isolated or sociopathic

The Exploiter Hoarder

- May profess one’s purpose to be saving animals in need – yet, in fact, oriented toward serving one’s own
- Shows little or no affinity or close bonding to the animals or to humans
- Denies any problem; sees no reason for concern

The Exploiter Hoarder – cont.

- Rejects or dismisses authority; methodically figuring out how to beat the system
- May be very charming, cunning, manipulative
- Feels little or no guilt or shame
- May lie, cheat, steal without remorse
- Actively acquires animals

The Breeder Hoarder

- May not share living space with animals
- May be somewhat aware of poor conditions --
- Yet, asserts being knowledgeable about veterinary, husbandry, and general care needs of animals – derives strong sense of self-esteem from their breeding line
- May respond in fear to being exposed and the impact this would have on his/her business

Crisis Intervention and Case Management

Ethical dilemmas, concerns, conflicts, lack of knowledge, erroneous beliefs which may affect if/how one intervenes?
1) A prevailing assumption that disposition of these cases via animal protection authorities will resolve the problem.

2) The fundamental belief that a competent person has the right to live as he/she desires within one’s own home (self-determination versus protectionism)

3) Lack of understanding about the nature of functional versus dysfunctional relationships with companion animals.

4) Conflicting objectives of the agencies and authorities who become involved in the case

Preparation for Intervention

- Caseworker’s knowledge base as related to:
  - Human-animal relationship
  - Animal cruelty laws
  - Public health codes
  - The agencies/authorities/stakeholders relevant to a case

Who are the “stakeholders” potentially involved in an animal hoarding case?

Animal Hoarding Task Force Development

- Animal Health and Welfare: i.e. Animal Protection, Humane Law Enforcement, Dept. of Agriculture

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- Identify regulatory, advisory, and human/animal service resources, at the local level

- Plan ahead for team coordination and involvement; anticipate need for crisis intervention (emergency mental health services; sheltering of humans and animals)

- Fine tune interpersonal communication skills as related to:
  1) developing trust and rapport;
  2) responding to denial and resistance (et.al. problematic behaviors);
  3) providing information best suited to a client’s manner of learning and motivation;

- Formulate realistic expectations with regard to behavioral change: “SLOW IS FAST” (M.Roberts, 2001)

Learn and practice “self-preservation” – taking preventive measures for your own health and well-being