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**Barking up the Wrong Tree: Pet Therapy in  
South Africa**

A Study by

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This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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## Abstract

Pet facilitated therapy is ironically still a relatively new concept that is in the process of firmly anchoring itself in the realm of South African psychology. It has been defined as “the introduction of a pet animal into the immediate surroundings of an individual or a group as a medium for interaction and relationships, with the therapeutic purpose of eliciting physical, psychosocial, and emotional interactions and responses that are remedial” (Cass, 1981, 124). It is met amidst amusement, disbelief and ridicule – perhaps all contributing to the battle faced by the discipline in establishing itself. However, its resounding success has been international and its outcomes significant. The hypotheses of past academics in the field, who advocated yet were unable to prove, the worth of pet facilitated therapy have now been confirmed. At present, the field is still growing in leaps and bounds. Growth is mainly centralised in the United Kingdom and The United States of America. Although it has proved itself internationally, animal-assisted therapy is still trickling into South Africa.

There exists but one local detailed, documented study by Bergensen (1989) that focused on the effects of pet facilitated therapy on the self-esteem and socialisation of primary school children. In addition, a handful of articles have been published in South African journals. It is rather perturbing to note that a proven, highly effective adjunct to conventional therapeutic intervention is lacking in the South African therapeutic milieu. The marked ignorance and defence behind practitioners scorn for this form of therapy is rather perplexing, especially in light of its official existence for over thirty years. This dissertation probes the concept of pet-facilitated therapy by referring to extensive studies, focusing on various sub-populations, and concludes with a study investigating local opposition to pet therapy.

Considering South Africa’s economic support for the average citizen, pet facilitated psychotherapy provides a very affordable option. This study provides a thorough explanation of each role player in the field as well as the advantages and disadvantages of the practice.

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## Introduction

People and animals have always interacted with great success. This has been evident throughout diverse cultures and ages, and has filtered through into the 21<sup>st</sup> century. Although approaches may be different in various societies, all interaction generally contains the same core elements. The African context is no different. In particular, South Africans and domestic animals have a significant shared relationship. For example, dogs are often treated as part of households.

The beneficial relationship between people and domestic animals has been identified and harnessed by the profession of psychology to heal those in need. The term pet-facilitated therapy has been coined, and basically refers to integrating the use of animals in human healing. The practice has been well established in both Britain and the United States of America. Although slow to take off in both cases, it has now flourished and continues to grow and garner increasing popularity through its successes. Preliminary attempts have been made at introducing this practice in South Africa. There exists but one local detailed, documented study by Bergensen (1989) that focused on the effects of pet facilitated therapy on the self-esteem and socialisation of primary school children. In addition, a handful of articles have been published in South African journals.

By first explaining the idea behind pet-facilitated therapy, the author wishes to proceed by established credibility of the field, before introducing further South African based research. This dissertation aims to explain the concept of pet-facilitated therapy and the associated factors (theories to explain it, history, advantages,

disadvantages, specific populations thought to be most suited to pet-facilitated therapy, academic attitudes towards the discipline) and offer a South African interpretation of its implementation thus far, its potential and its relevance to the future of South African mental health.

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## Chapter 1

### Background on Presence of Animals in People's Lives

*Mahatma Gandhi said that the greatness of a nation can be judged by the way it treats its animals. (Galbraith and Varrett, 1986 in Serpell, 1996).*

Although in the South African context much can be said about the diversity of the nation, general observation does tend to support a love for animals. "The way humans view animals is closely related to the way humans view themselves, others, and the world around them." (Gerstman, 1987, 132). However, the link between health (physical, mental and emotional) and pets has not been explored in great detail locally. Internationally, virtually every academic community had difficulty in grasping the concept of what, at first, seemed so far fetched. Globally, pet-facilitated therapy has rapidly grown in the past thirty-five years. Now South Africa looks set to walk the long, trying road of widespread acknowledgement and acceptance of the merit of pet-facilitated therapy.

South Africa has a unique combination of both first and third world qualities. This also impacts on pet-keeping. This has a significant impact on consequential physical and mental health. "Supporters of the benefits of human-pet interaction contend that no study of human health is comprehensive if the animals with whom humans share their lives are not included." (Rowan and Beck, 1994 in (Staats, Pierfelice, Kim & Crandell, 1999, 483).

This is elaborated by Gerstman (1987, 132) “The disease profile of the western world has changed radically in the past century. Historically, the most serious and widespread diseases were acute or infectious. Today, most are chronic and noninfectious. Moreover, many of these prevalent contemporary diseases (including atherosclerotic heart disease, hypertension; alcohol and drug abuse; and some neoplastic, gastrointestinal, endocrine, and psychiatric disorders) appear to be associated with social and behavioral factors rather than with specific environmental agents.” Furthermore, “Because strong social bonds have been associated with good health, it seems reasonable to consider an association between pet ownership and health.” (Gerstman, 1987, 132).

Social support permits health as it buffers adverse effects of stressful life events. (Gerstman, 1987, 133). Thus, garnering social support in modern South African society will have definite benefits. Pets provide varied forms of support in a spectrum of scenarios. Even in the household, the “importance of the house pet to man is psychological rather than practical” (Levinson, 1965, 59).

On the professional therapeutic front, pet-facilitated therapy has yielded considerable benefits. But before investigating the effects of this concept, it first needs to be defined. Pet therapy is not conventional therapy. “A singular important difference distinguishes pet therapy from musical, occupational, dance, and physical therapies, however. Interaction between therapist and client is an important component of all the forms of therapy mentioned, but only in the case of pet therapy is there a living, responsive ‘cotherapist’.” (Katcher and Beck, 1983 in Daniel and Burke, 1987, 194).

Terms used to describe the therapeutic use of animals in therapy include animal-facilitated therapy, pet-facilitated therapy, pet therapy, animal-assisted therapy, pet-mediated therapy, pet-facilitated psychotherapy and pet-oriented psychotherapy (Walshaw, 1984).

Companion animal bonding has been defined by Poresky and Hendrix (1988, 420) as “a lasting affectional tie between a person and an animal. This affectional relationship is presumed to be of greater importance than pet ownership.”. Gammonley (1991 in Brodie and Biles, 1999, 330) describes it as “an applied science, using animals to solve human problems.”, whilst Barba (1995 in Brodie and Biles, 1999, 330) defines it as “the introduction of an animal into an individual’s or group’s immediate surroundings, with therapeutic intent. Such a therapeutic intervention can be an interdisciplinary initiative...”.

According to Cass(1981, 124), pet-facilitated therapy is defined as “the introduction of a pet animal into the immediate surroundings of an individual or a group as a medium for interaction and relationships, with the therapeutic purpose of eliciting physical, psychosocial, and emotional interactions and responses that are remedial.”

According to Feldman (1977) an instinctual role might also be apparent. Feldman (1977, 93) adds, “For the owner the relationship is primarily a complex psychological state of mind with deep sociocultural implications.” However, attachment has been found to be more instrumental than ownership per se (Staats, Pierfelice, Kim & Crandell, 1999). Loosely put, pet-facilitated therapy is thus a complex, directed therapeutic interaction between an animal and an individual or group of individuals.

People in subsidiary positions in contemporary society are prone to benefit from pets. Populations in this category include orphans, the elderly, the mentally challenged, physically handicapped and inmates of correctional institutions. (Stevenson, 1975; Levinson, 1981). Just as dogs aiding the blind are referred to as “seeing-eye” dogs, Stevenson (1975, 134) has used the term “seeing-heart” dogs in referring to dogs used in therapy.

Each component of the practice deserves further attention. A pet has been defined as “any animal that is domesticated or tamed and kept as a favorite, or treated with indulgence and fondness” (Murray, 1909 in Schowalter, 1983, 68). Common pets include dogs, cats, horses, bird, fish, hamsters, rabbits, snakes, turtles and frogs. Four inter-related groups have been identified in the pet therapy process: the target patient population, the animals/pets, therapists and the patients’ institutional care staff (Daniel and Burke, 1987).

Pets have pervaded western society to an incredible degree. They have even been used in educational material (readiness and reading material) for children in their capacity as “mammals, other living creatures, machines, monsters” (Blanchard, 1982, 589). This is evidence both of their popularity with children and of their widespread influence. In fact, their presence has also developed into a problem that urban regions have to contend with. Various forms of legislation have been passed and assessed in a bid to counteract the repercussions of too many animals in society (Rowan and Williams, 1985).

## Chapter 2

### History

*“The pet is for civilized man what the totem animal was for the primitive. The pet represents a protector, a talisman against the fear of death.” (Speck, 1964, 152).*

Humankind’s relationship with animals spans his entire existence. Even biblical accounts include animals (the evil snake tempting Eve) and the teachings of Islam contain many references to various creatures (e.g. the spider that assisted the fleeing prophet by quickly weaving a web around a cave he hid in, thereby creating the appearance that he could not have been in there as the web would have been evidently destroyed – thus he avoided being captured by his attackers due to the efforts of the spider). Hindu culture also makes references to various animals and has designated the cow in particular as a holy animal to be worshipped and never eaten. In fact, virtually all established religions take note of animals in some way or the other – attesting to their presence and relevance in human lives. Since religion itself dates exceptionally far back in the existence of mankind, animals share an equally long history.

Hill (1987) writes that the relationship between animals and humans in the Middle Ages was more intimate than it presently is, although this may have been due to necessity. In documenting the role of animals (among other aspects), she adds that even around the eleventh century “there were noble families proudly boasting descent from a swan or a white bear” (Hill, 1987, 65). Reports have also been made of dogs in

Egyptian culture. Since "... 4000 B.C., in Egypt, the dog was the friend and servant of man, living with him in the house, following him in his walks, and appearing with him in public ceremonies." (Maspero, 1891 in Bucke, 1903, 461). Similarly the Trojans had dogs: "... the Trojans possessed him in domestication, as a luxury." (Clerke, 1883 in Bucke, 1903, 461). Even women on the Island of Malta were known to have toy dogs (Kurtz, 1886 in Bucke, 1903, 461). "Hunter-gatherers not only adopted young wild animals, raised them, named them and mourned them when they died, but their womenfolk even suckled them at the breast like motherless children." (Serpell, 1983, 82). "It was customary at the beginning of the twentieth century, for example, in some European countries, to notify the farm animals of the death of a member of the family." (Levinson, 1972, 115). In an Egyptian tomb dating back to the Roman Times, a young mummified canine was found as an offering. Dogs were seen as messengers working between the living and the dead (Serpell\* in Lange, 2002).

Dogs have coloured humankind's existence across the ages, sexes and cultures. "Human-animal bonding is usually dated to 12000B.C. and primarily came about for economic reasons. Archaeological evidence suggests that dogs were first domesticated and trained to help hunters trap and kill game for food by herding the larger grazing animals who ran at speeds faster than humans. However, a recent find in an ancient near-Eastern burial ground dating back 14000 years contained a male skeleton with its arm around a dog's skeleton. This startling find suggests that human/companion animal bonding has been around at least as long as human/economic animal bonding." (Kidd and Kidd, 1984). "Recent discoveries in the Yukon's Old Crow Region placed one cooperative relationship, the dawn of the domestication of the dog, at approximately 30,000 years ago" (Canby, 1979 in

Bustad, Hines and Leathers, 1981, 788). The therapeutic use of dogs has been tracked as far back as the ancient Greeks, who “used dogs as therapeutic agents at the great shrine dedicated to Asclepius at Epidaurus.” (Levinson, 1984, 11). In the 9<sup>th</sup> Century A.D., animals were incorporated in the therapeutic approach (in a family, not in an institution) adopted when treating handicapped individuals in Gheel, Belgium (Boucher and Will, 1992). The role of animals in our history has been theorised by arguably the leading pioneer in the field of pet-facilitated therapy, Levinson (1965, 321), “The loyalty, admiration and obedience of pets surely served to reinforce man’s ego. Man needed his animal pets not only in life but even to offset the terror and loneliness of death, as evidenced from the skeletons of pets found in the tombs of early man.”

After observing the appalling treatment of patients in mental asylums, William Tuke and fellow members of the Society of Friends established the York Retreat (England) in 1792. Here they aimed to help patients by teaching them “self-control by having dependent upon them creatures weaker than themselves.” (Jones, 1955 in Levinson, 1965, 695). Farm animals were employed in the hope that provision of their care would increase self-control, discipline and lead to a reduction in aggression. In the mid-18<sup>th</sup> Century in Germany, animals were used in treatment of epileptic patients (at an institute called the Bethel home for Epileptics), in the belief that “caring for animals would be soothing for the patients and would reduce the incidence of seizures.” (Kidd and Kidd, 1985a, 90).

The importance of animals was also noted by key figures in medical history. For example, Florence Nightingale, in 1860, noted the important roles animals played in

the lives of the sick (McMahon, 1991 in Haggar, 1992). In fact, Florence Nightingale was also accompanied by a pet owl during her time visiting the ill (Cormack, 1991 in Haggar, 1992). She asserted “a small pet animal is often an excellent companion for the sick...” (Nightingale, 1967 in Gaydos and Farnham, 1988, 72).

As early as 1903, Bucke wrote an extensive article reporting his findings of a study involving children and their relationships to dogs. Bucke explained the important roles dogs played in the lives of his participants, rather similar to the contemporary reports that surface in modern academic journals, addressing issues of anthropomorphism, attachment, etc.

Referring to an article written by himself and originally published in 1944 in an academic journal, Bossard (1950) was in receipt of 1033 letters between August 1944 and August 1949 – all relating to the article, which discussed the role of domestic dogs in peoples’ lives. He frankly stated the role of a dog in the psychological well-being of human counterparts. The dog was considered an outlet for affection, and it was pointed out that people often admitted that they were more affectionate and paid more attention to the dog than other family members (hence this factor in a therapy milieu was seen as significant). The ability of the dog to not say the wrong thing when turned to by needy humans, the lack of restraint or inhibitions displayed when associating with dogs (often uncommon when dealing with other persons), the role of the dog in the character formation of young children (including illustrating key concepts in life), feeding the human ego if needed and the possible need to dominate another force (possibly projecting dictatorship that is impinged upon the dog-owner all day, e.g. child having to submit to domination of parent, employee submitting to

domination of boss) thus venting or releasing frustration and the practical role of a dog as an excuse in renewing strained relations between family members were all quoted as benefits.

In sum, Bossard (1944, 413) says “A dog is a silent, yet responsive companion, a long-suffering, patient, satisfying, uncritical, seemingly appreciative, constant, faithful companion, more affectionate than you deserve and appreciative far beyond what any one could expect from a human rival.” Although these points may seem common knowledge and openly discussed in contemporary circles, the publication of this article was key. These areas were not formally researched or discussed in academia. By positioning the role of animals in human psychological well-being, Bossard (1944) went out on a limb to contribute as an early pioneer in the field. Clearly, the response evoked testified to the widespread but previously sheathed support that other role-players shared. In response, a few other professionals openly supported him: “To a psychiatrist,” writes a member of that guild, “your article is good mental hygiene, and to dog lovers, it is good sense.” (Bossard, 1950, 388). Even the renowned psychoanalyst Freud kept a dog in his office (Kidd and Kidd, 1980).

In 1977, the Delta Society was established. The institution focused on the human-animal interrelationship and promoted studies in this field (Christensen, 1997), and was perhaps one of the greatest bounds in the development of pet-facilitated therapy. Nine years later, the use of pets in formal therapy was investigated in a survey. This “random sample of American family practice physicians, psychiatrists and psychologists revealed that 49 percent of the respondents had recommended pet interaction as a treatment for physical or emotional problems. Pets were prescribed for

a range of problems including high blood pressure, recuperation from major surgery, chemical dependency, depression, inactivity, and loneliness” (Kal Kan Foods Inc in Davis, 1988, 81/82). In 1988, Davis referred to approximately one thousand animal-facilitated therapy programs operating in the United States. In 1995, Voelker quoted Fredrickson as estimating about two thousand animal-assisted therapy programmes functioning in The United States.

Finally, Boris Levinson (1965, 320) captures the irony of the history between man and animal, “Dogs, cats and horses once served as man’s slaves. They provided a cheap form of labor that liberated man from some drudgery. These animals also acted as man’s protectors. Now the roles have been reversed. The domestic animal has become the pet who is frequently the privileged, protected member of the family. Man serves and protects his pets; he tries to prolong their lives with special diets, vitamins, drug therapy and even major surgery.”

## Chapter 3

### Concept of Pet Therapy

*Pets are large enough to view as recognizable individuals and treat as small people, yet small enough not to pose a threat (Serpell, 1996).*

#### 3.1 Applicability of Pet Therapy

The relationship between pet and owner has been described as “more emotional than rational and more often subtle than manifest.” (Feldman, 1977, 87). This makes quantification and direct study rather tricky and arduous. But researchers have tentatively identified the elements at work in such human-animal relations, e.g. “A human-animal bond assessment consists of a history of pet ownership and an evaluation of perceptions of pet animals.” (Davis, 1988, 78; Friedmann and Thomas, 1985). Kidd and Kidd (1985a) warn that neither proximity nor coexistence individually will suffice for bonding to occur. The process is complex. Furthermore, it has been found that bonding with pets in early childhood is more important than pet relationships later in life (as adults) (Poresky and Hendrix, 1988). Opinions of childhood bonding have been offered by other researchers. Van Leeuwen (1981), for example, feels strongly that children without the opportunity to have a pet are deprived of a wide range of emotional experiences and the depth such experience can bring in the development of an individual. According to Levinson (1975), the personality development of someone with a companion animal or growing up in the company of animals, will be different from other persons without animals, especially

if the animal plays a significant role in his/her life. Studies pertaining to children are specifically discussed at a later point in this chapter. This chapter aims to introduce the reader to the concept of pet-facilitated therapy, and offer various interpretations of the mechanisms and understanding of the term. Both the advantages and disadvantages of pet-facilitated therapy are discussed.

The most important role played by a pet in an owner's life has been the therapeutic role (Feldman, 1977). Pets have been described as unique therapists who "are unselfish; they give much and ask little in return. They love and forgive unconditionally and neither deprive, frustrate, nor obtrude. They are ego-boosting and offset feelings of inadequacy. By their nature, pets encourage active participation in life rather than passive observation. Pets augment stability, robustness, reliability, and survival in their owner's lives." (Bridger, 1976 in Feldman, 1977, 93).

Kidd and Kidd (1985a) take a broader view, identifying the unconditional nature of an animal's love, the absence of jealousy in such affection, the disregard for race, sex, wealth or physical appearance. Such unequivocal love is thought by the authors to increase self-value of the owners and contribute to their self-esteem. The facilitation of expression is also mentioned as a role played by animals in human lives, "while verbal skills and intellect are needed for most human-to-human transactions, animals relate nonverbally, responding to human needs at an emotional level. This quality is particularly beneficial for young children just learning to speak, who often find it difficult to clarify their feelings and to express their needs in words." (Kidd and Kidd, 1985a, 95). Certainly, this is a benefit most lay persons quote without too much pondering.

The term “human/companion-animal therapy” (H/CAT) has been used by Levinson (1984, 132), and its two defining characteristics are touch, and attachment formation, “which later evolves into need for animal companionship and finally culminates in the capacity for satisfactory human companionship.” One of the effects of touch is that such contact has the capacity to “release endorphins in the nervous system which alleviate anxiety and form the foundation for social attachment.” (Levinson, 1984, 133). Certainly, tactile stimulation (and stimulation of the senses in general) can play an important role, especially in the case of persons undergoing rehabilitation, e.g. third degree burn victims referred to in a later chapter.

Brickel (1986, 310/311) explains the three different types of pet therapy (milieu therapy, physical rehabilitation and pet-facilitated psychotherapy): “Of these three pet therapies, milieu therapy is the kind most commonly employed. In this endeavor animals are simply brought into contact with people (or vice versa). This action is remedial in that a substantial change has occurred in the client’s immediate environment via the animal introduction. Implicit in such activity is the hypothesis that animals and animal-related interactions are intrinsically therapeutic. Typically with this form of therapy change comes about over a period of time. However, dramatic changes in behaviour are often immediately noticeable. Physical rehabilitation can be a peripheral benefit of milieu programs, since clients are called upon to perform activities on the animal’s behalf such as walking, feeding or grooming... Pet-facilitated psychotherapy is literally translated. In this category of pet therapy an animal is used by a clinician or paraprofessional to enhance the usual therapeutic curriculum. Here the animal mediates therapy under the guidance of the human therapist ... The totality of this PFP schema relies directly upon the

remarkable ability animals have to draw out responses in people. It is up to the human therapist to capitalize upon this ability.”

Four basic ways in which animals are of psychotherapeutic value have been identified by perhaps the greatest contributor in the field of pet-facilitated therapy, Boris Levinson (1984, 131): “a) as psychotherapeutic adjunct, b) as the sole therapist, c) as a catalytic agent for change, d) as a means of contact with nature, one’s unconscious and the universe. These uses are all interrelated, and it is understood that in all of them, contact comfort is either present or is easily available.” Once more the importance of tactile stimulation is evidenced.

When used as sole therapist, this approach is suggested to be effective if the “individual has self-directed capacities which can emerge through interacting with the animal companion, and that there is meaningful communication taking place between master and companion animal.” (Levinson, 1984, 138). This approach, using a pet alone, is described by Brickel (1986, 315), where the “...therapist merely introduces an animal. When present, the therapist is a passive spectator giving little or no direction.” This Rogerian approach is discussed at a later point as well.

“I believe that pets may be useful in two ways: first, as psychotherapeutic aids; i.e., as catalytic agents helpful in speeding up therapy in the therapist’s office; and second, as aids in psychotherapy; i.e., being placed in homes of emotionally disturbed children where they tend to restore a healthy communication between members of a family.” (Levinson, 1964, 248). It is also thought that “communication may be established more easily with a pet than with a parent or relative.” (Siegel, 1962, 1046). This ties

in with the earlier assertion that animals do not place linguistic demands on their human counterparts.

Katcher (1983 in Boucher and Will, 1992) identified four key features in the interaction between people and animals: constancy (animals are always there and never grow up), safety (both physical and the psychological comforting presence of another living being), kinship (seen as close members of the family by many individuals) and intimacy (a source to talk to and touch, without being judged and assured of acceptance).

“Pets are useful not only in homes whose emotional climate seems to promote dissension and poor mental hygiene, but also in the average home, where they may serve to promote positive mental health.” (Levinson, 1964, 248). Certainly, a pet is not merely beneficial in a troubled home. Even a fairly functional household can benefit from some enhancement due to having a pet present. In terms of animals never growing up, Lawrence (1989, 62) points out that we have “selectively neotimized real animals as well as cartoon characters.” To illustrate this, consider Disney cartoon characters: big eyes, big chins, rounded cheeks, short and stubby limbs. We have taken this obsession to the point of selective breeding in real animals. e.g. Chihuahua, with characteristic big eyes set in a small face. Also related to neoteny, Fogle (1983) conducted a study in which he observed more than 80% of subjects picked their dogs up with the dog’s head to the owner’s left. This, according to the author, signifies the instinctive nurturing of the pet. Moreover it has been found that mothers often “cradle infants with the infant’s head on the left, near the heart”. The finding persisted even when the observation setting was inverted laterally, making such positioning difficult.

“Animals also provide an element of play in the owner’s environment, as well as being sources of humor and laughter; they allow for the expression of normal nurturing impulses; and, in a society where many people are isolated from physical contact with other human beings, pets provide a socially acceptable outlet for the need to touch and be touched. Sometimes human emotional needs cry out for immediate gratification; another person may not always be on hand, but a pet is available 24 hours a day, prepared to act as friend, confidant, and playmate.” (Kidd and Kidd, 1985a, 95/96). More importantly, in engaging in play, the type of play is non-competitive and thus far more relaxing in general.

Pets also play an important role in the lives of very young (child) owners. “By extension from the transitional object (a blanket or soft toy), secure, euphoric feelings can be derived from a real animal, familiar, soft and furry, such as a dog.” (Levinson, 1984, 9). Studies investigating the benefits of children interacting with pets have yielded a plethora of results. Reasons for this have been suggested. Robin and ten Bensele (1985, 76) ascribe this to “their intuitive sense of having a common status with animals”. Both have not mastered speech and are very similar in terms of size and adeptness in executing many “adult” tasks. The following points have been made about children and pet animals:

“A child who owns a responsive pet can learn, by observing his pet’s behavior, that one receives affection when one gives affection.” (Walshaw, 1984, 39). Indeed, linguistically lacking children may find certain concepts difficult to comprehend, but when illustrated and experienced are easier to grasp. Children who have pets have been described as having many advantages over children that did not have pets.

“Children who have pets often have higher self-esteem than do children without pets”. (O’Brien, 1988 in Burton, 1995, 236). Furthermore, “Children with pets may show feelings of greater competency as well as greater empathy for others” (Nebbe, 1991 in Burton, 1995, 236). A study conducted by Poresky (1990, 931) supported these findings by stating that “children with a strong pet bond had higher scores on empathy than young children without pets.” The author went on to state that simply having a pet did not lead to greater empathy scores – a strong bond between child and pet was required. Findings from a study conducted by Ascione (1991) found a “clear generalization effect from animal-related empathy to human-related empathy...” and supported the idea that compassion towards animals is related to their empathy toward humans (Poresky, 1990)” (Ascione, 1991, 188). “Higher levels of childhood pet keeping were related to more positive attitudes towards pet animals and greater concerns about the welfare of non-pet animals and humans.” (Paul and Serpell, 1993, 321). “Bryant (1986) found that ten-year-old children who used pets for social support when stressed had higher empathy scores than those who did not.” (Paul and Serpell, 1993, 322). Animals used in school teaching also improved humane attitudes towards animals that were found to persist in a follow-up conducted a year later (Ascione and Weber, 1999 in Chandler, 2001). This benefit was apparent in an older sample as well. College-age pet owners were also found to have higher empathy and interpersonal trust than non-owners (Hyde, Kurdek and Larson, 1983).

“A pet is classified as a developmental resource during preadolescence since it is perceived as a responsibility and a friend.” (Davis and Juhasz, 1985, 79). “When a person perceives a companion animal as a viable resource for meeting the demands of continuing growth, then the animal is contributing to a person’s development. The pet

is classified as a developmental resource due to its ascribed roles which reflect an element of accessible support.” (Davis and Juhasz, 1985, 90). Using young adolescents in their study Gage and Christensen (1990, 423), it was found that “pets were highly cathected objects of affection and reliable and powerful sources of psychosocial need gratification, the loss of which the children would act to prevent.”

Once more, in the case of an adult interacting with a child, differences between child and adult (in terms of status, level of functioning, etc) may present problems.

However, involving an animal can provide a solution. “Unlike the adult therapist, who is seen as the authoritative figure, a child sees a pet as accepting and dependent. This perception increases the child’s sense of control and self-confidence. The young patient feels safe in communicating to a pet and trusts the animal to act as a mediator with the therapist.” (Davis and Juhasz, 1985, 83). Levinson (1965, 52) agrees with this as well, “The establishment of a beginning relationship with an animal is less threatening and thus leads to the establishment of a comfortable, nonthreatening, reality-oriented therapy with child” In most cases, it is often parents who initiate therapy (Levinson, 1965). “In a situation where a child may feel forced into, having a “fun”, non-threatening dog can be of great facilitative value, almost seen as an ally to the controlling world of adults that seem to rule his life without his input. But the value of using a pet when working with children does not end there: I have also found the manner in which children approach a pet to be of diagnostic importance. The child’s approach to the pet, his attitude and behaviour may give me many clues to the child’s conflicts.” (Levinson, 1964, 245).

Six general benefits of pets in children's lives have been identified by Blue (1986, 85): "1) love, attachment and comfort; 2) sensorimotor and nonverbal learning; 3) responsibility, nurturance and sense of competence; 4) learning about life, death and grief; 5) therapeutic benefits to psychological and physical health; 6) nurturing humaneness, ecological awareness and ethical responsibility." Pets can also serve as active and energetic playmates to children. In this way, children are better able to release tension and other forms of inhibited energy (Feldman, 1977 in Robin and ten Bensel, 1985, 64).

At various developmental stage, pet-child interaction may play further illustrative purposes. At the end of his second year, the child starts learning to control his bladder and bowels. In this situation, "the child observes that his parents continue to accept a pet after it has had an 'accident', his fears of rejection may be allayed despite parental scoldings and punishments. The child can learn to accept ambivalence as part of all human relationships." (Levinson, 1972, 42). Other lessons illustrated by pets include the confusion surrounding illness. Sometimes children fear that their own bad behaviour has brought on their illness. By observing an ill pet, the child realises that a connection between bad behaviour and illness does not exist and is not to be feared. (Levinson, 1972).

"The security of the companion animal may encourage exploratory behavior, particularly for fearful children in unfamiliar situations. It may also serve as a bridge or facilitator towards relationships with other children. And for those living in situations without other children, a pet may be a substitute for human companionship." (Robin and ten Bensel, 1985, 64; Blue, 1986). But Katcher (1981,

50) maintains that “pets are not substitutes for human contact but offer a kind of relationship that other human beings do not provide.” Using a pet for support in this way is considered ethically acceptable, provided animal not physically or psychologically harmed (Fox, 1981). “Clinical observations of thumb sucking among ‘pet-reared’ children show less intense activity of this kind than among ‘petless’ children. Apparently “pet-reared” children find their environment more comforting and have less need to turn to their own body for gratification.” (Levinson, 1972, 40). In a nutshell, pet has been described as a “living security blanket” for the child. (Humeston, 1983 in Blue, 1986).

A pet can “serve as the child’s constant companion, lessening his anxiety by providing for that otherwise unavailable continuity which is so important in the development of trust in the world and in one’s self.” (Levinson, 1972, 41). The author elaborates, “The successful care of a valued pet will promote a sense of importance and being needed. By observing the pet’s biological functions, children will learn about sexuality and elimination.” (Levinson, 1972; Schowalter, 1983 in Robin and ten Bensel, 1985, 64).

Death is perhaps one of the greatest issues that parents have difficulty in explaining to children rationally. Once more, having an animal in a child’s life can be beneficial: “...one of the most important aspects of pet ownership for children is that it provides the child with experiences of dealing with the reality of illness and death which will prepare them for these experiences later in life.” (Fox, 1983 in Robin and ten Bensel, 1985, 69). This is marked probability since most animal life-spans are shorter than the average human life-span (Fogle, 1983). As Levinson (1967) pointed out, death is an

issue that many adults are not comfortable discussing. Having observed this, many children may experience difficulties coping with bereavement. Many questions also arise in the child's mind: "Who caused the pet's death? Why was he punished? Where does the pet's body go? Does the pet have a soul? Finally, the child may wonder if he himself will die. Will his parents die? If so, who will take care of him? These concerns give the child an opportunity to discuss openly his real or fancied guilt in the death of his pet and thus to appraise his own feelings about death and to come to terms with it." (Levinson, 1967, 198). "As death becomes less mysterious, more understandable, and, in a sense, "palpable," the associated emotions of fear become more manageable. Other imaginary figures are cut to size by the intruding reality factors, and the child is able to cope with his grief more adequately." (Levinson, 1967, 198). "The death of a pet therefore serves as a sort of emotional inoculation against the inevitable traumata that will occur later." (Levinson, 1967, 198).

Mahon and Simpson (1977) provided a useful illustration involving a preschool class of three year-olds dealing with the loss of their guinea pig. After what was considered a suitable period following the death of the first guinea pig, a second guinea was introduced. The second animal was deliberately chosen for its different colouring, so that it would not be mistaken as the dead guinea pig returning or being replaced. Strangely, the children did not accept the new guinea pig easily. (In fact, the first question asked upon seeing the new pet was "Who painted Guinny??", referring to the Guinny the original pet!) The snacks often brought daily for the original guinea pig, ceased and children refused to bring the new pet anything. They avoided him for three weeks. Certain children were also found pinching the new guinea pig. Together with

assistance from their teacher, the children were introduced to concept of death and the process of mourning, to the point of accepting the new pet as another individual.

In the case of death of one parent, the surviving parent “may be so involved in his own grief that he scarcely pays more than fleeting attention to his child. This serves to deepen the unconscious guilt of the child, who sees that he is not only deserted by the deceased, but is also neglected by the living.” (Levinson, 1967, 199). “The pet gives the child a living companion that will not usually be a competitor for the surviving parent’s affection.” (Levinson, 1967, 199). As mentioned, the same author has described the death of a pet as an ‘emotional dress rehearsal’ and preparation for greater losses yet to come (Levinson, 1967). However, there are strong indicators that the loss of a pet is more than a ‘rehearsal’, and it is a profound experience in itself for many children.” (Robin and ten Bensel, 1985, 70).

In training a pet, the child “learns that there are limits inherent in what he can do and accomplish either with himself or with his pets. Acceptance of these limitations will enhance his sense of reality and strengthen his ego. The child’s realization and acceptance of the negative sides of his personality, of the fact that occasionally he is unaccountably cruel or mean to his pet, will also facilitate the acceptance of the negative aspects of other individuals and the development of empathy toward people as well as animals.” (Levinson, 1972, 50). There is no substitute for hands on experience and learning.

Training a pet teaches a child patience, the futility of throwing tantrums (that may work with parents but not the pet) and the art of learning – i.e. it may not always be an

enjoyable experience and may involve a lot of hard work. (Levinson, 1972). “In addition, because animal care is gender-neutral, this might prove particularly useful as a training ground for the development of nurturance in boys.” (Mallon, 1994, 96).

Based on their study investigating gender differences in children’s ideas about animal young and their care, Melson and Fogel (1989) suggested that pets could be a valuable source of learning about nature, especially for developing boys. Training a pet also enhances a child’s sense of accomplishment and increases his self-esteem. (Levinson, 1980).

“In the case of undisguised rejection by the parents, the pet will provide acceptance and love which may permit the child to grow up relatively unscathed.” (Levinson, 1972, 51). However, the practicality of this assertion is questionable. Although a pet can provide some degree of relief, it cannot fully substitute for the affection of parents. “The pet is not too busy or preoccupied to receive the child’s expressions of love, and when the animal expresses its own affection, this is done without mixed motives.” (Levinson, 1972, 52). A pet will “show in unmistakable terms its love and affections for the child and welcomes such expressions from its young owner. Though not fully a substitute for loving parents, a pet can provide some of the opportunities for overtly giving and receiving affection which a child needs for adequate growth and personality development.” (Levinson, 1980, 66). Should parents have inhibitions with openly expressing affection for their child, dogs can to a certain extent make up for this with their open, unequivocal expressions of affection (Levinson, 1975).

In fact, in many ways an animal can amuse and entertain a child beyond human capability or capacity. To this end, it makes the task of the child caregiver easier. “For

the child's interest in animals is far more lively and sustained, and needs less support and stimulus from us. It should, indeed, surprise us if this were not so. The movements and constantly changing behaviour, the warm touch, the voice, the *responses of the animal to the child's own behavior*, call out not only an interest in things happening, but a feeling of companionship, an immediate sympathy, which makes the relationship at once active and mutual." (Isaacs, 1966, 169 in Levinson, 1972, 40). "The small animal, for instance, becomes to him a living toy, which he can tyrannize over or cherish." (Isaacs, 1966, 169 in Levinson, 1972, 40).

A pet does not hold up an "ego ideal for the child to meet, as do parents, teachers, and peers, but instinctively gives acceptance and affection, with no strings attached." (Levinson, 1980, 68). Mallon (1994, 93) echoes these sentiments. "When a child needs to love safely, without fear of losing the loved object, the dog can supply this need." (Mallon, 1994, 93). In addition, a pet won't tell on you. Confidentiality is always assured. (Davis and Juhasz, 1985; Reimer, 1999). The child "knows that the parent has spoken about him to the therapist. He wonders about what was said, and he is most anxious that the therapist 'doesn't tell on him' to his parents." (Levinson, 1965, 64). In dealing with a pet, a child does not have these concerns. Also, the triad of power is avoided (the triad consisting of parent, therapist and child).

"An individual's self-esteem or self image may be positively affected by a relationship with a pet. In the animal's view the young owner is omnipotent. The practicality that pets often have to literally look "up" to us has important repercussions in terms of power issues, and conveying the sense that humans

hold power over another being (i.e. the pet). (Serpell, 1996). [See Kidd and Kidd's (1987) study referred to further on in this section]. "Children perceive the child-pet relationship as one that makes them feel good about themselves and report that pets give them a sense that they are important." (Bryant, 1990, 256). Furthermore, a pet does not make interpersonal demands which the young owner cannot fulfil (Levinson, 1969). Human-pet relationships are not stressed by the anxiety of personal inadequacy or failure which accompanies other personal relationships (Bruner, 1983)." (Davis and Juhasz, 1985, 89).

The stability of a pet is particularly crucial if the "child is being cared for by constantly changing or uncaring caretakers, a situation which may become more and more common as increasing numbers of mothers of preschool children enter the labor force." (Levinson, 1980, 68). Certainly, working parents is a trend very apparent in the 21<sup>st</sup> century. This factor is particularly applicable in the Paw Pals study referred to later in this text.

"The child with a pet can see himself as he is by the way he sees the pet respond to his treatment. If the child is kind to the pet, he can see himself as a kind individual; if the child is cruel, and the pet fears or shies away from him, he again learns the bitter truth." (Levinson, 1980, 70). Once more, valuable lessons are illustrated and learnt by the child component of the animal-child interaction. "He develops the concept of 'mutuality', as Erikson (1963) calls it. The child and pet are mutually dependent upon each other. From this mutuality later develops the strength to take, to give, and to share." (Levinson, 1980, 70).

In the face of dwindling family sizes, pets can serve as sibling substitutes sometimes (Levinson, 1975). Furthermore, pets can provide a much-needed source of comfort upon the birth of a sibling. Although the older child often feels neglected, rejected or deprived of attention, he can still hold onto the reality of his pet still preferring him and remaining unchanged towards him (Levinson, 1980). In the home, among the various roles the dog substitutes for, he could also be used as a scapegoat (Heiman, 1965). However, children in Kidd and Kidd's (1985b) study did not indicate that pets were considered as scapegoats or as slaves (instead they were seen as playmates and companions).

“Since children learn best not by words but by active manipulation of and interaction with the world through their bodies, the nonverbal relationship with animals is a natural medium for exploring the animate but nonhuman world.” (Levinson, 1980, 80). “It has been said that a child is closer to the family pet than to the world of grownups – that the dog and child understand each other better *without* words than do child and parents at times *with* words.” (Heiman, 1965, 714). Pet dogs were seen as “loyal companions and outlets for affection...respond to children in an uninhibited fashion, thereby modeling the normality of physical processes to children, teaching them responsibility, and satisfying children's needs to dominate a living being as well as serving as conversational topics and thereby increasing children's social contacts.” (Bossard, 1944 in Kidd and Kidd, 1985a, 16).

As Schustack\* (in Kidd and Kidd, 1987) points out, whilst the child often has to look up at other people in his world, the dog is one of the few that is physically at his level. This can imply important emotional, self-esteem and power-related issues in the

development of the child. Corson, Corson, Gwynne and Arnold (1977) also point out the perceived shared (inferior) status children and adolescents share with animals used in therapy, as mentioned earlier.

In interacting with pets, “Children as ‘parents’ and protectors of pets not only learn recognition of what their own parents are experiencing, but this also helps release tensions and anxieties.” (Ross, 1983, 33). The child also learns that “sharing a loved object, a pet, does not mean losing it. Nor does the loved object love one less merely because it also offers its affection to others.” (Levinson, 1965, 698).

“When the child plays with the dog, he establishes his own world, the boundaries of which he himself prescribes. The therapist, therefore, participates in common adventure by entering into a corner of the child’s world where the child feels secure.” (Mallon, 1997, 58). Levinson (1965) adds that using a pet in therapy can help avoid or help ease the jealousy that may be experienced by parents, who witness their child develop a bond with the therapist whilst they feel displaced.

“Another implication of the use of pets, since they are so active, is that the main locus of therapy need no longer be in the playroom, but in the wider world in which the child has to function eventually – in the street or play ground or wherever the child’s and his pet’s fancy take them.” (Levinson, 1964, 245). This is a great practical advantage.

Animals have also played a role in psychological testing. “The substitution of animals for people in projective tests, such as the Children’s Apperception Test (CAT) and the

Blacky Picture Test, demonstrates the realization of psychologists that the use of animals provides some comforting distance for children, but poses no real barrier to identification or understanding. To obtain a relatively undefended and accurate portrayal of a child's view of him or herself and the immediate family members, some clinicians ask the patient to name the animal that seems most like each of them." (Schowalter, 1983, 69).

"The Animal Association Test was constructed to contribute to our understanding of the individual's concepts of adults, children, and especially parents. Inferences are drawn from the kind of animal figure associated with the specific human figure, for example – large, small, mutilating, benign, aggressive, non-aggressive, protective, non-protective." (Goldfarb, 1945, 19). "Analyses of Rorschach animal meaning through systematic association and the responses to the Animal Association Test indicate clearly that no animal has one meaning for all children or even for the same child." "Each animal symbol must be individually analyzed through association experiments and interpreted in terms of the individual child's concepts and in terms of his own unique experience. With this precaution in mind, certain group tendencies may be observed." (Goldfarb, 1945, 20).

In the same vein, Goldfarb (1945 in Buss and Durkee, 1957, 367) "found that adults were associated with large animals and that cruel adults tended to be associated with aggressive animals". These are all very useful clues in assisting the practising therapist uncover a child's (who probably has not yet mastered verbal skills completely) trauma. If attributes of the mentioned animal (e.g. lion) are extreme (king, powerful, ruler), the most striking characteristics (of the animal) might be

similar to qualities of the associated family member (father). However, caution must be exercised in such interpretations. (Buss and Durkee, 1957).

“The animal figures in his fantasy will combine the hostility he has experienced from the adult world and also his own repressed hatred and aggression.” (referring to the child). (Goldfarb, 1945, 12).”Our primary need is thus to cast the evil and the bad out of ourselves onto the fantasy figures of malevolent animal stereotypes. In accord with the internal struggle between contradictory drives, these fearful, repulsive animals are oftentimes met and conquered by brave animals who are physically smaller (the child) but more in the right, more reflective and more clever.” (Goldfarb, 1945, 11).

### 3.2 Disadvantages

But there have been studies yielding findings of pets as having disadvantages. For example, just as with the arrival of a new sibling, rivalry, possessiveness and jealousy may emerge (Levinson, 1975). This is contrary to the early assertion of the older child seeking security in the knowledge that his pet still feels the same towards him, whilst the rest of his world focuses all the attention on the new sibling. Both instances are possible.

A study conducted by Bryant (1990) investigated the benefits and costs of pets to children (in the context of child-pet relationships). Among the costs identified were “distress stemming from pet death or pet rejection, unfair grief (causing parent to be mean to child / holding child responsible for pet’s misbehavior), dissatisfaction with pet’s needs, worry about pet safety, ‘getting into trouble’, and distress at not being

allowed to care for pet needs.” (Bryant, 1990, 253). All in all, “...the costs of pets to children are essentially the stresses that children experience as part of their involvement with their pets.” (Bryant, 1990, 256).

However, although pets may be conceptually employed to facilitate easier understanding for the child, as pointed out by Sharefkin and Ruchlis, (1974), it can lead to misconceptions as well (Hughes, 1973). Hughes (1973, 11) warns “... when we say that an animal has a certain intention or purpose in performing a certain action, we are attributing to it a mental state that, at present at least, we have no way of judging whether or not it really has.” . Indeed, it is such acts that sometimes lead to tragic errors in judgement. The common misinterpretation of the dolphin’s facial appearance being construed as “a smile” or signal of happiness is one such example. The expression in question is permanent, irrespective of the dolphin’s “mood”.

Not everyone is suited to pet-facilitated therapy. “Children with unharnessed anger, aggression with poor impulse control, or a documented prior history of cruelty to animals are usually not appropriate candidates for animal-assisted therapy. In such situations, an animal should not be utilized as a therapeutic adjunct, or at the very least, the interaction should be closely monitored. The professional who chooses to utilize an animal in a treatment situation has an obligation not only to serve the child in treatment, but also to protect the animal from harm. (Mallon, 1991).” (Mallon, 1992, 60). Further disadvantages include:

- “Some children have withdrawn completely from normal social interactions with other human beings into a fantasy world that involves a pet.” (Walshaw, 1984, 39).
- Using the pet as co-therapist will not work if the child is afraid of dogs (Levinson, 1965).
- “Children can involve their animals psychodynamically in their use of such defense mechanisms as displacement, projection, splitting and identification (Schowalter, 1983). There are times when a child living in a disturbed family will become overly attached to a pet to the detriment of human relationships. Such children have a basic distrust of people which becomes overgeneralized. This basic distrust of human attachments contributes to the intense displacement of attachment to a pet who is consistently receptive as a source of love and caring. In anxiously attaching to the animal, a child can gratify part of the self without risking interpersonal involvement. Disturbed children with limited ego strength will turn to their pets for warmth and caring to meet their regressed, insatiable need for closeness and love (Levinson, 1972 in Robin and ten Bensele, 1985, 69; Rynearson, 1978).
- Young children were found to interpret animal behaviour from their (the children’s) perspectives (Margadant-van Arcken, 1989). This may impede a healthy relationship between the dog and child that is perhaps too young.

- “According to Summit (1983), threatening to harm a child’s pet is a common technique of child abusers to keep the child quiet about the abuse.” (Robin and ten Bensel, 1985, 76).
- “... playing alone with a pet may reinforce a child’s withdrawal, making him solely dependent on the animal for companionship. Equally serious would be allowing a child to harm a pet, resulting in severe ‘guilt feelings as well as fear and anxiety’ lest there be retaliation.” (Stevenson, 1975, 141.)
- “Animals, especially in urban environments, have been observed to be a source of conflict and interpersonal friction.” (Beck, 1980 in (Gerstman, 1987, 134).
- “...some pet owners may choose to engage in human-pet interactions instead of, and as a partial replacement for, conventional social interaction.” This increases lack of socialisation. (Gerstman, 1987, 134).

Cameron and Mattson (1972 in Kidd and Kidd, 1980, 940) argued that “owners’ affection for pets reduces the amount of available affection for other people, that pets use resources needed for humans, and that pet-owners are of poorer mental health than non-owners” although virtually all the research indicated otherwise. If that is indeed the case, using the same line of thought, people should not get married – this will drain their resources for other human interactions! For example, Brown, Shaw and Kirkland (1972) found that people who had low affection for dogs had low affection for others (and in the case of men, a low desire for such affection) while

those with a high affection for dogs were high in affection for others.” The authors suggest that emotional interaction with people mirrors interactions with animals.

“Under abnormal circumstances of developmental frustration a human may displace an overdetermined need for attachment to the pet. The attachment relationship is pathological because of its defensive purpose, and its interruption can create enduring psychiatric reactions.” (Rynearson, 1978, 550). It is important to note that this is possible under abnormal conditions, and is not the common occurrence. This phenomenon has been further explained, “This acquired distrust of attachment is overgeneralized, involving subsequent attachment. I would suggest that this basic distrust of human attachments contributes to the intense *displacement of attachment* to the pet who is consistently receptive and unconditional as a source and object of caring.” (Rynearson, 1978, 550). This point is illustrated by the author describing a case of a woman who was physically disfigured, consequently socially isolated herself and focused on caring for her dog. This was described as her reaction to the recent stress she had encountered.

“Most mental health practitioners indicate that the forms of bereavement from pet loss are similar to those of human loss” (Levinson, 1967 in Robin and ten Bensele, 1985, 71). In describing adults’ coping with the death of a pet, Harris (1984) noted that the grief period spanned six to eight weeks, sometimes preceded by responses of anger or hysteria.

Kidd and Kidd (1984, 74) refer to “instances where violent patients show extreme cruelty to pets and, if patients who are attached only to an animal are scratched or bitten by that animal, their psychopathology may be intensified rather than helped.”

If visits to institutions and homes are irregular, residents looking forward to such visits may find themselves repeatedly disappointed if the animals do not return at regular intervals (Boucher and Will, 1992).

Pets can turn into a source of rivalry and competition for patients (McCulloch, 1984). A pet can appear to “reject” a person if the patient showers the animal with excessive attention or expects the pet to sit for long periods at the person’s beside or on his/her lap. (McCulloch, 1984).

Pets can impede marital closeness and become a source of conflict. According to a study by Connell and Lago (1984) unmarried pets owners enjoyed greater happiness than married owners. However, just as marital status affects the effects of pet-human interaction, so too will a multitude of other factors, e.g. socio-economic status, individual differences in persons, pet history, etc.

Pets are a financial drain, do not directly earn their keep, force their owners into performing humiliating tasks for them, yet they are very common in households globally – they present us with a situation best described by Albert and Bulcroft (1988) as an “economic paradox”. 42% of dog owners in one study reported inconvenient behaviors of their dogs, yet 99% of the same sample classified the pet as a family member and 97% admitted they spoke to the pet about serious matters at

least once a month. (Voith, 1985). In this study, people openly acknowledged the paradox. Among the disadvantages of domestic pet keeping, bites, misbehaviour, damage to the surrounding environment and transmission of diseases from animals to peoples have been pointed out (Kirkwood, 1987). Participants added that although they knew the pet was a domestic animal, to them he felt like a child. Voith (1985) goes on add that the attachment mechanisms occurring between people also occur between people and their pets. Despite the adversity described above, people still willingly change their lifestyles to accommodate their pets – e.g. ending friendships with friends who did not like the pet dog, or curbing trips and extensive travelling due to the dog (Cantazaro, 1984 in Case, 1987; Voith, 1985 in Case, 1987). This can be construed as social parasitism – pet keeping with people as hosts (Serpell, 1996). This is a clear indication of the value people attach to their pets.

### 3.3 Benefits and Advantages

On the other hand, some populations benefit more than others. Self-care children who live with companion animals may not perceive themselves as returning to an empty house, but rather returning to an animal who appears happy to see the child, needs the child's skills in letting the animal out or feeding it ..." (Heath and McKenry, 1989, 311). "Because self-care children are the first family members to arrive home, they benefit from the pet's first and often most enthusiastic greeting." (Heath and McKenry, 1989, 311). Additionally, Levinson (1972) claims that a pet given to a child by a parent may be identified with that parent. He has also commented on the use of animals in institutions, "Pets should be the *sine qua non* of any institution, and general or mental hospital. The aseptic environment of such institutions would disappear and

the mothering contact and sensory stimulation offered by pets would tend to go toward overcoming their deficiencies.” (Levinson, 1964, 248). Animals have been reported as universally improving patients’ sense of humour (McCulloch, 1980 in Beck, 1980).

“Severely abused children, lacking in the ability to empathize with the sufferings of animals, take out their frustrations and hostility on animals with little sense of remorse. Their abuse of animals is an effort to compensate for feelings of powerlessness and inferiority” (Robin and ten Bensel, 1985, 74), or “a pattern of creating threat and hurts as a means of coping with hostile surges” (Hellman and Blackman, 1966, 1434). However, Robin, ten Bensel, Quigley and Anderson (1984) found that 99% of abused children with pets had very positive feelings and attitudes towards their pets. Abused children were also found to be more likely to talk to their pets than non-abused children. In investigating the possibly related triad of enuresis, firesetting and cruelty to animals, Hellman and Blackman (1966, 1434) offered the following explanation, “From phantasies of destruction through the act of voiding, the child proceeds to the active destruction of fire with its magical omnipotence and then to direct violence against good animals – animals which are accepted by adult figures whereas the child was not.” The authors concluded that the presence of the triad in childhood could increase the likelihood of aggressive adult crime later in life (based on retrospective prison studies). This study re-iterated the findings of MacDonald (1963 in MacDonald, 1979).

In referring to their observations, Cole and Gawlinski (1995, 534) described “negative feelings the patient was experiencing seem neutralized in a manner that science to

date has not explained; relief from the high-tech environment filled with unknowns is evident.” “The patient’s decreased stress is clearly observed as changes in posture (from stiff to relaxed) and quiet, contented expressions that even photographs cannot fully capture.” (Cole and Gawlinski 1995, 534/535).

In play with pets, there are no winners or losers, just fun, relaxation and entertainment (Beck and Katcher, 1983). Interacting with pet animals allows us the rare opportunity for less restrained expressions of dominance, affection, cruelty and a range of other behaviours that we don’t freely engage in when it comes to other human-human interactions (Brown, 1984). Further advantages researched are:

- Pets can help prepare prospective parents practice their parenting skills and enhance qualities such as tolerance and patience, qualities that will be required upon the arrival of the child. (Levinson, 1975).
- Pets are also often seen as “someone to talk to” by their human counterparts. (Arehart-Treichel, 1982, 221). Studies conducted by Katcher (in Arehart-Treichel, 1982) found that 98% of the sample participating in the study spoke to their dogs.
- “The pet allows the person to project feelings onto something external without having to interact with a person.” (Levinson, 1965 in Rosenkoetter, 1991, 43).
- “Language is reduced to a minimum, and the present and future are emphasized rather than the past”. (Levinson, 1965 in Rosenkoetter, 1991, 43).

(Pets stimulating fond memories is discussed elsewhere in this text.)

- “During times of conflict, pets may serve as a ‘lightning rod’ to direct pressure away from troubled family members.” (Wilson & Netting, 1983 in Gerstman, 1987, 134; Levinson, 1964, 246). Arehart-Treichel (1982, 223) supports this finding and quotes one woman as placating family arguments by saying “Stop fighting, you’re upsetting the dog.”
- “Furthermore, treatment takes an interminably long time, and short cut is necessary. I believe that in many cases the use of pets in psychotherapy offers this short cut.” (Levinson, 1964, 243).
- Pet-facilitated psychotherapy can decrease the need for medication and hospitalisation (Gunby, 1979; Lee, 1987 in Moneymaker and Strimple, 1991; Miller and Connor, 2000).
- “Touching a pet, as well as being a means of expressing affection, affects owners’ cardiovascular systems. Researchers have reported that interacting with (talking to and petting) a pet is less arousing to the owners’ cardiovascular system than talking with people” (Baun, Langston, Bergstrom and Thoma, 1984; Friedmann, Katcher, Meislich and Goodman, 1979; Grossberg, 1984; Katcher, 1981).” (Friedmann and Thomas, 1985, 195).

- “The presence of an unknown dog had psychologically and physiologically calming effects on both pet owners and non-pet owners.” (Friedmann and Thomas, 1985, 196).
- Referring to pet-owners, Lockwood (1985 in Granger and Carter, 1991, 242) states that “They are stereotyped as having certain positive characteristics that enable them to be automatically accepted by most of society, simply because of the association that people who love animals are naturally good.” However, based on past studies, Friedmann and Thomas (1985) concluded that pet owners and non-pet owners did not differ in personality. But the role of each pet in each individual’s life varies a great deal. The perceptions of the individual play a key role in this respect (Davis and Juhasz, 1985). Based on an analysis of extensive studies, Katcher (1982) suggests that for optimal effects, economic means and a close emotional relationship with a pet are both needed.

After reviewing extensive literature on the subject, it is apparent that benefits may be more substantial in certain sectors of the population than in others. Demographic variables and cultural orientations, for example, may be influential. Pet-facilitated therapy is thus an expansive concept, with advantages, disadvantages, various views and meanings. No single definition has been shown to be any better than its contenders, and most can be interpreted as mutually inclusive of each other. Having given the reader some insight to the field, more detailed discussion is now warranted.

## Chapter 4

### Theories of Pet-Facilitated Therapy

*“A Rodgerian analyst is not unlike a Labrador retriever”. (Beck and Katcher, 1983, 129).*

To date, a single-widely accepted theory explaining the effects of the human-animal bond is lacking. Researchers call for further theorising, but the complex, interdisciplinary nature of the field has stunted the development of a specific theory. This has been noted and calls have been made for academics to look not only to their own areas of expertise, but also to explore overlapping areas of other disciplines (Rowan, 1989). The co-operation of medical physicians, psychologists and family veterinarians would be an example of such collaboration.

Some researchers have claimed “Commitment to a pet is a cognitive intent to act in ways directed toward the well-being of the pet and is in contrast to attachment that is affective or emotion.” (Staats, Pierfelice, Kim & Crandell, 1999, 483). This assertion implies a lack of emotional intent on the part of the owner and instead attributes owner-behaviour to a sense of commitment or rationalisation by the owner – free of emotion, based more on practicality. This would imply that the effect of the animal on the owner is minimal.

Serpell (1983) formulated a model advocating that roles of animals (anthropomorphic, passive, and instrumental), may operate separately or simultaneously (Davis, 1988,

79). The “anthropomorphic role is activated when an animal is perceived as having human characteristics. The animal’s spontaneous reactions are believed to embody love and acceptance, promoting a sense of reciprocal affiliation” (Davis, 1988, 79). Such an instance was evident in Kidd and Kidd’s (1985b) study, where most of the children below the age of seven years infused their own thoughts and emotions with those of their pets. Children over the age of seven relied on the animal’s body language as a means of reliable communication.

The passive therapeutic role uses sensory input instead of identification and projection. In the passive role, a pet serves as an entertaining object of attraction. Observing the animal’s rhythmical behaviour as well as amusing activities of animals enhances relaxed contemplation and enjoyment (Davis, 1988). The instrumental role refers to an animal specifically trained to help cope with a person’s physical limitations. (Seeing-eye dogs for the blind and hearing-ear dogs for the deaf are examples of this) (Davis, 1988). In fact, “seeing-eye” miniature horses have also been used to assist the visually challenged (Shaw, 2002). Although Serpell’s model seems sufficient, each named role may vary in significance in various individual’s’ lives – i.e. to a visually impaired person, the instrumental role of the dog may override the anthropomorphic role.

“A Rogerian analyst is not unlike a Labrador retriever”. “A Labrador retriever is not directive, gives no advice, never interjects his opinions about your life, successes or mistakes. He never criticises your judgement either. He is perceived as empathetic and can keep a conversation going just by looking at you. In contrast, even Rogerian therapists must speak at some point and can thus reveal their ignorance, destroy

months of sensitivity, understanding and empathy.” (Beck and Katcher, 1983, 129). Thus, key similarities can be drawn between the two modes of therapy, and as the aforementioned authors point out, using an animal could have benefits that using a human Rogerian therapist could not offer. One may argue that the mindset of being heard by a person as opposed to being heard by a dog may alter the effects of “therapy”. However, should a client overcome this (and indeed, persons with strong attachment can easily do this, as numerous studies on pet-caregiver attachment have evidenced) the above similarities become very realistic. Secure individuals, unafraid of their status or ranking in society, unafraid of the “inferior” life form of a dog assisting them in coping with life problems can certainly derive some benefits from being heard/interacting with a dog.

Mackler (1982) has illuminated the role of the family pet in family therapy. His approach offers conflict resolution and maximal family functioning incorporating treatment of the pet. Referring to the first International Conference on the Human/Companion Animal Bond (in 1981), he goes on to proclaim “the legendary relationship between humans and pets has now found a respectable place in family therapy” (Mackler, 1982, 305). He explains, “In family therapy, the systems theory, itself based upon principles on interdependence in communication and ecology, deepened therapists’ understanding of families by expanding upon the ways they organize themselves and relate with other social forces. By changing and redefining concepts about the family unit, therapists today no longer need to feel inhibited about including the family pet in the treatment plan, whether or not the animal actually ‘participates’ in family interviews. There are families, nevertheless, in which it becomes essential to the success of the therapy for the pet to participate” (Mackler,

1982, 305). This is rather plausible when one considers situations of overly caring owners centring their lives upon their companion animals, the stereotypical damsel with a petite pooch in her handbag or childless spouses that have been often reported to neglect partners in favour of the beloved pet. Indeed, such occurrences could disrupt family harmony drastically. Psychological reports have also included case studies of childless couples divorcing upon the death of the beloved pet (Simon, 1984). Mackler (1982, 310) concludes by highlighting the need to train therapists to “enhance family functioning through treatment of the pets...” .

Entin (1986, 13) also enters the field from the framework of family systems therapy, advocating human-companion relationships as offering “unique insights into the emotional processes of the family” and thus helping the therapist gage the dynamics within a family more effectively. The question he suggests therapists ask is “what is the ‘something more’ that pets represent in the psychological lives and family dynamics of pet owners?” Following on, one needs to consider what the hidden metaphor that the pet symbolises for his/her owners is (Entin, 1986).

Bridger (1976) elaborates that in a family, the pet allows itself to be used for projection, displacement, expression of feelings, testing power and exploring control in the family context. The animal helps provide a somewhat safe or more secure environment to explore such limits. To illustrate the influence of pets on the family, consider the example of sexual problems in a marriage. Often, during treatment the question of “who’s in the bedroom with you?” is posed (Kaslow, 1979 in Entin, 1986). Normal responses refer to extended members of the family (e.g. mother or father) reported present through their photographs. Interestingly enough, Ruby (1982,

in Entin, 1986) found that 65% of animals sleep in their owners' bedrooms and of these, 45% actually sleep on the bed. In this capacity, the pet functions as part of the triad of marriage and can inhibit sexual activity. Entin (1986) reaffirms this through his own clinical experience, referring to the pet as a helping tool in facilitating connection in a couple, but although they may have related to each other through and about the dog, they failed to relate to each other in a person to person manner, thus maintaining a distance between themselves. Pichel and Hart (1989) have described the effective use of an animal (a kitten) to desensitise sexual anxiety. "Systematic desensitisation is a technique for enhancing relaxation in people with sexual anxieties...The treatment involved encouraging playfulness and the enjoyment of touching and stroking a kitten in order to induce relaxation and desensitise the couple to physical contact...The natural experience of interacting with a cat resulted in a reduction of sexual anxiety, and the presentation of graded stimuli in desensitising sessions was not required. An animal, serving as a social relaxant, can be a useful adjunct in treating sexual anxiety." (Pichel and Hart, 1989, 58). Reduction of sexual anxiety can also improve self-esteem. The animal also provides a useful focus for attention during uncomfortable moments experienced by the couple.

Animals also have a role to play in the lives of infertile couples, who have identified three key roles animals serve: "replacing loss, healing emotions and connecting to the outside world." (Blenner, 1991, 7). In the first instance, animals help fill the void of the "missing infant". During moments of extreme stress and or depression (especially during repeated, difficult fertility treatments) animals provide a welcome distraction, and when couples perceive themselves as social outcasts due to their inability to reproduce, the family dog is regarded as still faithful and loyal – accepting the couple

despite their “impediment”. Animals also serve as a buffer against stress and once more provide an alternate focus of attention, as well as an alternate “dog-related” social circle – e.g. obedience classes, dog shows, etc., environments that are perceived by the couple as “safe”.

Also important, is the time at which a pet is introduced into a family system, possibly indicating the different ways in which families deal with change, crises or other emotional issues that may be apparent at the same time (Entin, 1986). “When a family accepts a pet, a subtle change begins to occur in the family’s dynamics, in its very subculture. There occurs a dilution in a family’s interaction and a reconstruction of the family’s psychological potential.” (Levinson, 1964, 246).

Among the perks of having an animal present in a household, Levinson (1975, 10) observes the utility of pets in bridging the generation gap between adults and children, and providing a common responsibility requiring cooperation and communication. However, such relationships are not always established with such ease. Referring to children and based on clinical observations of kindergarten children, Margadant-van Arcken (1989, 14) described the first meeting between a child and an unfamiliar animal as, “The child’s initial attitude is somewhat fearful, and this continues during the development of the relationship. Once the child is completely at ease with the animal, he/she loses his/her fear. With the establishment of trust, the animal is allowed to share in the child’s normal activities...” Specific references to children are discussed further in this chapter.

From a psychoanalytic perspective, Entin (1986, 14) quotes (Simon, 1983, 12) as stating that “the person/pet relationship ... produces the same kind of transference experiences that are characteristic of the human relationship, but with certain crucial differences” and adds that “unfortunately because pets are unable to provide people with ... (self regulating) ... feedback ... (for the purpose of correcting our foibles) ... circular and self-fulfilling maladaptive processes are too often set into motion..”

(Simon, 1983, 43 in Entin, 1986, 14). This is true, but under the guidance of a trained therapist, can be avoided. Animals in therapy can be used for illustrative purposes, not only with children, but with adults as well (e.g. unconditional acceptance). However, Entin (1986, 14) contests this by saying that “it is fact that in some families pets function as part of the emotional process of the family, they become triangulated, reveal the level of differentiation of self of their owners, become objects of the family projection process and more as they are involved as the focus of emotional intensity and reactivity in the family.” Other theorists agree. The dog “becomes a true protector of the psychic balance in man, by serving as a ready carrier for instinctual forces which are too intense for our own capacities to contain unaided.” (Heiman, 1956 in Searles, 1960, 311). Psychoanalytically, animal phobias or perversions with animals involve imbuing the animal with aspects or attributes of a mother or father figure (Heiman, 1956 in Searles, 1960).

Some theorists agree with these views and have gone as far as identifying possible elements at work, i.e. from a psychoanalytic perspective, the emotional elements in the human-pet relationship would be displacement, projection and identification. (Feldman, 1977). Rynearson (1978, 553) furthers the argument, stating “...human and pet are significant attachment figures for one another. Under normal circumstances

they share complementary attachment because of mutual need and response. At times of stress they may temporarily seek out the other for attachment. Under abnormal circumstances of conditioned distrust the human may displace an over-determined need for regressed attachment to the pet. It is the pet's pre-verbal attachment attitude that satisfies the human's regressed need for nurturance. The pet's essential, non-verbal acceptance and response to attachment allows the distrustful human to trust." Two purposes for such behaviour have been identified. The first has been described as "sustaining projective identification" and is explained as follows, "In 'anxiously attaching' oneself to and 'compulsively caring' for the pet, one can simultaneously and vicariously gratify a vulnerable part of self without risking interpersonal involvement." The second purpose identified is as a symbolic intermediary, where the animal is on the receiving end of displacement between disagreeing human beings. Consider a family plagued with distrustful relations, leaving the family pet as the only member that trust can be projected onto. (Ryneckson, 1978, 553).

This train of theorising is extended to the childhood phase as well, crucial in undertaking a psychoanalytical approach. Heiman (1965, 717) a strong theorist in this respect, explains "During the trying years of childhood, especially in the latency period between the age of four and the beginning of puberty, the company of a dog is a fine thing. If there was ever a need for a 'seeing eye' dog, it is at that time – to lead the child through the labyrinth of the oedipal phase and help him find a secure identity." Indeed, the mutual relationship has been marked by other authors as well. "Children and animals understand each other in a symbiotic way" (Strauss, 1956 in Margadant-van Arcken, 1989, 18).

Wolfe (1977 in Davis and Juhasz, 1985) identified the role of a pet as a transitional object. The term transitional object was introduced by Winnicott to “designate a material object which becomes vitally important to the young child, especially at the time of going to sleep. Use of such objects is, according to Winnicott, a normal phenomenon which enables the infant to make the transition between his early oral relationship with his mother and ‘true object relationships’.” (Laplanche and Pontalis in Salomon, 1981, 9). Brusset (1980 in Salomon, 1981) suggests that the pet “take over” the role of the transitional object for the child. If the pet serves as a transitional object, as a first “not-me possession”, it can help the child draw body boundaries and distinction from his mother. This will also provide a soothing link to her in her absence (Mahon and Simpson, 1977). Based on their studies, Filiatre, Millot and Montagner (1986, 43) confirmed their hypothesis that “the interaction systems between the dog and child can play a role in the emotional development and the relational systems of the child.”

“Attachment theory provides a useful framework for understanding the child’s relationship with the pet, as well as with other members of his/her social network (for example, parents, siblings, grandparents). The concept of attachment, which is central to the psychological study of the child’s relationships with others (Bowlby, 1969; Ainsworth, 1979), has been defined as ‘a lasting emotional tie between people such that the individual strives to maintain closeness to the object of attachment and acts to ensure the relationship continues’ (Fogel and Melson, 1988, 190). This definition, like others, assumes that attachments exist only between humans; however, the emerging data on children and pets suggest that the construct may be applied to the child-pet relationship.” (Melson, 1991, 92).

Sable (1995, 335) writes from an ethological framework of attachment and explains, “Within Bowlby’s (1969, 1973, 1980) ethological framework, the affectional bond between two individuals over time, beginning with the infant and his or her mother figure, serves the biological function of protection as well as security. If a person is threatened with danger or the disruption of a bond, he or she exhibits attachment behaviors with the goal of making contact with an attachment figure (Ainsworth, 1989; Bartholomew, 1990; Bowlby, 1980). In some circumstances, mere proximity brings comfort, even if the attachment figure cannot do anything. Also, once it is formed, attachment is exclusive and persistent and is not easily relinquished or redirected to others (Marris, 1982; Weiss, 1982a). However, the capacity to make an affectional bond generalizes to others. This phenomenon explains how a securely attached child is reassured by a friendly and familiar teacher if upset while at school. And this characteristic, which recognises that exposure facilitates attachment, could explain why individuals who are not exposed to pets are less interested in them.”. (Pets as transitional objects during adolescence are discussed at a further point in this section.) According to Sable (1995, 335), “...family pets, in particular dogs and cats, also have the potential to provide an emotional bond of attachment that promotes a sense of well-being and security.”. This ties in with explanations incorporating a transitional object, discussed earlier.

The concept of a pet as a transitional object has been applied to the adolescent phase of life as well. “Pets function, particularly for adolescents, as transitional objects, much like the blanket or teddy bear does for infants. As transitional objects, pets help children feel safe without the presence of parents. Pets are more socially acceptable as transitional objects for older children than are inanimate objects. Adolescence brings

with t a changing relationship to pets, in large part due to this emergence of pets as transitional objects. At this period pets can be a confidant, an object of love, a protector, a social facilitator or a status symbol (Fogle, 1983). Moreover the bond between children and pets is enhanced by its animate quality. The crucial attachment behaviours of proximity and caring between children and pets form an alive reciprocating alliance (Bowlby, 1969). The relationship is simpler and less conflicted than are human relationships.” (Robin and ten Bensel, 1985, 66). At this adolescent stage, pets serve as emotional anchors – unchanging in their attitudes towards the quickly changing, hormone-laden teenager.

Perhaps the most controversial and well-recognised figure in psychology, Sigmund Freud (himself a dog owner) also observed animal-child interactions. “Children show no trace of arrogance which urges adult civilized men to draw a hard-and-fast line between their own nature and that of all other animals. Children have no scruples over allowing animals to rank as their full equals. Uninhibited as they are in the avowal of their bodily needs, they no doubt feel themselves more akin to animals than to their elders, who may well be a puzzle to them.”(Freud, 1953 in Robin and ten Bensel, 1985, 76). The study conducted by Driscoll (1992) supported the findings of Kellert and Berry (1981) that “younger persons tend to be more concerned about animals than older persons”. (Driscoll, 1992, 37). “Thus, one generally accepted hypothesis states that children tend to identify as much, or more, with animal figures than with human figures, and that this process of animal identification decreases with age.” (Boyd and Mandler, 1955, 367). However, the belief that very young children see animals as kindred spirits has been refuted by Kellert (1984) who found that very young children are most often exploitative and unfeeling in their interactions with pets, perhaps due

to their lack of information. However, Meeker (1984, 56) keenly observes, “Children rarely need to be taught to love an animal, for that comes naturally.” “The pet is the self as a child still suspended between nature and culture, no longer part of nature but not yet trained to live in adult society.” (Beck and Katcher, 1983, 88).

“Perhaps because of a natural fear of animals (and the primitive instincts which they represent), there is for most children great satisfaction in having an animal tamed and rendered harmless and subservient. In fact the camaraderie between children and pets is usually even greater than that between adults and pets.” (Schowalter, 1983, 68).

After studying responses to animal and human stories and pictures, Boyd and Mandler (1995, 371) found that “Socially disapproved behavior by human characters apparently arouses more anxiety than such behavior by animal characters.”

Elaborating on the mechanisms at work in human-animal relations, Heiman (1965, 713) adds, “By the mechanisms of displacement, projection and identification, a dog or other pet may serve as a major factor in the maintenance of psychological equilibrium.” “Then, after a man has made of his pet what he wants him to be (which is what the man subconsciously aspires to be), the master identifies with his product and becomes what he has made of his pet. To that extent, the man reflects his pet, but only because he chose to make the pet into what he himself wanted to be.” (Heiman, 1965, 717). Furthermore, “Relating to animals, and pet-keeping in particular, are both considered efforts to combine the conscious and unconscious in a controllable manner (Savishinsky, 1983), resolve our inner conflicts (Heiman, 1965; Rynearson, 1978), gain defence mechanisms (Ryder, 1973), or symbolically resolve conflicts through dreams and fantasy (Bettleheim, 1977; Van de Castle, 1983).” (Brickel, 1985, 33).

Katcher and Friedmann (1980 in Katcher, 1985, 403) have identified seven psychologic and social functions hypothesised to boost human longevity and decrease morbidity: providing companionship, keeping people active, stimulating care-giving activity, making their owners feel safe, permitting the exchange of affectionate touch, being an interesting visual object and being a stimulus to exercise. Katcher (1985) also suggests (based on past studies) that dogs could potentially distract anxiety-ridden patients, temporarily averting their thoughts from the impending, anxiety-provoking source (e.g. dental surgery). Glaser (1965 in Calvert, 1989) identified two basic needs that animals fulfilled in people's lives: "the need to be loved and the need to feel worthwhile to themselves and others" (Calvert, 1989, 196).

Darwin (1965 in Katcher, 1985; McCullough, 1981) also made reference to the basic instinct to naturally be at ease by observing other organisms around one also relaxed – signalling safety and the absence of danger, thereby producing relaxing physiological (and possibly subconscious) soothing consequences. This explanation is further illustrated when one contrasts a person's reaction on witnessing a docile family pet and the reaction on witnessing a flock of birds suddenly cry out and take flight all at once – immediately triggering alertness and anxiety in observers, who also perceive the potential danger apparent as signalled by the sudden "escape" of other animals sharing the same environment. As Feldman (1977, 88) noted, "Interspecies social interaction is natural." Indeed, McCulloch (1984 in Brodie and Biley, 1999) attributes the emergence of pet therapy to the green revolution - a return to nature.

Grooming a pet might serve as an outlet for instinctive grooming patterns that have become outlawed in modern society. The image of a mother chiding her little child for

picking at his scab or picking his nose comes to mind here. (Levinson, 1970 in Ryder, 1973). A similar “grooming” need can be satisfied by venting “grooming” behaviour on a pet. Dr Boris Levinson offers further explanations. “... animals help to satisfy deep-rooted psychological needs in people. They bridge the gap between unfeeling, automated civilization and our need to commune with the primeval world that is part of our genetic heritage. They furnish contact comfort, make us feel needed, teach us patience and self-control, kindness and empathy.” (Stevenson, 1975, 144).

“Levinson’s thesis uses a ‘natural psychoanalytic’ approach where animals are viewed as symbolically important to people, given that they are expressions of the unconscious self. Due to this symbolic importance people are attracted to animals and the more natural (primitive/unconscious/ less urbanized) world they represent.”

(Brickel, 1985, 33).

In 1917, Jelliffe and Brink wrote “animals represent through their actual proximity, as in their near kinship, the lower form of man’s nature from which it has been the endeavor of his evolution to escape. They thus represent objects of fear in physical form and psychically. They are symbolic of various forces within man’s nature or external to him, forces both beneficent and harmful.” (Jelliffe and Brink, 1917, 255).

This is in contrast to the above Darwinian explanation, which supports a natural propensity towards animals, rather than adding distance between animals and humans.

“If we are genetically predisposed to becoming attached to other people, particularly our children, and if animals exhibit many of the same characteristics that cause our attachment to other people, it is easy to see why people become attached to pets and, in many respects, behave and feel towards them as though the animal were a child.

People *know* a dog is a dog, but can *feel* about it as though it were a person.” (Voith, 1985, 293). In the same vein, “Although emotions can be influenced to varying degrees by reason, emotions are largely independent of reason.” (Voith, 1985, 295). This could help explain our strong attachment to animals.

Rogers (1980 in Gaydos and Farnham, 1988) provides a more holistic model including both the environment and human being interacting, involving the rhythmic exchange of energy. Thus, as part of the environment, animals play a role (in fact in this context, animals can be used illustratively to test Rogers’ theory). The role of animals can thus either individually to a large extent or constitutively affect the functioning of an individual. However, this theory does not consider the role of the companion animal as core. Instead, its peripheral role, in conjunction with other factors in the environment is acknowledged as significant. Based on the findings of Baun, Bergstrom, Langston and Thomas (1984) differences in blood pressure when petting a companion animal (lower blood pressure) and when petting an unknown dog (higher blood pressure) were noted, thus changing the natural rhythms and energy exchanges, as per Rogers’ model. The model elaborates on the human-animal bond, by adding that each individual (even in a common household) has a unique rhythm and pattern, and hence each will differ in terms of energy exchange. Rogers explains, “Persons who are characterized by faster rhythms might choose a pet who has rapid rhythm patterns.” (Gaydos and Farnham, 1988).

However, the findings of Baun et. al. mentioned above were not replicated when tested by Gaydos and Farnham (1988), i.e. petting a familiar dog lowers blood pressure to a greater degree than petting an unknown dog. Positive pet attitudes may also influence lower blood pressure (Grossberg and Alf, 1985 in Baun, Oetting and

Bergstrom, 1991). When comparing the effects of the autogenic relaxation technique to petting a companion dog (either alone or together with autogenic relaxation), no differences in blood pressure were noted (Oetting, 1985 in Baun, Oetting and Bergstrom, 1991). Thus, the relaxing effect of petting a companion dog could tentatively be equated to that of autogenic relaxation. Thus far, harmful effects of petting a companion animal have yet to be demonstrated (Baun, Oetting and Bergstrom, 1991).

The influence of animals on the well-being of humans has further been explained through the use of Roy's Adaptation Model: more specifically, the relationship between loneliness in nursing home residents and interaction with animals was investigated. This was done according to two concepts from the model: "environmental stimuli as factors influencing adaptation" and "interdependence as a mode of response to the environment" (Calvert, 1989, 194). Individuals' institutional settings are thought to reap benefits from interactions with animals, as animals can reduce loneliness and better facilitate adaptation to new environments. Three kinds of environmental stimuli are identified by Roy: A focal stimulus, defined as "the degree of change that precipitates an individual's behavior. It may be an environmental change or a change in a relationship"; Context stimuli explained as stimuli "present in the environment that contribute to the behavior observed" and finally Residual stimuli referring to "beliefs, attitudes or traits which have an indeterminate effect on the present situation" (Roy, 1984 in Calvert, 1989, 195). The second part of the model examines the interdependence mode of adaptation, looking at support systems and the ways in which an individual interacts with his/her environment. Allowing interdependence means that the individual feels a certain measure of security, is able

to accept love and other emotions from others. Such “others” could be human (a family member), spiritual (God) or animal. Animals have been used as substitutes for human companionship and have been found useful as important links with reality for many patients (Frank, 1984 in Calvert, 1989; Bernas, 1985). Roy’s approach concurs with the doctrine of The Learning Theory, which states “organisms learn to behave by responding to stimuli in the environment.” (Brickel, 1982, 71).

Dogs flatter the human ego. They are very submissive, display unbridled ecstasy when you return home and appear as if they hero-worship you. (Ryder, 1973). They “serve our psychological needs by becoming extensions of us” (Ryder, 1973, 662). Furthermore, “To own a thing makes it a part of one; so its magnificence rebounds upon the owner. Ownership implies control.” (Ryder, 1973, 663).

“Other suggested pet-associated anxiety-reducing effects include the provision of tactile reassurance (Katcher & Friedmann, 1980), the encouragement of humour (McCullough, 1981), and the stimulation of idle play (Katcher, 1981; Smith, 1983).” (Gerstman, 1987, 133). As Gerstmann (1987, 133) elaborates, “Animal companions may help fulfil a person’s needs for emotional support in a variety of ways, including interactions that lead the pet owner to believe that he or she is cared for, loved, esteemed, valued, admired, respected, and appreciated and belongs to a network of mutual obligations.”

Based on clinical observation and past studies, Feldman (1977) identified pet owner needs fulfilled by animals as friend and partner, self-identity and self-esteem, facilitation and catalysis, and childhood development. As friend and partner, Feldman

(1977, 88) says that “allowing pet owners to love and feel loved may be the greatest contribution made by pets to mental health and emotional well-being.”. Animals have the ability to serve as friends that are faithful, intimate, non-competitive and non-judgemental. In terms of owners’ self-identity and self-esteem, “pets help their owners make contact with their animal nature, helping them to avoid estrangement from their inner animal selves.” (Feldman, 1977, 90). As far as playing a role in childhood development, Feldman supports this by adding “by being an active and physical playmate, a pet may facilitate release of pent-up energy and tension and increase perceptivity to nonverbal communication in a child.”. (Feldman, 1977, 92). Interestingly, “adults’ attitudes towards pets were related to their ages when they had their first pets and the bonds they formed with their most important pets.” (Poresky and Hendrix, 1988, 419).

“In contrast to accepted psychoanalytical explanations, a learning perspective is taken where persons are taught to love animals; emphasis for such teaching is placed within the family. Children are taught to relate emotionally to animals under a framework of social learning theory using classical, operant, and observational learning. After the emotional base has been established, and as individuals form independent cognitions about the worlds, animals represent *tabula rasa* stimuli upon which persons inscribe idiosyncratic content. Following childhood, maintenance issues are focused upon using a social role-activity theory rationale. At this stage pet-oriented role activities perform utilitarian functions, defining relationships between the individual, family, and society.” (Brickel, 1985, 31). “Because learning theory has been ignored in accounting for the human-animal bond, ... where human-animal relationships are

seen as stemming from learning experiences encountered within the family.” (Brickel, 1985, 33).

“We perceive animals as our emotional wards. Animals represent a class of stimuli saturated with emotional properties. Generally speaking the emotional association between people and animals is a positive one, easily converted in specific associations with pets.” (Brickel, 1985, 33). We learn to perceive animals in this manner, mainly within the family. We do not innately recognize any particular animal species as emotional ally or enemy, but are taught, systematically and extensively, recognition of some learned emotional taxonomy. In our Western culture we learn that certain classes of animals (e.g., dogs and cats) exist primarily to be loved.” (Brickel, 1985, 33).

Consider the case of a nursery or infancy ward at a hospital – traditionally adorned with pictures of animals, toys in animal forms, etc. A child’s room is also decorated in a similar fashion. When this happens, on both a conscious and subconscious level, parents/adults are illustrating the positioning of animals in one’s life. Cartoons and other forms of the media also teach children to value animals and play a key role in shaping and modelling attitudes towards animals. (Brickel, 1985).

“In terms of Weiss’s (1974) social provisions of relationships, pets can provide opportunities for attachment and the nurturance of others and more broadly offer extended social networks and social interactions. Pets can uniquely fill a combination of emotional needs, sometimes substituting for an absence of human attachment and at other times expanding the range of relationships and social contacts that add to the

pleasures of life and give a feeling of comfort and companionship in times of difficulty.” (Sable, 1995, 336).

A study conducted by Berryman, Howells and Lloyd-Evans (1985) found the pet relationship very similar to the relationship between participants in the study and their children. In treating animals as part of the family, owners allow themselves to feel less lonely, less depressed and a decrease in their anxiety (Katcher, Friedmann, Goodman and Goodman, 1983). “Because pets both give and receive affection, they can be emotional substitutes and contribute to maintaining morale when people are alone or going through difficult periods of transition.” (Sable, 1995, 337). “Muschel (1984) explained that transitions sometimes make people feel like outcasts of society, a complication avoided with a pet.” (Sable, 1995, 337). Once more, under the guidance of a therapist, excessive independence to the exclusion of human relations can be avoided.

“Pets behave in ways that foster a sense of being needed and are dependent on their owners for physical care (Stewart, 1983), which may explain the tendency of pet owners to call them ‘baby’ or ‘child’.” (Sable, 1995, 337). In the case of the sick, self-esteem might take a knock. Having someone depend on them (perhaps similar to the way they do/did depend on others when ill) helps them cope with own negative feelings about their dependency (McCulloch, 1981). However, one must also bear in mind the concern raised elsewhere in this text of hospitalised persons worrying excessively about the welfare of their pets, to the detriment of their recovery.

Berryman, Howells and Lloyd-Evans (1985) also found that the relationship with animals was valued for dependency, fun/play and relaxation incorporating an absence of demands.

Huckstedt (1965 in Sternglanz, Gray & Murakami, 1977) conducted a very systematic study that investigated facets of perception of attractiveness by adults. Adults were found to prefer “an infantile shape to an adult one and a supernormal one (possessing exaggerated infantile cues) to an infantile one.” (Sternglanz, Gray & Murakami, 1977, 109). In general, the study conducted by Sternglanz, Gray & Murakami (1977) found that large eyes (relative to small eyes), small chins (relative to large chins) and high foreheads (relative to lower foreheads) were all found to be more attractive qualities in infants by adults (both males and females) Sternglanz, Gray & Murakami, 1977, 109). These qualities are all also rather common in dogs, more markedly in specially bred, genetically manipulated species. These findings further support the substitutive role animals may play in childless couples, empty nesters, the elderly and other lonely people.

“Beck and Katcher (1983) have suggested that as children get older, the pet acquires many of the characteristics of the ideal mother. The pet is unconditional, devoted, attentive, loyal and non-verbal – all elements of the primary symbiotic relationship with the mother.” (Robin and ten Bensele, 1985, 65). Once more, this hypothesis ties in with that incorporating pets as transitional objects.

“Emotional investment in the human/animal bond and responsibility for the pet’s well-being emerged as the major facets of friendship with the family pet” in a study

using preadolescents (Davis and Juhasz, 1995, 78). More specifically, this study found that emotional reciprocity and caring responsibility were the two major facets of friendship with the family pet. Based on numerous descriptive statements, the authors also found that “the preadolescent /pet bond can serve as an avenue for growth in personal responsibility. Preadolescent/pet friendship can apparently foster feelings of personal achievement.” (Davis and Juhasz, 1995, 81).

“Levinson (1969) has stated that pets may satisfy the child’s need for physical contact and touch without the fear of entanglements that accompany contact with human beings. Children have a great need for empathetic listening and association with others. It is the non-interventiveness and empathy that makes animals such good companions. Pets are often perceived by children as attentive and empathetic listeners.” (Robin and ten Bensel, 1985, 66). Further research in this area expands on these hypotheses, “... according to Beck and Katcher (1983), much of the usual activity of children and pet animals resembles a parent/child relationship with the animal representing the child as an infant. Children unconsciously view their pets as an extension of themselves and treat their pets as they want to be treated themselves. This process is what Desmond Morris has called ‘infantile parentalism’, suggesting this is one way children cope with the loss of their childhood (Morris, 1967).” (Robin and ten Bensel, 1985, 67). Multiple studies have found that pet ownership was most probable to occur in households that contained children with an employed head of household (Franti, Kraus, Borhani, Johnson and Tucker, 1980).

Albert and Bulcroft (1988 in Sable, 1995) make the keen point that although animals are a financial drain on resources and yield no direct economic benefit to one, people

are still enthusiastic to lavish vast amounts of time and effort on them. In fact, in one study 81 to 84% of respondents from less affluent areas used veterinary services for their pet dogs, thus illustrating the high esteem pets are held in (Franti, Kraus, Borhani, Johnson and Tucker, 1980).

Practical advantages of having a pet are also evident. Simple aspects such as proximity count. "One very unique aspect of pets is their constant proximity. A complaint of bereaved spouses, for example, is that social support tends to be mobilized at the time of loss but then quickly ends (Glick, Weiss and Parkes, 1974; Sable, 1991)." (Sable, 1995, 338). "It is proposed that the manner in which pets reduce emotional discomfort is theoretically explained through the competing-response theory of extinction via attention shifts. Using this model pets are seen as emotionally-laden distracting stimuli which allow for exposure to, instead of avoidance of, anxiety-generating stimuli." (Brickel, 1982, 71). "When this theory is addressed it usually refers to Levinson's (1972) psychoanalytical statement that people have an intense need to affiliate with animals." (Brickel, 1982, 71).

"Pets divert attention from an anxiety-generating stimulus which the client faces. This interference allows for self-motivated exposure to the stimulus instead of avoidance behaviors. Repeated exposure through the pet's diversional properties plus nonaversive consequences aids in the diminution or extinction of anxiety. The therapist then nurtures the appearance of functional alternative response patterns." (Brickel, 1982, 71). This explanation is logically very plausible. With the aid of an animal, a person is not wholly focused on avoiding a stimulus.

Studies quoted by Brickel (1982) found that distractions could take auditory, tactile or cognitive forms. Thus, the author logically assumes “ that pet-facilitated psychotherapy operates on similar principles, for the basis of pet appeal lies chiefly in the distraction potential of pets. That is, the attraction pets hold for people resides in an ability to gain attention through perceived attributes (soft, cute, cuddly, affectionate, etc.). As distracting stimuli pets are complex, operating on tactile, auditory, and cognitive levels, and most probably on an additional emotional level.” (Brickel, 1982, 71). Although this “passive role” has been mentioned as part of an integrated theory earlier on, other roles have also been identified as well. However, Brickel’s explanations accord attention mainly to this chief aspect in explaining the mechanism of human-animal bonding.

Levinson elaborates on the technicality of pet therapy: “I prefer the term ‘pet therapy’ rather than ‘play therapy’. The term ‘play therapy’ is really a misnomer. The word ‘play’ connotes a self-chosen activity which is largely absent in the structured setting of a clinic or a private therapist’s office, where the purpose of the activities are predetermined, the time set beforehand, etc. What we are actually doing in play therapy is engaging in directed make-believe.” (Levinson, 1964, 243/244). “It is well-known that through play a child may rehearse and try to resolve some of his life’s problems. A sensitive therapist can utilize the child’s play with the pet to understand the child.” (Levinson, 1964, 244). Spending time with a pet in “reality” will help prevent a child from constantly living in a world of “fantasy” (Levinson, 1975). Levinson goes on to explain, “There are two interrelated aspects of pet therapy. One, the pet’s use as a therapy aid by the clinician in his office. The other, as aid to

therapy; i.e., the directed introduction of the pet into a child's home." (Levinson, 1964, 244).

"Adults ascribe human attributes to animals; children reverse the process and attribute animal qualities to human beings. Contrary to the widely held impression, it is, in my opinion, easier for a child to identify with a human being than with an animal.

However, it is even more difficult for a child to project life into and identify with an inanimate object. The great virtue of pet therapy is that it permits identification on this intermediate level. Further, experienced child therapists know that dolls, clay, finger paints and other appurtenances of the play room cannot be truly loved. They are not alive; they do not grow, digest, respond. The child intuitively feels that they cannot share his feelings with him. Unlike his reaction to a doll, a child can conceive of the pet as being part of himself, part of his family who goes through the same experiences he does." (Levinson, 1964, 244). A study by Kidd and Kidd (1987) verified the assertion that children between twelve and thirty months display more attachment behaviours towards live pets than mechanical animals. (Among the possible reasons for the reported findings, sounds of the animals was dismissed, as the mechanical animals used in the study also produced animal equivalent sounds. Instead, the quality of movement and reciprocal interaction were suggested.)

"Because a child's behavior toward animals clearly shows the kind of treatment he or she has received from other people, pets can serve as tools in the diagnosis of childhood emotional disturbances." (Kidd and Kidd, 1985a, 97). This can help clinicians observe the child play unguardedly with a pet in a natural state (Mallon, 1997). Children have no idea that the pet is there for therapy - in their view, the

therapist has brought the dog in just for fun or for him to play with. (Mallon, 1997). The therapist can take note of whether the child projects onto the dog, e.g. forcing dog to eat. (Mallon, 1997). The same principle applies to adults in therapy. As psychoanalyst and psychotherapist Simon (1984, 229) put it, "There is almost no limit to what we can learn about a person if we carefully observe him in interaction with his pet and if we listen with equal care to what he tells us about his animal. Aspects of a person's earliest, most formative relationships can often be inferred."

At different points in the therapy process, the pet has different roles and meanings to the child. Levinson (1964, 244) explains, "In the beginning the child just pets or talks to the animal and engages him in imaginative play in which the pet does not participate at all but merely submits to being handled at the whim of the child. The child at this point disregards the therapist entirely. In the next stage, the pet is the centre of the child's fantasied activity and is made by the child to participate in the role assigned to him. The therapist is permitted to be of auxiliary service. After a while, the child begins to people his fantasied make-believe world with other activities in which the pet, while actively participating, plays a role subsidiary to that of the therapist. Finally, the pet is no longer needed in the therapeutic interchange." (Levinson, 1964, 244).

"Petting an animal during a session distracts the child's attention. By permitting itself to be petted, the companion animal gives the child a feeling of being accepted, as if he or she were with a friend. Since it is usually the worker's or agency's animal that is making the child feel accepted, the child experiences the therapist as accepting him or

her, too.” (Mallon, 1992, 54). The value of diversion of attention has also been discussed earlier in this section.

“A child who has been sadly deprived of love may find it most difficult to accept affection from an adult, but he is capable of receiving affection from a pet. In the child’s relationship with the pet, we may see a reflection of the way he was treated at home.” (Levinson, 1964, 244). As Stevenson (1975, 135) states, “This instinctive knowledge of each child’s needs is shared by many pets used in therapy.” Added to this, the unconditional acceptance of pets is priceless in such situations, i.e. “Pets do not react to the color of a child’s skin, his uncombed hair, dirty clothes, bad report card or substandard speech...” (Mallon, 1997, 58).

Although these and many other explanations and theories have been proposed and discussed in this text, there remains a need for a single, largely accepted working theory. However, the lack of a coherent theory ought not to count against the discipline. Consider the academic realm of Psychology, for instance, which exists and grows steadily while housing multiple fields of thought, also lacking a single, widely accepted theory. In the same way, pet therapy houses a variety of explanations. This has the advantage of inviting practitioners from various schools of thought to easily integrate this approach into their existing modes of practice. But as is the case, all theories have the potential to go astray. “Analogies between human/human and human/animal relationships provide a limited utility model. Further, this model is distorted by *anthropomorphism*, the attribution of human mental and emotional capacities to animals, and the assumption that animals act from motives similar to those of humans. The model is further skewed by the opposite of anthropomorphism,

*zoomorphism*, or the attribution of animal emotions and behaviors to humans.” (Kidd & Kidd, 1987, 143). However, the search for a widely-accepted theory is ongoing.

As explained in this chapter, multiple theories are offered by researchers hailing from a variety of academic backgrounds and psychological schools of thought. Once more, none of these theories has been identified as a favourite, although some are considered more plausible than others, as indicated in ensuing discussion.

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## Chapter 5

### Studies

*Even if studies are able to prove that pet therapy brings about an improvement in only 2% of the population, although not statistically significant, but realistically speaking, that is still a considerable number of individuals whose lives could be drastically altered for the better or even saved – e.g. 2% of 200000 is 4000. Improving the 4000 lives is definitely NOT insignificant. (Patronek and Glickman, 1993).*

Thus far pet therapy has been implemented widely and much success has been reported internationally. This chapter aims to discuss a broad range of studies, including landmark studies in the field of pet-facilitated therapy, to provide a better understanding of research conducted to date, and to frame research conducted by the author.

#### 5.1 The Difference Between Females and Males

Logically, one would assume that different individuals with vastly differing personalities and experiences react to animals differently. One of the major influencing factors in life experiences is gender. Research has shown that females were more orientated and possessed more personalistic perceptions of animals than males (Hills, 1989). Interestingly, Paul and Serpell (1992) noted in their study that

females owned significantly more pets than males during childhood. This could contribute to the later observed differences (between males and females) of relating to animals in the adult stages. However, Katcher, Friedmann, Goodman and Goodman (1983) found that both men and women did not differ in their attachment to their pets, implying that health benefits could be equally enjoyed by both male and female pet-owners. However, it was noted that women displayed very strong attachment to their pets more often, perhaps due to the trend observed earlier in childhood, as mentioned above. A study by Selby and Rhoades (1981) reported that females were found to be more emotionally involved and achieved a greater sense of security-protection from their pet ownership. The kind of interaction with animals also reportedly differs. According to a study by Brown (1984) males demonstrated more tactile affection towards their dogs than females. Larsen, Ashlock, Carroll, Foote, Feeler, Keller, Seese and Watkins (1974) conducted a study where participants were instructed to shock a small dog. Females were found to shock the dog significantly less than males, possibly attributed to differing empathy levels and the different roles that the authors suggest pets may play for the two sexes (in the case of males, dogs roles were viewed as aggressive/vigorous pursuits, rough play and hunting, whilst females saw dogs as both a source and subject of affection). Before definite conclusions can be reached, many of these studies need to be replicated, bearing in mind cross-cutting cultural and societal factors.

According to Herzog, Betchart and Pittman (1991) gender and sex role orientation do play a role in attitude towards animals – feminine sex role orientation was correlated with concern for the well-being of other species, whilst masculine sex role orientation was related to lower sensitivity to ethical treatment of other species. A study by

Mertens (1991) also reported that women were most often the human partner in human-cat relationships, and men were the less likely to be found attracted to cats. Perhaps each sex has a predisposition for particular animals, which they may find more appealing for certain innate, specific, un-identified reasons. Males and females were found to respond differently to animals featured in television advertisements (Magdoff and Barnett, 1989). Interestingly most animal food advertisements were aimed at females and mothers. However, this can be explained in terms of the widespread practice of care of animals falling to mothers of households, along with general care of children. Perhaps this further supports the notion of the pet being regarded as another “child” in the household.

Zasloff and Kidd (1994) report that for single women living alone, pets help reduce feelings of loneliness and compensate to some extent for the lack of human companionship experienced. (Arguably, the same case might apply to males living alone.) In a further study relating to women, Watson and Weinstein (1993) conducted a study involving pet ownership in relation to depression, anxiety and anger in working women. The authors suggest that pet ownership could be less therapeutic for working women, who may very well have insufficient time to spend with their pets. Effort expended on a pet might result in additional stress. In contrast, Freidmann and Thomas, (1985, 1992) and Friedmann (1990) have asserted that “Pets decrease owners’ loneliness and depression by providing a source of companionship, an impetus for nurturance, and a source of meaningful daily activities. They also decrease owners’ anxiety and sympathetic nervous system arousal by providing a source of contact comfort, a relaxing focus for attention, and a feeling of safety. In addition a pet can

help its owner improve or maintain physical fitness by providing an impetus for exercise.” The latter finding was applicable to both genders.

## 5.2 Pet-lovers, Pet Owners and “Others”

However, not all studies have found animals beneficial to human psychological health. Pet owners were found to like people less than did people who did not own pets. This finding was interpreted as indicating that “Pet owners are less psychologically healthy than non-owners” (Cameron and Mattson, 1972, 286 in Hills, 1989, 101; Cameron, Conrad, Kirkpatrick and Bateen, 1966 in Hills, 1989). However, the study conducted by Hills (1989) was contradictory in its findings, showing people interested in animals being “more strongly associated with interest in people than interest in things. Age was not related to orientation toward animals.” (Hills, 1989, 106/107). A study conducted by St-Yves, Freeston, Jacques and Robitaille (1990) led to the authors’ conclusion that the relationship between affection for animals and interpersonal affectionate behaviour (for casual pet-owners) was not supported. Furthermore, there weren’t any indications that the choice of pet was related to either wanted or expressed interpersonal affection. In all these studies, measures of interest in people and interest in animals are subjective. Hence, the findings of these studies require more substance before being unequivocally accepted.

It is important to note, though, that, according to the authors, the type of pet owned may have an important role in attitude towards animals. However, this finding was previously contradicted by other researchers: Kidd and Kidd (1980 in St-Yves et. al., 1990) noted similarities in behaviour between pet owners and their preferred pets,

whilst Brown, Shaw and Kirkland (1972 in St-Yves et. al., 1990) found that low expressed affection for dogs was often common in cases of low affection for people. However, Ray (1982 in St-Yves et.al., 1990) failed to find any significant correlation between the love of animals and the love of people. Cameron, Conrad, Kirkpatrick and Bateen (1966, 886) found that “pet owners like people-in-general less than non-owners”.

Dogs have been described by owners as “friends and companions, as being playful, soft, and cuddly, and as easily trained.” (Kidd and Kidd, 1990a, 1392). Although 26% dog owners claimed that their dogs had “no intelligent behaviors”, almost three quarters of this sample still described their pet as “friendly, loving, and companionable.” (Kidd and Kidd, 1990a, 1393). In this study, ALL the respondents believed that their pet loved them. Furthermore, children in this high-school student population interpreted affection from their dogs as “physical closeness, nuzzling, and sleeping with them.” (Kidd and Kidd, 1990a, 1393). 88% “reported beneficial effects of pet ownership” while “91% claimed such psychological benefits as friendship, companionship, emotional support, and unconditional love.” (Kidd and Kidd, 1990a, 1393). Other telling statistics support such findings.

Investigating the effects of animals during conjugal bereavement, Bolin (1987, 26) reported non-owners as deteriorating in health after the loss of their spouse whilst “bonded dog owners reported no such deterioration”. The study also found that “the comfort and nurturing that a pet affords may have a mediating and therapeutic effect on the health of a widow.” (Bolin, 1987, 29). However, a directly proportional relationship was found between the ownership period of the pet and the degree of loss

of control over both the environment and the circumstances of the bereaved. (Bolin, 1987). This may be due to fear felt by the widows of losing their pets and the companionship they provide. Differences were found in the adaptation to grief between people who did not have pets and bonded dog owners.

However, Lund, Johnson, Baraki and Dimond (1984) found that bereaved participants without pets coped better with grief than those who had pets. Six months later, though, the difference in coping between non-pet owners and pet owners disappeared. The authors suggest that their pet might serve as a reminder of the deceased if one is trying to avoid such reminders or pets could be seen as an irritation. Furthermore, the bereaved may not be used to caring for the pet by themselves. Arguably, this is merely one more change a bereaved person has to contend with. All in all, there seems to be a general tendency towards beneficial (or at least no) effects of pets on grieving persons.

A study conducted by Serpell (1991) reported that obtaining a pet can influence the health and behaviour of the human partner, possibly with long term effects. Benefits arise from activities like walking the pet dog or leading to improved physical conditions relative to non-dog owners, as apparent in the study by Dembicki and Anderson (1996). Psychological benefits were suggested as well. Clearly, this area of the human-animal bond is rather nebulous at present and the mixed findings yielded thus far indicate a need for further research in this area. In interpreting findings, caution must be exercised due to multiple cross-cutting factors.

### 5.3 Across the Age Divide

It is difficult to generalise the human-animal bond. But virtually every age group has been researched. Based on observations of laboratory experiments, people of all ages, including children, used animals to “feel safe and create a sense of intimacy.” (Robin and ten Bensele, 1985, 64). According to Beck and Katcher (1983 in Robin and ten Bensele, 1985) by associating an animal with a strange person, a person or the person’s context appears less threatening.

A study conducted by Mertinez and Kidd (1980) focusing on adult pet owners and non-pet owners reported that the population under scrutiny (mostly employed professionally) did not report a particular need for animal bonds in their lives, possibly due to deriving similar benefits from other relationships in their lives and/or not being able to spare the time, effort and energy required to care for a pet.

Levinson (1972 in Kidd and Kidd, 1987) studied infants and found that in the infant’s second year, following the family pet around improved crawling, walking, muscle tone and protection from environmental dangers. Young children’s interactions with their dogs were studied by Millot and Filiatre (1986), who reported that the most effective observed mannerism of interacting with a dog involved aggressive behaviour, such as hitting or pulling the hair of the dog. The child was found to initiate most of the interactions. The authors go on to suggest that the venting of such anger could be beneficial to the child, who is spared the complication of venting such anger on peers instead. The ethics and rationale of this argument are very dubious.

Serpell (1981a) found a definite relation between an individual's contact with animals in childhood and the later tendency in adulthood to have pets (normally of the same species).

Studies have also focused on the elderly. Francis, Turner & Johnson (1985 in Calvert, 1989) found a significant improvement in the social and psychological status of elderly adult home residents, following a pet visitation programme. Relative to a control group, improvements noted included "increases in health self-concept, life satisfaction, psychological well-being, social competence and mental function" (Francis, Turner & Johnson, 1985 in Calvert, 1989). Garrity, Stallones, Marx and Johnson (1989, 40) carried out a survey and concluded "strong pet attachment is only linked to enhanced health when human support is less available". Furthermore, strong attachment to a pet together with pet ownership was found linked to less depression in the elderly.

A study by Lago, Delaney, Miller and Grill (1989) led to the authors' conclusion that pets had an indirect effect on improving health, by improving morale of the elderly. Although fear of dogs might inhibit the success of pet-therapy with the elderly, Damon and May (1986) in their study, report that curiosity soon overtook fear. Yates (1987) study involved 7500 residents in 70 nursing homes over a considerable time period. Both volunteers and the recipients of pet therapy programmes valued and supported the use of such programmes. The problems acknowledged were also described as outweighed by the benefits of the programme.

“In a study in which college students were shown five scenes with an animal present or absent, the people associated with animals in the scenes were judged as happier, friendlier, wealthier, more relaxed, less vulnerable, and less dangerous to others than those people pictured without animals (Lockwood, 1983).” (Eddy, Hart and Boltz, 1988, 40). Rosssbach and Wilson (1992, 40) also found that “photos of individuals pictured with a dog were rated higher than photos of individuals pictured without a dog.” People were reported to be more relaxed when they were pictured sitting or standing with a dog. Respondents thought that people pictured with a dog appeared safer than a person pictured alone. Photos of people and their pets have been described by Katcher (1989, 124) as portraying “intimacy and emotional proximity rather than hierarchical distance.” In fact, based on a study, the author observes that if some gestures used towards animals were directed towards other people, they would be regarded as signs of intimacy.

McNicholas and Collis (2000) replicated the findings of Messent (1983), proving that an experimenter accompanied by a dog elicited more social interaction, despite the fact that the dog was especially trained not to attract attention. This effect was found to be greatest with strangers, but smallest with friends. This effect persisted when both the dog and experimenter were made to appear less appealing. (However, the discouraging appearance of the experimenter was more adverse than the discouraging appearance of the dog.) Finally, this effect persisted in later interactions in the absence of dog, perhaps thus serving as a useful “ice-breaker”.

Across the age groups, research seems to indicate that pets have something to offer. Once more it must be born in mind, that age is yet another one of many cross-cutting

categories. However, the more categories animals prove in their utility in, the greater the effect on establishing and proving their valuable role in human lives.

#### 5.4 Studies on Non-Clinical Samples

Hunt, Hart and Gomulkiewicz (1992) compared the social interactions between strangers in a park when the confederate was accompanied by a rabbit, a turtle, blew bubbles or watched television. In this case, the condition with the rabbit tended to elicit the most social approaches and conversations from strangers. Perhaps in the same vein, Cameron and Mattson (1972) suggest that the immeasurably “perfect” qualities of the dog (loyalty, charisma, positive regard, etc.) are also expected of owners, thereby placing impossibly high demands on pet owners to share the same qualities as their pets in social relationships. Based on one study, the authors conclude that since pet owners claimed that they felt less regard from others and their appreciation of pets was greater than their appreciation of people, but in contrast, non-owners stated that their liking of people was greater than their liking of pets, pet owners were thus less psychologically healthy than non-owners. However, this is a very bold assertion based on one study, and incorporating results of another study also involving one of the latter authors. It must be interpreted in context and with caution.

A study investigating the factors influencing the choice of names for pets by Harris (1983) found that particular names chosen for pets served specific functions for owners (e.g. status, entertainment) and suggested that these functions might possibly be the reason for acquiring the pet. As one of the indirect effects of walking with a dog, Messent (1984) added feelings of increased attractiveness by generally

improving self-esteem (due to the responses evoked in others encountered during the walk).

### 5.5 Urban Family Studies

Albert and Bulcroft (1988) concluded that pets living in urban areas (in America – the sample used in the study) were regarded as members of the family and played important emotional and psychological roles in such households. In multiple questionnaire surveys of pet owners (Cain, 1983; Friedmann, Katcher, Eaton and Berger, 1984; Friedmann, Katcher and Meislich, 1983a; Katcher, Friedmann, Goodman and Goodman, 1983b in Friedmann and Thomas, 1985) researchers found that more than over eighty percent of pet owners regarded their pets as family members. A study conducted by Voith (1985) yielded percentages as high as 99% in this respect. In this study, 98% of the sample felt that the pet was aware of the person's moods. Furthermore, it was found that ownership of pets and the roles pets played varied across the life cycle and in different families (Albert and Bulcroft, 1988). Clearly, research shows that most animals are regarded by their families as family members as well.

At this point it is important to note that pet-keeping tends to be more apparent in urban settings (Katcher, 1982), since rural situations may view animals as agricultural produce or value them from a distance, thereby evading the sort of attachment that occurs with the animals in urban households. This issue is referred to later in this chapter and in Chapter 7.

Individuals with the greatest pet attachment were found to be never-married, divorced, widowed, people involved in a second or subsequent marriage. Childless people or people in homes without children are also more attached to their pets. (Pet attachment is related to the number of children). In fact, one-child families are more attached to pets than families with two or more children (Albert and Bulcroft, 1988). The authors go further in suggesting the roles animals play may be used as substitutes emotionally, and may assist with transitions in life – e.g. adjusting to divorce. Some divorced subjects were also reported to have said the following, “whereas husbands may come and go, and children may grow up and leave home, a ‘dog is forever’... pets never withhold their love, they never get angry and leave, and they never go out looking for new owners.” (Allen, Blascovich, Tomaka and Kelsey, 1991, 588).

The presence of animals in a household with child abuse has also been studied. “Schmitt and Kempe (1975) reported that lack of a pet in a parent’s childhood home increases the risk of child abuse by that parent, which suggests that the absence of childhood pets increases aggressive behavior.” However, it is relevant to note that sampling techniques in that study were called in to question. (Kidd and Kidd, 1980, 947).

Interestingly, pet owners place more emphasis on the positive (rather than the negative) role animals play. In one urban sample, “despite the high fear of crime among people who live in the city (Conklin, 1975), only 1.9% of the sample mentioned protection as a reason for acquiring a pet.” (Albert and Bulcroft, 1987, 13). Data from this study indicated “little ambivalence in people’s feelings about the positive functions of pets. Respondents overwhelmingly agreed that pets were

important when there were children in the family (93%) as well as when children were not present (82%). They also agreed that pets cheer up family members (96%), help family members communicate (66%), and are a source of affection in families (95%).” (Albert and Bulcroft, 1987, 19).

Bridger (1976 in Stevens, 1990) suggested that in a family environment that is constantly changing (due to naturally occurring family dynamics), animals serve as an important source of stability. A study conducted in Australia reported that, according to the adult women participants, pets helped make the family more close-knit (Salmon and Salmon, 1983 in Stevens, 1990).

According to Stevens (1990) urban children were more attached to their pets than were rural children. This could be explained by the role of animals in rural settings, where they may represent income involving their sale, breeding or slaughter. Thus, individuals generally don't foster close relationships with such animals. In contrast, Levinson (1980 in Paul and Serpell, 1992) suggests that due to greater social isolation experienced by rural children (relative to urban children), rural children might be more likely to turn to pets as a social resource. Cultural factors will play a great deciding role in these contradictory assertions.

“Child age and maternal employment were the most important predictors of both pet ownership and involvement with pets.” (Melson, 1988, 45). This study also found that “children without younger siblings played more with their pets” (Melson, 1988, 48). Paul and Serpell (1992) suggest that animals might thus be used to re-direct action to animals, that would otherwise be directed at younger siblings. It was also suggested

that pets could provide space for nurturing interaction for children lacking younger siblings. (Melson, 1988). Overall, animals are considered important components in children's social networks, even for the preschool child (Melson, 1988).

“Of the children without pets, 95% in Kidd and Kidd's (1985a) study, 99.3% in Kidd and Kidd's (1985b) study and 70% in Wynn's (1987) research wanted pets regardless of their family's reasons for not owning pets.” (Kidd and Kidd, 1990b, 776). This attests to the natural affinity most children harbour towards animals.

According to Davis (1987, 93) the family dog was perceived as an anthropomorphic creature. “The family dog was seen as an important and positive figure in the pre-adolescent's social environment. The dog was ascribed a highly human-like social status as indicated by activities such as keeping a picture of the animal and giving the pet presents on holidays.” The same study also likened the role of a pet dog to that of a best friend in terms of reflected self-appraisal.

Albert and Bulcroft (1988) found that as well as being the member of the household most often wanting a pet, mothers and wives were also members of households more frequently not wanting a pet – the latter might be due to extra care-giving duties due to the common animal-care tasks often ultimately carried out by mothers and wives.

The involvement of the role of mother goes further. “Motherese” is the term used to describe the linguistic patterns mothers employ in communication with their infants. A similar concept, “doggerel” has been suggested in communication with domestic dogs (Hirsh-Pasek & Treiman, 1982). The authors go on, in their comparison, to

advocate "... motherese is not initially tailored to either the linguistic level or the cognitive level of the learner. Motherese is not elicited in response to the linguistic or cognitive characteristics of the child." Instead it is suggested that "motherese may arise for social reasons" (Hirsh-Pasek & Treiman, 1982, 230). Similarities of doggerel to motherese included short utterances, use of present tense verbs, repetition (imitation of dogs & babies imitations by respective caregivers/parents), few sentence nodes and question types. These similarities were strikingly similar (also in statistical analyses). One of the reasons for adapting communication patterns could be functional: neither young children nor dogs can talk or respond verbally. Thus asking and answering questions themselves is common with caregivers. The authors go on to point out that although dogs and infants differ in many respects, they both share an important characteristic: social responsiveness, which perhaps elicits motherese, or the equivalent, doggerel. (Hirsh-Pasek & Treiman, 1982).

Bachman (1975 in Heath and McKenry, 1989) investigated who children sought as helpers. According to his study, pets ranked quite high on this list. Reasons for choosing the pet as a helper included the lack of criticism from the helper, understanding, trust and warmth. Specific sectors in the childhood category have also been investigated. Self-care children, for example, considered their companion dogs "as playmates, not protectors. The parents saw the dogs as protectors, however, and reported feelings their self-care child was safer as a result" (Wynn, 1987 in Heath and McKenry, 1989, 313). Self-care children are a significant category, as indicated by Melson's study (1988), in which maternal employment was identified as one of the most important predictors of pet ownership and involvement with pets (the other being child age).

Children of parents who are very strongly attached are themselves strongly attached to family pets, according to Kidd and Kidd (1990b, 784). Perhaps this is due to modelling their parents. These findings corroborate earlier results of Kidd and Kidd's studies. For example, according to Kidd and Kidd (1990c, 816) "parents who like pets provide both a pet-loving environment and a pet for their children."

### 5.6 Looking for Physiological Evidence

Investigating the comparative mediating effects of the presence of a friend or a pet on an individual facing a stressful task, Allen, Blascovich, Tomaka and Kelsey (1991) reported that in the presence of pets, participants were less psychologically threatened than participants with friends, and participants without pets (based on physiological evidence). Another possible explanation could be the naturally relaxing response that pet dogs tend to elicit in owners, irrespective of the condition the owner may be facing. When Grossberg, Alf & Vormbrock (1988) conducted a study to investigate whether just the presence of a person's dog reduced cardiovascular arousal-induced stress, no definite correlations were found. However, the authors suggested the use of more rigorous tests in future studies.

A study by Moody, Fenwick and Blackshaw (1996) found that having a pet did not significantly alter systolic blood pressure, diastolic blood pressure or heart rate during the periods tested. Nonetheless, this study is based on a sample of only eight.

However, a study by Anderson, Reid and Jennings (1992, 298) found that their clinical population (representative of the Australian population) had "lower levels of

accepted risk factors for cardiovascular disease, and this was not explicable on the basis of cigarette smoking, diet, body mass index or socio-economic profile". The authors suggest that pet ownership might well reduce cardiovascular risk. This echoes the landmark Friedmann et. al. study (1980). According to Wilson's (1991, 482) study, "interacting with a pet for some individuals does affect both physiological and psychological responses by lowering response levels" (anxiety). This study reaffirms the findings of earlier studies that also proved the relaxing or anti-anxiety effects of the presence of a pet. Note that the effect was most pronounced in the presence of a known dog (Wilson, 1987).

In addition, Vormbrock and Grossberg (1988) found that blood pressure was lowest during petting of the dog and higher while talking to the dog, but highest when talking to the experimenter. Touch was also observed to play a key role in promoting relaxation. Talking to the dog was suggested to be less cognitively threatening, hence lowered anxiety and blood pressure. Alternatively, the presence of the dog perhaps signals relaxation, as a conditioned reaction to seeing the dog. The findings concur with those of Friedmann, Katcher, Meislich and Goodman (1979) and Wilson (1987) who also found that tactile interaction with a dog to be less arousing than interaction with people and/or verbalization. Interestingly, the dog's blood pressure drops as well! (Gantt, 1972 in Vormbrock and Grossberg, 1988; Lynch, Fregin, Mackie and Monroe, 1974b in Vormbrock and Grossberg, 1988). In the case of children, blood pressure was lowered when they were resting, and when they were reading (both) in the presence of a dog (Friedmann, Katcher, Thomas, Lynch and Messent, 1983). The authors suggest the presence of the dog being interpreted as enhancing the friendliness and non-threatening nature of the experimental situation and the experimenter. The

relaxation effect in children reported in the presence of the dog bears important implications for the use of dogs in psychotherapy with children.

In 1994 a survey carried out in Australia “found that people who owned either a cat or a dog visited their doctor less frequently” than non-owners (McHarg, Baldock, Headey and Robinson, 1994 in Anderson, 1996, 441). However, Jorm, Jacomb, Christensen, Henderson, Korten and Rodgers (1997) also studied physician use among the elderly in Australia, but did not find a difference in the use of health services by pet owning and non-pet owning elderly persons. Further research is needed in this area.

As cited, numerous studies have been conducted in this field, focusing on a variety of populations, factors and outcomes. These investigations have yielded significant results, many of which were replicated and a few that were contradicted. As in most research areas, there exists a need for further investigation. In terms of the influence of pets on human well-being, although this need does exist, a considerable amount of research has already been invested and yielded very promising results as far as human health is concerned.

## Chapter 6

### Special Populations

Some populations have been thought to benefit more from animal-human interactions than others. Various studies have been carried out with different sectors of the population trying to correctly find these matches. Succeeding in this endeavour would lead to “maximising the physical and psycho-social therapeutic benefits of pet ownership.” (Kidd and Kidd, 1980, 939). What follows is a discussion of the main sectors of the population that have received attention thus far.

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## 6.1 The Elderly

*“One of the great benefits of having loved a companion animal as a child is that you will not have to spend a lonely old age because you can revive your continuing affection for companion animals.” (Bustad, Hines and Leathers, 1981, 803).*

Referring to the elderly, Bustad, Hines and Leathers (1981, 807) wrote “They, not unlike the physically and mentally handicapped, are often comfortably hidden from public view and our daily contact, and regulated to life styles that suit our convenience. Breaking this cycle of alienation will take extraordinary effort.” It is this effort that society currently lacks. Underpaid and overworked staff at institutions compromise quality care that the elderly deserve. Among the reasons cited for having pets, elderly people included animals as “companions, to have something else alive in the house, as an aid in physical rehabilitation, as an aid in improving mental health, for personal security, as utilitarian workers, catching rodents or aiding with poor vision or poor hearing, as a charitable obligation, as a valuable possession and status symbol, as a hobby or an interesting project, as an economic venture or husbandry, habit, tradition or part of the definition of a home, to admire the beauty of the animal.” (Lago and Knight, 1984, 223). These findings, based on a survey, support the belief that to the elderly, animals play diverse and important (possibly multiple) roles. Elderly individuals may try to sustain indirect and passive relations with animals in an attempt to find substitution for direct contact they enjoyed earlier in their lives – as the opening quote mentioned (Verderber, 1991).

Erickson (1985, 93) lucidly explains that a dog does not see the deterioration of the physical body of the owner, a dog provides unconditional love without the threat of rejection and doesn't mind the owner if "he repeats the same story time and time again. For some elders who live isolated lives, a friendly animal may be their only source of continual, unconditional love without rejection."

Reality therapy has been elaborated at other points in this thesis and many researchers have referred to its role in pet-facilitated therapy (e.g. Corson and Corson, 1980).

Reality therapy has also been applied in therapy with the elderly. Dogs have also been used therapeutically to help maintain a sense of reality and ground what actually happened for elderly persons (Bernas, 1985 in Haggart, 1992).

Even in elderly nursing homes, benefits of animals are apparent. Crowley-Robinson, Fenwick and Blackshaw (1996) found that both tension and confusion were significantly reduced in a nursing home with a resident dog, the resident dog group evidenced decreases in depression, increases in vigour and significant decreases in fatigue in resident dog groups as well as in visiting dog groups.

A study conducted by Peretti (1990) found that the elderly-animal friendship bond was important to both male and female subjects. It was also reported that having these animals fulfilled a need to nurture. (Interestingly, in responding to the questionnaire, more effort was expended to issues around attitudes and feelings towards dogs as friends, than that spent on humans as friends.).

In elderly women, Ory and Goldberg (1983) found that the complex relationship between pet ownership and happiness depended on the sort of human-animal interaction and the social context the women lived in. Socio-economic background played an important role in this relationship. In women from higher socio-economic backgrounds, pet ownership was associated with greater happiness. The study of life satisfaction in elderly women found that happiness was higher in pet owners attached to their pets than in pet owners who were not attached to their pets (Ory and Goldberg, 1983 in Friedmann and Thomas, 1985). The authors also pointed out that the degree of attachment was a significant factor in understanding the relationship between social factors and pet ownership (Ory and Goldberg, 1983 in Ory and Goldberg, 1984). However, Miller and Lago (1989) investigated the well-being of older women, with a focus on the role of pet and human relations. It was found that a relationship between pet attachment and depression did not exist. However, the authors warn that the sample used in this study was small and highly selected.

Another study involving a comparison of elderly women living alone to those living with other persons found that pets “only made a difference for those living alone. At best, pets only attenuate the sense of loneliness that may be felt from the lack of human companionship. In intervention with the elderly, the provision of human supports should remain a priority.” (Goldmeier, 1986, 203). The latter suggestion has been echoed by advocates of pet-facilitated therapy, who keep re-iterating that this mode is best used as an adjunct (complementary) to other sources of intervention.

Relaxation has been related to the presence of pets. “Evidence of relaxation also has been observed in studies of facial expression (Katcher and Beck, 1986) and patterns

of speech (Katcher, Friedmann, Beck and Lynch, 1983) in the presence of pets.”  
(Katcher, Beck and Levine, 1989, 177).

According to Friedmann and Thomas (1985, 195) “Caring for a pet provides a sense of being needed and self-worth similar to that obtained from caring for other people.” Pets can provide the ill with incentive to recover. An animal needing to be taken care of makes the ill feel that he/she *has to* recover as he/she is needed to perform an important duty and is being relied upon (by the dog). Animal care also serves to add routine to a life that may otherwise feel ordinary and empty. (Preshlock, 1985 in Rosenkoetter, 1991; Bustad and Hines, 1982; Erickson, 1985 in Dembicki and Anderson, 1996). Animals serve as time-consuming responsibilities, appreciated when there is hardly anything else to be done or that could be done by someone who is frail (Rosenkoetter, 1991). “Dogs and cats get up in the morning and want to be fed. This means the owner also needs to get out of bed. Activity is injected into a person’s life by virtue of the existence of the pet” (Rosenkoetter, 1991, 49). Research quoted below illustrates these points.

Animals provide a good example to their owners of maintaining routine in one’s life. It has been found that “subjects with a strong fundamental commitment to routines approach life with vigor.” (Kobasa, 1979 in (Gerstman, 1987, 134). “Behavioral rhythmicity may provide stability and continuity during periods of stress and social challenge.” (Boyce, Jonsen & James, 1983 in Gerstman, 1987, 132). Furthermore, Gertsman (1987, 134) advocates that “...devotion to a pet may stimulate or reinforce a sense of purpose in an owner’s life.” This, it is said, makes “emotional” sense”.

In a study involving elderly participants, it was found that dog owners took twice as many daily walks than non-owners. (Rogers, Hart and Boltz, 1993). This has important implications for physical health in a population at increased risk due to natural ageing. The same study also found less dissatisfaction with social, physical and emotional states in dog owners. Dogs facilitated conversation and thus contributed to a sense of community and feeling supported. Mugford and M'comisky (1975) investigated the effects of caged birds on the elderly, and after analyzing their results, coined the phrase "social lubricant", to explain the key facilitative role animals play in increasing communication between neighbours.

A landmark study conducted by Friedmann and Thomas (1995, 1213) investigated the one-year survival rate of acute myocardial infarction survivors. High social support and owning a pet best predicted survival "independent of physiologic severity and demographic and other psychosocial factors". The flipside to this argument could be the added stress (beyond coping with illness) of the welfare of the pet whilst still recovering. However, it has been suggested that such dependents are secured care by social workers and medical teams attending to the patient. Such professionals, in their capacity as dedicated health-care providers, cannot afford to turn a blind eye to issues that are clearly very important to the client. This aspect is discussed further in Chapter 8.

Animals boost self-esteem since the person training the pet will focus on the ability of the owner as a teacher, i.e. focusing on what he/she *can* do, instead of what he/she *cannot* do. Rosenkoeter (1991, 47) has also noted that "mutual caring and affection foster a healthy interactional bond.". An animal provides an opportunity for a person

to fulfil a new role or take on new responsibilities, as “caregiver, disciplinarian, surrogate parent and even exerciser” (Rosenkoetter, 1991, 45). But care must be taken not to force these roles upon unwilling persons, or persons whose progress may be hindered by such roles.

These beliefs have been reinforced by studies. A study undertaken by Kidd and Feldmann (1981, 872) based on elderly persons, found that “pet-owners were significantly more self-sufficient, dependable, helpful, optimistic, and self-confident than non-owners, while non-owners tended to show less self-acceptance, self-centredness, pessimism, and more dependency on others.” Perhaps such positive outcomes experienced by elderly pet owners could be attributed to the playfulness and energetic behaviour displayed by young animals, a sense that is conveyed and shared with the elderly. (Hoffman, 1991, 196). As Hoffman (1991) adds, associating with animals often spurs older people to recount the roles of animals in the past and pets they may have once shared fond memories with. Another study by Brickel (1984) found that nursing home residents who had access to animals had double the social interaction displayed by residents who did not have access to pets.

“Kidd and Feldman (1981) used questionnaires to compare the self-images of senior citizens who did and did not own pets. They found that pet owners felt significantly more self sufficient, dependable, helpful, self-confident, and optimistic than non-pet owners.” (Friedmann and Thomas, 1985, 194). A study by Brickel (1984) also found that self-perceptions of the elderly involved with pets in a nursing home improved.

In a study conducted by Neer, Dorn and Grayson (1987) dog activity sessions with persons receiving institutional geriatric care were better attended (special efforts were noted despite serious medical conditions) than other sessions. This is one way in which animals can motivate recovery and group participation among the elderly. Using animals in the therapeutic treatment of psychiatric inpatients also yielded significantly better attendance and participation (Beck, Seraydarian and Hunter, 1986). A reduction in hostility in the presence of animals was also noted in this study. Jedro, Watson and Quigley (1984) reported subjects in their study as showing significantly more directed, purposive behaviour during pet therapy sessions relative to comparison periods outside treatment time.

Watching an animal can also provide members of the elderly population with a pleasurable distraction from problems they may be facing. Such distractions serve to enhance mental health to a certain extent (Lago and Knight, 1984). Due to the positive impact on the health of the elderly, Bustad and Hines (1982) suggested assistance from medical aid in funding the upkeep of pets.

On observing the interaction of dogs with cancer patients, Muschel (1984 in Sable, 1995) noted that animals neither intrude nor avoid dying patients. Many studies have been admittedly clouded by sentiment but the influence of animals on the lives of people around them is clearly evident. Mayhew (1988, 29) writes: "...an elderly lady, handicapped with both hemiplegia and aphasia, experienced such a severe asthmatic attack that she couldn't ring her call bell. The staff heard nothing but Dusty did, and he tugged at the nurse-in-charge until she realized he was telling her something important and followed him to the room. Dusty remained at the bedside until the

resident recovered from the attack and went to sleep". The same therapy dog, Dusty, is also noted to promptly respond to his name when called to the nurse's station over the PA system, illustrating the feasibility of control of a trained animal-assisted therapy dog. Many studies, like his one, tend to focus on individual case studies but many have yielded important findings nevertheless.

Investigating the use of physician services among the elderly, Siegel (1990, 1084) found that when "sex, age, race, education, income, employment status, social network involvement and chronic health problems were controlled for, respondents with pets reported fewer doctor contacts during the year than those without pets". In addition, it was also found that pets buffered their owners during times of stress, according to the respondents in the study. Eating alone was identified as the most common factor of poor nutrition among elderly persons (Tucker, 1993 in Dembicki and Anderson, 1996). Having a dog can alleviate such a sense of loneliness.

Dogs play such a key role in the lives of the elderly that they heavily influence choice of housing (Smith, Seibert, Jackson and Snell, 1992; Lyon, 1984). Due to this, legislation has been introduced in the USA that bans federal funding for elderly and handicapped housing units that do not permit pets (Tolliver, 1984). In Virginia it was discovered that elderly people were sharing their home-delivered meals with their pets. As a result, pets' meals were provided. (Smith, Seibert, Jackson and Snell, 1992). Investigating the acceptance of dogs and cats in mobile home parks by the elderly, Hart, Fox and Rogers (1992) found that the elderly found dogs a pleasure in their lives and very little negative impact resulted from dogs allowed in housing that catered for the elderly. This finding was reinforced by another study, where both housing authorities and residents found that the expected damage to property and

personal injury did not result when dogs were introduced to similar housing systems (Hart and Mader, 1986).

A program described by Hughes and Hawkins (1984) optimised the benefits of pet therapy: adolescents were trained to handle therapy dogs and administer visits to an elderly home. In this way, adolescents fostered responsibility within themselves through caring for the dog and involving themselves in obedience training of the animals. In addition, the elderly receiving the visits also benefited from the programme.

However, some studies have documented a lack of change in memory impaired elderly patients. Furstenberg, Rhodes and Powell (1988, 157) suggest that “elderly, memory-impaired nursing home residents experience immediate boosts in morale during the time they spend playing with pets, but gain no long-term psychological benefit”. In the same vein, it must be borne in mind that in the mundane and potentially taxing lives of some patients, any boost in morale (temporary or permanent) must be a very welcome change. Although such changes evade scientific significance in terms of quantitative analyses, to the recipients, they do make a difference. Ultimately, this is the goal of such therapeutic intervention: to facilitate improvements and/or provide the best lifestyle possible for clients of therapy. Pets provide companionship and this impacts on physical and mental health.

## 6.2 Hospitalised Patients

*“Recognizing the family pet as a part of a patient’s extended family is a way of bringing the home environment into acute care setting.” (Proulx, 1998, 80).*

Lee (1984, 229) outlined five goals of introducing a pet to a patient in an institution:

“1. Improving the patient’s self-esteem. 2. Providing the resident with non-threatening, non-judgemental affection. 3. Stimulating a responsible attitude with the pet caretaker. 4. Providing the patient with a necessary diversion from normal hospital routine. 5. Providing the patient with needed companionship.”

The link that pets serve in tying hospitalised persons to friends, family and the “outside world” was illustrated in a study. More than 80% of owners interviewed while hospitalised reportedly received information about their pets, whilst over 60% received such information at least once a day, and more than 20% ‘talked to’ their pets on the telephone daily. Such compulsion necessitated communication with other people, even if those people were pet care-givers. (Friedmann, Katcher and Meislich, 1983a in Friedmann and Thomas, 1985).

Hospitalised populations include persons displaying a variety of conditions. Pet-facilitated therapy has been applied across diverse settings. Alzheimer’s disease is one such example. Alzheimer’s patients have benefited from pet therapy. Benefits cited include facilitation of “reminiscence, social interaction, verbal and non-verbal communication and sensory input” (Manor, 1991 in Hagggar, 1992, 54). In cases

where Alzheimer's patients encounter difficulties in talking to people, they have been found better able to communicate with pets.

In a study involving elderly psychiatric patients, patient interaction increased at least threefold (on average it increased by six times) in the presence of the dog (Elliott and Milne, 1991). Quality and quantity of patient speech also improved, possibly as a consequence of increased interaction. Another study conducted by Fick (1993) also found that animal assisted therapy programs increased socialization among residents that were in long-term care facilities. Verbal interaction between residents, in particular, increased significantly when the dog was present. Furthermore, the effect produced by the dog continued after the dog left.

"Pets provide a crucial source of touch for individuals who would otherwise be without this sensory input. Touching an animal decreases individual's anxiety and physiological arousal and can have important health effects. Playing with pets by institutionalized and chronically ill patients can lead to improved attention to their environments and to increased socialization." (Friedmann and Thomas, 1985, 199; Fick, 1992). Fick's (1992) study also indicated that the dogs' presence did not affect residents' interactions or listening to each other.

In children in hospital, Shannon (2002) points out that children are in a situation where they exercise little if not no power at all. Trained psychotherapy dogs allow children to instruct them, increasing self-esteem and perhaps appeasing the need children supposedly have to dominate other creatures (discussed elsewhere in this thesis). Dogs can also be used in hospital to teach children to work together, by

assigning them tasks involving the dog that will require them to co-operate with each other. "Clearly animals serve a very positive and fulfilling role in the lives of all people, but when the person happens to be a child, particularly a child who lives in a residential treatment centre apart from his or her family, contact with an animal is almost universally beneficial (Beck, 1990; Beck and Katcher, 1983)." (Mallon, 1994, 89/90). "Some of the patient's needs are best met by a member of his or her family, and that family member need not be human." (Proulx, 1998, 80).

The roles of pets in hospitals and other institutions has not escaped the attention of administrators and health care workers. Having a pet present has been described by hospital directors as helping to de-institutionalize hospitals. (Stevenson, 1975).

Nursing staff have also reported a decrease in stress in the unit in the presence of the pet-therapy dog (Fila, 1991). Upon introduction of animals to units, a general "heightening of the esprit de corps of the entire unit" was often noted (Corson and Corson, 1981, 155).

Perhaps the point that has roused the most objection has been the potential spread of disease. However, in the case of pet-owners, it has been pointed out that "patients are somewhat protected against infection from their pets because the patients have already been in contact with the pets at home." (Proulx, 1998, 80). These and other objections are discussed at a further point in this thesis (Chapter 8). The effects of pets in hospitals and institutions has also been equated to their benefit at home (Jenkins, 1986).

### 6.3 Psychiatric Disorders

*“No one can remain in a fantasy world and take adequate care of a companion animal.” (Kidd and Kidd, 1984, 73). Thus, having a pet forces one back into the real world.*

Hospitalized psychiatric patients with a variety of psychiatric diagnoses, treated with pet-facilitated therapy have evidenced reduced state anxiety levels. (Barker and Dawson, 1998). Among patients who participated in animal-assisted therapy, patients with mood disorders, psychotic disorders, and other disorders had a significant mean decrease in anxiety. Anxiety of patients receiving pet-facilitated therapy decreased twice as much relative to results after therapeutic recreation. (Barker and Dawson, 1998).

Patients that are emotionally disturbed, retarded, or those classified as violent adults who fail to relate to other people often find interacting with animals easier, probably due to pleasurable past experiences with animals or the security of knowing that unsavoury elements present in human interactions are absent in dealing with animals (Kidd and Kidd, 1985a).

Patients with moderate to severe dementia were described as having an “improvement in mood, alertness, reality orientation, interaction and enjoyment for the thirty minutes, three times a week, that the dog was present” (Fursteberg, 1988 in Haggar, 1992, 54). Haggar adds that although these benefits may be short-term, one must admit that they are better than no benefits at all. In fact to the recipients of such care,

it does make a significant difference. In a study involving patients with dementia in a psychiatric ward, significant “changes in heart rate and a substantial drop in noise levels in the experimental ward” were noted when the dog used in the study was present. (Walsh, Mertin, Verlander and Pollard, 1995, 161). Increased pro-social interactions between patients and between patients and staff were also apparent. However, when the dog was removed, patients reverted to earlier behaviour. In contrast, Serpell (1990) reported that pets can have lasting effects on human health and behaviour. Friedmann (1990, 17) pointed out that pets are not a miracle cure, but instead “have small effects which, repeated frequently, can have a significant impact on the quality of life and in moderating the stressful effects of daily irritations.”

Caregivers of persons with psychiatric disorders have also benefited. Although the relationship between patient and caregiver may be “deep and fulfilling, caregivers, because of their overwhelming responsibilities, may be subject to mood swings. As a result of this, the person afflicted with Alzheimer’s Disease has a feeling of not being able to continually obtain warmth and comfort from others. Animals can provide companionship to help alleviate the loneliness and emotional isolation associated with AD.” (Manor, 1991, 33). Dogs step in to help provide support should the caregiver need temporary relief. Feeling indebted to a dog is not the same as feeling indebted to a person.

Tactile experiences are very important to AD persons, and in this respect animals can be of great service. “Holding and stroking a dog have been observed to quiet overactive residents with AD.” (Maas, 1988 in Manor, 1991, 35). Using pets has also helped “temper some of the psychological stress associated with caring for a

cognitively impaired adult among young female and male caregivers” (Fritz, Farver, Hart and Kass, 1996, 467). The study conducted by the aforementioned authors reported that “a positive association between interaction with companion animals and psychological health in caregivers of persons with Alzheimer’s Disease was supported more strongly in some age-sex groups (men and younger women) than others (middle-aged and elderly women).” (Fritz, Farver, Hart and Kass, 1996, 476).

According to respondents in the study, by providing AD persons with a focus for their attention, caregivers were briefly relieved of the otherwise continuous stress of attending to every need of the AD person. Another study involving institutionalised Alzheimer’s patients focused on the influence of pet therapy on the social behaviour. Results indicated “the presence of the dog increased the number of total social behaviors of the AD clients” (Kongable, Buckwalter and Stolley, 1989, 191). Among the benefits noted for AD persons interacting with pet therapy dogs, was the sense of restored self-esteem and dignity, as well as the security of being accepted irrespective of cognitive or physical ability.

Comparing patients exposed to pet-facilitated therapy to a control group, Fritz, Farver, Kass, Hart (1995) found that verbal aggression and anxiety were relatively lower. Mood disorders in patients attached to their pets were less apparent than in patients who were not attached to their pets. According to a study conducted by Holcomb and Meacham (1989, 259), animal-assisted therapy “was the most effective of all groups offered in attracting isolated individuals regardless of diagnosis.” Thus, increased participation gives the therapist increased opportunity for diagnostic assessment and improved diagnosis. The benefits of pet-facilitated therapy to this sector of the population are telling.

#### 6.4 Children with Disabilities

*"I believe that pet therapy is specifically useful for the nonverbal, severely ego-disturbed child." (Levinson, 1972, 139).*

The role of the animal in a child's well-being depends (in part) on the child's developmental stage. Pets have been described as "a vital part of the healthy emotional development of children" and are thought to enhance "the acquisition of basic trust and self-esteem, a sense of responsibility and competence, feelings of empathy toward others, and the achievement of autonomy" all of which can be facilitated by a companion animal. The constancy of animal companionship may even "have an inhibiting effect toward mental disturbances" (Levinson, 1970 in Robin and ten Bensele, 1985, 64).

Disabilities bring with them unpleasant social stigmas. "Able-bodied people are often so unclear about how to respond to disabilities that they choose to avoid people with them or remain emotionally distant with them (Thompson, 1982; Worthington, 1974)." (Hart, Hart and Bergin, 1987, 41). Animals play multiple roles for children with disabilities, either improving their self-esteem, facilitating interaction with able-bodied persons or physically assisting them. Based on a study involving children with disabilities, Mader, Hart and Bergin (1989) reported social acknowledgements (e.g., friendly glances, smiles, and conversations) were more frequent when service dogs were present. This social effect was more apparent in shopping malls, typical of unfamiliar settings where the child would most probably be ignored. The study suggested that service dogs could help normalize social interactions for children with

disabilities that reduce social isolation. "Whether the children were moving among familiar peers at school or among strangers in a shopping mall, the dog's presence was associated with increases in several measures of social acknowledgement."

(Mader, Hart and Bergin, 1989, 1534).

In a study by Davis (1987b in Hart, 1994) 65% of children said that they thought their dog regarded them as wonderful. Such beliefs could significantly enhance self-esteem and contribute to stronger, positive development for the child. Mader and Hart (1989) have prescribed animals as a potential "antidote for social ostracism".

Writing about the benefits of animals in a variety of residential schools (for the blind, deaf, mentally retarded or emotionally disturbed), Levinson (1968) stated that pets could constantly stimulate children. Seriously disturbed children in possession of a pet were found to display a decreased need for head-banging, excessive masturbation, rocking, and finger-sucking. Once more, the animal's role in reality therapy is highlighted and generally beneficial.

People may have been responsible for the hurt experienced by disturbed children, therefore using a therapy dog is recommended, because such pain is not associated with the dog. Thus, the strong need such children harbour for physical contact is made without the fear encountered in obtaining such comfort from people (Stevenson, 1975; Siegal, 1964). "In a disturbed child there appears to be an intense need to master someone or something that does not talk back, that accepts us no matter what we are; they do not want to be judged; they do not want their love object to berate them and

create a feeling of guilt.” (Levinson in Siegal, 1964, 276). This need can be met using a trained therapy dog.

Autistic children have reportedly “shown marked improvement in a number of instances where ‘pet therapy’ has been utilized.” (Levinson, 1980 in Blue, 1986, 87; Archart-Treichel, 1982). This is especially important in the light of limited knowledge about the condition and a “cure” beyond slight improvements in patients (Tinbergen, 1974). Redefer and Goodman (1989, 461) elaborate, “To combat the low sensory and affective arousal levels of autistic children, they present a powerful multisensory stimulus – strong clear sounds, a vivid visual impression, a special smell, and an innovation to touch. They also are demanding – likely to follow, lick, and bark at the rejecting child. And their simple, repetitive nonverbal actions are easy to decode.”. No difference was found in this study between autistic children who already had an animal at home and those who didn’t. Overall, the authors concluded that with a therapy component, dogs could have “a strong impact on the behavior of seriously withdrawn children.” (Redefer and Goodman, 1989, 464). Levinson (1971) has also explained the importance of household pets in training schools for delinquent children. Pet-facilitated therapy has also been implemented in a therapy program for “crack” babies in the United States, and has reported success (Burke, 1992).

## 6.5 People with Disabilities

*“People reported their dogs have practical, emotional and social importance to them.”(Valentine, Kiddoo and LaFleur, 1993, 121).*

The role of animals in facilitating socialisation among adults with disabilities was investigated by Hart, Hart and Bergin (1987). In this study, “subjects reported a significantly higher number of social greetings from adults and children on typical shopping trips with the dog as compared with those received on trips before they had the dog or with recent trips when the dog was not present. Subjects with service dogs reported more approaches than a control group without dogs. After obtaining dogs, subjects also increased their evening outings.” (Hart, Hart and Bergin, 1987, 41).

Another study investigating the effects of service dogs on social acknowledgements of people in wheelchairs found that “both smiles and conversations from passersby increased significantly when the dogs were present. These findings suggest that the benefits of service dogs for their owners extend beyond tasks to include enhanced opportunities for social exchange. The service dogs substantially reduced the tendency of able-bodied people to ignore or avoid the disabled person.” (Eddy, Hart and Boltz, 1988, 39).

Considering the psychosocial effects of service dogs for people with mobility or hearing impairments, Valentine, Kiddoo and LaFleur (1993, 116) reported that such persons tended to “perceive their lives to be better since dog ownership.” Among the benefits reported was the feeling of greater freedom to be capable, easing loneliness, enhancing a sense of safety and independence.” Decreased loneliness and depression,

increased capability, safety, assertiveness, contentment, independence and freedom as well as an increase in self-esteem were reported. "People reported their dogs have practical, emotional and social importance to them." (Valentine, Kiddoo and LaFleur, 1993, 121). Disadvantages of having service dogs present included people noticing the dog more than their owners, the attention paid to the dog interfering with the dog's concentration whilst working, people delaying the owner talking about the dog and people that only stopped to pet the dog (Eddy, Hart and Boltz, 1988). Dogs have also been used in speech therapy, where patients who have stopped speaking give commands to dogs, thereby increasing their rate of response. (Bergin, 1984).

In persons with severe ambulatory diseases (requiring the use of wheelchairs), it was found that "psychologically, all participants showed substantial improvements in self-esteem, internal locus of control, and psychological well-being within six months after receiving their service dog" (Allen and Blascovich, 1996, 1001). One of the consequences of using service dogs included a decreased need for paid assistance, thereby reducing cost of care. Whilst executing tasks with the assistance of service dogs, people gain confidence. Such confidence fuels attempts to further efforts, possibly even to the extent of taking advantage of vocational training and jobs, thereby placing less strain on government resources. (Bergin, 1984).

But the introduction of animals to such facilities is not without problems. Cruelty to animals has been a major concern. It has been attributed to possible physical unavailability of a father figure (Felthous, 1980). According to Felthous (1980, 172), there is "considerable overlap in populations of male psychiatric patients who have been cruel to animals and those who have assaulted and injured people." The author

also concluded that “animal cruelty in childhood is often associated with other signs of poor control over aggressive impulses.” (Felthous, 1980, 176).

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## 6.6 Prison Inmates

*“Pets in prisons become their owners’ friends, protectors, confessors, masters, and slaves. The pets offer companionship and love.” (Levinson, 1972, 208).*

The father of pet therapy made key observations in this respect, “The fact that pets can help to preserve the mental health of the prisoners and thus make it easier for the prison administration to maintain discipline is overlooked. The time that hangs so heavy on the hands of the inmates, creating boredom and a sense of futility which can lead to disruptive activities, may be directed into socially productive channels by utilizing pets in recreational and educational programmes.” (Levinson, 1972, 210). In fact, this belief can be applied even more widely to many institutions that house inmates without structured activities to keep them occupied (e.g. hospitals or old age homes). Bucke (1903) suggests that the great length of association (time) with the animal may lead to successful attachment and the success of therapy. Certainly in these settings, it is the great amount of time that strengthens the effect.

Referring to a pet-facilitated therapy programme in prison, Moneymaker and Strimple (1991, 134) explain, “the inmate is provided an animal as a pet while in the program. However, it is his responsibility to continually monitor the animal to insure he is healthy and to treat it with compassion and understanding. It is this enraptured concern for the animal that has indicated a reaffirmation of faith in the inmate himself and his response to others. The time spent with the animal, other members in the program, attending the classroom instruction for animal laboratory technicians, and learning a potential skill or vocation has produced a modification of behavior from

formerly violent and often malicious personality to a compassionate and caring, responsible individual.” Also significant would be the added skills inmates obtain by working with animals. These skills can be useful in securing employment upon release, a feat often described as extremely difficult for persons with a criminal record.

Prisoners experienced lower blood pressure during interaction with the pet compared to during conversations with the experimenters. Pet ownership was found to have an effect on the number (not the severity) of disciplinary offences. (Katcher, Beck and Levine, 1989). In another program using pets in prison, the clinical psychologist noted that “the interaction with the dogs has given the inmates an outlet for their need to get close to another living thing and to touch it.” (Hines, 1983, 10). Other observations included increased self-control and co-operation.

Cushing and Willams (1995) investigated the effects of a pet therapy program in prison. Disciplinary problems were significantly reduced both in number and in severity. However, this was in conjunction with drug counselling. This also supports other findings (e.g. Hines, 1983 in Cushing and Willams, 1995; Holcomb and Meacham, 1989 in Cushing and Willams, 1995). Self-esteem and self-confidence were also increased, according to staff at the facility.

Studies have also looked at the differences in behaviour between aggressive and non-aggressive criminals. “Childhood cruelty toward animals occurred to a significantly greater degree among aggressive criminals than among nonaggressive criminals or noncriminals.” (Kellert and Felthous, 1985, 1113). However, this is just one indicative

component among others. Among the reasons identified for animal cruelty were to control an animal, to retaliate against an animal, to satisfy prejudice against a species or breed, to express aggression through an animal, to enhance one's own aggression, to shock people for amusement, to retaliate against another person, displacement of hostility from person to animal and non-specific sadism. The authors conclude by sounding a warning to clinicians of such behaviour as indications of more probable disturbed family relationships, antisocial behaviour and /or aggressive behaviour. However, not all clinicians accept the association between cruelty to animals and aggression towards people (Felthous and Kellert, 1987). Furthermore, information for the bases of some studies concentrating on this issue was obtained from medical records (.g. patient charts), which often do not probe areas relevant to the study. In such instances, interviews or specific questions would be more efficient (Felthous and Kellert, 1987). Interestingly, all of these studies found no significant association between childhood cruelty to animals and later violence against people. However, the practising clinician can find this information very useful in diagnoses and treatment.

## 6.7 Miscellaneous

As discussed thus far, many populations have received significant attention in terms of using animals for therapy and/or in a rehabilitative capacity. Other sectors of the populations have also been researched, but not as vigorously. In the case of abused and neglected children, Sheldon, Levy and Shott (1985, 14) advocated “pets may function as stabilizers in a pathological family, provide a common denominator uniting the interests of children and parents... It appears, however, that the mere presence of a pet in the home (or access to a pet) does not by itself prevent child abuse or neglect. Attachment to a pet may indicate the level of empathy present in a family and the capacity of the family members for emotional bonding... If there is a positive relationship, pets may serve as adjuvants to the development of a nurturing environment and may provide a stimulus for abused or neglected children to develop into adults capable of nurturing their own off-spring. In this way, pets may prove to be an important part of the long-term prevention of child abuse and neglect.” Robin, ten Bensel, Quigley and Anderson (1984 in Nielsen and Delude, 1989) state that the role of pets as transitional objects to children who have been abused is of extreme importance.

The importance of pet therapy to foster children has also been researched. Hutton (1983 in Messent, 1985, 390) found that “the therapeutic value of pets helping communication was relatively higher for foster children than for normal children when compared with any of the other 12 therapeutic categories surveyed.” According to the parents of foster children, dogs helped the children improve relationships, feel

at ease with people, break down social barriers, communicate, improve mood and gave them something to talk about (Hutton, 1985 in Hart, 1994).

Persons with HIV/AIDS have also voiced the important role of companion animals in their lives, as they witnessed their close social support either die or dwindle around them, they took comfort in the loyal support of their animals who remained by their side through illness, health and social expulsion. In this population, maintaining the strongest possible mindset is key in the psychoneuroimmunological tie. A sound mental and emotional state could strengthen the weakened immune system. Among the benefits cited were affection and companionship, a means to reduce stress, facilitation of communication, serving as an avid listener when the need arose, feeling valued and needed, helping to focus on the present and the time at hand (not the future which was fast closing in) and serving as a source of support. In response to a survey investigating the role of pets as a source of support and as a source of affection, participants were asked to rate their animals on a scale of 1 to 5. The mean score for pets as a source of support was 4.51 and mean score for pets as a source of companionship was 4.59 (Carmack, 1991).

In a study with cancer patients, animals helped in ways that people could not. [This was also suggested by Redefer and Goodman (1989)]. Furthermore, animals were a welcome source of support, especially to caregivers who often felt emotionally drained caring for cancer patients. Such supplemented support tended to ease the demands placed on the caregiver. It was also reported that the ability to relate to animals, and consequently to others, strengthened patients' coping capacities and

sense of self. (Muschel, 1984). The findings relating to the easing of the care-taking demands echo those of studies mentioned previously in this thesis.

In a study investigating the role of pets in the lives of homeless people, Kidd and Kidd (1994, 715) found that although caring for the animals was a problem for owners, pets were “important for their mental and physical health” and often homeless people refused to accept temporary accommodation, etc. despite adverse weather conditions, from shelters that did not cater for their animals as well. The authors refer to a frequent statement used by respondents, “Where my pet can’t go, I won’t go!” (Kidd and Kidd, 1994, 718). Often these relationships with pets were the only significant relationships they had with other living beings.

Dog and cat ownership among suicide victims and matched controls were studied. Neither cat nor dog ownership played a role in suicide by the owner (Helsing and Monk, 1985). However, verification of the presence or attachment to pets in sample members’ lives was inadequate and the study was limited by the small sample size.

Horn and Meer (1984) raise the important question of whether happy people, who can actually spare the effort expended on pets, are more interested in pets or whether pets make people happy. Furthermore, “pet owners with lower income or those not attached to their pets tend to be less well off in terms of health than non-pet owners” (Ory and Goldberg, 1982 in Lawton, Moss and Moles, 1984, 208). It is a classic case of which came first: the chicken or the egg. Numerous studies cite pet-owners as happier than non-owners, but there are other cross-cutting factors (e.g. economic

status, degree of attachment to pet, social support, etc.) that need to be borne in mind before accepting such findings at face-value.

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## Chapter 7

### Cultural Aspects

*“... a frivolous invention of the idle rich – which is of little social or cultural significance.” (Serpell, 1981b 166).*

Serpell (1983, 84) asked why pet keeping was found in some cultures but not others. In trying to explain this, he asked if societies without pets met their affiliative needs by other means or whether they were “simply less psychologically ‘stressed’ in the first place and therefore had less need for the consolments of pet-ownership?”.

However the former assertion is contradicted by Meeker, who adds, “Every culture is rich in animal stories for children, and these have grown from direct experiences and deep wisdom accumulated over trackless time.” (Meeker, 1984, 56). Animals are evident in some way or the other in “culture”. This chapter aims to discuss the cultural implications of using animals in therapy. Also discussed are inherent “therapeutic” roles of animals in some cultures.

According to Bustad, Hines and Leathers (1981, 788) “over most of the life of people in most cultures, the strands linking them to animals have been the needs for sustenance, wealth and status, religious objects, and pleasure including companionship (although some cultures hesitate to admit the latter).” Perhaps it was the close proximity in associating with animals for economic or status benefits in the long term that ultimately fostered some kind of companionship with the animal.

Perhaps loneliness involved in manual labour (e.g. shepherding) fuelled the

development of such a bond. In the East, “in areas where pastoralism or hunting has not been developed, the idea of a dog having a particularly close relationship to man (‘man’s best friend’) simply doesn’t exist.” (Ishige, 1979 in Perin, 1981). This is based on the assertion of Ishige, a contemporary Japanese anthropologist.

A cultural group called the Bedouin is referred to by Fogle (1983). This culture finds that dogs are unclean and to be avoided as a cleanliness measure. Interestingly, the dog breed with the longest pedigree is the Saluki, which has been bred by the Bedouin themselves! According to this Arabic culture, dogs are unclean, but not the Saluki! The Islamic opinion, for example, views view dogs as carriers of disease and unclean. Therefore believers avoid contamination and minimise contact (Fogle,1983).

“In industrialised Western societies, the Victorian value of compassionate dominance over animals, characterized by sentimental and emotional overtones, has resulted in the popular view of pets as responsive creatures that need nurturing.” (Turner, 1980 in Davis, 1988, 78). According to Odendaal (1994) companion animal populations in western countries have shown significant increases (Odendaal, 1988, Waltham England, 1993 in Odendaal, 1994). Serpell (1996) suggests that this might be due to the fact that in the past, society consisted of small, stable communities, which have been replaced by mobile and fragmented societies, with a dire need for support and companionship – needs fulfilled by pets. “In the 1900’s farm animals began to disappear from ever-growing urban areas. At the same time city dwellers increasingly began to keep pets. This change reflected a shift from a utilitarian perspective to a more personal attachment to animals.” (Russow, 1989, 32). Consider the following statistic: “Americans spend over \$5 billion annually feeding dogs and cats alone,

while only \$3 billion is spent on baby food” (Beck, 1983; Pet Food Institute, 1986 in Albert and Bulcroft, 1988, 543).

In contemporary Western culture growth of pet populations has coincided with increased standards of living. This association between pet-keeping and material affluence has created the false impression of pet-keeping as an unnecessary luxury – “a frivolous invention of the idle rich – which is of little social or cultural significance.” (Serpell, 1981b, 166). In an urban setting, Dufour (1982 in Messent, 1985) found that although the urban environment was experienced as “hostile”, dogs were reported to be important in easing neighbourly conversations.

The importance of cultural background in the use of pet therapy is illustrated in an incident quoted by Bustad and Hines (1982), whereby a nursing activity director in a nursing home introduced gerbils. Unfortunately, residents were found beating on the animals’ cages, trying to let them out so that they could stomp on them and kill them. These residents had farm backgrounds, where such animals were considered equivalent to rats and other vermin – to be exterminated.

“Gender, age, pet ownership, and religious affiliation were all significantly related to attitude toward animals.” (Driscoll, 1992, 32). According to a study using rural Midwestern American participants, Staats, Pierfelice, Kim & Crandell, (1999) found that since adult women most commonly care for pets, health benefits would be greater to females owning pets than to men owning pets. According to Levinson (1964, 246) “throughout recorded history, the value of pets to children seems to have been particularly significant. Innumerable accounts of the beneficial relation between pets

and children may be found described in the literature of almost every nation.” (Levinson, 1964, 246). Further research shows that “children who do not have younger siblings but do have pets spend more time with the animals (Melson, 1987) and perceive them with more positive affect (Bryant, 1986) than do children who have both pets and younger siblings.” (Melson and Fogel, 1989, 266). “Parents are generally in charge of the decision to obtain a pet, and there is evidence (Cain, 1983) that they consider the presumed developmental benefits to the child in that decision.” (Melson, 1988, 45). This may well be the case with South African parents as well. Thus, males, females, parents and children all stand to benefit from animal-human interaction.

Using a German sample, Siegmund and Biermann (1988, 55) reported findings similar to studies using American and British samples – e.g. Pets serving as a means “to satisfy caretaking, nurturing and contact needs”. Furthermore, the role of animals for children without siblings was seen as different to the role of animals in families with more than one child. Levinson has also found that animal-facilitated therapy worked best with children (among other categories) who were culturally disadvantaged. (Mallon, 1992). “It sometimes seems, when we peruse these accounts that these relationships between pet and child are almost symbiotic in nature.” (Levinson, 1964, 246). In poverty-stricken families, with few material possessions, the pet could be regarded as one of the only objects owned by an individual child (Bossard and Boll, 1956 in MacDonald, 1979). Thus, even in the face of culturally universal poverty, animals can play an important role.

Animals also play a role in African culture. “The Masai culture of Africa illustrates the animal as man’s valued object for the wealth it represents and the status its possession confers. The Masai people show great respect, affection, and care for their cattle and small ruminant animals, which provide food and are a measure of wealth. The animals are also a source of companionship.” (Bustad, Hines and Leathers, 1981, 788).

In South Africa, dogs were found to be the most popular companion animals - about 4 times more common than birds or cats. (Odendaal, 1994). According to a survey, “respondents between 55 and 64 years of age kept the most dogs and cats. Possible explanations for this finding could be at this age, owners experience a better financial position and have larger living space, or that these animals are kept as substitutes during the ‘empty nest’ phase of life.” (Odendaal, 1994, 70). Phineas (1974 in Selby and Rhoades, 1981, 136) says that as households shrink due to various conditions similar to that leading to the “empty-nest”, a need arises for additional members of the family but these new members must be “docile and non-demanding”. Pets are the perfect solution for this need. Furthermore, in the South African sample, higher qualified individuals were more likely to own pets, probably due to the greater financial stability further education secures, allowing animal care. The fact that “pets may also enhance communication by providing a common interest and topic for conversation” (Wilson & Netting, 1983 in Gerstman, 1987, 134) facilitates cross-cultural communication. It is not a highly volatile or controversial subject, and is something most people will have an opinion about.

Analysing the role of animals in society through the media (the “tabloid” press was used in this case), Herzog and Gavin (1992, 77) found nine different categories in which animals were portrayed: as objects of affection, saviours, threats, victims, things to be used, sex objects, imaginary and mythological beings, surrogate humans and objects of wonder. This approach was thought to effectively probe the role of animals in “human cultural and psychological life” (Herzog and Gavin, 1992,77).

“The dog is a living satire of the perennial human conflict between unrestrained sexual urges and the cultural necessity of preserving distinction among people.” (Beck and Katcher, 1983, 212). “Their sexuality, gluttonous appetite and public display of excrement are all seen as comic commentaries on our societal conventions. The dog is a living illustration of the most important contradictions between our id impulses and the rules of society”. (Beck and Katcher, 1983, 219).

Commenting on contemporary western culture, Herzog and Gavin (1992, 81) state, “Campbell (1988a) argued that our society views animals as inferior life forms, and it has been claimed that we suffer an intellectual and emotional separateness from other species (ten Bensel, 1984). In our culture, the preference for animals over people borders on taboo, and tabloid pet stories may provides a medium for breaching the cultural dichotomy between the species.”

South African culture is particularly complex, as it consists of multiple categories, each further subdivided by socio-economic status, degree of westernisation, etc.

Although a major component of this thesis is devoted to discussing findings of a survey using South African psychologists and their beliefs of pet therapy (including its cultural applicability), it is interesting to note that of the few cultural objections

aired, one stands out. The director of a unit at a children's hospital using pet-facilitated therapy in South Africa, mentioned concerns about black culture dictating a separateness of animals from people, and disapproval of fostering close or friendly relations with dogs as was the outcome of exposure to pet-facilitated therapy. When children returned to such cultural societies, they could potentially experience difficulty reintegrating into such a society due to their altered attitudes towards dogs (R. Albertyn, personal communication, May 09, 2003). However, this was an expressed concern and had never materialised in the history of the pet-facilitated program in operation.

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## Chapter 8

### Hazards and Opposition working against Pet-Facilitated Therapy

*General perceptions of animals being hazardous to the general well-being of persons could be uninformed.*

Perhaps one of the most common objections to the introduction of pet-facilitated therapy is the risk of “something” going wrong. In this chapter, potential hazards are identified and discussed, as well as potential solutions. Surprisingly, “for specific medical problems such as animal bites, the average person’s knowledge is superficial.” (Berzon and DeHoff, 1974; Harris, Impreato and Oken, 1974 in Selby, Rhoades, Hewett and Irvin, 1979, 385; Jones and Beck, 1984 in Case, 1987). Thus general perceptions of animals being hazardous to the general well-being of persons could be uninformed. In 1984, Weber, Wolfson, Swartz and Hooper (in Schantz, 1990) quoted between 79% to 91% of bites needing medical attention in the USA as being from dogs. Such problems could be due to human fault. We have become attracted to larger dogs but lack the space to properly care for such animals due to the increasing demands placed on limited space (Beck, 1980).

Interestingly, in a study carried out by Kranz & Schaaf (1989, 413), it was found that people who did not own pets were more likely to “agree that risk of zoonoses, allergies, and disruption in the facility would be increased and less likely to agree that a home-like atmosphere would be enhanced.”. The same study also reported that “professional staff tended to emphasize benefits and minimize risks of the proposed

pet visitation program, but the nonprofessional staff and those with the least experience harbored many concerns about visitations” (Kranz & Schaaf, 1989, 415). This was also evidenced by the Head of the Medical Team at The Red Cross Children’s Hospital in South Africa (referred to later in this dissertation). However, upon observing and experiencing pet-facilitated therapy, this view changed completely and all inhibitions were discarded. Reports of the humanizing effects of animals on hospital wards have been noted by Corson, Corson, Gwynne and Arnold (1977) and Brickel, (1981). Similarly, “a study of attitudes among administrators of all nursing homes in Minnesota revealed that homes having pet programs largely emphasized perceived benefits, while homes never having used pets emphasized potential limitations.” (Olsen, 1981 in Kranz & Schaaf, 1989, 416).

In institutions, concern has been raised that patients might become too attached to therapy animals and hence suffer when they leave the institution. However, in one such successful intervention, this problem was not evident at all (Corson and Corson, 1980).

The dangers of animal bites, zoonotic infections as well as allergies to animals, especially among the ill, elderly and disabled populations are even more accentuated due to their already weakened immunity (Schantz, 1990). However, every identified problem does have possible solutions, including proper training of animals, careful selection of animals according to size and temperament, proper veterinary care and inoculations and educated staff and informed patients. In terms of zoonotic diseases, transmission often requires drastic measures such as the ingestion of animal faeces (Schantz, 1990, 15). After extensive investigation of related literature, only one

documented case of zoonotic infection was noted, which was quickly identified by the staff as emanating from the resident cat. The problem was also largely due to careless nurses playing with the cat and omitting to wash their hands afterwards. The situation was thence easily resolved (Scott, Thomson, Malone-Lee and Ridgway, 1988). It is also possible that persons might only be allergic to one specific breed of dog. This could be alleviated by a prior investigation of the patient's medical history or genetic predisposition, as well as institutions not allowing family pets freely, but regulating the pets involved in the institution. "Those who have never had a pet may need assistance in learning how to handle one." (Erickson, 1985, 96). Legitimate pet-facilitated therapy programmes all require rigorous health and safety regulations during and prior to their operation (Delta Society, 1992). In this way, dangerous situations are made virtually impossible. As illustrated in this chapter, virtually every objection has a reasonable, workable solution.

Beyond the mere potential hazards apparent in human-animal interactions, other objections have been raised. The objections to pet-facilitated therapy will now be debated and explored in greater detail. Ethical issues regarding the use of animals have been raised. "Using" animals therapeutically has been viewed by some individuals as yet another means of exploiting animals (in this case, "using" animals as therapeutic tools). Beaver (1974) mentions that neutered pets are better suited as they have less of a tendency to wander, but once more the ethics of such practices are dubious (when the welfare of the animal is considered).

Tannebaum (1989 in Iannuzzi and Rowan, 1991, 155) has suggested the following characteristics of a true human-animal bond: "1. It must involve a continuous,

ongoing relationship rather than one that is sporadic or accidental. 2. It must produce not just a benefit but a *significant benefit* to both, and that benefit must be a *central* aspect of the lives of each. 3. It must involve a relationship that is, in some sense, voluntary. 4. It must be bidirectional. 5. It must entitle each being in the bond to respect and benefit in their own right rather than simply as a means to an end.” On the part of the dog, points 2,3,4 and 5 are hardly certain.

The question of animal fatigue and burn-out has also been raised in conjunction with pet-facilitated therapy. In institutions, the length of visits and access to food and water whilst on duty have been, in some cases, described as inappropriate. More stringent regulations have been suggested to curb this problem.

Various considerations need to be taken into account before implementing pet therapy. Patient allergies must be investigated beforehand. Should the animal be housed on the premises of the institution, are there sufficient facilities? “Is the physical activity of the human patient to be restricted, or is it to be encouraged?” (Beaver, 1975, 1506). The personality of each patient must also be carefully matched to each animal. Hypersensitivity among patients must also be guarded against – in some instances, patients themselves might not be aware of their conditions (an example of such conditions would be “bird fancier’s lung”) (Cooper, 1976).

Although professionals working in relevant fields would be (logically) best positioned to perceive and report shortcomings in the pet-facilitated therapy, it is often the case that professionals with very limited knowledge of or experience with pet-facilitated therapy try to object to its application. “It would be readily accepted by most people

concerned with the human-animal bond that animals can have a therapeutic, beneficial impact on the physical, emotional and mental health of individuals. The fact that so many people representing so many disciplines would agree to this seemingly simple statement is a testimony to the progress that pet-facilitated therapy (PFT) has made in such a short time, and to the widespread publicity and recognition which has ensued.” (Arkow and Dow, 1984, 348). However, such agreement stemming from various academic disciplines is not achieved easily.

As mentioned previously, Levinson (1972 in Brickel, 1979, 368) polled a randomly selected sample of 435 members of the clinical division of the New York State Psychological Association. Three-hundred and nineteen psychotherapists responded. Within this sample, 51% of the respondents had recommended pets to their clients for home use, 39% reported familiarity with the use of pet animals in therapy, and 16% had used pets in their practice. Rice, Brown and Caldwell (1973) undertook a similar survey of APA Division 29 members who lived throughout the USA. Of 190 respondents, 21% reported some use of animals or animal content in therapy.” Real animals were found to be used twice as often as animals on a traditional, conceptual level. Real animals were also reportedly used in overcoming phobias. In 1983, Olsen, Beall, Quigley and Anderson (in Okoniewski, 1984) found that approximately half the long-term health care facilities studied were using animals to help residents.

“The scientists often take great exception at anyone, especially undisciplined, non-degreed newcomers, arbitrarily calling anything ‘therapy’ until it has become a proven regimen, even though many therapists are equally at odds within their own professions at deciding what ‘therapy’ itself is.” (Arkow, 1984, i). Perhaps resistance

may be rooted in undue defensive reactions, an attempt to “guard” professional territory – i.e. to avoid any threat to other modes of therapy already established and accepted in the field. Pet-facilitated therapy, however, is not intended to replace conventional therapy, but serve as an adjunct, thereby enhancing its efficiency. This is also the case with psychology on the whole versus veterinary science, versus other human health professions. The following quote illustrates this, “Except for veterinarians who have witnessed the human-animal bond in private practice for scores of years, health professionals are recent newcomers to the research field.” (McCulloch, 1984, 32). Seales suggests that the uneasiness that is experienced by some clinicians may be due to the realization of how closely we are related to our non-human environment. (Searles, 1960 in Mallon, 1997).

At a National Institute of Health conference focusing on pet therapy, 400 people attended: five of them being medical doctors (the rest were veterinarians, behavioural and social scientists and members of pet therapy programmes). However, one of the speakers, Faith Fitzgerald, pointed out that research was tainted by strong sentiment and the “aw” factor, e.g. “Aw, isn’t that a cute dog?” (Culliton, 1987).

Perhaps Cole and Gawlinski (1995, 531) may have touched on truth when they asserted, “Research utilization ultimately requires a change for all people involved, and resistance to change is a normal human response.”

The difficulties experienced are compounded by the unflattering status the discipline is yoked with. This is discussed in greater detail at the end of this chapter.

Furthermore, the intolerance and patronising approach of colleagues towards academics researching PFT is another hindrance (Rowan, 1995). The required funding

for more extended studies in this area is difficult to obtain, but the more covert effects of animals on human lives can only be properly studied by employing such costly investigations. (Rowan, 1991).

As Corson, Corson and Gwynne, (1975) point out, implementing a “scientific” study using controls might entail withholding pet-facilitated therapy from a control group. Ethically, this is not sound and thus such studies are not possible. However, as Mallon (1994) and Haggart (1992) point out, advantages outweigh the disadvantages of pet therapy, despite the fact that they are not all formally researched yet.

“In the academic field, reports have been received of the presentation of new undergraduate as well as postgraduate courses. These include in their syllabi themes or topics that deal with human-animal interactions.” (Odendaal, 1993, 2).

Indeed, if it is recognised as a subject, Odendaal (1993) raises the important question of whether it will form part of the natural or human sciences? These are pertinent questions that remain unanswered, indicative of the lack of progress in the direction of furthering pet-facilitated therapy academically.

Sable (1995) pointed out, to the practicing clinician, the significance of a pet to a client can be very important. However, without express “permission” to express the importance of their pets, many clients may feel embarrassed or reluctant to disclose such (Sable, 1995). The author elaborates, “Or, clients may worry that they are overreacting if they feel pain and anguish at the loss of a pet and may suppress feelings that need to be examined and expressed (Rynearson, 1978).” (Sable, 1995, 338). Inevitably, this will impact on treatment. An intake interview has been found to

be particularly useful in assessing the relationship between pet and owner (Davis, 1988). Based on this, the therapist can direct therapy more efficiently. As Heiman (1965, 715) suggests, “An owner who has unconsciously identified with his pet reveals himself in talking about the animal.”

Often the discovery of pets as a useful crutch is somewhat accidental, thus creating the impression to psychotherapists that although useful, the pet isn't necessarily essential. Expert child psychotherapist Boris Levinson (1964) belies otherwise. He advocates that pets are crucial in a treatment plan. The four factors affecting a child therapist's success with pets have been identified as the therapist's previous experience with animals, his ease and comfort in dealing with pets, her personality and his chosen philosophy of treatment. (Levinson, 1964). As Brickel (1981) points out, the specific psychotherapeutic role of the animal will depend on the characteristics of each psychotherapist and individual client.

Levinson further explains the facilitative role of the pet. “Once the therapist has secured the confidence of the patient with the aid of the animal adjunct, he may begin to use whatever techniques he is most comfortable with.” (Levinson, 1984, 12). It is to be noted that some “child psychotherapists feel uncomfortable when they no longer are able to offer facile interpretations and to interact on an intellectual level with the child”. (Levinson, 1964, 245). According to a survey, therapists also reported lack of space in their offices for pets. (Levinson, 1972).

It is interesting to note that when pioneers in the field, Sam and Elizabeth Corson first took notice of the therapeutic value of animals in psychiatric hospitals, it was rather

by pure coincidence. When patients who did not respond to conventional therapy were introduced to pet therapy, every patient was reported to have showed considerable improvement (Corson, 1974; Corson, Corson and Gwynne, 1975). The aim of the intervention resulted in a transformation from “irresponsible dependent psychological invalids into self-respecting responsible individuals.” (Corson, Corson and Gwynne, 1975, 23). Although patients initially related exclusively to the dogs, this later served to catalyse wider social interactions. The dogs were regarded as “feeling heart” dogs, their roles being paralleled to that of “seeing eye” dogs for the blind. As Corson explained, pet-facilitated psychotherapy is not a cure, but a cure-facilitator (Gunby, 1979).

Saul (1962) has added that knowledge of animals can significantly enhance the psychologist’s understanding of human nature, especially as many professionals move away to urban areas and hardly rekindle rural ties that may or may not have once existed. Therapists must also be trained to interact with therapy animals optimally. (In 1987, one such institute in New York offering a certificate in pet-assisted therapy facilitation was named.). Staff, who may fear that the introduction of animals may imply an increase in their workload (e.g. having to clean up after the animals), also need to be fully informed of the nature of activities and their role in the process (Daniel and Burke, 1987). A study by Brickel (1979) reported that staff felt that time spent caring for the animals in a hospital did not significantly affect time needed to care for patients. However, Animal-assisted therapy is also easily integrated into the existing professional framework of the psychologist – e.g. group therapy (Chandler, 2001).

Brickel (1986) warns that the therapist must truly love animals for effective pet-facilitated therapy. Creativity on the part of therapist is also recommended. "The psychotherapist emotionally must be able to surrender part of his functioning to a pet." (Mallon, 1997, 165). This will involve voluntarily surrendering some power to a pet in therapy and the therapist must avoid becoming jealous of the animal-child relationship. (Mallon, 1997).

Volunteers also need to be trained beforehand. Savishinsky (1992) describes a study conducted by Hughes and Hawkins (1984) in which pre- and adolescent volunteers were successfully trained before participating in pet therapy programs. Furthermore, assisting in an institution with an animal helps volunteers better adjust to the new challenges of their jobs and the "new" environment they find themselves in, perhaps using the therapy animal as a "security blanket" until they (the volunteers) feel totally comfortable in the new setting.

"Another relevant factor is that a pet, unlike finger paints or a puppet, must be taken care of. He is alive, requires active care, compels attention, must be fed, medicated, exercised and loved." (Levinson, 1964, 245). The use of pets, especially in a residential institutional scenario, must involve the corporation of a vet, rational precautions and collaboration with consulting physicians (Anderson and Quigley, 1984). An example of irrational behaviour was evidenced by allergists surveyed in America, one-third of whom recommended that their clients dispose of their pets regardless of the specific allergy problem. Many did so as they just believed it was the "orthodox" thing to do (Baker in Fogle, 1983). Consequently, many allergists lost

interest in patients that did not get rid of their pets and some refused to see such patients again.

In some cases, ill owners might be so perturbed by the care of their pets in their absence, that they may choose to delay or terminate their hospitalisation early. To avoid this, health professions need to sensitively address the issue as they would with a parent of a child. (Friedmann and Thomas, 1985). Thus, “Health professionals should be sensitive to the patient’s reluctance to burden others concerning their pets and therefore should encourage the individual to discuss his concerns. This is important to the emotional and physiological health of the pet owner.” (Friedmann and Thomas, 1985, 200). The authors explain further, “The sensitivity of the family therapist toward the special needs of pet owning families can improve communication as well as facilitate therapy. The issues surrounding pet ownership allow opportunity to foster close dialogue between the therapist and family members and within the family itself.” (Friedmann and Thomas, 1985, 200).

“A persistent problem encountered by those who are investigating the therapeutic value of pets in institutional settings is the unwillingness of professional staffs – physicians, nurses, social workers, physical therapists, administrators – to accept pet therapy, both in theory and in practice. Reeducation of other professionals, therefore, is a primary concern of pet therapy researchers.” (Kidd and Kidd, 1985a, 99). Based on personal experience, this researcher can unreservedly support this statement. Kranz and Schaaf, 1989 in (Hart (1994) investigated staff attitudes in a nursing home before and after the introduction of therapeutic pet visits. After experiencing the programme firsthand, staff concerns regarding health risks declined. The same decline in

inhibitions about pet-facilitated therapy was evidenced at Red Cross Children's Hospital in South Africa.

In 1985 key American researchers in the field observed that "The general medical literature on animals focuses almost exclusively on the diseases, injuries, and, fatalities caused by both domestic and exotic animals." (Kidd and Kidd, 1985a, 105).

Hopefully, professionals will acknowledge the utility of pet-facilitated therapy and contribute to the growing field. The "Pets by Prescription" approach referred to by Kidd and Kidd (1985a) could be further developed, by matching humans to animal companions providing physical, social and psychological benefits.

Important questions remained unanswered and in need of research: "How does the use of an animal affect the therapist's attitude towards his or her patient, e.g. if the patient dislikes or mistreats the animal which is so important to the therapist? How does a patient's relating to the animal affect the therapist's self-image and sense of competence? Is the animal experienced as a rival by the human therapist?" (Levinson, 1984, 16). Hopefully, these answers will soon surface as the field anchors itself more firmly in the modern world.

The resistance, staggered acceptance and open hostility faced by pet-facilitated therapy when confronting conventionally trained psychology academics are troubling. This chapter has outlined the general non-acceptance of the field, leading to a slow tolerance and ultimately (hopefully) acceptance. This dissertation takes this particular

focus one step further by investigating the attitudes and beliefs of South African psychology academics in a local survey.

University of Cape Town

## Chapter 9

### Methodology of Past Studies

*“The smiling face produced by a single interaction with a new pet is not tantamount to long-term improved self-esteem.” (Brasic, 1998, 1020).*

While most research contains methodological flaws, others face inherent difficulties in being “scientifically” studied. This has a great impact on the acceptance and credibility of the area being researched: Pet-facilitated therapy is no different. This chapter aims to discuss the problems, flaws and objections associated with pet-facilitated therapy research. Many researchers have called for an improvement in the measures often used in assessing the human-animal relationship, (e.g. Poresky, 1989; Stallones, Marx, Garrity and Johnson, 1988). Examples of instruments used in published literature include Bustad’s Pets and Personal History Questionnaire, the Ory/Goldberg Pet Inventory Assessment, Lago, Connell and Knight Companion Animal Project Survey, Templer’s Pet Attitude Scale, and the Wilson/New/Netting Pet Attitude Inventory (Wilson, Netting, New, 1987). Attempts have also been made to explain the development and refinement of such scales (Wilson, Netting and New, 1985; Templer, Slater, Dickey, Baldwin and Veleber, 1981; Lago, Kafer, Delaney and Connell, 1987).

“... the use of qualitative methods, which are generally more suited to the study of relatively uncharted social circumstances, seems warranted. Qualitative methods lend themselves to description of complex social realities.” (Mallon, 1994, 91). However,

criticism has been levelled against the expansive anecdotal accounts of pet therapy (e.g. Bikales, 1975) tainted by sentiment and documentation of individual clients. Qualitative methodology also brings with it the inherent criticism of being “unscientific” and lacking objectivity. However, the nature of in-depth studies are sometimes best suited to qualitative methods. The lack of longitudinal studies has also been noted (Beck and Katcher, 1984).

Stalwarts in the field, Beck and Katcher (1984) have categorised two kinds of studies found in clinical literature: descriptive or hypothesis-generating studies, and studies with a research design to test a hypothesis. The authors go on to explain, “descriptive studies are usually case reports, a series of case reports or the results of a program that was instituted with no formal research design and no controls. These kinds of studies have proved extremely useful in identifying clinical phenomena, and can be used to suggest clinical hypotheses that must then be tested by more controlled studies. They rarely demonstrate the value of a treatment or the existence of a causal relationship. Causal relationships are tested with experimental studies or epidemiologic surveys that utilize carefully constructed control groups and subject the clinical hypothesis being tested to the possibility of disconfirmation. Almost all of the literature on pet therapy fits into the first category of hypothesis generating studies and consists of single cases, a series of case studies, or reports about a service program. There are relatively few hypothesis-testing studies and these have largely been studies of the health effects of animals rather than tests of the therapeutic efficacy of formal pet-facilitated therapy programs.” (Beck and Katcher, 1984, 414).

It is rather ironic that the practice of psychotherapy is well established and well respected within psychology, yet faces the same research design dilemmas as pet-facilitated therapy. Both cannot be studied via quantitative means exclusively or efficiently, yet one is deemed perfectly acceptable (psychotherapy) and the other is slated for this (pet-facilitated therapy).

“Structured scales may not tap the full range of feelings that children have toward a pet. Existing scales confound attachment system and attachment behaviors, an important conceptual and perhaps empirical distinction. Unstructured measures may bias responses toward more expressive, verbal children, since some children may not be able to identify how they feel toward a pet unless prompted.” (Melson, 1991, 94). Instead open-ended questions, are suggested. Also, most studies are qualitative, using observers that could be biased. This compromises an objective, “scientific” enquiry, but such is the nature of psychotherapeutic intervention scrutiny/investigations. Corson and Corson (1980) recommend the use of a video-camera to help record, analyse and play back (to patients) pet therapy interventions.

Referring to a pet-facilitated therapy study, Melson (1991, 93/94) objects, “First, in published reports, the questions themselves are generally not specified, and hence, it is unclear exactly to what children were responding. Second, the impressionistic nature of the material makes comparison across samples or studies difficult.”. An example of this is discussed by Poresky, Hendrix, Mosier and Samuelson (1987) when the terms “pet ownership” or “cohabitation” are mainly used in investigating bonding between children and pets, instead of actually investigating the relationship/interaction between child and dog – i.e. the focus ought to have been on

human-animal bonding, not pet ownership per se. (The scale in question was the Companion Animal Bonding Scale). According to Bryant (1986 in Melson, 1988) studies incorporating children under the age of ten years are “unreliable”. For example, a study by Macdonald (1981) found children talking to dogs also tended to believe that the dog understood the emotional content of their interaction.

Furthermore, inconsistencies in reported attitudes and actual behaviour of respondents have been noted. For example, most dog owners in a study quoted teaching responsibility to children as a reason for having a dog. 79% of children in the sample did not contribute at all in caring for the pet. (Case, 1985 in Case, 1987).

In one study conducted by Lawton, Moss and Moles (1984, 208) “the presence of a pet was indicated by requesting the interviewer to indicate whether ‘a pet or signs that respondent had a pet’ were noted”. This is an unreliable method for research purposes.

Another legitimate concern has been raised. “The preponderance of all the literature on companion animals and pets seems to focus upon the dog. Some studies either sample dog owners and generalize to pet owners, or fail to mention the species of animal (Bowd, 1982; Hyde, Kurdek and Larson, 1983; Keddie 1977).” (Covert, Whiren, Keith and Nelson, 1985, 95). This is particularly important, since some therapy programmes have used cats, horses, dolphins or other animals. Thus, generalisations in this regard are misleading.

The issue of the therapeutic effects arising due to the presence of people (i.e. dog handlers) and the increased attention paid to patients in an institution, and not as a result of the presence of pets has also been raised (Beck and Katcher, 1984). In a study using people-alone, people-plus-pets, and pets-alone conditions whilst visiting a nursing home, results indicated that all three conditions “increased the behaviors of smiling and alertness in comparison to control conditions.” (Hendy, 1987, 279).

However, when visitation of people exclusively is not viable, animals still possess the capacity to ease the condition of people in homes. In the interests of the goal of therapy, assistance (to any degree) must be valued. Investigating the mediating effect of dogs used by volunteers in nursing homes, Granger and Carter (1991) found an “increased level of staff-volunteer interaction” reported for the pet group (relative to the group that visited without dogs). It has also been reported that use of pets in voluntary programs decreases the drop-out rate of volunteers. For example, Ryder (1985 in Granger and Carter, 1991) noted that the average stay of 6 months was stretched for a year or more. Furthermore, volunteers reported the effects of the animals as reducing anxiety, facilitating interaction, promoting the volunteering activity and making the very experience more satisfying. In fact, for some volunteers, the pet was regarded as the main motivation to volunteer.

There also arises the question of whether pets contribute to greater health or are relatively healthy people simply more prone to have pets in the first place? (Katcher, 1982). Researchers (Beck and Katcher, 1983 in Draper, Gerber and Layng, 1990, 169; Beck, 1985; Olsen, Mandel and Bender, 1984) have pointed out that there is “no clear distinction between presence and therapy.” Furthermore, for pet therapy to be wholly accepted into the medical community, therapy needs to be clearly defined in contrast

to recreation. Of course, yet again this calls for further research in defining and refining terms used.

In some studies, shortly after introducing an animal to an institution, studies are undertaken without allowing time for the novelty of the arrival of the animals to wear off (Fick, 1993). However, in studies involving pet-owners and their pets, the problem of the “novelty effect” is not evident (Wilson, 1991). Poor results in control groups denied pets might actually be as a result of such denial (irrespective of *what* was denied). Not being given access to such treatment could have embittered or angered control participants, thus possibly distorting results (Olsen, Mandel and Bender, 1984).

Melson (1991, 91) observed another confounding variable - “... differences found were difficult to interpret because of possible existing differences between families who do and do not own pets.” in referring to pet-owning and non-pet owning families used in studies. Furthermore, individual reactions must also be taken into account – i.e. not all children will react the same way to animals (Melson, 1991).

“Also, a portion of the material reviewed has been financially supported by special interest groups, such as pet food manufacturers and veterinarians, so biased conclusions favorable to those industries are likely.” (Brasic, 1998, 1011). However, Barba (1995) observed that over half the human/companion animal studies reported in the popular *Anthrozoos* journal (a journal focusing exclusively on human-animal interaction) were NOT grant funded. In her analysis of pet-facilitated therapy

literature, Barba (1995) also noted sample sizes were found to range from 12 to 5000, but 51% were samples of less than 100 persons.

Most studies do not explain the outcomes of persons with a negative attitude towards dogs or what percentage of the population actually has a negative attitude towards dogs. Thus, this would give a better indication of what percentage of the population as a whole is referred to in studies reporting the benefits of pet-facilitated therapy.

(Siegel, 1993).

Pet-facilitated therapy is no different from most research areas, more specifically, many psychology research areas. By virtue of its content and mechanism, pet-facilitated therapy is difficult to research. As discussed in this chapter, the process is marred by other factors, such as biased funding for research. However, research is ongoing and the quest for improved methods unceasing.

## Chapter 10

### The Veterinarian's Role

*“I solemnly dedicate myself and the knowledge I possess to the benefit of society.’  
The veterinarian’s oath interpreted in the light of animal-facilitated therapy opens  
new avenues for advancing from a practice characterized by narrow, technical  
expertise to a wider professionalism.” (Bustad, Hines and Leathers, 1981, 807).*

“Veterinarians are trained first and foremost as healers: ‘The health of my patients, the best interests of their owners, and the welfare of my fellow man will be my primary consideration’.” (Bustad, Hines and Leathers, 1981, 795). This undertaking in itself obliges the veterinarian to “care” for pet-owners as well. Animals used in the therapeutic healing of people imply the incorporation of the services of a vet. Vets frequently serve as “listening posts”. Often, it is not just the pet that has to be helped (Bustad, 1979). The vet (together with other professionals) can play a significant role in advising an individual or health professional on the choice of appropriate animal with a suitable temperament (Yamauchi, 1993). As Cooper (1976) points out, certain smaller animals maybe unsuitable for therapy – e.g. nocturnal hamsters.

Harris (1984, 273) aptly captures the essence of the role of the vet in the lives of pet owners, “Clients who have placed high priority on their companion animal will call their veterinarian when they perceive that their animals have medical needs long before they will consider ‘disturbing’ their paediatrician, dentist or physician. Many people use their animals as a ‘ticket of admission,’ a means by which they gain access

to a nonthreatening professional authority with a sympathetic ear. The veterinary practitioner becomes a gatekeeper of mental health observing varying degrees of human psychopathology. Often, the veterinarian is the only person privy to these phenomena and all too often is unprepared or unable to deal with them.”.

In fact, the role of the veterinarian has been likened to the role of the paediatrician. Both ensure the health of the children of the family and indeed, the role of the pet is very often similar to that of the child in the family. (Speck, 1964). The veterinarian thus needs to be acknowledged as a key component of a successful pet-therapy team.

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## Chapter 11

### Dog Behaviour

*“... four-legged Peter Pan, fixed between culture and nature” (Katcher in Fogle, 1983, 55)*

As a key role-player in pet-facilitated therapy, and the focus animal of this research topic, an understanding of the behaviour of dogs is crucial. This chapter will explain more about dog behaviour as it relates to pet-facilitated therapy practices. Dogs are arguably the most common domestic animal, occurring on five out of six continents (Antarctica being the exception). (Kleiman, 1967). According to Corson, Corson and Gwynne (1975, 32) people become attached to dogs very easily because of the dog's ability to “offer love and tactile reassurance without criticism and their maintenance of a sort of perpetual infantile innocent dependence which may stimulate our natural tendency to offer support and protection.” Theorists have proposed explanations for human attachment to dogs. Brill (1941 in Heiman, 1956, 570) states “the dog alone has been able to live in close proximity with man ...[perhaps] because of his evolution into the highest type of transference animal...” Heiman (1965, 713/714) elaborates, “Of all animals, only the dog is accustomed to living in close proximity to man and is endowed with the psychic equipment to play whatever role is required of him by his master.”

In children a definite preference for dogs over other animals was noted by Nielsen and Delude (1989), despite different dogs being used in the study to counteract possible

individual endearments of any one dog that could potentially influence responses.

Investigating the frequency of communication between child and dog, Filiatre, Millot, Montagner (1986, 37) found that "...frequency of communications when child takes the initiative, is higher when the child is younger than the dog (versus older than the dog)...". Thus older dogs are better suited to younger children. In the case of adults, Kidd and Kidd's (1989) study found that the majority of the sample stated that dogs were their favourite pets, perhaps due to the fact that the majority of participants currently owning dogs owned dogs during their childhood.

In a study conducted by Miller and Lago (1990, 52), results showed that dogs "exhibited more coordinated (alleometric) behaviour with their owners, standing, moving, and sitting in synchrony with their owners more than cats did". However, such a generalisation to the behaviour of all cats is not justified. The same study also reported dogs to be more socially involved than cats in their behaviour towards the interviewer. Perhaps this explains the widespread success of dogs as companion animals, and the greater prevalence of dogs in this role than cats. Importantly the researchers concluded that the study reinforced "concern that self reported attitudes and behaviour do not necessarily correspond" (Miller and Lago, 1990, 53). This is a problem often encountered in studies involving self-report of participants.

Albert and Bulcroft (1988 in Sable, 1995) suggest that the preference for dogs to cats as companion animals may be due to the greater capacity and tendency for dogs to openly display affection towards their human counterparts, and thus the higher level of interaction may lead to a greater degree of attachment.

Leaders in the field of pet-facilitated therapy, Sam and Elizabeth Corson (1980, 86) justify the use of dogs in their studies by saying that “dogs exhibit a wide spectrum and richness of emotional reactions comparable to those shown by humans.”. Caution must be exercised in interpreting this explanation without incorporating anthropomorphism.

“The unequivocal nature of the dog’s signal also suggests why pairing a dog with a human companion should make that person more approachable and less threatening” (Katcher, 1985, 406). Kleinman (1967, 370) echoes these sentiments, “These species possess uncomplicated means of communication...”. This could explain why people in the company of animals tend to be perceived as more friendly or approachable than those walking alone. Related studies have already been discussed elsewhere in this text.

Another factor in favour of choosing dogs for therapy is their attentiveness, despite being ignored or receiving less attention than what they shower on people (Smith\* in Arehart-Treichel, 1982). This characteristic appears to be particularly valued by human counterparts, especially attentiveness that includes eye contact (Serpell\* in Arehart-Treichel, 1982). Attentive behaviour that has been described as “welcoming behaviour” (i.e. the behaviour displayed by a pet dog upon arrival of his/her human companion) is one of the characteristics in their pets that human counterparts value the most, according to a study conducted by animal behaviourist, James Serpell\* (Arehart-Treichel, 1982).

Numerous descriptions of dog behaviour have been put forward to explain the success in the field of human companionship: "Dogs are social animals and may possess an innate desire to please." (Feldman, 1977, 90). "Many behavior patterns of dogs seem especially designed to elicit attachment. Dogs are naturally affectionate, a trait that is more characteristic of some breeds than others (Hart and Hart, 1988 in Hart, 1994, 164).

Based on analyses of studies conducted in the field, Hart (1994, 162) concluded that "dogs are better at adjusting their interactions to the owner's demands than other companion animals." Innate dog behaviour also increases suitability of dogs for human association. "The pack instinct of the domestic dog and its responsiveness towards a pack leader may well be the basis for its integration into the human family." (Fox, 1975, 40).

The relationship with an animal may be influenced greatly by the type of animal. For example, Siegal (1990, 1085) asserts "dog owners have a qualitatively different relationship with their pets than do owners of other pets." In a study conducted by Albert and Bulcroft (1988, 548), attachment was indeed found to vary according to type of pet owned. "Respondents who selected a dog as their favorite pet demonstrate greater feelings of pet attachment than do people whose favorite pets are cats or other types of pets."

Based on their studies, Filiatre, Millot, Montagner (1986) found that the size of the family in which the dog lived was important: "If the family unit is small and limited to the parents and one child the dog becomes a privileged partner for the child. As

well, the child is most likely to be one of the base references for the dog. However, when there are several children in the family, the dog behaves as if it shares its communications with the various children.” (Filiatre, Millot, Montagner, 1986, 41). It was also found that children around the young age of two years were most aggressive to their dogs. Based on the findings, the following hypothesis was formulated, “there is a direct relationship between the size of the dog and the number of aggressions by the child towards the dog” (Filiatre, Millot, Montagner, 1986, 42). The dog was found to play an “active role in the regulation of the interactions with the child”. (Filiatre, Millot, Montagner, 1986, 43). Thus, the behaviour of the dog could contribute to the acquisition by the child of a more structured and more socially efficient behavioural repertory.” (Filiatre, Millot, Montagner, 1986, 43).

As one of the leading figures in the field, Dr Samuel Corson, suggests dogs need to be carefully matched to their patients, bearing in mind that different dogs have different personalities. (Stevenson, 1975). Also pertinent, and as cautioned by Brickel (1986), a therapy dog working constantly with a therapist may naturally develop a strong attachment to therapist, which may adversely affect interactions with patients. A suggested solution would be shared responsibility for the therapy dog among a few professionals and para-professionals.

Of course in analysing dog behaviour, the risk of anthropomorphism is always great: “critics say that to attribute a dog with human-like emotions and needs is to be unscientific and anthropomorphic. Research has shown, however, that the developing brain of the dog, its unfolding pattern of socialization and other critical and sensitive periods during development are very similar, and sometimes identical, to the same

phenomena recognized in the human infant, although they develop on a different time base (Fox, 1971b). The dog has basically the same limbic or emotional structures capable of generating specific feelings or affects reflected in overt emotional reactions and also in changes in sympathetic and para-sympathetic activity which are linked with psychosomatic and emotional disorders. Add to this common neural substrate between dog and human infant the important variable of attachment which is a consequence of socialization, as between dog and owner and child and parent, then we should not be surprised that both dog and child under certain conditions may develop analogous or homologous behaviour disorders. These can range (Fox, 1968) from psychogenic epilepsy to asthma-like conditions, compulsive eating, sympathy lameness, hypermobility of the intestines with haemorrhagic gastroenteritis, possibly ulcerative colitis, not to mention sibling rivalry, extreme jealousy, aggression and depression and refusal to eat food (anorexia nervosa)." (Fox, 1975, 39). These dimensions need to be borne in mind when recruiting, training and administering a pet therapy programme.

Often animals are reported to be the cause of grave "misdemeanours". But this assertion has been counteracted by experts in the field. "Society has a pet owner problem, not a pet animal problem. A pet who contributes to the problem is but an innocent victim of its owner. Such owners exercise inadequate control and supervision of their pets." (Feldman, 1977, 87; Beck, 1975).

In a study on aggressive behaviour of dogs kept as companion animals, Borchelt (1983, 45) stated that "many of the aggression problems were associated with non-aggressive problems related to fear (phobias) and anxiety." Certain breeds were also

found to be more aggressive than others, possibly due to a genetic influence or as a result of human genetic engineering selecting for aggression. Sex on species also played a role. In all of the cases studied by the author, aggression was noted to be stimulus-specific. Thus aggression in dogs is not simply random. "Fear is often directed towards specific individuals. The dog will escape, if possible, before biting. Aggression is used to fend off fear-inducing people, hence it is self-defence" (van der Merwe, 1996, 28). Once more, these factors must be taken into consideration in selecting therapy animals and planning for potentially difficult situations.

It is also important to note that although general qualities in breeds may prevail, it is very dangerous to freely paint all members of a particular breed with the same brush – individual differences are rife, due to factors such as early environment, early puppy training and innate qualities (Loney, 1971).

Cats have also been used in therapy in a geriatric hospital setting. Among the benefits cited were stimulated patient responsiveness, giving patients pleasure and entertainment, enhancing the treatment setting (promoting a more home-like atmosphere) and serving as a form of reality therapy (Brickel, 1979). In contrast, cats were reported to have interacted best with persons described as "most available".

Females were also found more likely to be approached by cats more frequently than males. Furthermore, adults were found to best suited to cat relationships, not juveniles. The author also reported that females were most likely to be the human partner successfully in human-cat relationships. (Mertens, 1991). In general, less demanding cats may be more suited to older populations than children, who appreciate the boisterous activity of dogs more.

In a therapeutic setting, control of the dog is a key concern raised by critics. Beyond rigorous training before participating in therapy sessions, techniques to control the dog's behaviour during therapy have been identified. Known as the "Tellington-Touch", it is an effective method that is practical and easy to use. It "works on a principle of applying non-habitual movements to activate new neurological pathways to the brain.." (Kyriacou, 2000, 19).

Thus, a careful understanding of dog behaviour is critical in designing and implementing a pet-facilitated therapy program. A sound understanding will also help prevent or reduce possible mishaps.

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## Chapter 12

### Overview Relating to Local Current Study

*“In fact, the only reason there are so many programs is that they cost the institutions little, if any, money.” (Beck, 1985, 371).*

Economic cost will be involved in caring for a pet, whether footed by volunteer owner, therapist or individual. For the individual in South Africa, personally financing the upkeep of an animal in the face of poverty may not be feasible. As illustrated in the study conducted by Francis, Turner and Johnson (1985) and strongly argued, using animals therapeutically in an institution can involve the use of para-professionals and volunteers, either lower paid or unpaid in the case of volunteers. In the case of volunteers, the animals used are often personal pets (although trained extensively for therapy). Thus all housing and medical bills incurred by the animal are borne by the owner/volunteer, costing institutions nothing. Even transport costs to the institutions are entirely footed by volunteers, as is the case at The Red Cross Children’s Hospital in South Africa. In the interests of both a practical solution and providing optimum medical care for the multi-cultural population at large, professionals and other stakeholders in the field simply cannot afford to ignore pet-facilitated therapy in South Africa.

South African public institutions are underpaid and understaffed: Children in such institutions suffer. As Provence and Lipton (1962 in Levinson, 1972) pointed out, attention directed towards children in institutions is often impersonal and the need of

each child is compromised in favour of pursuing rigorous schedules. Frequent change of staff jeopardises any form of security and attachment. Due to lack of time and money, more attention is paid to physical well-being than the psychological health of child. The implications of this, according to Levinson (1972, 174) are dire – “This type of care not only restricts social stimulation, but may also affect the intellectual development of these children, with the result that they are frequently impaired in social responsiveness and language skills, are retarded in mental development, and generally exhibit the behaviour of perceptually deprived children.” The local situation at The Red Cross Children’s Hospital illustrates this. Children in the Burns Unit had very severe burn wounds that left them with emotional scars as dire as the physical ones they bore. The involuntary recoil many people displayed on seeing their horrific distortions due to the injuries sustained took its toll on the young children with fragile egos. The self-esteem of these children was starkly lacking. But it was only very recently (May 2003) that the unit was able to secure the first psychologist to work with the young patients.

Perhaps as alleviation to the problem of affording the cost of a private animal, an “animal library” has been suggested. Kaye (1984) suggested the notion of an animal library, where (with parental permission) children can take animals home for the weekend or other fixed periods of time.

Referring to pet therapy programs, Beck (1985, 371) said, “In fact, the only reason there are so many programs is that they cost the institutions little, if any, money.” Of course there exist cultural implications as well, which have already been discussed extensively in a separate chapter.

## Chapter 13

### Academic Survey

#### Introduction

In this part of the study, academics in the field of psychology at various established tertiary institutions in South Africa were approached and their views regarding pet-facilitated therapy gauged via a survey. This survey aimed to obtain a basic framework of the current status of pet-facilitated therapy in contemporary South African psychology circles. Moreso, it was anticipated that since academics often feature on the cutting edge of new developments in psychology, these active architects of national psychology would be best suited for the purposes of the investigative task.

#### Methodology:

#### Sample

Academics in psychology based at every South African University (contactable via e-mail) offering psychology received an electronic request to participate in the study. Together with this, a brief publication relating to pet therapy (See Appendix A) and a short survey were sent. Of 163 persons approached online, 37 (22.7%) answered the survey, 21 (12.9%) refused to participate and no response was received from the

remaining 105 (64.4%) persons. Respondents were generally spread rather evenly around various parts of South Africa (See Appendix B).

As illustrated in Figure 1 (Appendix C) 48.6% (n = 18) of the sample was male and 40.5% (n = 15) was female [10.8% (n = 4) did not indicate this information in their response]. More respondents held doctorates in their field (48.6%, n = 18) than Masters degrees (35.1%, n = 13), although 16.2% (n = 6) of participants did not indicate their highest level of qualification (See Appendix D). The ages of participants ranged between 30 to 50 years mainly, with 18.9% (n = 7) of the sample older than 50 years [18.9% (n = 7) did not indicate their age]. In terms of experience, 21.6% (n = 8) reported less than 5 years experience, 21.6% (n = 8) indicated 5 –10 years experience, 18.9% (n = 7) had 10 – 15 years experience, 10.8% (n = 4) had 15-20 years experience and 10.8% (n = 4) had more than 20 years experience [16.2% (n = 6) did not respond to this question]. This is shown in Figure 3 (Appendix E). Thus, the sample seems to show a minimal qualification of a Master's degree, slightly more male respondents than females, and an insignificantly skewed spread of age from 30 years to 50+, with number of years in practice in the field of psychology ranging rather evenly between less than 5 years to more than 20 years, although the greatest category was respondents with 10-15 years of experience.

### Instrument

A 10 item questionnaire was designed for this study (Appendix A). Questions were generally open ended and selection of questions was based on earlier surveys carried out by Levinson (1972) and Rice, Brown and Caldwell (1973). This questionnaire was

sent electronically, and respondents who initially did not respond were approached twice thereafter. Responses were analysed by means of thematic, content analysis.

#### Results:

The survey commenced with questions investigating familiarity of psychologists with the concept of pet therapy. Although 70% (n = 26) had heard of the concept, none were fully aware of the concept to any significant degree. Sources quoted included (in order of frequency of quotation) television programmes/reports, knowing colleagues with an interest in this area (often internationally), knowing of research conducted in this field by students, magazine articles, personal research, newspaper reports, and individual reports of a journal article, the internet, and being taught related material as a student. Although few respondents had conducted research, this involved the use of horses with handicapped individuals and not trained dogs (the focal animal in this study). Only one respondent reported using a form of pet therapy in their practice, compared to 89% (n = 33) who did not.

The concept of animals was used more frequently however. 37.8% (n = 14) admitted to using the concept of animals in their therapy work. Respondents added that this was only the case if the client indicated the animal was already an important factor to them, animals were sometimes used as a metaphor, or incorporated in dreams, or used conceptually in “ethological parallels to human behaviour” or to explain human behaviour using the illustration of animal behaviour. In hypnotherapy, the concept of animals was utilized to enhance the ego, and to help overcome stress and trauma. Other respondents noted they employed this concept “when appropriate”. In child

therapy, photos of the therapist's pet were used in a bid to build rapport with the child. This concept was also used in play therapy, or discussed in child therapy if it naturally arose. It was also used to try to distract depressed patients from potentially negative thoughts. Single and lonely individuals as well as children with "nurturance and intimacy needs that can't be filled by people around them" were quoted as the client population benefiting from the conceptual use of animals. Animals also featured in bibliotherapy. Other respondents considered even the concept not applicable to their current areas of work but acknowledged the possibility of using the concept in their future work. Another reason for abstaining from the use of the concept of pet therapy was the apparent lack of fusion of the current framework within which the therapist worked (e.g. object-relations and attachment theory frameworks). Interestingly, the complementary use of pet therapy within these frameworks has been successfully implemented and documented, as outlined in the opening of this dissertation.

59.5% (n = 22) felt that pet-facilitated therapy could benefit their clientele in some way (Appendix F). 16% (n = 6) disagreed [24% (n = 9) did not respond to this question]. Among the benefits cited were the provision of a sense of responsibility for their patients, adding meaning and coherence to life, enhancing trust relationships and relaxation, giving clients "access to another realm of relating, caring, etc. that they might not have access to or might be afraid to try out on others", and as "a focus for nurturance and care, and because pets are responsive to that so that the person feels loved and of value in return". The adjunctive use of pet-facilitated therapy to traditional therapy was highlighted. Specific populations were seen as benefiting more than others: the socially isolated, the elderly, children (due to their "natural" identification with animals"), depressed patients (offering them a sense of purpose),

and those individuals institutionalised and with disabilities, as well as those in trauma work. Pet-facilitated therapy was also described as an “alternate way to relate and focus attentions and emotions”. Animals were also seen as an important source of happiness. Caution was also raised that success would depend on the client’s affinity towards animals, and would most likely be successful if the candidate already had a liking towards and related well to animals.

Also mentioned in response to this question was the lack of facilities to actually implement pet-facilitated therapy. Therapists also stated that it simply was “not practical” for them to personally implement this. Although in some cases individuals cited their work in areas outside of private practice (i.e. in institutions) as reason for not employing pet therapy, others claimed that it was more suited to institutions! Once more, the issue of pet therapy leading to a frame-break was mentioned (although this time the framework referred to was psychoanalytic psychotherapy, yet another area researched and successfully used in conjunction with pet therapy, as mentioned earlier in this thesis). Importantly, therapists also expressed their lack of education in this respect, indicating a somewhat defensive stance, considering the question asked whether they thought their clients could benefit from pet-therapy at all.

Pet-facilitated therapy in the South African context has been largely unexplored. This area was investigated in this study. Cultural differences were often cited as a possible barrier to the success of pet-facilitated therapy in South Africa. Concerns about perceptions of pets being “a white thing” or being unpopular or not as “prized” in “Black” communities (relative to “White” communities) were voiced. The possibility of the therapy “tool” (the pet) being served at the dinner table was also seen as a

barrier to the client trying to take pet-facilitated therapy seriously. However, this is highly unlikely in the case of dogs in South Africa. Once more, the overall utility of this approach was questioned, and its “scientific validity” was questioned. Access to pets was seen as a problem, and the issue of poverty was repeatedly referred to. In the face of poverty, pet-keeping/employing pets might be considered “indulgent”. On the one hand, pet-facilitated therapy was regarded as an approach NOT cost-effective, but on the other hand, the probability of its cost-effectiveness in institutions was suggested. Ironically, it was also described as an approach that could only be used in private practice. Another concern raised was the sense of “giving the client a false crutch as opposed to the reality of grappling directly with inter-personal issues”. (However, pet-facilitated therapy successfully implemented conjointly with reality therapy has already been discussed in this dissertation). The fear of animals was also mentioned as a possible limitation. In this respect, members of Paw Pals have noted that in cases of fearful patients, curiosity often overcomes fear in dealing with animals. Various methods have also been used to overcome fear of dogs/animals used in therapy. Finally, pet-facilitated therapy was also seen as having to face the same limitations that other forms of psychotherapy in South Africa faced. 41% (n = 15) of the sample did not see any compromising factors in the practice of pet-facilitated therapy in the South African context.

More directly, participants were asked if they would consider exploring pet-facilitated therapy as an adjunct to their current therapy practices. 46% (n = 17) said they would not. Once more, reasons included the fact that it was not practical, not relevant to the participant’s focal area, not suited to the client population and in conflict with the theoretical orientation of the therapist. Also raised was the lack of training to consider

this option. However, some respondents indicated a willingness to do so should the opportunity arise. Pet-facilitated therapy was also seen as a last resort when all other methods failed. Also mentioned was the discomfort experienced by therapists when personally employing pet-facilitated therapy. On an optimistic note, one respondent stated “As long as it works!”. Perhaps this draws attention once more to the goal of therapy: to provide healing and relief to those who need it. To do so, practitioners need to make an informed decision to sacrifice inhibitions and vanity in the interests of the welfare of their clientele.

35% (n = 13) said that pet-facilitated therapy did interest them, whilst 62% (n = 23) had no interest in the area and considered it irrelevant to their area of research (See Appendix G and Appendix H). Reasons given included other more interesting areas taking priority and perceived irrelevance to personal areas of research (e.g. sport psychology, human development, intergroup relations, music therapy, community psychology and womanhood). Many respondents indicated that it was not an area of interest to them “at this stage”, suggesting future interest. Some practitioners did consider it relevant to their focal areas of research (e.g. childhood fears).

An overwhelming 70% (n = 26) of respondents stated that pet therapy had a future in South Africa, whilst 5% (n = 2) disagreed and 18.9% (n = 7) were unsure [5% (n = 2) did not respond to this question] (Appendix I). Many reasons were given for the doom of pet therapy in South Africa. It was still regarded as odd or eccentric, people did not understand it and many individuals were socialized to believe that people and animals differed vastly. It was pointed out that since many people could not even succeed in getting access to “traditional” therapy, access to a somewhat specialized form of

treatment such as pet therapy would be low on the list of priorities. A limited impact was foreseen on disadvantaged communities. Its success was also seen as more likely in alternative interventions and not within mainstream psychology. One respondent stated, “South Africa tends to move towards newer therapies (frequently at the cost of effectiveness, however)”. Deciding factors cited included the ability to prove itself as a cost-effective tool and the nature of each client. Its success was also seen as mainly in private practice, not with institutionalised populations. A more optimistic future was seen with specialized populations. Since the population of South Africa is already so diverse, one respondent remarked that any alternative therapy would work. The climate (mild winters and moderate rain), the opportunity and space in South Africa counted in favour of pet-facilitated therapy’s success in South Africa. South Africans were described as knowing animals well and being raised in their close proximity. Since pet therapy was seen as “age and culture friendly therapy” it was also considered to have a future in South Africa.

To support responses investigating the familiarity of respondents with the area of pet-facilitated therapy, participants were asked if they could name any researcher or report in the field. 70% (n = 26) could not. 24% (n = 9) referred to vague, non-specific sources (e.g. health psychology textbooks, a video, “a colleague I once worked with”). 5% (n = 2) did not respond to this question (Appendix J). As an indication of willingness to be informed on the subject, participants were offered a copy of the findings of this study. 70% (n = 26) expressed an interest in receiving these findings, whilst 21.6% (n = 8) declined [8% n = 3) did not respond].

## Analysis

Participants in this study held mainly masters or doctoral degrees (except for those that did not provide details of their qualifications). The majority of respondents were in practice for 5 years or more. Thus, theoretical and practical experience were both evident in the sample.

Considering the international impact of pet therapy for more than thirty years, it was not surprising that most of the sample had a vague idea of its existence, although none knew exactly what it entailed. The sources quoted also indicated chance enlightenment (e.g. knowing someone who had an interest in the field, supervising a student with a related interest, etc.). Perhaps due to the lack of awareness, most respondents were not open to the idea of pet-facilitated therapy. However, on a conceptual level, animals were used by some respondents. Animals seemed to be used more indirectly en route to obtaining a full understanding of or for the client. The practical use of animals was explored. A more indirect approach was favoured. The conceptual use of animals was also used more with specific populations, e.g. children and lonely/depressed adults. Although many therapists incorporated the conceptual use of animals in their work, others foresaw an incompatibility with their current theoretical orientations. Ironically, the theoretical orientations referred to have already been explored and used in conjunction with pet-facilitated therapy years ago. This could indicate a lack of interest or effort on the part of psychologists to explore this option more fully.

Bearing this in mind, more than half the respondents noted that pet-facilitated therapy could benefit their clientele in some way. Various benefits were cited. This response conflicts with earlier resistance to exploring or implementing pet-facilitated therapy, knowing clients could well benefit from this. Although not asked at this point, reasons were also provided for not bothering with this approach: considering their area of work incompatible, pet-facilitated therapy being impractical and stating that it was more suited to institutions (according to those in private practice) or more suited to private practice (according to those not in private practice)! Also important was the lack of information required to incorporate pet-facilitated therapy into existing practices.

Asked about the possibility of pet-therapy in the future in South Africa, cultural differences were seen both as problematic and supportive. Whilst some believed that not all cultures were open to the idea of fostering relations with animals, others believed that using animals was a wonderful culture-free approach. Perhaps not all respondents realized that the animals in question were dogs.

Although it was apparent that knowledge of pet-facilitated therapy was rudimentary, many objections to it were raised, based on such scant understanding of the concept. Its utility and validity were questioned and poverty was identified as a limiting factor (although implemented correctly, pet-facilitated therapy can be exceptionally economical). Most objections raised were problems that had already been researched and remedied.

Just under half the sample refused to consider using pet-facilitated therapy. Reasons cited for this revealed the lack of information used in reaching this conclusion. Once more, theoretical orientation, impracticality and relevance to areas of research were seen as barriers. Some respondents, however, indicated a willingness to learn more about pet-facilitated therapy if the opportunity was provided.

More telling was the response of more than half the respondents indicating the lack of interest in pet-facilitated therapy at all. A few respondents who did indicate an interest added that it was merely because they generally were curious, not specifically due to the topic under discussion. Once more, perceived irrelevance was the basis for these decisions.

Lack of information seems to be lulling professionals into the false belief that pet-facilitated therapy is far removed from their areas of research and their work, and they are thus able to justify their ignorance and lack of interest in this field, irrespective of the potential it may hold for their clientele.

Interestingly, most respondents stated that pet therapy had a future in South Africa. Reasons for its potential success included the unrestricted acceptance of alternative therapies in this country (followed by a comment criticising this as it compromised effectiveness) and the general culture of South African society, which was already familiar with animals. Furthermore, the potential for pet-facilitated therapy in South Africa was realized as the climate was described as well suited and space was not a problem. Once more, its optimal role was seen as either in the scenario of private practice, or institutions – a sense of “it’s not for me, but ‘them’”.

The ignorance of respondents in respect of pet-facilitated therapy was evident yet again, when less than a handful could think of any related published report or researcher. Those able to provide details provided rather vague details of television programs or non-academic magazines or knowledge of persons with an interest in the field. More optimistically, it appears as if respondents are open to being informed of this practice and learning more about pet-facilitated therapy. A majority indicated a request to receive the findings of this study.

Perhaps one of the limitations of this study was the exclusive use of psychology academics who had access to the email. However, this was due to the restrictions of the design of the study. Furthermore, due to a poor response, the sample size was rather small. In the course of the survey, at no point did the information supplied to respondents beforehand explicitly state that a dog was the animal concerned when referring to pet-facilitated therapy. Responses may also have been defensive or modified due to “academic territoriality” or a line of questioning that probed the knowledge or efficiency of the respondent. As one of the pioneer studies in this field, more research is needed to explore this largely untouched academic realm.

## Conclusion

All in all, it is rather alarming that based on scant information, South African researchers and practitioners in psychology cannot offer much positive feedback on pet-facilitated therapy, but are able to provide many reasons NOT to bother with this approach or why it is flawed. Such misinformation ultimately compromises the health care received by the South African community at large.

## Chapter 14

### Paw Pals Study at The Red Cross Children's Hospital in South Africa

#### Introduction

Pet-facilitated therapy has been applied and documented across a spectrum of populations in multiple international arenas. However, its local application has been lacking, and the first known implementation of pet-facilitated therapy in South Africa has been at the Burns Unit of The Red Cross Children's Hospital in Cape Town. At this unit, children with severe third degree burn wounds are admitted, and remain often up to a few years. The time normally spent by each child in this unit during treatment is usually significant. Most children are either orphans, or if they have parents, the latter cannot afford transportation costs to visit their children. Through observing the reactions of other people, these children soon notice the prejudice as a result of their gross deformities. According to the director of the unit, this leads to the children starting to reject themselves, and reduces their confidence levels and self-esteem. The pet-facilitated therapy team named itself "Paw Pals" and is a voluntary, non-profit organisation based in the larger Cape Town area. This practice has been in operation since October 2001 fortnightly, and as of February 2002 weekly (due to increased demand). For the purposes of this study, members of the organisation were interviewed, in addition to members of the medical team working with the children receiving pet-facilitated therapy at The Red Cross Children's Hospital. The views of these individuals (working with and exposed to pet therapy) were contrasted with

those of the psychology based academic staff at various tertiary institutions in South Africa.

## Methodology

### Sample

Four members of Paw Pals were interviewed successfully, including the director of the organisation. The interviewees were involved for lengths ranging from the inception of the organisation (about two years), for a year (two interviewees), to more recent recruits (one interviewee). At the Red Cross Children's Hospital, staff members of the Burns Unit were interviewed. Designations included the head of the team, the physiotherapist, the clinical psychologist, the registrar and the occupational therapist.

### Instrument

A researcher-designed questionnaire was used when interviewing members of Paw Pals. Due to inherent difficulties in co-ordinating schedules, it was not possible to conduct face-to-face interviews. Members requested a written questionnaire instead (Appendix K). Electronic copies were distributed to the director of Paw Pals and to all members. The interview consisted of a series fifteen questions, with an opportunity for respondents to add further comments at the end. Four responses were received.

At The Red Cross Children's Hospital, individual interviews were conducted with staff members during their break periods whilst on ward rounds. Questions were open ended and the interview was semi-structured. Chosen questions were based on past studies and on responses already received from academic psychologists in the survey referred to earlier in this study (the survey conducted by this author). This was done to document beliefs and assertions held by the academic psychology researchers.

### Procedure

After attending a training session of Paw Pals, the researcher established a working relationship with members and the director of the organisation. Although attempts to secure either individual interviews or a group interview failed, permission was obtained from the director to submit an electronic questionnaire. This questionnaire was distributed to members that the director felt were involved with the organisation significantly. Thematic, content analysis was used in this study. In general, the views expressed in the written questionnaire corresponded with what was said to the researcher informally during the training session.

The Director of Paw Pals also helped establish access to The Burns Unit at The Red Cross Children's Hospital, by contacting the Director of The Burns Unit, who was able to provide further details of the programme from the hospital's point of view. In addition, interviews with members of the medical team working with children were arranged. Interviews were tape recorded and later transcribed before analysis.

## Results and Analysis

### Paw Pals

According to members of Paw Pals, the general aim of their activities was to share the joy and benefits of pet-companionship to those without pets. Although these goals were rather vague, they all contained the same inherent implication. For instance, one member responded, “To supply a service to children and other people in need of the warmth of our dogs, to share our well-trained animals with people in a situation where they don’t have access to animals and their company”. The definition does not fully elaborate on who “people in need” refers to, or what is meant by “warmth of our dogs”. Another response described the aim simply as “Share joy and benefits of animals with those who need it and don’t have animals.” Perhaps the most specific response was the following, “To positively benefit emotionally-needy people and reach out to them, in a way perhaps not possible with more traditional ‘human’ therapy”. However, it is clear that there exists a shared intention to promote improved well-being to institutionalised populations by introducing members of such populations to trained, therapy animals, thereby allowing them to experience unconditional acceptance, non-judgement and the fulfilment of other needs they may have that would otherwise be unmet (See Appendix L for formal mission statement of Paw Pals). The human handler is important. In addition to receiving attention from animals, recipients also enjoy the human attention from the pet-handlers, a further benefit that would otherwise be lacking. The advantages of the situation for the recipient (having an animal and a person shower them with attention) and for the pet-

handler (having confidence to deal with people boosted by presence of pet, a 'social lubricant') are mutually apparent.

Paw Pals does not base its practices on a single formal theory. Members appear to follow their own beliefs informed by their personal experience. One member stated that animals had an "instinctive connection" with people, moreso towards "special needs" people. This may be contested as anthropomorphic, but the more naturalistic explanation discussed earlier in this study can be used to support the belief of the link between organisms in sustaining emotional and/or mental health. Furthermore, Stevenson (1975, 135) has also observed "instinctive knowledge of each child's needs is shared by many pets used in therapy".

In terms of the actual process of pet therapy, there appeared to be incongruity in terms of the length of pet therapy sessions with the children at the Burns Unit. An hour was thought to be too short to be effective. On the other hand, an hour was also described as too long, as the dogs were exhausted after a pet therapy session and an hour expended the children's short attention spans. However, the design of the programme and activities was "goal directed" as per established guidelines set out in the Standards of Practice for Animal Assisted Activities and Therapy. Activities included playing with the dogs, walking the dogs, feeding the dogs, training and instructing the dogs, interacting with other children, sharing dogs and being taught to handle dogs properly. These activities fostered a sense of purpose and responsibility. It was also noted that when the dogs responded to the children's commands, it gave the children a sense of power (as well as excitement), of being heard and was an important factor in replacing lost confidence. Socialising among the children was facilitated and basic

acts of sharing and caring were also encouraged. Arguably, these are inherent activities that a child in a classroom may acquire, and that the children in the Burns Unit (by being away from school and many children involved in structured activities) may otherwise be deprived of.

Numerous benefits were noted. Many included those quoted above. Children learned to love and respect animals in general, overcame their fear of dogs, enjoyed physical activity and physical stimulation (even through simple activities like stroking the dogs), playing with the dogs, learning the responsibility of caring for the dogs during the visits (feeding and “training” the dogs), increasing confidence in children, encouraging some “form of bonding or friendship” (among children) and the offer of an initial experience to interact with a dog. Changes in the children were described as “tremendous”. Social interaction was also notably enhanced among the children, e.g. the anti-social child would be compelled to interact with others by sharing and playing with the dogs, and the latter often number fewer than the children, thereby making such interaction necessary. As mentioned above, children are “thrilled” to observe the dogs respond to them and their commands. It was also reported that children older than ten years seemed to “bond” with the dog more than younger children. Furthermore, children did not realize that the dogs were part of their therapy. It provided a much needed, fun, alternative variation to their daily routines. Benefits were also present for handlers, who described it as an “emotionally rewarding experience”.

However, drawbacks were also noted. Children experienced withdrawal feelings after bonding with a dog, and then having to contend with the departure of the dog.

Children missed the animals when they weren't there. One could argue that this might help in promoting secure attachment. Some children were initially fearful of the dogs. However, fear soon subsides and is overridden by curiosity. Fearful children begin by working with smaller dogs at first and larger dogs as confidence grows in inverse proportion to their fear. Disagreement with respect to the length of therapy sessions was raised. Members believing it was too long reported that children got bored and dogs became exhausted. Finally, it was feared that once children are released from hospital, they might uninhibitedly approach stray dogs. However, during therapy, they are repeatedly taught to only approach marked therapy dogs with abandon.

Referring to the South African context, various members emphasized the need to purge the misconception of all dogs as "dirty", "smelly" and/or "dangerous". In terms of the South African health profession, there was a dire lack of acknowledgement and acceptance of pet-facilitated therapy. More education was required, not only of lay people, but professionals as well. Acceptance and support were already noted, but sorely lacked at "corporate" levels. Institutions were viewed as "resistant" to pet-facilitated therapy. Since this organisation has visited multiple institutions (besides The Red Cross Children's Hospital) opinions expressed are well substantiated. At the Red Cross Children's Hospital, staff members were said to support pet-facilitated therapy, and were surprised at the magnitude of benefits it provided. Staff members also encouraged children to interact with the dogs during visits.

Expressing their predictions for the future, Paw Pals' members thought that pet-facilitated therapy would establish itself in the South African context, gaining wider acceptance, praise and publicity and growing as an organisation and as a practice in

general. Pet-facilitated therapy was foreseen to play a role in more settings. Thus, although dissatisfied with the current lack of acceptance or recognition, members were optimistic that pet-therapy definitely had a promising future in South Africa.

#### Staff at The Red Cross Children's Hospital

One-on-one, personal interviews were conducted at The Burns Unit at The Red Cross Children's Hospital. At the onset, only one member was fully aware of the involvement of Paw Pals with their patients. The head of the medical team working with the children, had twenty-five years of experience in his capacity as head of the team. Based on his observations, the named benefits of pet-facilitated therapy to the children in the unit included unconditional acceptance, non-judgement and an increase in self-esteem. The role of pet-facilitated therapy in physical rehabilitation was also noted. This staff member also expertly noted the influence of the human handler on the children. Pet-facilitated therapy was viewed as an integral part of a "whole" therapy. However, culturally, a slight objection was noted. In Black culture, being bitten by a dog was considered an ill-omen. Concerns were thus raised in this respect, but in the same breath one must recall the vigorous training the dogs undergo before being exposed to children. Dogs are required to be 18 months old to be permanently certified, are required to attend weekly obedience classes at an established training/obedience school, must be socialised and train with other dogs from the therapy unit fortnightly for 1 hour to ensure their ability to work effectively as a team and pass the Canine Good Citizen exam, among other requirements (See Appendix E for further details).

An impediment of the aforementioned nature has not arisen to date. However, this member of staff did foresee a future for pet-facilitated therapy in South Africa. He openly admitted to having some reservations about pet-facilitated therapy initially, but completely discarded them after observing pet therapy and its beneficial effects. Bearing in mind the responses of the psychology academics surveyed earlier, it would not be unreasonable to suspect that should they be afforded the opportunity to directly observe pet-facilitated therapy in action, in addition to being educated about pet-facilitated therapy, their pessimism and opposition might dissipate significantly.

The registrar on the medical team at The Burns Unit was also interviewed. Although he was still in his first month of appointment at The Red Cross Children's Hospital, he willingly participated in the enquiry. The concept of pet-facilitated therapy was familiar to this member, based on knowledge acquired through television programmes using dolphins, etc. However, he was unaware of a pet-facilitated therapy programme in operation at The Red Cross Children's Hospital. Benefits quoted included animals as a much needed source of stimulation to deprived children cared for by overworked staff members. The enhancement of a physiotherapy programme was also mentioned. In his explanation, the registrar referred to once introducing a television set to the ward, and watching disbelievingly the children's extreme excitement and rapt attention. This illustrated their desperation for stimuli. If offered the opportunity, this staff member admitted he would support a pet-facilitated therapy programme, provided the proper precautions were taken, e.g. maintaining hygiene standards, employing animals with a suitable temperament. The registrar was keen to emphasize his marked lack of formal knowledge, but was nevertheless enthusiastic about the programme.

After already having two staff members refer to the significant benefits of pet-facilitated therapy to a physiotherapy programme, the resident physiotherapist was interviewed. This member had five years experience. According to the physiotherapist pet therapy was “heard of” going on somewhere in the Hospital. She did not think her patient population was involved. An opinion of pet-facilitated therapy was not divulged due to quoted ignorance, although off the cuff benefits mentioned included non-judgement, acceptance of children and promoting interaction between children. She also noted that she would not employ pet-facilitated therapy because she lacked knowledge of the methods and impact of pet-facilitated therapy. It is interesting to note, though, that members of other disciplines have already recognized the value of pet-facilitated therapy to a physiotherapy programme. The physiotherapist refused to answer questions about the probability of pet-facilitated therapy ever establishing itself in South Africa.

A clinical psychologist, also in her first month of appointment, briefly stated that she lacked knowledge of the pet-facilitated therapy programme. The occupational therapist was also interviewed, and stated that she knew absolutely nothing about the pet-facilitated therapy programme.

In sum, the most experienced member heading the team whole-heartedly supported pet-facilitated therapy, whilst other members remained in ignorance, irrespective of the length of their work in the unit. It is most alarmingly and unnerving that this cash-strapped public facility with overworked staff has key members ignorant to an exceptional resource and its potential utility. Both patients and professionals benefit from co-operation, making other programmes more fun by introducing variation, and

in doing so, opening up a whole new repertoire of benefits. Perhaps it is this ignorance referred to by Paw Pals' members, that stands in the way of pet-facilitated therapy anchoring itself more speedily in South Africa.

### Limitations

It is possible that the Paw Pals members surveyed were biased in their responses because of their personal investment (of self, time, effort and pet) in the programme. Except for the director of Paw Pals (a retired nurse), all other members were non-professional. The opinions offered were all based purely on their own beliefs and observations. It is also possible that some responses may have been tempered, as all responses were sent back to the director before reaching the researcher. Paw Pals members also responded based on their observations during the pet-facilitated therapy sessions, but predicted or voiced reports of the feelings of the children after a pet-facilitated therapy session or in their absence. As in many studies, there is a danger that respondents expressed what they perceived the researcher wanted to hear. However, because this researcher did not have any vested interest in the programme, such a phenomenon cannot be explained. This source of bias may have been minimal.

Staff members at The Red Cross Children's Hospital could have responded uncharacteristically due to the unexpected interviews (although permission was obtained from the director of the unit to schedule interviews at that specific time). Some hostile or unco-operative responses might have been attributed to a sense of "academic territoriality" or feeling threatened (in any way) by the researcher. It is also possible that since interviews were conducted in the early to mid-phase of the ward

round, staff members may have been fatigued or distracted at the time, although none directly or indirectly indicated this.

## Conclusion

Persons exposed to the hands-on approach seem most acquainted with pet-facilitated therapy and although guided by personal beliefs and lacking a formal theory, observed resultant benefits to the children in The Burns Unit. Members of the medical team knowledgeable on pet-facilitated therapy, especially that present at The Red Cross Children's Hospital, seem very supportive. However, ignorance remains a key feature inhibiting the potential success of pet therapy and, more importantly, withholding access of children in The Burns Unit to a successful, economical, and delightful adjunct to conventional recovery.

## Chapter 15

### Conclusion

*“... an animal-lending service by prescription.” (Levinson, 1975, 156).*

This thesis has presented the concept of pet-facilitated therapy to the reader and explained the mechanisms at work during the process. Thereafter, proposed theories were identified and a variety of studies focusing on specific populations were discussed to illustrate the utility and success of pet-facilitated therapy. Flaws in research and hazards to therapy were also mentioned. To relate to the South African concept, cultural issues were considered. Once the concept of pet-facilitated therapy was made familiar to the reader and its efficacy and credibility established, attention was directed towards local studies.

The first study showed the disregard, lack of interest and resistance that pet-facilitated therapy was met with when facing academics of psychology in South Africa. Perhaps one of the main reasons for this would be obstinate ignorance. In stark contrast, the second study involved a group actively implementing a form of pet-facilitated therapy locally. Reported success and value of pet-facilitated therapy by both members of the therapy group and medical professionals working with the child patients attested to the beneficial application of pet-facilitated therapy in South Africa. However, even some medical professionals were guilty of ignorance of the presence of the pet therapy programme at their hospital.

All in all, the South African situation can be summed as follows: Pet-facilitated therapy is a proven, culture friendly, malleable, cost-efficient and effective form of therapeutic assistance to those who need it. Although this is the case, extreme ignorance, inflexibility and a sense of defence are all evident in academics who are opposed to the introduction and practice of pet-facilitated therapy. Until this bias (fuelled seemingly by unawareness and/or intimidation) is overcome, pet-facilitated therapy will have its local launch hampered. This is rather unfortunate, as one would have hoped that we could have learned from the experiences in Britain and the USA, where pet therapy also originally faced extreme opposition, but now flourishes and languishes in its phenomenal growth and tremendous success. Hopefully, South Africa will soon join the ranks of such world leaders in the ever-growing field of pet-facilitated therapy. There dire absence of a single, legitimate objection to local implementation takes this possibility one step closer to a reality.

It was Levinson's stated hope that by the year 2000, pets would be genetically engineered and modified not only to serve as exceptional seeing-eye dogs or security dogs, but as entities to "meet particular psychological and physiological specifications" (Levinson, 1975, 156). He further prophesied, "For the idiosyncratic needs of the emotionally disturbed, the aged, the disabled, the retarded and so forth, I can foresee an animal-lending service by prescription." (Levinson, 1975, 156). It was also his hope that the veterinarian would be incorporated in teams dealing with psychiatric patients, especially in the training of animals as co-therapists. Levinson also hoped that by then the field would have broadened to lavish specialisation in prescription pets for different psychiatric problems. (Levinson, 1965).

Although this stage has not yet been reached, advances are steady. Pet-facilitated therapy deserves greater recognition and application. It has proved its worth and now offers itself for the taking. South African psychology professionals (in particular) need to stop rolling over and playing dead, and instead actively arise, and fetch the solution being tossed in front of them.

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\* Next to an author's name denotes a lack of further referencing (e.g. a specific date or page number) in the primary source.

## Appendix A

Sir / Madam

As a fellow South African academic, you are probably familiar with the difficulty of securing a workable sample size for any study. It is to this end, and in the direct interests of the future of your academic discipline that I appeal to you for your corporation. You have been hand picked as part of a South African sample. My study aims to investigate the perceptions of animal assisted therapy among South African researchers/academics.

I would be most indebted if you would kindly take a few moments to read the brief description of pet therapy provided, and answer the accompanying questionnaire as honestly and frankly as possible. Feel free to add any other comments at the end should you wish to do so. If you would like details of the final results of this study, kindly indicate this at the end.

Thanking you in advance for your time and contribution to Psychology in South Africa.

Pevash Naidoo (Ms)  
Dept Psychology  
University of Cape Town  
Republic of South Africa

Today, the use of animals in therapeutic settings is called pet facilitated or animal assisted therapy. Research shows its applications to be vast, limited only by imagination and resources. Pet facilitated therapy can be used alone or as a catalyst enabling other traditional therapies to work more effectively. PFT programs can be found in diverse settings including prisons, mental health units, nursing homes, residential treatment centers, hospitals, and schools for the disabled.

- Numerous theories exist about why pet facilitated therapy works and confirming studies are underway. Animals can open doors and touch people's lives in ways humans can't. They are not substitutes for human relations, but can serve to benefit the emotional and physical health of a wide range of people.
- Studies show pets can reduce stress, lower blood pressure, and decrease the risk of heart disease.
- Focusing on a pet can relieve pain, feelings of isolation or depression, and alleviate the doldrums of institutional living.
- Pets give us a sense of purpose, providing us the ability to nurture. To love and be loved is the most basic of human needs.

- Animals make us smile and laugh. They also encourage us to move, whether it is reaching out to touch and snuggle or run and play.
- Companion animals are unconditional and non-judgmental. Regardless of our physical condition, they offer uncomplicated affection in the form of a lick, nudge, purr or tail wag to help improve our self esteem. Animals provide the much needed touching so often missing in institutional settings.
- Animals modify the environment. A health care provider with an animal is perceived to be safe and less forbidding thus breaking down barriers of communication.
- PFT is not only beneficial for patients, residents and clients, but adds a pleasant respite from stressful daily routines for health care professionals, allowing for a friendlier environment.

These are just a few of the less complicated theories supporting pet facilitated therapy. Research into the emotional, physical and social benefits of animals has just scratched the surface. In the words of Dr. Jan Loney, American Academy of Child Psychiatry -- "The staff that includes an animal therapist has at least one colleague who is without vanity and ambition, who has no "pet" theories, who is utterly unconcerned with role or status, who does not fear emotion, and who does not feel that he is being underpaid. In truth, an inspiration and model for us all."

<http://www.sicsa.org>

1. Excluding the above excerpt, have you ever heard of the concept of pet/animal assisted therapy? (If you have, please provide details of how – i.e. source – and the approximate date, e.g. 3 years ago).
2. In your experience, have you ever incorporated the direct (physical) use of animals in therapy? Please elaborate.
3. Do you use the concept of animals / animal content during therapy? Please explain.
4. Do you think pet/animal assisted therapy can be of benefit to your clients? Why?
5. Are there any compromising factors unique to the South African context that you could think of that might inhibit the potential success of this form of therapy?
6. Would you consider exploring this mode of therapy as an adjunct to your current therapy practices?

7. In terms of your research interests, does pet/animal assisted therapy interest you or do you think it is irrelevant to your research area?
8. In your opinion, does animal/pet assisted therapy have a future in South Africa? Please elaborate.
9. Are you able to recall any researchers / reports in which animals were used in a psychotherapeutic function?
10. Would you like to receive a summary of the findings of this study?

Please feel free to add further comments.

Research area:

Age:

Number of years in practice:

Tertiary institution you're currently based at:

Highest academic qualification:

Date obtained:

Sex:

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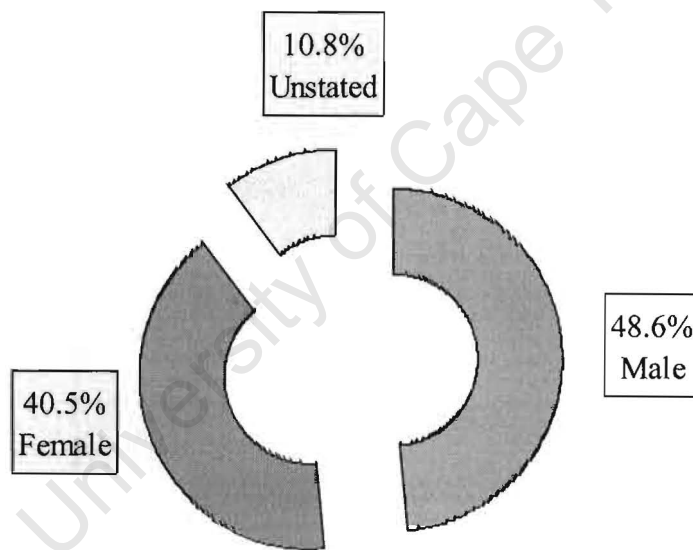
**Appendix B****South African Tertiary Institutions of Participants in Survey**

1. University of Stellenbosch
2. University of Pretoria
3. University of Witwatersrand
4. University of Natal (Pietermaritzburg)
5. University of South Africa
6. University of the Free State
7. University of Natal (Durban)
8. University of the Western Cape
9. University of Durban-Westville
10. Rand Afrikaans University
11. Rhodes University
12. University of Port Elizabeth
13. University of Cape Town

University of Cape Town

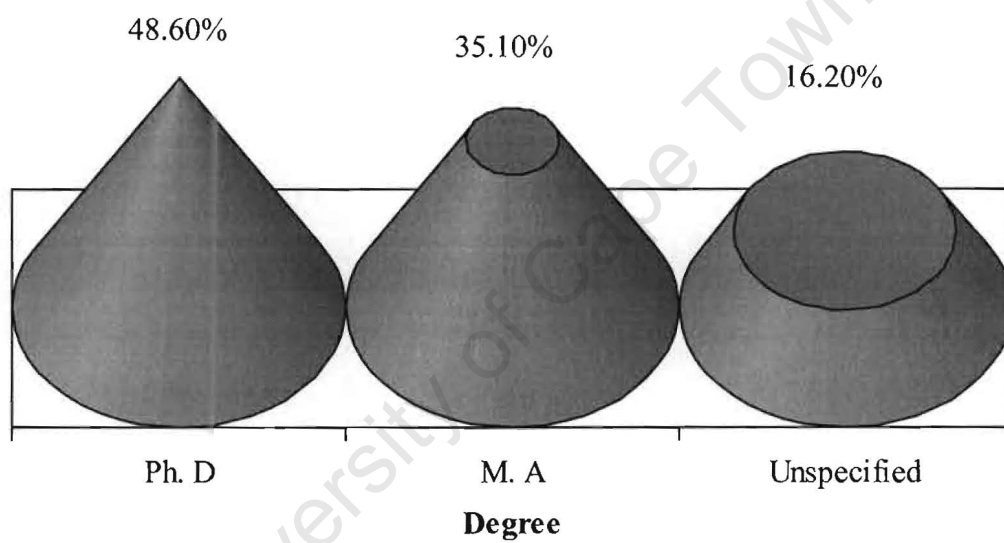
**Appendix C**

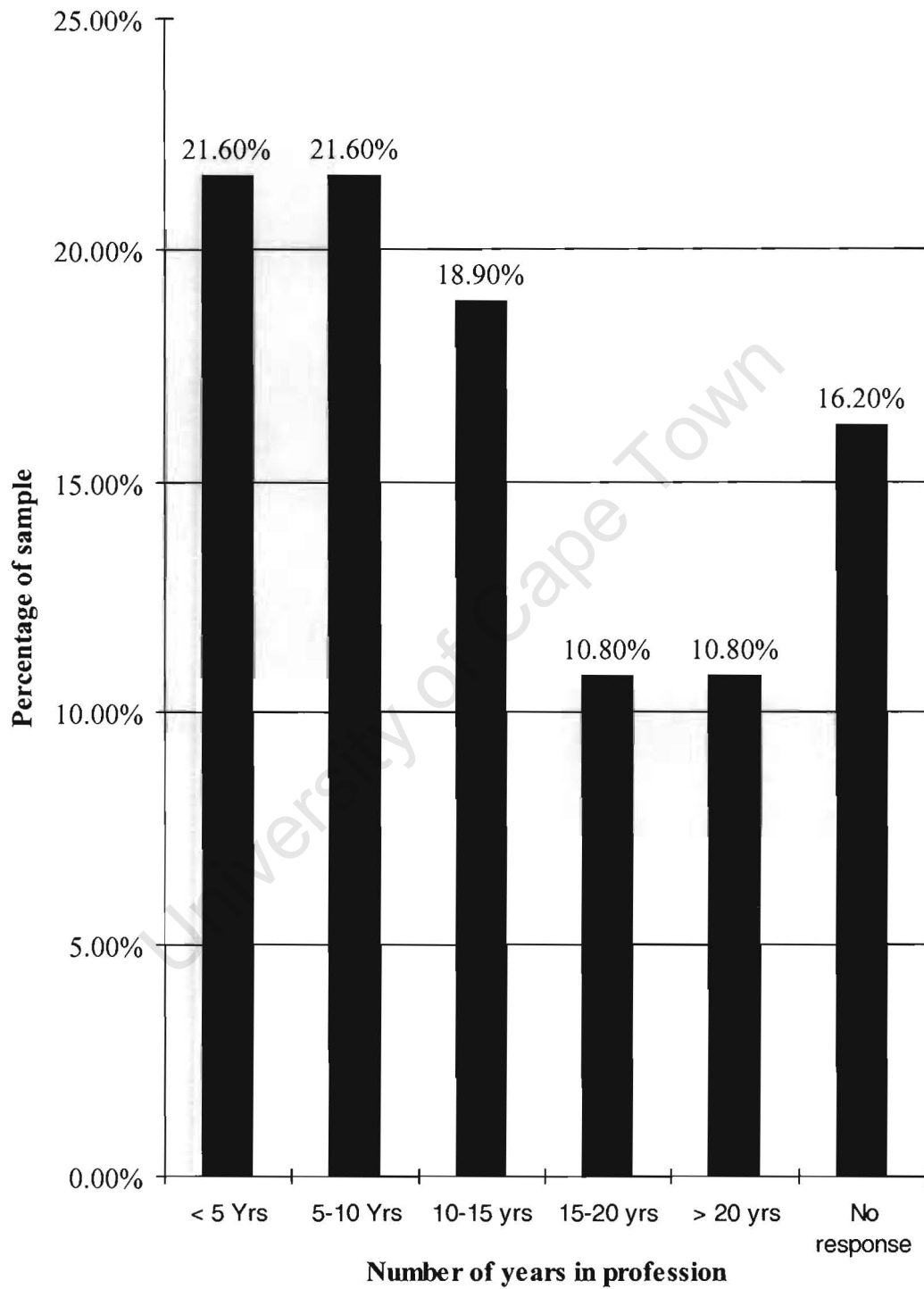
Figure 1: Percentage of male and female participants in study



**Appendix D**

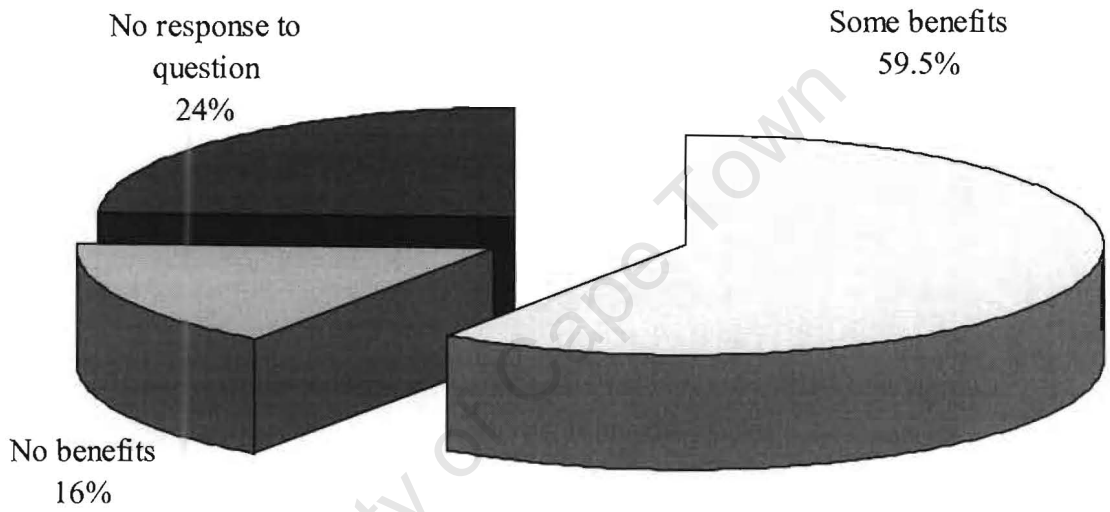
Figure 2: Level of qualification of participants



**Appendix E****Figure 3: Length of time in profession**

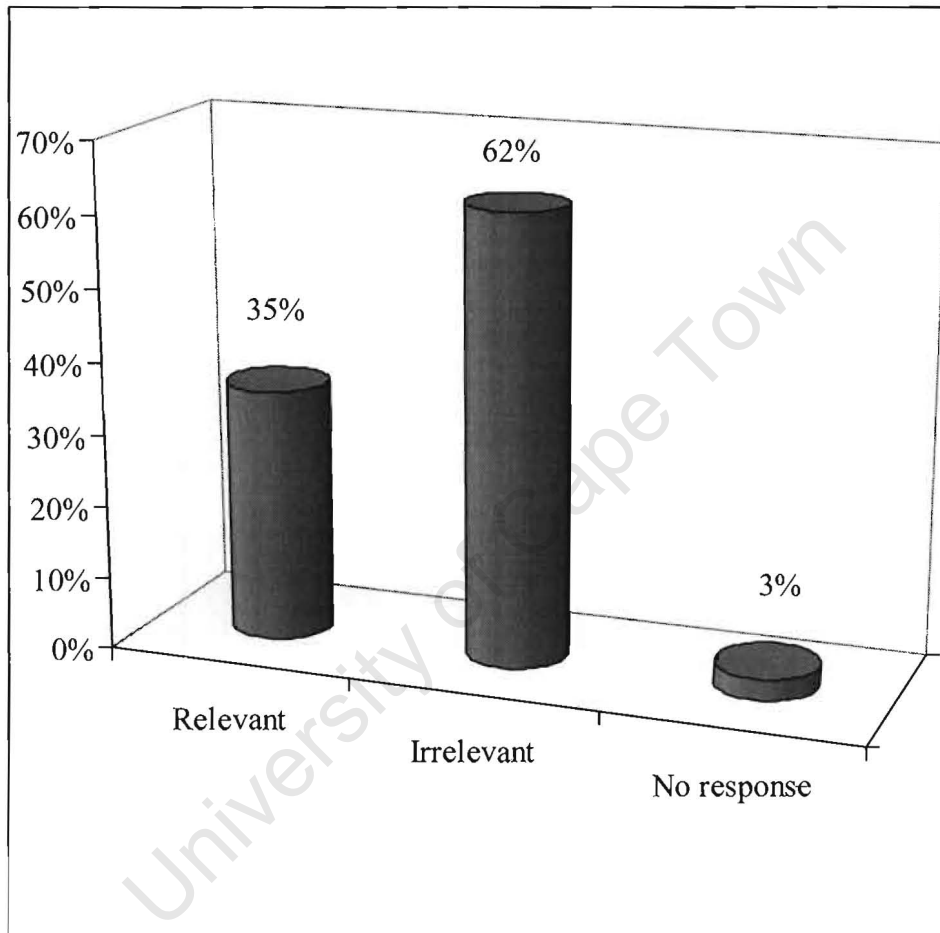
**Appendix F**

Figure 4: Proportion of respondents believing pet-facilitated therapy offered their clientele any benefits



**Appendix G**

Figure 5: Percentage of sample rating relevance of pet-facilitated therapy to their research areas



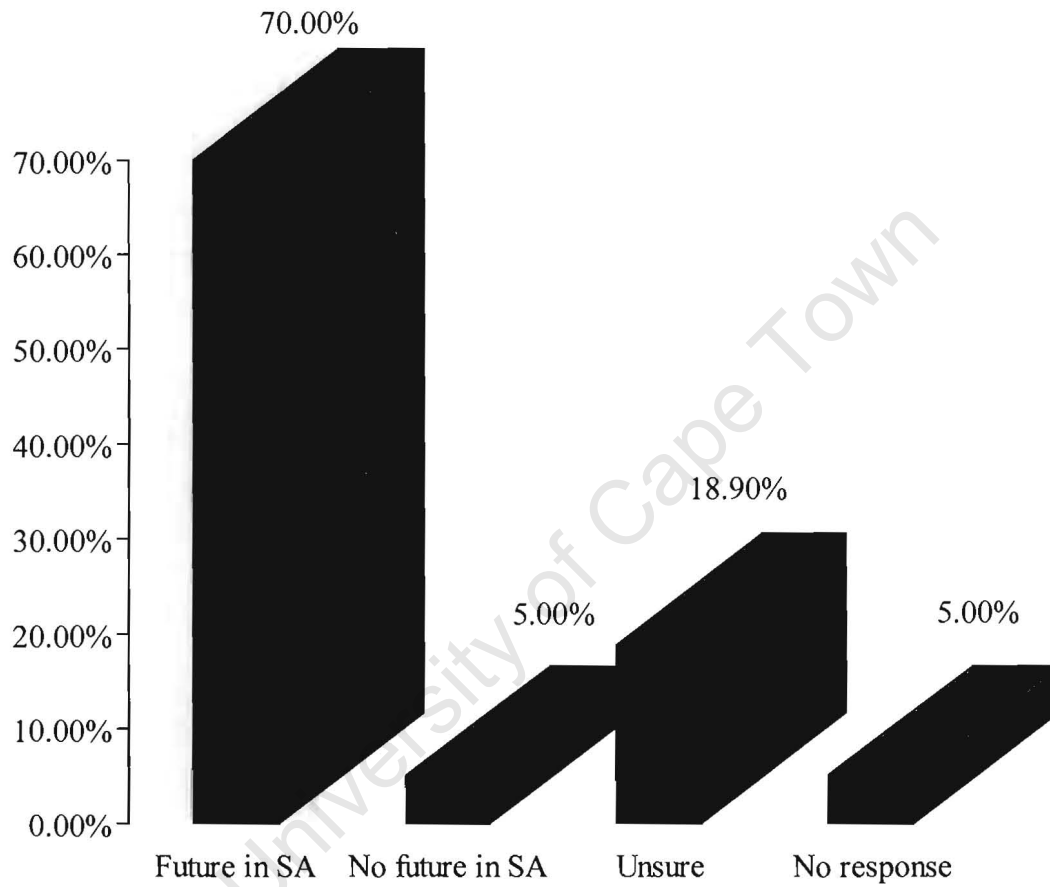
## Appendix H

### Reported Research Areas of Respondents

- ✓ Peer counselling / supervision, educational change and development, community-based learning
- ✓ Hypnotherapy, psychotherapy
- ✓ Multi-cultural therapies, interpersonal relationships, art therapy, transpersonal psychology, shamanistic healing
- ✓ Stress and trauma
- ✓ Cognitive therapy
- ✓ Ecosystemic psychotherapy and hypnotherapy
- ✓ Clinical health psychology
- ✓ Life satisfaction during late adulthood
- ✓ Music psychology, adult development, personality theory, teaching psychology
- ✓ Positive psychology and adolescence
- ✓ Positive psychology
- ✓ Child and adolescent psychology
- ✓ Developmental neuropsychology
- ✓ Cognitive psychology, statistics and research methods
- ✓ Family psychology, solution-focus brief therapy
- ✓ Culture and moral and ethical decision making, culture and psychotherapy
- ✓ Community psychology, career psychology
- ✓ Childhood fears and coping mechanisms
- ✓ Community psychology
- ✓ Psychotherapy, biophilia
- ✓ Research and professional ethics
- ✓ Psychological well-being
- ✓ Depth psychotherapy, dreams, myth psychology and gender
- ✓ Child and family mental health
- ✓ Cross-cultural / cultural psychology
- ✓ Forensic psychology, neuropsychology, psychotherapy
- ✓ Child therapy, discourses around construction of ability/disability and referral
- ✓ Experimental, web-based learning and intervention design
- ✓ Intimate relationships, human sexuality
- ✓ Neuropsychology

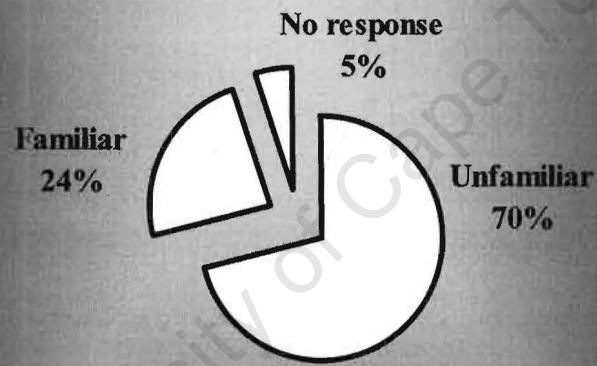
**Appendix I**

Figure 6: Participants stating whether pet-facilitated therapy had a future in South Africa or not



Appendix J

Figure 7: Familiarity of sample with concept of pet-facilitated therapy



## Appendix K

### Paw Pals Questionnaire

First name:

Occupation:

1. What are the aims of Paw Pals?
2. Are the practices of Paw Pals based on any formal theory? Alternatively, what is it based on?
3. How long have you worked with the Burns Unit?
4. Have you observed any particular changes in the kids since the introduction and exposure to pet therapy?
5. In your opinion, could the programme have any adverse effects? Have you observed anything thus far?
6. Are there possible negative effects that are theoretically possible? E.g....?
7. How would you describe the children's response to pet therapy?
8. What activities in particular are undertaken during therapy sessions?
9. Do you feel that the length of therapy sessions is sufficient?
10. Based on your experience thus far, what are the merits and drawbacks of pet therapy?
11. How do other members of the health care teams involved in the treatment of the kids, respond to the therapy and your work here?

12. Are there any measures to ensure the comfort/welfare of the dogs?
13. Are there any areas in particular you would like to see addressed in this study?
  
14. Where do you think pet therapy currently stands in the South African health scene?
  
15. What do you foresee for pet therapy in the future?

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## Appendix L

### Paw Pals

Paw Pals was established in April 2001 by a group of dedicated volunteers with the primary aim of sharing the love and companionship of their dogs. Animal Assisted Therapy provides opportunities for motivational, educational, recreational and/or therapeutic benefits to enhance the quality of life of people less fortunate than ourselves. Much benefit has been proved scientifically to the recipients of this type of therapy.

The aim of the members of Paw Pals is to share the joy, companionship and unconditional love of our animals with as many sick, disabled, frail, disheartened and lonely people as possible. Paw Pals believe in the power of their dogs to bring a smile to a sad face and lift the spirits of all they meet.

Visits are made to hospitals, rehabilitation centres, old age facilities, children's facilities and homes for the mentally and physically disabled. Using a controlled approach, thus promoting positive interaction in a warm and non-threatening manner. Every effort is made to ensure that the dogs are of the highest calibre and that their handlers are dedicated and professional at all times.

#### **Basic Criteria**

##### **Dogs**

- Dogs must have a stable, friendly temperament, free of any signs of aggression towards people and other dogs.
- Not breed specific – Temperament is the key issue.
- Dogs to be at least 1 year of age, 18 months to be permanently certified.
- Dogs must attend weekly obedience classes at an established training/obedience school.
- Dogs must be socialised and train with other dogs from the therapy unit fortnightly for 1 hour to ensure their ability to work effectively as a team.
- Pass the Canine Good Citizen exam.
- Dogs must have a good and trusting relationship with their handlers.

##### **Handlers/Volunteers**

- Volunteers must be committed!
- Participate, with their dogs, in fortnightly training sessions (1 hour) with other members of the unit.
- Ensure their dogs attend weekly obedience classes at an established training/obedience school.
- All costs relating to the dog to be borne by the dogs' handler/owner. Inclusive of petrol, uniforms for both handlers and their dogs, up to date vaccinations, anti tick/flea and de-worming treatments.
- Attend scheduled visits unless the dog is incapacitated.

At Paw Pals we are always looking for new dogs and volunteers to help with the growing demand for our services.

If you believe in Paw Pals' vision and feel that you and your dog/s would like to join the team please contact Shirley O'Meara on 072 314 4166, or email [shirley@iscore.co.za](mailto:shirley@iscore.co.za) for information on the next recruitment seminar. If you do not own a dog, but would still like to volunteer or can assist Paw Pals in terms of sponsorships, equipment etc please contact us as above.

Recruitment seminars will be held quarterly over a weekend and will afford you an opportunity to find out more about Paw Pals and Animal Assisted Therapy. The seminar will provide a more detailed look at the working parameters for dogs and handlers on the first day and assessment of dogs on the second day should you wish to join.

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PLAGIARISM DECLARATION

1. I know that plagiarism is wrong. Plagiarism is to use another's work and to pretend that it is one's own.
2. I have used the *American Psychological Association (APA)* convention for citation and referencing. Each significant contribution to, and quotation in, this essay from the work, or works, of other people has been attributed, and has cited and referenced.
3. This dissertation is my own work.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

Signed by candidate

Pevashnee Naidoo (Ms)

NDXPEV001

03 September 2003

