

Fears, phobias and anxiety disorders in cats and dogs

Author : Jennifer Dobson

Categories : [RVNs](#)

Date : October 1, 2012

Jennifer Dobson BSc(Hons), CCAB explains the differences between these states and how animals respond to stress-related situations

Summary

FEARS and phobias are common behavioural problems in dogs and cats. Fear is an essential survival response, but extreme, disproportionate fears – such as debilitating phobias – interfere with normal living. Although not identical, anxiety and fear often overlap; however, anxiety is usually less specific and of longer duration. Over time, anxiety can often influence generalisation to a wider range of negatively associated stimuli. Fear responses have emotional and physiological components that may result in detrimental effects, including emotional distress, disease and physical injury. Responses include various manifestations of fight, flight, freeze, fiddle and flirt.

Owner emotions and situational responses are important in prevention and resolution of inappropriate fear. Fear-related behavioural problems can be prevented and addressed by avoidance, situational management (including providing increased physical protection and emotional security) and behavioural modification therapy techniques. These include socialisation and habituation, substitute response training, desensitisation and counter-conditioning, relaxation training, massage techniques and the use of close-fitting body wraps. “Flooding” is generally contra-indicated. Other adjuncts to behavioural techniques may include acupuncture, pharmacological, herbal, homeopathic, nutraceutical, pheromone or aromatherapy products. Some of these come under the Veterinary Surgeons Act 1966 with some exceptions – for example, an owner deciding to self-medicate his or her animal with non-prescription medications.

Key words

fight/flight, fear, phobia, anxiety, behaviour modification

Fight, flight, freeze, fiddle, flirt

Fears and phobias are common behavioural problems in dogs and cats. Fear is an essential adaptive survival response that involves recognition of a perceived threat and employment of the stress response. This consists of increased adrenaline, endorphins and cortisol, which prepares for the fight or flight response.

These “f” responses are now considered to include fiddle, flirt and freeze. Fiddle is a nonthreatening displacement behaviour that can function as a tension release and a signal of non-contest. Flirting, or play invitation, can defuse a situation and trigger a more positive social and emotional response from another, otherwise intimidating, individual. Freezing may be an attempt to be inconspicuous.

When fear becomes excessive, it ceases to be functional and interferes with normal behaviour. Extreme, debilitating fear and anxiety is termed a phobia. Phobic responses may result in intense terror, panicked escape behaviour, catatonic immobility or learned helplessness. These are all emotional conditions that make rational functioning, processing information and clear communication very difficult at that time.

A fear of traffic can be life-preserving for cats, but traffic phobias can present considerable distress, difficulties and restrictions for dogs and owners, who need to be able to walk along roads ([Figure 1](#)).

Anxiety

While anxiety is not the same as fear, the two are closely linked and often overlap. Fear is usually a relatively short-term, acute response to a specific, external stimulus that is present. Anxiety is often a more generalised, internally arising, often longer-lasting, wider-encompassing response relating to trepidation about anticipated or remembered events (Beaver, 2009) based on prior negative experiences of physical or psychological distress.

This worried apprehension is involved in the learning process of widening negative generalisation of apparently associated events and cues. Lack of comprehension, or unfamiliarity with a situation, can also cause fear or escalate an existing fear.

Fear can produce an introverted response – for example, hiding away, withdrawing, immobilising or moving very slowly with a low profile, or an extroverted response, such as tension-releasing displacement behaviours, agitated escape or defensive aggression (Beaver, 2003; Beaver, 2009; Lindsay, 2005). Anxiety, which may precede and follow fear, also contributes to further stress-

related problems, including excessive vocalisation, house soiling and destructive behaviour, or compulsive behaviours, such as shadow chasing, over-grooming, self-mutilation or psychogenic polydipsia/polyuria, as well as gastrointestinal, urinary or dermatological disease.

Fear and anxiety produce unpleasant physical effects, such as muscle tension, hypersalivation, hyperventilation, trembling, piloerection, paw-pad sweating, raised heart rate, gastrointestinal hypermotility, vomiting or anorexia.

An individual's anticipation of these negative psychological and physiological effects of their fear and anxiety lead to a self-fulfilling "fear of fear". Additionally, subsequent avoidance behaviour can lead to an ever-reducing quality of life.

The pet may then avoid increasingly widely generalised associated cues, or view them with increasing anxiety and trepidation. Animals that are nervous of aggressive conspecifics or other outside events may become increasingly unwilling to venture outside, leading to house soiling problems, or aggression to owners trying to encourage them outside. They are also more likely to be victimised by conspecifics if they do go out, due to their clearly telegraphed timidity, leading to ever-increasing fear and avoidance activity and so on. Fear of aggressive encounters can lead to pets becoming increasingly anxious about locations and situations where these may occur ([Figure 2](#)).

Not only are these behaviours distressing to the pet and to its owner, but they may damage the owner-pet bond, increase financial burdens and present serious risks to the pet, owner and others. Panicked animals can create dangerous situations when fleeing. Pets may cause significant property damage or severely injure themselves or others in escape attempts if restrained. Chronic stress can also compromise the immune response (Cooper, 1996).

What starts as specific defensive aggression can evolve into either a more widely triggered, anxiety-related aggression, or into pre-emptive offensive aggression, after increased experience of aggression as an effective relief-producing coping strategy. Behaviour that produces relief from fear and anxiety is a powerful self-reinforcer (Lindsay, 1997).

Prevention

Prevention starts even before conception, with reactivity, nervousness or tameness being inheritable characteristics (Beaver, 2003; Overall, 1997; Serpell, 1995), so breeding puppies and kittens from calm, confident, outgoing parents is a good start. Mothers also influence offspring during rearing by example.

Prenatal exposure to high levels of maternal adrenalin may result in a life-long heightened reactivity and susceptibility to stress (Landsberg et al, 2003; Lindsay, 2005; Serpell, 1995), so mothers should have a calm pregnancy, and puppies and kittens should not be rehomed during fear periods.

Good early socialisation and habituation to sounds, scents, noises, social situations and physical experiences that are likely to be part of their adult lives can lead to positive generalisation/association. Separation anxiety is recognised in dogs (Askew, 1996; Overall, 1997) and cats (Beaver, 2003; Dodman, 1998), and providing reassuring scents such as that of a bonded owner when the owner is absent, or transferring the scent of the mother and siblings onto a piece of cloth with newly rehomed puppies and kittens can also be reassuring.

Many pets are understandably nervous when visiting the veterinary surgery, with some cats disappearing at the sight of their carrier. Setting the carrier up as a regular bed for the cat at home, with toys and treats, can convert it to a safe, secure refuge while at the practice, rather than a portent of scary journeys and needles. Non-treatment visits – for example, for weight checks, may be helpful. Puppy and kitten parties may be useful if conducted well, but can exacerbate fears if allowed to turn into an unstructured free-for-all.

Regular handling, such as grooming (ideally including toothbrushing), and daily physical examinations by the owner (including occasional gentle scruffing to prepare for subcutaneous injections), are beneficial in their own right when done with positive associations. This should help habituate the pet to handling and gentle restraint, making life – and necessary procedures – less anxiety-producing for the owner, vet staff and pets alike.

Unfortunately, even with careful planning and preparation, events can intervene and anxieties, fears and phobias can still occur. In older pets, cognitive, physical and sensory decline may involve reduced adaptability and increased insecurity/anxiety/fearful responses to situations (Landsberg et al, 2003; Beaver, 2009).

Individual pets have differing psychological resilience to experiencing negative events ([Figure 3](#)). How an owner reacts when a pet is unsure, scared or startled can strongly influence future reactions. An upbeat, playful tone of voice and prompt, positive-based redirection is often best, rather than an overly solicitous approach, which can telegraph owner anxiety. Punishment would obviously be a counterproductive strategy.

If fear does become apparent, it is best to address it early, before the response becomes more intense or deeply ingrained.

Treatment options

Each case should be assessed individually. Even though behavioural modification therapy techniques used may be similar across cases, precise application must be tailored to each case.

Constant avoidance is not always a workable option and can lead to ever-increasing limitations over time, or ever-increasing fear or anxiety as the animal becomes even less accustomed to the stimuli and so more reactive when they are encountered.

Fear may often be reduced by increasing perceived physical protection and emotional security, enabling the animal to learn to cope more confidently in that situation.

Relaxation exercises can be helpful, including teaching the pet to associate relaxation with a verbal cue or specific location, such as a comfortable mat. The pet can be rewarded for relaxing away from challenges to start with (Overall, 1997). Affectionate, gentle, calming touching, such as steady, smooth stroking or soothing massage can help to reduce muscle tension and encourage relaxation. Various massage or touch techniques are used for pets (Fogle, 2010), including close-fitting body wraps. Reducing or blocking fear and/ or anxiety-provoking visual, touch, olfactory or auditory stimuli can be helpful.

Coping techniques include substitute response training, such as teaching a “watch/ play” instruction to encourage the animal to happily engage with the owner or to focus on a treat or toy, rather than to concentrate on the fear-provoking stimulus. The aim is to constructively occupy the animal with some alternative and preferable response or activity that is physically and emotionally incompatible with a fear response.

Establishing trust and confidence in the environment and owner, which can be helped by increased consistency and predictability, is generally important to foster and develop trust and confidence within the pet, even when in anxious or fearful situations. The owner’s own emotional responses, outlook, attitude and interactions with the pet are all very important in preventing and treating behavioural problems.

Gradual desensitisation and counter-conditioning

Achieving a substitute response frequently also requires gradual desensitisation and counter-conditioning to be employed, with behavioural adjustment training (Stewart, 2011) being one variation.

Desensitisation relates to gradual, controlled, incremental exposure to the problem stimuli via carefully structured, small, achievable steps, ensuring the pet is comfortable with each before proceeding to the next. This is done through controlling distance, the duration, volume, intensity and so on of the stimulus as appropriate – for example, recordings can be helpful for many noise-related fears. The pet must be aware of the stimuli, but not overly concerned about them, and certainly not over-whelmed by them (Beaver, 2009).

Desensitisation should be paired, often simultaneously, with counter-conditioning of the emotional response. This means changing the pet’s outlook from viewing a cue as negative and fear/anxiety-related, to seeing it as a cue of good things, which comes via positive association, such as predicting food, attention, toys, games, relaxation and so on.

While desensitisation and counter-conditioning work very well in most cases, they are techniques

that can require considerable skill to implement well, including reading the pet's responses to ensure you work at the right speed, and with the right incentives for that case. Conversely, "flooding" the pet with extended high-intensity exposure, until fear hopefully subsides, can often backfire, and so is a very high-risk strategy. However, misjudgements while using desensitisation/counter-conditioning may also increase fear, or even transfer the negative fear associations to the formerly positive stimuli being used to counter-condition with.

Both desensitisation and counter-conditioning can also be seriously undermined if the pet experiences further uncontrollable or unavoidable fear-eliciting exposure at a level higher than that at which it has so far learned to cope, especially if it is something it is already phobic about. This avoidance is not always achievable, not least as external environmental factors – such as noises, perceived physical threats or attacks – cannot always be predicted or controlled.

Desensitisation and counter-conditioning retraining sessions should always finish on a good note, with pauses provided for latent learning so the pet internalises the newly experienced positive emotions and responses.

Vets have additional options in the form of licensed or unlicensed pharmaceutical products. Psychopharmacological POMs can be used to aid amnesia to cover unavoidable acute events. Longer-term anxiolytic agents are used to adjust neurotransmitter levels of dopamine and serotonin, for example (Dodman, 1998). Analgesics may help with pain-related fears.

These and some "alternative" non-prescription products and procedures, such as herbal or flower remedies, aromatherapy, homeopathy and acupuncture. All come under the Veterinary Surgeons Act 1966 (RCVS 2012) and can only be used on the specific direction of a vet, with some exceptions – such as an owner self-medicating his or her own animal with non-POMs. Nutraceuticals (food products with health or well-being benefits), including specific milk proteins and "calm" diets, and pheromone therapy using commercial preparations or the animal's own pheromones, are also options. These options, where appropriate, should be used as adjuvants to an overall BMT programme, and not in place of it, to give a window of opportunity by reducing anxiety and fear to a level whereby the animal is capable of learning new responses.

Not all adjuvant options have equally impartial evidence of efficacy, nor do all products achieve the same results across all subjects. There are also differing risks of side effects or adverse interactions.

References

- Beaver B V (2009). *Canine Behavior. Insights and Answers*(2nd edn), Saunders, US.
- Beaver B V (2003). *Feline Behavior. A Guide for Veterinarians* (2nd edn), Saunders, US.
- Cooper L (1996). The stressed-out cat: dealing with stress and fear. In: Landsberg G, Hunthausen W and Ackerman L (eds), *Cat Behaviour and Training. Veterinary Advice for*

Owners, TFH Publications, New Jersey: 91-210.

- Dodman N H (1998). *Psychopharmacology of Animal Behavioural Disorders*, Blackwell Science, US.
- Fogle B (2010). *Dog: The Definitive Book for Dog Lovers*, Octopus Publishing Group, London.
- Landsberg G, Hunthausen W and Ackerman L (2003). *Handbook of Behavioural Problems of the Dog and Cat* (2nd edn), Saunders, USA.
- Lindsay S R (2005). *Handbook of Applied Dog Behaviour and Training*, volume 3, Blackwell Publishing.
- Overall K (1997). *Clinical Behavioral Medicine for Small Animals*, Mosby, US.
- RCVS (2012). *Guide to Professional Conduct for Veterinary Surgeons*
www.rcvs.org.uk/advice-andguidance/code-of-professional-conduct-for-veterinary-surgeons//2f-treatment-of-animals-by-nonveterinary-surgeons, accessed online July 25, 2012.
- Serpell, J (1995). *The Domestic Dog. Its Evolution, Behaviour and Interactions With People*, Cambridge University Press.
- Stewart G (2011). *Behavior Adjustment Training: BAT For Fear, Frustration and Aggression in Dogs*, Dogwise Publishing, US.

Reviewed by Duncan Davidson BVMS, MRCVS