

[Barry University](#)  
[Institutional Repository](#)

[Theses and Dissertations](#)

2006

A Phenomenological Study Exploring the Human – Animal Bond  
in Outpatient Counseling

Corrie L. Hungerford

A PHENOMENOLOGICAL STUDY EXPLORING THE  
HUMAN – ANIMAL BOND IN OUTPATIENT COUNSELING

DISSERTATION

Presented in Partial Fulfillment of the Requirements for

the Degree of Doctor of Philosophy in

Counseling in

the Adrian Dominican School of Education of

Barry University

By

Corrie L. Hungerford, LMHC, LMFT, NCC

\* \* \* \* \*

Barry University

2006

Area of Specialization: Marital, Couple, and Family Counseling/Therapy

A PHENOMENOLOGICAL STUDY EXPLORING THE  
HUMAN – ANIMAL BOND IN OUTPATIENT COUNSELING

DISSERTATION

by

Corrie L. Hungerford, LMHC, LMFT, NCC

2006

APPROVED BY:

---

Catharina M. Eeltink, Ph.D.  
Chairperson, Dissertation Committee

---

Steve E. Livingston, Ph.D.  
Member, Dissertation Committee

---

A. Eugene Tootle, Ed.D.  
Member, Dissertation Committee

---

Sister Evelyn Piché, O.P., Ph.D.  
Dean, Adrian Dominican School of Education

Copyright by Corrie L. Hungerford, LMHC, LMFT, NCC 2006  
All Rights Reserved

## ABSTRACT

### A PHENOMENOLOGICAL STUDY EXPLORING THE HUMAN – ANIMAL BOND IN OUTPATIENT COUNSELING

Corrie L. Hungerford, LMHC, LMFT, NCC

Barry University, 2006

Dissertation Chairperson: Catharina M. Eeltink, Ph.D.

#### Purpose

Researchers and mental health professionals alike are interested in developing innovative and imaginative ways in which to enhance the ability of the therapist to join with and build rapport with clients in order to more quickly facilitate the therapeutic process especially in the era of managed care (Stanton, 2002). The purpose of this study was to investigate the nature of the Human – Animal Bond and its purported benefits by interviewing participants who have experienced the presence of a therapeutic animal during the course of their counseling sessions.

#### Method

Research study participants were recruited from a Central Florida outpatient counseling clinic where a therapy dog was already being utilized in mental health treatment. Ten participants responded to the flyers posted throughout the clinic. All ten participants completed the study. This researcher conducted a qualitative study, specifically a phenomenological investigation, and completed semi-structured interviews containing twenty-one questions to understand the nature of the Human – Animal Bond.

## Major Findings

Three major themes were found in the data. They are: Relationship to the Therapy Dog, Purpose of the Therapy Dog, and The Clinician and the Therapy Dog. Eleven sub themes within each of the major categories also emerged and were examined and discussed. Overall, nine of the ten participants found the presence of T, the therapy dog, a significant positive factor in receiving mental health treatment with their licensed clinician. None of the participants found T's presence and participation to be problematic to the point of discontinuing therapy or requesting a transfer to another clinician within the agency. However, feedback was provided to improve the implementation of T into the therapeutic process.

Significant findings were generated involving the purpose of the therapy dog and how she enhanced treatment. T's ability to offer a useful distraction and relax the clients was the most common benefit found in the data. Her unconditional love and talent in bringing warmth and peace to the therapy room was also of paramount importance across the participants. Although not all participants found her presence necessary for successful treatment, they all welcomed her presence and found benefit in this promising, cost effective, and relatively new adjunctive tool for treating clients who seek mental health services.

## ACKNOWLEDGEMENTS

I would like to specifically acknowledge three professors, Dr. Kitty Eeltink, Dr. Eugene Tootle, and Dr. Steve Livingston with Barry University who supported the idea of pursuing this dissertation in an area that is considered uncharted territory and cutting edge in the field of mental health. It took a leap of faith for them to not only entertain the idea but allow my research to be conducted for this dissertation. Their support is greatly appreciated.

I am indebted to Dr. Mara M. Baun whose groundbreaking research in the area of animal assisted therapy helped to inspire my pursuit of studying the idea of utilizing therapeutic animals with individuals participating in mental health treatment. She readily responded with requests for information and her work has provided much assistance in developing knowledge in the ever growing field of animal assisted therapy in its many forms.

I so valued the training I received from Dr. Kali Miller whose efforts in promoting “Animal Assisted Therapy (AAT): The Healing Power of the Four-Footed Co-Therapist” offered new insights for me regarding the benefit of animals in therapeutic settings. I am grateful for the time she spent talking with me on the telephone and her passion for educating professionals about the therapeutic benefits of animals in the counseling process.

Jean Meyers must be acknowledged as she is the wonderful individual who put me in contact with Elizabeth “Beth” Hill, LCSW, at the Christian Counseling Association. Ms. Meyers is the person who trained Athena “T” the therapy dog

originally to work in a hospital setting. Later, after being moved by God, she gave T to Ms. Hill who now utilizes T as a therapeutic animal in her counseling clinic. I am so grateful that Ms. Hill allowed me to conduct my research at her facility and for the honor of meeting T and witnessing the joy she brings to so many lives. She gave freely of her time and trusted me to interview her clients. Furthermore, I must say a tremendous “Thank You” to Karyn Foster, Ms. Hill’s associate, who gave of her time to assist me in scheduling all of the participant interviews and follow-up appointments. Her coordination efforts contributed greatly to the success of this project.

I am appreciative of all of the research participants who gave so willingly of their time and shared their thoughts and feelings about the experiences of having T present for their counseling sessions. They opened up their hearts and shared often painful material and honored me with their trust in my pursuit of understanding the Human – Animal Bond.

I saved a great deal of time due to the excellent work of Alyson Lamoso with BCD Transcription who transcribed all of my interview tapes, so Alyson, thank you!

Thanks to Erin Howell, LMFT who assisted me in verifying the data for this research study. Her feedback helped to improve the quality of this project and I sincerely appreciate her as a schoolmate, a co-worker, and as a friend.

A special thank you goes to Teresa Chmelir, LMHC, who encouraged me to enroll in the Ph.D. program to begin with and was by my side for the entire process. Her encouragement, support, and friendship have been invaluable. Tori Kelley, LMHC, and Gloria Rivera, LMHC, LMFT are true friends and classmates who journeyed along with



me in this endeavor and provided tremendous support and friendship.

Finally, I wish to thank my family. My parents, Walter Hatfield and Valerie Hatfield who always encouraged me, supported me, and taught me that I could achieve anything I desired. Their support of my educational pursuits was an important part of any success I achieved. My sister, Jennifer Hatfield, who has become in adulthood not only a sister but a best friend, must be acknowledged as well for her support and friendship.

And lastly, to my husband, Douglas Hungerford, who deserves great recognition for encouraging me to pursue this degree and for never questioning my ability to achieve success. His unconditional and unwavering love, his faith and support of me has enriched my life immensely and allowed me to achieve heights that I had only previously imagined. He is my soul mate and I continue to believe that “Together is the Nicest Place to Be.”

## DEDICATION

I dedicate this dissertation and its research findings to all of the animals in this world who without question provide such unconditional love and adoration to humans. Their innocence and gentleness have so enriched my life and the lives of others. I am especially grateful my own two Keeshond dogs (and canine children), Kyra and Aiko Hungerford, who have opened up a world I had yet to encounter prior to their arrival in my life and whose love and support overwhelms and blesses me.

# TABLE OF CONTENTS

	Page
ABSTRACT.....	iv
ACKNOWLEDGMENTS .....	vi
DEDICATION .....	ix
LIST OF TABLES .....	xii
Chapters	
I. THE PROBLEM.....	1
Introduction.....	1-3
Background.....	3-6
Theoretical Framework.....	6-9
Statement of the Problem.....	9
Purpose, Rationale, and Design of the Study.....	10
Research Questions.....	10
Definitions.....	10-11
Organization of the Study .....	11
II. REVIEW OF THE RELATED LITERATURE.....	12
Introduction.....	12
Traditional Models of Facilitating Therapy.....	12
Adlerian Therapy .....	12-15
Behavioral Therapy.....	15-16
Person-Centered Therapy.....	16-18
Unique Models of Facilitating the Therapeutic Process .....	18
Attachment Theory .....	19-20
Distraction Theory .....	20-21
Animals in Use in Animal Assisted Therapy.....	21-24
Summary.....	24
III. METHODOLOGY .....	25
Introduction.....	25
Rational for Research Design Approach.....	25-26
Participants, Selection of Participants, and Setting .....	26-27
Procedures.....	27-31
Organization and Analysis of Data.....	31
Verification and Reliability.....	32
Summary.....	32

	Page
IV. RESULTS .....	33
Introduction.....	33
Description of the Research Study Participants.....	34
Detailed Description of Study Participants.....	35-40
Data Analysis in Phenomenological Research .....	40-42
Summarization of Major Themes .....	42-68
Summary .....	69
V. SUMMARY AND CONCLUSIONS .....	70
Introduction.....	70
Restatement of Background and Rationale.....	70-72
Restatement of Methodology.....	72-73
Meaning of Research Findings .....	73-74
Findings in Relation to Theory .....	75-77
Findings in Relation to Related Research.....	77-79
Limitations of Data .....	79
Feedback From Participants.....	80-82
Recommendations for Clinician .....	82-84
Suggestions for Future Study.....	84-85
Conclusion .....	85-86
REFERENCES .....	86-93
APPENDIX A.....	94-95
APPENDIX B .....	96
APPENDIX C .....	97-98
APPENDIX D.....	99-100
APPENDIX E .....	101

## LIST OF TABLES

Table 1	Research Study Participant Demographic Information .....	35
Table 2	Major Themes and Sub Themes .....	42
Table 3	Initial Meeting.....	43-44
Table 4	Initial Reactions .....	45-46
Table 5	Reactions Over Time .....	47-48
Table 6	Observations About Therapy Dog .....	49-51
Table 7	Thoughts if Therapy Dog Were Absent.....	51-53
Table 8	General Affect/Enhancement of Therapy .....	53-55
Table 9	Specific Contributions to Therapy .....	56-58
Table 10	Emergent Themes as Found in the Literature (Distraction, Relaxation, and Conduit) .....	58-62
Table 11	Perceptions of Clinician/Therapy Dog .....	62-63
Table 12	Impact on Treatment.....	64-66
Table 13	Feedback for Clinician.....	66-68

## CHAPTER 1

### THE PROBLEM

#### Introduction

Researchers and mental health care professionals alike are interested in developing innovative and imaginative ways to enhance the ability of the therapist to join with and build rapport with clients in order to more quickly facilitate the therapeutic process especially in the era of managed care (Stanton, 2002). Since the early 1980's medical professionals, especially in the mental health counseling and medical fields, have begun through scientific experimentation to look at the potential benefits of recognizing the human-animal bond and the positive mental and physiological impact animals have on their human counterparts (Netting, Wilson, & New, 1987). Research in this area of Animal Assisted Therapy (AAT) has begun to demonstrate and validate the authentic benefits to people who interact in a structured manner with animals; in particular, interactions with dogs have shown tremendous promise (Brodie & Biley, 1998).

Since the beginning of time, human beings have developed intense, emotional, and long-standing relationships with canines, which have consequently evolved to become known as man's best friend, a constant, compassionate companion. Legend among the Kato Indians of California tells the story of how their god, Nagaicho, created the world. Men, women, and animals were created by Nagaicho, with the exception of any reference to the creation of the dog. Rather, it is told that when Nagaicho first started on his walk of the world he had just created, "he took a dog with him: God already had a dog" (Coren, 1984, p.18).

In much of western society today, especially in the United States, pets have come to be viewed as members of the family and treated with a great deal of respect and dignity. Hickrod and Schmitt (1982) investigated the concept of pets being considered a member of the family. Turner (2001) and Katcher (1981) cited research that found 80% of those surveyed considered pets as part of the family.

Research has also demonstrated that elderly people have improved quality of life when they are allowed to have their dogs placed with them or have visiting dogs interact with them in nursing homes, hospice centers, and Veterans Hospitals (Saylor, 1998). In times of need, people often reach out to their loyal and trusted animal companions instead of their human family members. Children routinely reach out to their pets, pets that are never too busy to listen to or play with them like many of the adults in their lives. A 1985 survey of children in Michigan found that 75% of children turned to their pets when upset, as opposed to confiding in their peers or parents. Children ranked their pets as high in their ability to listen, be appreciative, be good companions, and demonstrate reassurance (Becker & Morton, 2002). Mordecai Siegal, a contemporary writer, may have said it best when he noted “Acquiring a dog may be the only opportunity a human ever has to choose a relative” (Dratfield & Coughlin, 1995, p. 49).

Historical recognition of the potential health-inducing benefits of animal-assisted therapy dates back to the work of Levinson in the 1960’s. Levinson (1969) reported that dogs can serve as communication links between the child and the professional, that dogs can provide children with a sense of security, and that they can quicken the therapeutic process. Other researchers, such as Barker, Barker, Dawson, and Knisely (1997), have noted the ability of companion animals to serve as a clinical bridge in therapeutic

experience by reducing the threat of the therapy setting with their presence serving as a positive distraction while patients discuss painful material.

Trauma can damage the ability of the victim to trust others in relationships. It is difficult to form and maintain relationships when trust has been violated and the sanctity and safety of the victim's world has been shattered. Animals are emotionally safe and offer an emotional relationship that cannot be harmed or compromised. They can potentially offer a sense of a hope to an anxious and traumatized person (Becker & Morton, 2002).

This researcher explored the nature of the human-animal bond and its purported benefits by interviewing participants who had experienced the presence of a therapeutic animal during the course of their counseling sessions. The subjective experiences of the participants were examined using the qualitative phenomenological research method to determine how they experienced the presence of a therapy dog in their counseling sessions.

### Background

Medical science and related technologies to improve the health and quality of people's lives has become astronomically expensive in the United States of America. In 2000, Americans spent on average \$4,637 per person, or \$1.3 trillion, on health care costs (Stanton, 2002). Research professionals and those in the health care industry alike are looking for creative and economical ways to meet the growing health care needs of their patients. Additionally, they are looking for opportunities to assist their clients in becoming more compliant with treatment practices.



With enormous health care costs continuing to increase in the United States, the time has come for mental health care professionals to consider the alternative treatment of animal assisted therapy. Research has shown that patients view dogs and other companion animals as members of the family and once professionals acknowledge the potential role of a therapeutic animal as an untapped resource for improving the psychological and physical health of their patients, inroads can be achieved to reduce the cost of mental health care (Turner, 2001). Eastern medicine has taught Western society about the positive impact of non-traditional methods of recovery and coping skills, such as acupuncture, tai chi and meditation. Animal Assisted Therapy (AAT) is one possible source of a non-traditional method that researchers and health care professionals could utilize to aid in the psychological healing and physical recovery of their patients (Becker & Morton, 2002).

Certified Animal Assisted Therapy Dogs potentially provide a relatively inexpensive option to the psychological professions in this country for reducing health care costs, improving psychological health, and in improving treatment compliance. Therapy dogs are typically provided to a facility by their volunteer owners who donate their time and the use of their service animals at no cost to the agency (Barker & Dawson, 1998). With a reported 53 million dogs living in the United States alone in 1996, and because most animal assisted therapy dogs are rescued from humane societies (Miller, 2004), professionally trained canine companions are a readily available, unique, and inexpensive adjunctive treatment option to assist in the health and well being of any person experiencing some type of psychological distress.

It is believed that the presence of companion animals in stressful, fear and anxiety producing settings can provide emotional safety (Barker, Pandurangi, & Best, 2003). The presence of a therapeutic animal who could be touched could be viewed by some individuals as pleasant and non-threatening. Too often, persons who have experienced abuse as adults or as children have not received appropriate touching, and treating professionals are frequently restricted because of legal and ethical considerations against providing nurturance and affection. Animals have no such restrictions and offer much needed physical contact without judgment (Becker & Morton, 2002). Petting a dog or even being in the presence of a companion animal (Riddick, 1985) is a potentially effective way to reduce stress and increase relaxation in persons open to the experience.

Dr. Vittone, president of the National Center for the Treatment of Phobia, Anxiety, and Depression, has found that pets offer a “safe person” and allow clients to begin the healing process (Becker & Morton, 2002, p. 147). Dr. Sue Shapiro, a New York Psychologist, has found in the course of her work with people experiencing anxiety disorders that clients will project their discomfort onto a pet and this leads to increased comfort. She refers to this as “projective identification” (Becker & Morton, 2002, p. 147) and reports that this process allows the client to heal and take control over their anxiety. Pets appear to have an innate ability to sooth and calm their human companions. They can potentially facilitate decreased resistance to treatment and traumatized persons are especially likely to project their feelings onto a pet and develop quick intimacy that can potentially provide professionals with a great deal of untapped and valuable information.

Failure of the therapy profession to acknowledge the importance of the human-animal bond may result in missed opportunities for improving the health and well-being

of the patient (Turner, 2001). The unique relationship between humans and dogs was observed by Jerome K. Jerome, an English Humorist, who stated, “They never talk about themselves but listen to you while you talk about yourself, and keep up an appearance of being interested in the conversation” (Dratfield & Coughlin, 1995, p. 45). The emotional and psychological benefits that dogs appear to generate and the positive impact dogs may have upon humans needs to be scientifically studied to determine if these effects are real.

### Theoretical Framework

This researcher examined the impact of the presence of a therapeutic animal during the course of mental health counseling sessions on participants who were willing to experience the nature of the human-animal bond. The participant had the option to touch, pet, and/or interact with the dog in any way in which they chose to.

Mental health clinicians encounter a variety of people in practice who have experienced trauma as children or adults. Particularly challenging to clinicians is the treatment of sexual abuse victims. When a trusted adult has sexually traumatized an individual their capacity to develop healthy intimate relationships is potentially diminished after having experienced the ultimate betrayal of parental or familial love and protection. A study conducted by Barker, Barker, Dawson, and Knisely (1997) suggested that pets may indeed have a strong supportive role in comforting the sexually abused individual. In 1997, Barker examined the various relationships in the homes of sexually abused children and found the family pet to have a significant role in the abused child's life. Results using the Family Life Space Diagram (FLSD) revealed that several of the children viewed their pet as the only supportive relationship they had. The FLSD has been used in human-animal bond research (Barker, Barker, Dawson, & Knisely, 1997)

and this research serves to validate the perspective of individuals in viewing their pet as an integral part of the family, and more importantly as a social support in times of trauma, anxiety, and stress.

Further support is found in longitudinal research conducted by Nebbe (1997) that found children who were physically and/or sexually abused were more likely to become adults who perpetuate abuse on their own children and/or pets. The exception to this finding were children who suffered abuse in childhood, but developed a strong bond to their pet. These children as adults reported not engaging in abusive relationships, thus breaking the familial cycle of violence.

Arambasic and Kerestes (1998) (citing Wilson's model of traumatic stress, which emphasizes the role of social support in helping trauma victims reduce the intensity of their posttraumatic stress), researched pets as a social support for children affected by the war in Slavonia, in the Croatian region of Europe. Their study found that children with a dog or a cat were better able to appropriately express emotions, seek social support, and problem solve than children affected by the war who did not have a pet for social support. The research findings were more statistically significant for girls than for boys, with girls demonstrating more benefit from having a pet in times of stress and anxiety.

Lachman coined the term "illness narrative" (p. 97) to describe the way people suffering from traumas deal with their pain. He notes that even the most caring family members can only hear about the trauma and pain so much, but that pets do not mind hearing about the trauma over and over and continue to offer support in the moment. The animal is not afraid to be with the person in what may be their darkest hour. Lachman

believes that pets play a unique and supportive role in helping the person heal from the posttraumatic stress they are encountering (Becker & Morton, 2002).

In other stressful, although less traumatic settings, research findings from Allen, Blascovich, Tomaka, and Kelsey (1991) demonstrated the reduction of autonomic reactivity in women who had the presence of a companion animal versus women who had the presence of a human friend. Havener, Gentes, Thaler, Megel, Baun, & Driscoll et al. (2000) reported that therapy dogs have proven helpful in the reduction of stress in children undergoing medical and dental procedures. The children who had experienced fear and anxiety prior to visiting the dentist had measurably reduced behavioral distress when a therapy dog was present. The presence of an animal also assisted in the increased cooperation of children with health care professionals. Wells (1998) examined the use of a dog's presence during painful medical procedures in chronically ill children and found that both physiological and psychological levels of distress were reduced. Research findings by Nagengast, Baun, Leibowitz, and Megel (1997) found that children's levels of distress during physical examinations were lowered when a companion animal was present in the room.

Barker and Dawson (1998) studied the effects of animal-assisted therapy on anxiety levels in hospitalized psychiatric patients and found that pet therapy was associated with a reduced rate of anxiety as measured by the State-Trait Anxiety Inventory assessment tool. Barker, Pandurangi, and Best (2003) also found that pet therapy may play a useful role in settings that are fear producing, such as hospitals, or with procedures that have a negative societal perception, such as children who have been sexually abused. Robins, Sanders, and Cahill (1991) found that dogs assist people who

have to encounter strangers, where some level of facilitation must occur, and help establish trust amongst newly acquainted people.

Finally, traditional theories of counseling models such as Adlerian, Behavioral, and Person-Centered therapies offer specific techniques to establish rapport and trust with clients in order to facilitate joining in the therapeutic relationship. In addition, Attachment and Distraction theories offer more modern approaches to engaging clients in the therapeutic process. Chapter II details the tenants of these models and relates their concepts of rapport building, establishing trust, and the inclusion of a therapeutic animal into counseling sessions. Finally, it details different types of creatures being utilized in Animal Assisted Therapy and the success rates of those animals who are not canines.

#### Statement of the Problem

The literature review suggests there is a need for methodically sound research to investigate the purported benefits of therapeutic animals in the improved mental health of people open to having companion animals participate in their therapy. The research has thus far focused primarily on the benefits of using animal-assisted therapy with the geriatric population in settings such as nursing homes, hospices, and Veterans Hospitals. There is extremely limited research demonstrating the effects of the supportive role of the professionally trained and certified animal assisted therapy dog with persons in outpatient therapy settings. Many authors have suggested the need for additional studies to validate previous findings and to continue to add to the growing body of knowledge in a field that is beginning to view the human-animal bond with increased respect and acknowledging the powerful impact therapy dogs can have on improving the mental health and overall welfare of human beings.

### Purpose, Rationale, and Design of the Study

The purpose of this study was to understand the phenomena of the human-animal bond as seen from the perspectives of individuals undergoing mental health counseling treatment. A qualitative approach was utilized for this research investigation because the nature of the idea being explored, the human-animal bond and its clinical impact on therapy, does not readily lend itself to concrete variables that can be researched using a more traditional quantitative approach. Specifically, the phenomenological method of interviewing was utilized to investigate and understand the aspects of the human-animal bond in a therapeutic setting in the hope that it would offer insights into ways in which clinicians can facilitate the therapeutic process of healing in a new and exciting way. Semi-structured open-ended interviews consisting of 21 questions were utilized and those interviews lasted ninety (90) minutes. All interviews were audio taped.

### Research Questions

The research questions proposed for this study were:

1. How do individuals perceive the experience having a therapeutic animal present during their mental health counseling sessions?
2. How do individuals perceive the relationship between themselves and the therapeutic animal present during their mental health counseling sessions?
3. What are the participants' individualized experiences of how and why a therapeutic animal enhances the counseling sessions?

### Definitions

Animal Assisted Therapy (AAT)- AAT is: 1) goal directed (physical, social, emotional, or cognitive development), and 2) delivered by professionals (physician's,

psychologist's, occupational therapists, physical therapists, certified therapeutic recreation specialist, recreational therapist r activity director, speech therapists, social workers and other counselors, nurses, teachers etc.) or supervised by a professional acting within the scope of their profession, and 3) documented with client/patient progress measured (Miller, 2004).

Human-Animal Bond – That physical, emotional, intellectual, and philosophical relationship that occurs between a person or family unit and an animal (Cusack & Smith, 1998).

### Organization of the Study

Chapter I presented an overview, background, theoretical framework, and purpose for the study. In Chapter II, related literature is reviewed to provide the reader with an expanded understanding of the subject area. The methodology, participants, procedures, and data analysis techniques are described in Chapter III. The results of the study are reported in Chapter IV, and Chapter V contains conclusions, implications, and recommendations for further study.



## CHAPTER II

### REVIEW OF THE RELATED LITERATURE

#### Introduction

A review of leading theoretical models of ways in which to build rapport, trust, and engage clients in the theoretical process is presented in Chapter II. This is done in order to help explain how some individuals, especially those who have experienced trauma in their lives, perceive their experiences of having a therapeutic dog present during the course of counseling sessions. The following three theoretical models focusing on the therapeutic process are examined in detail: Adlerian, Behavioral, and Person-Centered. Attachment and Distraction theories are discussed as they relate to the concept of how the presence of a therapeutic animal can aid in the process of joining and facilitating therapy with counseling clients. In conclusion, animals other than dogs being utilized in Animal Assisted Therapy is discussed.

#### Traditional Models of Facilitating Therapy

Since its inception, psychotherapy has offered a variety of traditional techniques to engage and build rapport and trust with clients with the purpose of assisting those individuals with creating change in their lives. Alfred Adler, Arnold Lazarus, and Carl Rogers are all persons who have had tremendous influence in the field of psychology. These three individuals have offered valuable insights and specific techniques to assist the clinician in joining with their clients and quickening the process of beginning therapy.

#### Adlerian Therapy

Alfred Adler (1870 – 1937) developed Adlerian therapy after breaking with the Freudian approach of psychoanalysis in 1912. Adler contended that humans are

motivated by social rather than sexual urges (Corey, 1991). Therapeutic focus is placed on interpersonal relationships instead of the inner psychodynamic workings of the person as seen in the work of Sigmund Freud.

Adlerians take a phenomenological approach to therapy in that they attempt to view the world of the client from the client's subjective frame of reference. They pay attention to the ways in which individuals perceive their world, their beliefs, and their conclusions. What is most important to the Adlerian is how the individual perceives their own reality as opposed to reality itself. Truth is subjective because human perception varies and reality is only "approximately knowable" (Scott, Kelly, & Tolbert, 1995). Adlerians and Constructivists have this idea in common.

Gemeinschaftsgefühl, or social interest, is a distinctive concept in Adlerian psychology. The tenets include the concept that there is a basic human need for belonging and acceptance in order to feel secure, accepted, and valued (Weber, 2003). If our need for belonging is left unfulfilled, anxiety often results. Encouragement is a key component of facilitating change in a person's life and the lack of it, or discouragement, often results in behavioral deterioration and poor self-esteem. Hence, Adlerians seek new and innovative ways to assist clients in perceiving themselves in a different and more positive light (Kefir, 1981).

The relationship between the therapist and the client is of paramount importance to Adlerians. The therapeutic relationship is based on the principals of mutual trust, respect, and cooperation. It is a collaborative relationship where each participant is an active agent of change and in which each person accepts responsibility for his or her actions. Adlerians contend that without the essential aspects of trust and rapport having

been established and maintained, therapy leading to lasting change is not probable (Corey, 1991).

The presence of a therapeutic animal is a possible tool to enhance Adlerian therapeutic concepts for rapport building and establishing trust. Dogs are animals that many persons in both Western and Eastern societies include in their social networks. As Hickrod and Schmitt (1982) demonstrated in their research, pets are viewed as being members of the family and thus society. Dogs exemplify a social relationship in which individuals feel accepted and understood without judgment.

Companion animals have shown to be effective in serving as a link to reduce the threat of the therapeutic setting (Barker, Barker, Dawson, & Knisely, 1997) as well. The presence of a therapeutic animal especially during the establishment phase of treatment could prove to be a vital link in retaining clients in therapy. Research has demonstrated that animals can have a positive impact on perceptions, and individuals have viewed their surroundings as less threatening and anxiety producing when a therapeutic animal is present (Barker & Dawson, 1998). Furthermore, studies have indicated that interacting with an animal either verbally by talking or physically by caressing a pet has both psychological and physiological benefit, reducing anxiety and blood pressure in stressful situations such as the decision to enter into therapy (Robinson, 1995).

The presence of a therapeutic animal can facilitate the Adlerian concepts of trust, respect, and cooperation. The therapy dog can be trusted to keep confidences and advertisers have long known the benefits of linking products to an animal as the connection inspires trust (Robinson, 1995 and Beck & Katcher, 2003). Mutual respect and cooperation is role modeled by the relationship that the clinician and the therapy dog

emulate together and may lead to an increased likelihood that the client will respect the therapist and the counseling process.

### Behavioral Therapy

Behavior Therapy began emerging as a new approach to addressing psychological problems in the late 1950's and early 1960's. Principal theorists include Arnold Lazarus, B.F. Skinner, and Joseph Wolpe. Behavioral therapy is concerned with the present as opposed to the past, is concerned with concrete and objective conditions to produce behavioral and replicable change, and focus is geared toward assessing and understanding what circumstances are maintaining the maladaptive behavior. Lastly, behavioral techniques are customized to meet the distinctive needs of each client (Corey, 1991).

Behaviorists aim to change behaviors through incorporating specified goals and an essential goal of treatment is to create new conditions for learning. Bandura (1986) stated that it is important for the therapist to serve as a role model for the client emulating appropriate behavior. Imitation is a primary way in which clients can learn new behaviors. Although a positive therapeutic relationship is not considered necessary for change to occur, it is noted that such a relationship will increase the likelihood that clients will be receptive to the counseling process.

One specific method of implementing behavioral change for this model is that of relaxation training as originally developed by Jacobson (1938). It is an easily learned method that facilitates emotional and physiological relaxation. The most common use for relaxation training is to reduce anxiety. Up until the 1990's, relaxation training was utilized predominately for use with systematic desensitization. However, in the last several decades, relaxation techniques have been applied to a variety of clinical

challenges in conjunction with other strategies. For example, Milton Erickson (1901 – 1980) has utilized hypnotherapy as a means of inducing relaxation.

Animal assisted therapy can be a method of inducing relaxation as well. Allen, Blascovich, Tomaka, & Kelsey (1991) found that the presence of an animal was more psychologically and physiologically relaxing than the presence of a friend or of being alone during the performance of a stressful task. Apparently, the presence of a non-evaluative being serves as a factor in buffering individuals from stress. Riddick (1985) founds that contact with animals decreased blood pressure, improved one's overall satisfaction with their leisure time, and had a relaxtional effect on the participants.

Behaviorists suggest the creation of a new environment to facilitate learning. Having a therapeutic animal present in a mental health clinic to act as a co-therapist meets this criteria as well as providing a source of role modeling for the client as he/she witnesses the behavioral interaction of the clinician and the therapy dog. When the clinician caresses the dog, the client may imitate such behavior invoking the physiological responses of reduced heart rate, improved breathing, and thus reduce levels of anxiety (Nagengast, Baun, Megel, & Leibowitz, 1997). Furthermore, the introduction of a therapy dog into a clinical setting offers the customization of therapy for that individual, allows the client to be focused on the present, and offers objectivity not often found in society.

### Person-Centered Therapy

Carl Rogers (1902 – 1987) developed Person-Centered Therapy as an extension of humanistic and existential models of therapy. It is a non-directive approach, which emphasizes the creation of a therapeutic atmosphere, which is non-judgmental. Because

the Client-Centered approach derives its foundation from humanistic psychology, it allows the client to be understood without evaluation or judgment. Rogers challenged the long held belief that the clinician is all knowing and suggested that perhaps the client knows best and that his/her experiences are of paramount importance. This model too demonstrates a phenomenological approach of respecting the person's subjective experiences as their reality and Rogers reflected back that reality in the aim of achieving self-directed insight (Corey, 1991).

Basic tenants of the therapeutic relationship include emphasis on respect and trust. Rogers maintained that there are three essential therapist attributes, which create an atmosphere of growth allowing achievement for each individual's full potential as a human being. Those attributes are congruence, unconditional positive regard, and empathic understanding. Person, or Client-Centered Therapy as Rogers called it after 1951, stated that the therapist's role is to be immediately present in the here-and-now and to be accessible to the client. Research on this approach has demonstrated that the therapist is more important than any technique utilized in the therapeutic exchange. Client-centered therapists demonstrate genuine compassion, acceptance, and understanding of the person, which leads to the client's ability to achieve their particular stated goal of personal growth.

Having a therapeutic dog present during counseling sessions certainly provides for a non-judgmental alliance. Although clients often assume that the role of the clinician is to reserve judgment, many recognize the human frailties that are inherent. Dogs however, have no such limitation and readily listen without opinion. Robin and tenBensel (1985) found that pets often serve as transitional objects in that they provide

unconditional love, are accepting, and are without criticism. Often the person feels important when receiving affection without reservation or conditions. Serpell's research (1999) also supported the notion of therapy dogs being seen as transitional objects that have advantages over more traditional objects such as blankets or stuffed animals because the dog is responsive, affectionate, and offers apparent sympathy.

Rogers's tenants of congruence, unconditional positive regard, and empathic understanding can also be found when involving a therapy dog in the counseling process. Aaron Katcher, a renowned psychiatrist, postulated four factors in the human-animal bond, which relate to the larger concepts of companionship, love, affection/pleasure, and protection. They are safety, intimacy, kinship, and constancy. All of these factors have been shown to be significant influences in achieving good mental health (Cusack & Smith, 1988). Dogs have the innate ability to provide alongside a competent clinician the presentation of being in agreement with the client, acceptance of the client, and the appearance of sympathetic understating.

#### Unique Models of Facilitating the Therapeutic Process

There are two distinctive although non-traditional theories, Attachment and Distraction, which serve as a foundation for unique ways in which to approach building rapport and facilitating trust between the therapist and the client. When seen from an imaginative angle, these two theories suggest that the presence of a companion animal may provide a tool for quickening the pace of joining in therapy and provide a cost-effect intervention to facilitate treatment in an era of managed care and brief therapy.

## Attachment Theory

Attachment Theory as described by Bowlby (1982) provides the basis for understanding the importance of the connections that people form with their pets. Bowlby states that the purpose of attachment is to maintain a bond that provides the person with a sense of safety and security. Although his theory is based upon the mother-child bond, Margolies (1999) contends that any type of relationship can become an attachment relationship if the role it plays provides a feeling of safety and security. An attachment to a pet such as a dog may fulfill needs that the person is unable to obtain in their relationships with people (Sharkin & Knox, 2003). Often clients entering into the therapeutic process have become estranged from persons they love and an attachment with a therapy dog may offer a sense of hope and possibility for healing their own interpersonal relationships.

Pets readily offer a sense of unconditional love, non-judgmental support, and acceptance, and expect nothing in return for their affection. They live in the moment and are “present” for the person they are interacting with. Pets are an obvious choice because of their ability to initiate and respond to attachment. Pets, dogs in particular, are bred to stimulate and engage human emotion and facilitate interaction (Brodie & Biley, 1998). Humans are genetically predisposed to become attached to other humans, especially children. Dogs, puppies in particular, are bred to display childlike features. Therefore, an attachment between people and pets is understandable.

Sable (1995) found that dogs could provide an emotional bond of attachment that encourages a sense of well-being and safety. Traditional Attachment Theory holds that human beings have a lifelong need to experience close, affectionate relationships with



others. The substitution of a therapy dog may provide an opportunity for closeness and affection that some individuals may not otherwise have the occasion to experience because of the circumstances of their lives.

The term *human-animal bond* has emerged in the literature to represent this attachment (Barker, 1999). Cusack & Smith (1988) cites the work of James Harris who defines the human-animal bond as “that physical, emotional, intellectual, and philosophical relationship that occurs between a person or family unit and an animal” (p. 1). Cusack and Smith further state that animals allow us to reach outside of ourselves thus enabling us to more easily connect with others as in a therapist-client relationship.

#### Distraction Theory

Distraction as a strategy for alleviating or at least reducing people’s responses to stress is a strategy that is congruent with Lazarus’ cognitive model of stress (Lazarus, 1990). Distraction is a technique that diverts a person’s attention away from the sensations or emotional reactions brought forth by a specified stressor such as anxiety (McCaul & Malott, 1984). The purpose is to attract the person’s attention intense enough and long enough so that their brain is attending to and processing not as much of the stressor as it otherwise would. The goal in this study was to provide the client with an interesting and compelling distraction, such as a companion dog, in order to facilitate therapy. Generally speaking, dogs are considered non-threatening and unconditionally accepting of people and the presence of a certified animal assisted therapy dog may serve as a healing agent in a therapeutic setting (Robin & tenBensel, 1985).

A review of the literature did not produce much research on the use of distraction as a method to reduce emotional pain. Levinson (1969) found that having a dog in a

session served as an icebreaker and provided a medium through which the person could express their thoughts and feelings while distracted by the presence of the animal.

Levinson found that he could break through defenses more readily and thus engage the person in therapeutic conversations (Serpell, 1999) more efficiently.

The literature also provided research related to distraction techniques and coping with physical pain. The work of McCaul and Malott (1984) found that strategies higher in their attentional resources were more effective in reducing physical pain. Future research could investigate whether the presence of a therapy dog serves as high enough of a distraction to reduce the intensity of the emotional pain that is often present as part of the healing process in mental health treatment.

Robins, Sanders, and Cahill (1991) found that when strangers meet, such as a clinician and a potential therapy client, the presence of a dog can be used as a distracting conduit for communication. Furthermore, the dog can provide a source of focus and serve as a topic of conversation, which could lead to rapport building with mutual interests. Thus, therapy dogs can serve as a bridge to quickly connect unfamiliar persons in new situations.

#### Animals in Use in Animal Assisted Therapy

Although canines are the type of animal most frequently used in research studies, there are several other types of animals that have been studied. Equine or horse therapy is becoming more prevalent in the field. Vidrine, Owen-Smith, and Faulkner (2002) researched the benefits of Equine-facilitated psychotherapy at Horse Time, a mental health and wellness center in Georgia. Individual, group, and family therapy are conducted at this facility with a wide range of horses differing in size, stature, and color.

The authors reference the work of Schultz (1999) who writes about the theory of attachment involving the horse-human relationship likened to that of the infant-mother relationship and conclude that “Because people can actually ride horses, there is a unique opportunity to experience the deeper dimensions of the human-animal relationship” (p. 590).

Other studies have investigated the therapeutic benefits of horseback riding involving adolescents with special needs (Cawley, Cawley, & Retter, 1994), middle school aged girls (Krawetz & DePrekkel, 1993), and asocial adolescent males (Emory, 1992). The majority of the research indicates that equine assisted therapy is most beneficial to children, people with limited intellectual functioning, and those who are very reserved and cautious in connecting with others.

Christian (2005) conducted a case study at a facility that used equine-assisted therapy with patients suffering from eating disorders. Her research suggests that horses provide tremendous metaphors for individuals with eating disorders, in recovery, and those who have poor boundaries. Christian’s conclusions were that this form of animal assisted therapy can engage clients in a positive and non-verbal manner in ways that traditional therapy cannot.

Another non-traditional animal being researched for use in therapy is the dolphin. Dolphin therapy has been in existence for about twenty-five years. Brensing, Linke, and Todt (2003) conducted an experimental study with untrained dolphins in an open water area in the Florida Keys. Previous studies had indicated that dolphins interact differently with humans who are ill or impaired in some way than they do with healthy humans. Their hypothesis was “Can dolphins heal by ultrasound?” In the end, their results yielded

no significant trends. However, one of the dolphins studied, Sarah, had statistically significant findings with regard to her ability to differentiate between well and non-well individuals, and she preferred to spend time with patients over regular persons. Her contact with humans reached ninety seconds whereas the other dolphins lasted only a few seconds at a time. Furthermore, her contact with humans was nearly equal to her contact with other dolphins. Finally, Demares (1998) conducted a phenomenological study interviewing six participants about their experiences involving dolphins or whales to study interspecies communication and connectedness.

This researcher was able to find only one article about avian or bird therapy and one article about Tortoise Engagement Therapy (TET). Loughlin (1991) conducted a study to assess the psychological needs fulfilled by avian companions amongst non-institutionalized bird owners. She found evidence that avian companionship provided for social needs primarily, followed by esteem and cognitive needs. Her conclusions support the use of pet birds in Animal-Assisted therapy and pet visitation programs.

Tribulato (2004) conducted a study using tortoise therapy to enhance verbal communication and emotional expressions of hospitalized psychiatric patients displaying catatonic features. Her principals were grounded in constructivism paradigms and there were five stages established to monitor if patients successfully engaged with the tortoise. This researcher hypothesizes that the tortoise serves as a strong metaphor for the experience that catatonic clients have in that the tortoise is slow, cautious, and withdraws into their own world much like that of the client. This may serve as a reason for the significant positive findings found by Tribulato.

In conclusion, it should be noted that there was almost no scientific research demonstrating the benefits of animal-assisted therapy using cats. A primary reason revealed in some of the literature points to high incidences of people experiencing allergies to cats. K. Miller (personal communication, March 8, 2006) stated that cats tend to not be as comfortable with strange people, do not seek or initiate interactions as well as dogs do, do not like to travel, and they are typically uncomfortable in new situations.

### Summary

Traditional Adlerian, Behavioral, and Person-Centered Therapies offer techniques and interventions that lead to developing an initial therapeutic relationship with a client. Attachment and Distraction Theories offer further ideas on ways in which to engage persons coming into therapy. The literature demonstrates that the presence of a therapy dog may have a substantial and positive impact on the ability of the clinician to engage the client in treatment while building rapport and trust. The therapy dog's ability to offer unconditional love, affection, non-judgment, and reduce fear in a new setting makes it an ideal and cost effective option to consider as an adjunctive tool in the therapeutic process. Other animals such as horses, dolphins, birds, and tortoises are also being studied to determine what therapeutic benefits they can offer to clients.

## CHAPTER III

### METHODOLOGY

#### Introduction

Chapter III explored the rationale and the methodology that was utilized in this research study. This discussion included the rationale for the approach chosen to investigate the phenomenon of the human-animal bond, plus a discussion of the setting, the selection of participants, and the procedures utilized for conducting this investigation. Finally, the method chosen for the analysis of the data was examined.

#### Rationale for Research Design Approach

A qualitative approach was utilized for this research investigation because the nature of the idea being explored, the human-animal bond and its clinical impact on therapy, did not readily lend itself to concrete variables that can be researched using a more traditional quantitative approach. According to Rossman and Rallis (1998), qualitative research occurs in natural settings, which allows the investigator to develop and understand extraordinary detail about individuals and their experiences and allows the researcher to become immersed in the experiences of the specified participant. Furthermore, implementing the specific qualitative tool of interviewing, the investigator is able to put into context the behavior of the participants and understand the meaning of those behaviors (Seidman, 1998).

The specific qualitative approach chosen for this research study was the phenomenological method. The purpose of phenomenological research is to understand the participant's experience from his/her point of view. The focus of the research was to understand how the participant perceived his/her experience of a particular event, in this

case the experience of the presence of a therapeutic animal in a clinical therapy session. The methodology explores a search for “meaning units” that can be integrated into a “typical” experience for that person and persons who have experienced the same event. This type of research involves in-depth and semi-structured interviews conducted on participants selected through purposive sampling, and involves a minimum of five research participants and does not usually exceed twenty-five participants. This method’s foundation is based in philosophy and the central question is “What is the meaning of this experience for these people?” The researcher is searching for themes across the participants. When the researcher looks at multiple perspectives of a particular experience from several different individuals, the researcher may then be able to make a generalization about that event in terms of what it was like from an insider’s perspective (Leedy & Ormrod, 2001).

Historically speaking, phenomenology was developed by Edmund Husserl (1859 – 1938). He coined the terminology “epoche” also known as “bracketing.” Epoche is a word derived from an ancient Greek word meaning “skeptics.” When bracketing, the investigator refrains from stating the reality of what is under observation. Those questions have to be set aside, or bracketed, and left unanswered because the reality of what is being examined may change. This concept is used to mean that the researcher should not allow their previous knowledge of the subject under study to influence the analysis of the data. The researcher is encouraged to keep an open mind and to view the data purely.

### Participants, Selection of Participants, and Setting

This researcher had ten female adult participants, age eighteen and older comprise the sample interviewed for this phenomenological investigation. These ten individuals were already enrolled in counseling services at a private outpatient mental health clinic. They had been in counseling for at least four sessions prior to participation in the study.

### Procedures

The participants selected for partaking in this investigation had volunteered to do so after having responded to a Notice of Research Study flyer (Appendix B) posted in a private outpatient mental health clinic. Written permission was obtained from the outpatient mental health clinic authorizing use of their facility and clients for purposes of this research study. This outpatient mental health clinic, which consists of five licensed clinicians, already utilized a therapy dog in their facility as a routine practice, and provided clients with the option of having the therapy dog present or not present during their counseling sessions.

This population of individuals all allowed the same therapeutic animal to have been present during at least four mental health counseling sessions. Individuals who had a primary diagnosis of schizophrenia or other mental health disorder involving psychosis or who were prescribed anti-psychotic psychotropic medications were excluded from participation in this inquiry due to their limitations involving reality testing.

Once contacted by prospective participants who respond to the posted flyer, this investigator explained over the telephone the general nature of the study, the voluntary status of their participation, their right to stop participation at any time during the course of the interview, and the time commitment required for participation. Additionally, this



researcher provided the potential participant with contact information for the investigator in which she could be reached at any time should the participant have any further questions requiring clarification prior to the first meeting with the investigator.

The risks involved in completing the inventories were not expected to exceed those ordinarily found during routine psychological testing. If participants experienced emotional upset during any time during the course of the study, they could have called the investigator at any time, at the number provided to them to speak with her, and if necessary, to have arranged for an immediate counseling session. Participants were assured they can call the researcher during the duration of the study and afterwards, if necessary.

When the individual was interested in participating in the study, this investigator scheduled an appointment for the person to be screened for appropriateness of participation in the study and to review and sign all necessary research participation forms including the Informed Consent Form (Appendix A). This meeting was expected to take 20 minutes. An opportunity to ask questions and have answers provided to the participant was given at this time. All but one interview for this research study took place in the private, outpatient mental health counseling clinic where the flyer was posted at the convenience of the participant and the investigator and given the availability of the clinic. A private therapy room was used to guarantee confidentiality. This investigator met with each participant at least one time to obtain informed consent and then conducted the interview, or at the most twice, the first meeting was to obtain informed consent and the second meeting was to conduct the interview.

Seidman (1998) lists essential components required for consent to be informed and protective of the rights of research participants. Those components include: explaining the purpose of the research; identification of the researcher; contact information regarding any concerns with the research process; risks or vulnerabilities of participation in the study; the right to participate or not in the study as well as the right to withdraw from participation in the study at any time; the right to remain anonymous thus having their confidentiality protected; and finally to provide information related to dissemination of the data collected. The Informed Consent Form (Appendix A) was utilized. Additionally, the exact procedures for the study and the expected benefits were also detailed. The risks of involvement in the study, although minimal, were explored with each participant.

Once the person provided written consent to participate, they were asked to complete a Demographic Data Form (Appendix C). Once they had completed all required forms, the interview process began.

Regarding the interview itself, it was an in-depth clinical interview focusing on the participant's experience of having present during a mental health counseling session a therapeutic animal. The aim of the interview was to discover the nature of the person's interactions with the therapeutic animal in order to explore in detail the human-animal bond. The interview was comprised of 21 open-ended questions (Appendix D). This investigator took notes and the interview was audio taped and later transcribed. Each participant was asked the same questions from the Interview Questions Form and the audio taping process was fully explained to each participant. Each interview was no longer than ninety (90) minutes in length.

Shank (2002) suggests that qualitative questions are unique because they “direct their curiosity focus on the area of meaning” and lead to a “deeper understanding” (p. 99). Shank lists four types of qualitative questions. They are hypothesis testing, exploration, exegesis into empirical meaning, and critical examination and action. This researcher made use of the exploration question for purposes of this research study. The purpose of the exploration question is to understand the uniqueness of the experience under investigation. Use of such questions allows the researcher to understand how people view and interpret their worlds and how we can interpret their interpretations (Moustakas, 1994).

This investigator conducted the interview in a formal although relaxed manner in which questions were asked, responses followed up on for purposes of clarification but with careful intent to not influence or alter the meaning of the respondents answers. The phenomenological concept of bracketing was paramount to not influencing the data.

Once the interview was completed, the participant was thanked for their participation and told that they would be contacted to review the transcribed interviews for accuracy. Each participant was assigned an identification number. The key for the assigned numbers was kept under lock and key in the researcher’s office, separate from the informed consent forms and the other data collection instruments. For the duration of the study, the materials used were kept locked in a file cabinet at the administrative office of the investigator except when in possession of the contracted agency employed to transcribe the audio tapes. Once the study was completed, the audio tapes were destroyed. Forms and interview transcriptions were kept in separate folders and locked in secure file cabinets in the researcher’s administrative office. The informed consent forms

were kept in a separate locked file cabinet from the other documents. Upon the completion of the research study, the forms are being kept for a period of five (5) years in accordance with state and university laws and procedures. After the expiration of such time, the forms and transcriptions will be shredded.

### Organization and Analysis of Data

This researcher first had the interviews professionally transcribed in order to assure the accuracy of the information presented. The agency which conducted the transcription was licensed, bonded, and insured and one that specializes in medical transcription. This was done with the written permission of each participant (Appendix E). Phenomenological research includes four typical steps taken by the researcher to conduct data analysis. First, the researcher identifies statements that related to the topic. Second, those statements are grouped into “meaning units.” Third, divergent perspectives are sought. Finally, a composite is constructed. Significant statements are extracted, known as horizontalization of the data, and these statements are analyzed for meaning and these meanings are then clustered into themes. In the end, conclusions are drawn as to the emergent themes and any generalizations that can be made about the persons who have experienced the presence of a therapeutic animal during the course of a mental health counseling session.

Additionally, this researcher utilized the Qualitative Data Analysis (QDA) Miner Version 1.2 software package to code textual data, annotate, retrieve, and review coded data and documents. QDA Miner provides a wide range of exploratory tools to identify patterns in codings and relationships between assigned codes and other numerical or categorical properties ([www.ProvalisResearch.com](http://www.ProvalisResearch.com)).

### Verification and Reliability

This investigator employed two different methods to externally verify the data collected. First, this researcher asked each individual participant to read and review the provided professionally transcribed interviews and offer any comments and/or corrections regarding their interview responses. Secondly, this researcher had a clinical colleague review the research findings and offer her interpretations of the data and then compared those findings to this investigator's own conclusions. The nature of phenomenological inquiry suggests that the interpretation of the data may be colored in part by the bias of the researcher and the addition of a second reviewer of the data collected served to reduce the inherent limitations of this type of research study.

### Summary

This research study assumed that the presence of a therapeutic animal would facilitate "Contact, confidence, conversation, and confederation among previously unacquainted persons" (Robins, Sanders, & Cahill, 1991). It was further assumed that the participant's relationship with the therapeutic animal would influence the course of therapy. The aim of this investigation was to understand the phenomena of the human-animal bond as seen from the perspectives of individuals undergoing mental health counseling treatment. A qualitative approach, specifically the phenomenological method of interviewing, was utilized to investigate and understand the aspects of the human-animal bond in a therapeutic setting in the hope that it offered insights into ways in which clinicians can facilitate the therapeutic process of healing in a new and exciting way.

## CHAPTER IV

### RESULTS

#### Introduction

The purpose of this study was to investigate the nature of the Human – Animal Bond and its purported benefits by interviewing participants who have experienced the presence of a therapy dog during the course of their counseling sessions in an outpatient mental health clinic. Chapter IV presents an examination of the information collected from a phenomenological perspective after interviewing ten participants who spoke about their relationship with the therapy dog, “T”, and the impact it had on their counseling sessions. The first part of Chapter IV consists of demographic information regarding each participant and is provided in the form of a table. Following that is a detailed descriptive profile of each research participant which serves to further expand on the information provided in the demographic table. The second part of this chapter discusses the specific findings of the qualitative data analysis which yielded three major themes that emerged from the interviews collected. Those themes are: Relationship to Therapy Dog, Purpose of Therapy Dog, and The Clinician and the Therapy Dog. Eleven sub themes discovered within each major themed category are also examined. This section focuses on the themes that emerged and includes a summarized verbatim description of each research study participant’s responses with specific quotations, relaying some of their perceptions concerning their involvement with the therapy dog during their counseling sessions. In closing, final research conclusions will be summarized.

### Description of the Research Study Participants

This research study involved ten participants who were interviewed regarding their thoughts, feelings, and relationship with a specified therapy dog who was present for their mental health counseling sessions with a licensed clinician. In this study, the participants ranged in age from 25 to 56 years of age. Regarding gender and ethnicity, all of the participants were female and Caucasian with the exception of one woman who identified herself as Hispanic. Five of the participants were married, two were single, two were divorced, and one was separated but had filed for divorced. All of the participants had at least some college education and four had bachelor's degrees. Seven of the ten participants had household income levels of more than \$50,000.00 annually and the lowest income range was between \$10,000.00 and \$20,000.00 per year. None of the participants were enrolled in any type of educational program at the time of the research study.

Three of the participants were unemployed, four worked full-time, two worked part-time, and one was a full-time homemaker. All of the participants identified themselves as Christians and two specifically referred to themselves as Catholic; three referred to themselves as Methodist, one was Baptist, and one was from the United Church of Christ (UCC). Seven of the ten participants had at least one pet in the home at the time of the interview and all of them had owned a pet at some point in their lives. Table 1 presents a summary of the participants' demographic characteristics.

Table 1

## Research Study Participant Demographic Information

Participant	Age	Gender	Marital Status	Ethnicity	Education	Work Status	Income	Religious Affiliation	Pets In Home
<b>1</b>	25	Female	Married	Caucasian	Some College	Full-time	50,000 +	Christian	No
<b>2</b>	47	Female	Married	Caucasian	Some College	Part-time	50,000 +	Methodist	No
<b>3</b>	49	Female	Divorced	Caucasian	Some College	Not Employed	50,000 +	Methodist	Yes
<b>4</b>	41	Female	Married	Hispanic	Bachelor's Degree	Not Employed	50,000 +	Catholic	Yes
<b>5</b>	56	Female	Married	Caucasian	Some College	Not Employed	10,000 to 20,000	Catholic	Yes
<b>6</b>	36	Female	Married	Caucasian	Some College	Home-maker	50,000 +	Christian	Yes
<b>7</b>	40	Female	Single	Caucasian	Bachelor's Degree	Full-time	50,000 +	UCC *	No
<b>8</b>	37	Female	Filed for Divorce/ Separated	Caucasian	Bachelor's Degree	Part-time	40,000 to 50,000	Baptist	Yes
<b>9</b>	44	Female	Divorced	Caucasian	Some College	Full-time	30,000 to 40,000	Christian	Yes
<b>10</b>	43	Female	Single	Caucasian	Bachelor's Degree	Full-time	50,000 +	Methodist	Yes

\* Note. Religious Affiliation: UCC = United Church of Christ

## Detailed Description of Study Participants

Participant 1

Participant 1 was a 25-year-old, Caucasian, married woman. She has some college education and was employed full-time. She has no pets in the home but in the past has had dogs, cats, ferrets, and turtles in her life. She is a Christian woman and has a household income of more than \$50,000.00. She prefers cats more than dogs as her



earliest experience with a dog was negative. She acknowledged that she and T do have a “good relationship” and described it as “very natural.” Participant 1 expressed how T played a paramount role in her ability to engage in and then continue therapy because of the “connection” that T made with her and her young daughter, and that T allowed “barriers to be broken down” serving as an “ice breaker.”

#### Participant 2

Participant 2 was a 47-year-old, Caucasian, married woman. She has some college education and was employed part-time. She has no pets in the home but in the past has had cats, dogs, birds, fish, turtles, and hamsters in her life. She is a woman of the Baptist faith and has a household income of more than \$50,000.00. She prefers the company of dogs over other types of animals because “they just seem to be more in tune with people.” She expressed that she and T have a relationship and that T is “always so cold, so I crotched a big blanket” for her. She reported that T enhances therapy for her because she “tend[s] to not be so nervous about what I’m going to say, and I’m not so guarded about what I’m going to say.”

#### Participant 3

Participant 3 was a 49-year-old, Caucasian, divorced woman. She has some college education and was unemployed focusing on “working on recovery” from substance abuse issues. She has cats as pets in her home presently and in the past has had dogs, guinea pigs, hermit crabs, and horses in her life. She is of the Methodist religion and has a household income of more than \$50,000.00. She had a difficult time stating if she prefers dogs over cats or cats more than dogs as companions and in the end determined that she prefers them equally. Participant 3 expressed that she and T are

“friends” and that this word is a good description of their relationship. She articulated that T is “attentive” and provides her with “unconditional love.” She expressed that T is “an added bonus in therapy” and that she serves as a “useful distraction” that allows her to delve deeper in counseling quicker than she might have otherwise.

#### Participant 4

Participant 4 was a 41-year-old, Hispanic, married woman. She has an undergraduate bachelor’s degree and was unemployed at the time of the interview. She is Catholic and has a household income of more than \$50,000.00. She has a dog in her home presently and in the past has had a cat, a bird, and a guinea pig. It is important to note that she stated she bought a dog three years ago specifically to serve as “a stress reliever” for her husband who “suffers from depression” as she has read about the therapeutic benefits of animals on mental health. She reported that although her current dog has been her only dog ever, she does prefer a dog over other types of animals. She did not expand on the meaning of a relationship with T and only stated that “she likes me...she seems comfortable with me and I’m comfortable with her.” She reported that T enhances therapy in that she is a “little friend, kind of mutual person, because dogs are unconditional with their love...so it kind of makes you have like a little buddy there.”

#### Participant 5

Participant 5 was a 56-year-old, Caucasian, married woman. She has some college education and was unemployed. She has three cats in her home currently and in the past has had dogs, rabbits, hamsters, hermit crabs, gerbils, and guinea pigs as part of her life. She is Catholic and has a household income of between \$10,000.00 and \$20,000.00 annually. She clearly prefers the company of cats more than dogs. She

acknowledged that T is part of the session but did not firmly say that she and T had a relationship. She expressed “of course she greets me and she is happy to see me and she sits by me for awhile but then she goes back and sits by mommy [the therapist].” This participant reported that T enhances therapy by helping her to relax and achieve calmness. She even further reported on her knowledge about research that suggests animals can affect the serotonin level in the brain and that animals have been used therapeutically in prisons and nursing homes. She reported that the most important part of T being present for the therapy sessions was “To know that there is a creature of God whom in your presence that can always respond with unconditional love, no restrictions, no stipulations, no way to judge me. No criticism, they just love you for who you are.”

#### Participant 6

Participant 6 was a 36-year-old, Caucasian, married female. She has some college education and is a stay at home mother to seven children. She is of the Christian faith and has a household income of more than \$50,000.00. She has a rabbit, a bird, a beaded dragon, a hermit crab, and two beta fish in her home presently. In the past she has had a dog and a hamster in her life. She prefers cats over dogs but is allergic to cats so she has never had a cat in her life. She explains “I’m not a typical dog lover. I’m not a natural dog lover.” She clearly stated that she does not have a relationship with T and that her presence in the therapy room does not have “anything to do with why I’m here with Beth [the therapist]. She stated that T’s presence offered “a diversion from the negative stuff that you’re dealing with...It helps you focus a little bit better and not get so caught up in the negative of what you are having to deal with while you’re here.”

#### Participant 7

Participant 7 is a 40-year-old, single, Caucasian woman. She has a bachelor's degree and is employed full-time. She is of the United Church of Christ Christian faith and has a household income of more than \$50,000.00. She has no pets in her home but in the past has had fish, turtles, gerbils, birds (parakeets), cats, dogs, and a spider (tarantula) in her life. She prefers the company of cats more than dogs because of her lifestyle and finds that cats are not as dependent as dogs whom she believes require more intensive care. Participant 7 reported "I'm not sure that we've actually established a relationship" referring to her and T although she had met with her more than eight times. She was initially "initially shocked" to find an animal in the therapy office and "was surprised that teeny, tiny, little dog was so endearing, like I was not expecting that at all." She stated that "some days" T enhances therapy and that "I look forward to seeing her and when she is not in the room, it's not as warm."

#### Participant 8

Participant 8 was a 37-year-old, Caucasian woman who has filed for divorce and remains separated from her husband. She has a bachelor's degree and is employed part-time. She is of the Baptist faith and reported a household annual income of between \$40,000.00 and \$50,000.00. She currently has two dogs, a rabbit, and fish in her home. In the past she has had dogs, rabbits, hamsters, and fish in her life. She had a difficult time stating if she preferred the company of her dog or her rabbit more. Her dog was 14 years of age and no longer very interactive whereas her rabbit is new and more active and playful. This participant was fairly indifferent to having a relationship with T but expressed that T offered her "peace" and enhances therapy because "it helps me to open up because I'm relaxed." She described seeing T as "uplifting" and a "joy."

### Participant 9

Participant 9 is a 44-year-old, divorced, Caucasian female. She has some college education and is employed full-time. She is of the Christian faith and has a household income of \$30,000.00 and \$40,000.00 annually. She has a dog in her home currently and in the past has had a dog and a bird in her life. She “definitely” prefers dogs over the company of cats or birds because “you can communicate with them. They are just good companions.” She described T as “very therapeutic” and found her to be “reassuring and comforting” to have T present for her therapy sessions. She further stated, “It takes a very special dog to be comfortable meeting someone new and sitting in their lap, so instantly I knew this is one special dog.”

### Participant 10

Participant 10 is a 43-year-old, single, Caucasian female. She has a Bachelor’s degree and is employed full-time with an income exceeding \$50,000.00 annually. She is of the Christian faith and identified herself specifically as a practicing Methodist. She presently has a dog in her home and in the past has had a cat, several dogs, and a duck. She prefers dogs over other types of animals because “They love to cuddle and they are so full of unconditional love.” She further stated that interactions with animals such as T “...is such good therapy in itself for me ‘inner child’ to play because most of the time I am very driven, ambitious, s-type personality.”

The purpose of phenomenological research is to understand the participant's experience from their point of view. The focus of this study was to understand how the participants perceived their experience of the presence of a therapy dog in outpatient clinical counseling sessions. This methodology explores a search for "meaning units" that can be integrated into a "typical" experience for people who have experienced the same event. This particular research involved in-depth and semi-structured interviews using purposive sampling which involved ten participants and asked 21 open ended questions. This methods foundation is based in philosophy and the central question is "What is the meaning of this experience for these people?" This researcher was searching for themes across the participants with the idea that looking at multiple perspectives of a specified experience from ten individuals would lead to generalizations about the event in terms of what it was like from an insider's perspective (Leedy & Ormrod, 2001).

The primary task for this researcher was to identify and then categorize common themes found across the responses of the participants with regard to their relationship with the therapy dog and its impact on their counseling sessions. The interviews were first transcribed and then read to generate an overall impression and provide a holistic context for this researcher. Each transcript was bracketed in sections for the purpose of generating possible themes and sub themes from each individual interview. The reduction of this data was done inductively which is important in phenomenological research so that the researcher views the information from an open and unbiased perspective to keep the process of identifying themes as pure as possible (Seidman, 1998). Codes were assigned to the literal expressions of the participants in a process

known as “coding data” and involved identifying patterns from the data which were common and could be categorized. Then this researcher combined these themes to develop “meaning units” and confirmed that three major themes and eleven sub themes did emerge from the interviews. This process is referred to as “thematic coding.” The major themes generated are representative of the experiences of the participants in engaging with a therapy dog during their counseling sessions.

The three major themes are: Relationship to the Therapy Dog, Purpose of the Therapy Dog, and The Clinician and the Therapy Dog. Data analysis was conducted to see how the participants described their views of their relationship with the therapy dog and its impact on their counseling sessions. Generalizations about the meaning of the participant’s experiences were created notwithstanding the individual differences of the participants. Table 2 lists the major themes and sub themes revealed from the data.

Table 2

Major Themes and Sub Themes

<b>Major Theme</b>	<b>Major Theme</b>	<b>Major Theme</b>
Relationship to the Therapy Dog	Purpose of the Therapy Dog	The Clinician and the Therapy Dog
<b>Sub Themes</b>	<b>Sub Themes</b>	<b>Sub Themes</b>
Initial Meeting	General Affect/Enhancement of Therapy	Perceptions of the Clinician in Relation to the Therapy Dog
Initial Reactions	Specific Contributions to Therapy	Impact on Treatment
Reactions Over Time	Emergent Themes as Found in the Literature	Feedback for Clinician
Observations About the Therapy Dog		
Thoughts If the Therapy Dog Were Absent		

### Summarization of Major Themes

Each of the three major themes and their corresponding sub themes which emerged from the data analysis will be examined in relation to all of the participant's specific responses. Following that an overall evaluation and summary will be discussed regarding these individual major themes and related sub themes. Please note: Elizabeth "Beth" is the clinician and Athena "T" is the therapy dog.

#### *Relationship to Therapy Dog*

The first major theme is the Relationship to the Therapy Dog and addresses five sub themes: the Initial Meeting, Initial Reactions, Reactions over Time, Observations about the Therapy Dog, and Thoughts if the Therapy Dog were Absent from Therapy. Table 3 explores the responses of the participants to their first initial meeting with T, how it came about, and their recollections about this occurrence.

Table 3

#### Initial Meeting

<i>Participant 1</i>	"She [Beth] would have T in the office. It would be either she would be in her little carrier. She was just adorable, and so I couldn't resist, I wanted her out."
<i>Participant 2</i>	"...it was the second time I came, she was just here, and when she came in the other room with us when we started therapy."  "Well, T jumped right up on my lap and Beth asked if that was okay, and I said 'Oh, absolutely.'"



<i>Participant 3</i>	<p>“I don’t even remember, it’s been almost three years. You know, I can’t even remember how far into therapy with Beth it started. Like one day, just T was here. You know, whether or not she told me about her before hand, I don’t remember.”</p>
<i>Participant 4</i>	<p>“Beth mentioned it to me one day when I was coming in for a session and asked if I would be interested in letting T sit in.”</p>
<i>Participant 5</i>	<p>“She brought T in with her you know as far as when I come to see Beth and she had T with her form time to time and uh that would be and she’d be there.”</p>
<i>Participant 6</i>	<p>“When I came to visit Beth for my therapy she was here.”</p> <p>“Pretty informal. I don’t think I was aware until maybe the second or third time that I saw her...It was just so natural that when I sat on the sofa she was just here.”</p>
<i>Participant 7</i>	<p>“She just showed up at the office one day.”</p> <p>“She [Beth] did not really explain at the beginning what T’s role was, that I recall.”</p>
<i>Participant 8</i>	<p>“Just one day when I came in, T was here...I think it was one or two times before I realized that she was here.”</p> <p>“It was more casual. She was introduced, you know, but I think Beth probably saw, you know, I didn’t have any problems with it at all. You</p>

	know, I talked to the dog.”
<i>Participant 9</i>	“Well, when I came in there was a little bed...and I was like ‘Whose is that?’ and I don’t think she was here the first time...And I was told, oh ‘That’s T’s.’ And I was like, oh, okay. You know, and you look at the toys and see what they like.”
<i>Participant 10</i>	“Made the appointment [with Beth] and then met T. Love at first sight!”

The next table addresses the participant’s initial reactions to having T present in their counseling sessions with their clinician. This section explores their thoughts and feelings about T in the beginning of therapy where she was included as part of the treatment team.

Table 4

Initial Reactions

<i>Participant 1</i>	<p>“It just seemed very natural. I don’t think that there was anything that seemed out of the ordinary. Perhaps, not even to the point of being memorable. It was just really natural.”</p> <p>“It was absolutely the environment. Very comfortable. T was just part of the family. So it was more perceived that way. It was more perceived, this is just a comfortable, homey environment, and T just</p>
----------------------	---

	<p>sort of fit right in with everything that was going on, and was very welcomed, and received.”</p>
<i>Participant 2</i>	<p>“I thought it was great. I thought she was so cute, and I think she had a sweater on because it was cold in the offices, and so I was perfectly fine with having her in there with us, and she sat with me...”</p>
<i>Participant 3</i>	<p>“...and then meeting T, just with her personality, she is very likable. She is very, I mean, to me, she is fun to be with, she is cute, you know, she’s lovable, and cuddly, and just everything you’d want from a pet or somebody...what do you call it? Unconditional love...you know...she just, right from the beginning, she was just very, I don’t know, just, how can I describe it, very attentive...I guess is a good word.”</p>
<i>Participant 4</i>	<p>“I guess in the very beginning, when T was first in the room together, I didn’t know what to expect because I haven’t been around a lot of dogs in my life...but I felt that she was real sweet, so I became comfortable quickly, within that session, after a little bit I became comfortable because I thought she was laid back and friendly.”</p>
<i>Participant 5</i>	<p>“I loved it. You are talking to an animal lover.”</p>
<i>Participant 6</i>	<p>“Umm...it didn’t bother me...It didn’t distract me, but I could have probably accomplished what I wanted to accomplish with or without her present in the room.”</p>

<i>Participant 7</i>	“I was shocked that there was an animal in the office...so, I mean, I was really like whoa, there’s a dog in here. So I was initially shocked, but I warmed up. I make snotty comments every now and again when she runs around the office, but other than that, it was neat. I was surprised that teeny, tiny, little dog was so endearing, like I was not expecting that at all.”
<i>Participant 8</i>	“I thought it was cute...I felt comfortable with it. She is just part of this, and you know, it kind of gives you something to do while you are sitting in session, talking about things.”
<i>Participant 9</i>	“Well, she immediately jumped in my lap. And just kind of came and sat down, and what impressed me most about her was she was attentive to me. She also knew her mom [Beth]. You know, she knew to go back. I don’t know how to explain it, but they have a loyalty.”
<i>Participant 10</i>	“T allowed me to open up much faster and bond with her and Beth quickly. I felt that Beth and I had a lot in common and I trusted Beth more.”

Table 5 explores the responses of the participants to how their thoughts and perceptions about T changed over time during the course of their counseling sessions.

Table 5

Reactions Over Time

<i>Participant 1</i>	“...that it sort of grew into, once again, just all part of the family, this is
----------------------	---

	<p>all part of what this is all about, and it was just really fun having that connection, where instead of the mom coming and having a session with her counselor, and here is the daughter, and she is going to be bored sitting in the front room, it just really sort of rounded out the whole experience for everybody and T did do that, so our relationship evolved into a comfort zone, secure, a comfort zone.”</p>
<i>Participant 2</i>	<p>“I think she recognizes me now, actually, when I come in. I come in once a week, so when I come in she gets very excited. The first time she just kind of walked in the office, now she runs and jumps up on my lap immediately.”</p>
<i>Participant 3</i>	<p>“Maybe, you know, where she knows me. She is very comfortable with me. I am not a stranger to her by any means...but she would walk with me and do what I say if Beth was not there, so I think she feels very comfortable with me.”</p>
<i>Participant 4</i>	<p>“Just more comfortable with her and relaxed and just kind of like at first it was a novelty, like what’s this doggy gonna do, and now it’s just relaxed, and I enjoy having her and seeing her. I like having her here.”</p>
<i>Participant 5</i>	<p>“We look forward to seeing her. Ok it’s like she wasn’t here a few visits ago and the first thing I said was ‘Where’s T?’ In fact, I said I was kidding with Beth and said laughter is the best medicine and I said ‘Well I guess we can’t have a session now can we? Where’s T? You</p>

	<p>bringing him [sic] next time?’ You know, and she goes ‘Yes, yes, I will.’</p> <p>“You know, and its, she just, an animal makes things seem less bad as far as the difficulty in the situation. It lightens the load, does that make any sense?”</p>
<i>Participant 6</i>	“I can’t say that it has.”
<i>Participant 7</i>	<p>“Well I think I’m more friendly now. She jumps right up and, you know, sits right in my lap, and you know, I would say that over time.”</p> <p>“She usually sits in a chair and I sit down right next to her, or the chair, the couch, or whatever, and she is just right there. I make sure the blanket is ready and gets it all fixed up for her and ready to go. She had I</p> <p>have a lot of work to do in the little fifty minute session.”</p>
<i>Participant 8</i>	<p>“I don’t think there has been any change that I’ve noticed just because right off the bat I was fine with it.”</p> <p>“I like the days when I come in and she’s here. You are like ‘Hey T, how are you?’”</p>
<i>Participant 9</i>	“I don’t think so. I think it remained pretty much the same. Pretty

	consistent.”
<i>Participant 10</i>	“I expected T to be there every week. I looked forward to me sessions to see T. If T wasn’t there, I was always disappointed.”

Table 6 explores the responses of the participants in describing their general and specific observations (thoughts and feelings) about the therapy dog being present in their counseling sessions as a whole.

Table 6

Observations About Therapy Dog

<i>Participant 1</i>	<p>“I think we have a wonderful relationship. She just jumps right into my lap and I love having her here.”</p> <p>“T is a very lovable animal and a very loving animal all the time. She is open to a lot of different people, I’ve noticed.”</p>
<i>Participant 2</i>	<p>“I really like T and I think T really likes me because she gets all excited whenever I come in...I made her a blanket too. She’s always so cold so I crotched a big blanket that’s in there, that’s the one that she’s cuddled</p> <p>“She is so happy and positive, and it makes you happy and positive too.”</p>
<i>Participant 3</i>	<p>“A friend. Just, we’re friends and I don’t know what else to say.”</p> <p>“She does not yap. She’s very quiet, very affectionate, sensitive.”</p>

	<p>“Sometimes, when Beth and I are praying...she would come over to us when we were praying. She seems to be able to sense things about people, a need I guess.”</p>
<i>Participant 4</i>	<p>“I think T likes me. She jumps from the couch to my feet sometimes to see me. She seems comfortable with me and I’m comfortable with her.”</p> <p>“Easy going dog. Seems to like everybody. Sweet. Laid back.”</p>
<i>Participant 5</i>	<p>“She comes to me initially, of course she greets me and she is happy to see me and she sits by me for awhile but then she goes back and sits by mommy...That’s natural, that’s what she’s supposed to do...That their faithfulness to you.”</p> <p>“Well like today I told her ‘T, you are pretty small to be dressed up like that’ but I said ‘you have to remember that dynamite comes in small packages’.”</p>
<i>Participant 6</i>	<p>“I don’t really feel like I have one [a relationship].”</p> <p>“If she is here and she wants to greet with me, and greet me and be with me, that’s fine, and if she doesn’t that’s fine too. I don’t really see that</p>



	<p>as my purpose or that having anything to do with why I'm here with Beth."</p> <p>"My perception of her is she is sweet. She is easy to get along with. She is very cuddly. She is a little lap dog."</p>
<i>Participant 7</i>	<p>"I'm not sure that we've actually established a relationship. We're not dating or anything" (laughter).</p> <p>"I think it's her demeanor as well, and she's very, I think, in tune with how people are feeling at any given time."</p>
<i>Participant 8</i>	<p>"I think it's a good relationship and I will say that one time I brought my girls in to meet Beth because she had not met my girls, and T, I think, is the type of dog that doesn't like kids."</p> <p>"I feel like T sits there and feels like she's a part of the conversation (laughs) because I've had her sit in a chair and she just looks at me like, 'Yes?'...And then sometimes she will sit in the chair like she is part of the team, working with Beth."</p>
<i>Participant 9</i>	<p>"I would say that I didn't feel a special bond with T as in bonding with her...I enjoyed her company and she is very therapeutic...but as far as...I don't think she would recognize me."</p>

	<p>“I think she is very intuitive. I think she knows when you need a little extra...She is just a wonderful dog...She is very attentive. She is quiet. Her demeanor. She is very disciplined...She has had very good training. I am always impressed by that (laughter).”</p>
<i>Participant 10</i>	<p>“T is very intuitive. She knew when I was upset and came to me to cuddle. I got the benefit of Beth’s wisdom and T’s nurturing at the same time while exploring the scary things I didn’t want to deal with.”</p>

The final table in this first major theme section explores the participant’s responses to asking them how therapy would be different if T were not present for their counseling sessions with the clinician.

Table 7

Thoughts if Therapy Dog Were Absent

<i>Participant 1</i>	<p>“That would certainly be different, and that’s getting back to the ‘Oh, mom’s gotta go do this. I [her young daughter] have to wait out here. Do we have to? Can I go with you? Is T going to be there?’ That’s how wonderful to have that on my heart when we are coming into a session with Beth. The joyfulness, instead of, ugh, this is an obligation and struggle for this little girl, so in that respect, although that’s not directly related to me, that has been absolutely wonderful...if T had not been there we would be back at the same thing...bored to tears. So that’s</p>
----------------------	--

	changed immensely for me, having T here.”
<i>Participant 2</i>	“I think our relationship would have progressed slower had T not been there. T kind of jumped right in, and made herself known, whereas, I think with me and Beth, it would have taken longer for me to feel that I really knew her, really trusted her.”
<i>Participant 3</i>	“...well, see T doesn’t interrupt us. She is not an interruption in the session at all. She doesn’t take away from. She only adds to, so...I would, you know, everything would be fine. It would be sufficient. It would be what I need. She’s just a bonus, kind of icing on the cake, so to speak.”
<i>Participant 4</i>	“I’ve had therapy both ways, with and without, I’d say it’s different, it’s a little bit more...you miss the companionship, the friendship with T, and it’s a little bit more straightforward, a little bit more business, formal...maybe a little bit more relaxed and little more informal with the dog present.”
<i>Participant 5</i>	“Well Beth is such a good therapist and I know she loves me for just who I am anyway, I know, but the animal brings...she initiates the feeling of being confident that you can say anything and be just who you are and you are, ah, not being judges for it. And not being criticized, they, they put fun in your lives but when, it’s just a human who, wish humans could love the ways animals do.”

<i>Participant 6</i>	“Maybe not different at all, but maybe a little less pleasurable. It’s nice to come and see her here. I have gotten to where I enjoy her being here. I enjoy seeing her week after week.”
<i>Participant 7</i>	“I think that...I don’t know if therapy would be different or not different. I mean, if I really look back on it, I think probably there is a difference when she is in the room and there is like a warmth about that dog, that brings comfort and is healing almost.”
<i>Participant 8</i>	“I guess I’ll classify because I have been to counseling without it and if you compare the two. I would have to say without T, I don’t know if boring is the right word, or you just feel monotonous, but with T you feel like there is a bit of change and excitement.”
<i>Participant 9</i>	“No because I had my own little guy [dog] at home.”
<i>Participant 10</i>	“I was always disappointed, let down, if T wasn’t there.”

### *Purpose of Therapy Dog*

The second major theme that emerged from the data analysis is the Purpose of the Therapy Dog and it addresses three sub themes: the General Affect/Enhancement of Therapy, the Specific Contributions to Therapy, and the Emergent Themes as Found in the Literature. Table 8 investigates the participants responses to their beliefs about the general affect and enhancement of therapy by having T present for their counseling sessions.

Table 8

## General Affect/Enhancement of Therapy

<i>Participant 1</i>	<p>“T is an ice breaker...unconditionally loving...and you can just pet them, and just be at ease.”</p> <p>“...it did create a comfort zone...T definitively enhances the session in my opinion. She is juts one of the girls. There have been...I’m talking about her like she’s a human...”</p>
<i>Participant 2</i>	<p>“I think it does. I talk more when T is around. I tend to not be so nervous about what I’m going to say, and I’m not so guarded about what I’m going to say because I’m busy scratching her, you know, or something, so I think it opens me up more to talk more.”</p>
<i>Participant 3</i>	<p>“Yeah, so at times she is a useful distraction to me, and then there is other times that I feel kind of like I need a fix, a T fix. She is something that I enjoy coming to see, not that I don’t like enjoy coming to see Beth, but she’s an added bonus.”</p> <p>“It [therapy] gets old after a while, sometimes, so having T there is kind of...it’s a nice break sometimes.”</p>
<i>Participant 4</i>	<p>“...a little comfort, a little friend, kind of a mutual person, because dogs are unconditional with their love, or whatever, so it kind of makes you have like a little buddy there. A friend there.”</p>

	<p>“She kind of breaks the ice a little bit...sometimes it’s just kind of, take a breather. Take a little break and pet the dog.”</p>
<i>Participant 5</i>	<p>“...like I said it relaxes you, it relaxes you more. It calms you down...Something to make it um more pleasant. More comfortable, more bearable...T just its like you’re more content, you might even be able to uh, be more relaxed and express yourself to a greater extent.”</p> <p>“You know, you’re just comfortable. Beth is very comfortable, she is just such a great therapist to be able to relate to, to have rapport with. But T is that added plus, that bonus to help you.”</p>
<i>Participant 6</i>	<p>“There has been probably a couple of times that I have gotten in the context of conversation in counseling, that maybe emotionally my anger would erupt or get emotional about an issue that I’m talking about, and if she [T] were to happen to be in my lap at that time, probably having something to focus on, petting her, would probably help me keep more in contact in my head of...I don’t know, it’s hard to describe. More of a calming, soothing effect in dealing with that. Yeah.”</p>
<i>Participant 7</i>	<p>“...I think some days it enhances it...I think it’s always nice to have T there...I do know that I look forward to seeing her and when she is not</p>

	<p>in the room, its not as warm.”</p> <p>“... it [T] gives you something else to focus on...when you are not feeling good, it is very comforting to have an animal present and T is very comforting, I think.”</p>
<i>Participant 8</i>	<p>“...I think it helps me to open up because I’m relaxed. I think when I’m tense I tend to not want to say how I feel like having her here has relaxed me enough, that I feel like I could just say anything and be relaxed. To me, she makes me comfortable.”</p>
<i>Participant 9</i>	<p>“For me I was more able to talk about things and be more relaxed in here.”</p>
<i>Participant 10</i>	<p>“[T] Sets the tone for a nurturing environment, unconditional acceptance, making me more open to my ‘demons.’ Safer to talk about stuff I don’t really want to talk about. Makes me comfortable.”</p>

Table 9 conveys answers given by participants when asked about the specific contributions to therapy that T makes.

Table 9

Specific Contributions to Therapy

<i>Participant 1</i>	<p>“...it’s just the unconditional love that animals offer.”</p> <p>“T relaxes me...comforts me...T brings me joy.”</p>
<i>Participant 2</i>	<p>“I think it’s that comfort and warmth, and makes me feel comfortable</p>

	<p>and makes me feel relaxed more.”</p> <p>“Good distraction, comfort, acceptance...She makes me happy. You have to be happy, you know, when T’s around. You can’t be sad. She’s so cute and entertaining actually. She does stuff that sometimes is entertaining.”</p>
<i>Participant 3</i>	<p>“It goes back to the feeling that I get from her that she loves me unconditionally. Because so many people in my life place conditions on their love for me, or I feel like they do, and people judge me, or I feel like they do. I don’t get that from T. That’s the most important.”</p>
<i>Participant 4</i>	<p>“I would say kind of supportive, a reinforcer, a mutual friend that is not going to ask any questions. I think it’s more like companionship and support.”</p> <p>“You get a supportive or loving feeling...and has that unconditional love...I think she is a distraction. I think she breaks the ice a little bit because she is there.”</p>
<i>Participant 5</i>	<p>“To know there is a creature of God whom in your presence that can always respond with unconditional love, no restrictions, no stipulations, no way to judge me. No criticism, they just love you for who you are.”</p> <p>“Well she does comfort you. And that she is so happy to see you. She makes me laugh. Because of knowing that animals accept you and love you unconditionally, it’s very healing. And this is why we’re here.”</p>



<i>Participant 6</i>	<p>“It’s a diversion from the negative stuff that you’re dealing with...It helps you focus a little better and not get so caught up in the negative of what you are having to deal with while you’re here.”</p>
<i>Participant 7</i>	<p>“...I think any time animals, dogs, cats bring some level of comfort and a level of...it’s almost instinctive that if somebody’s not feeling well or somebody is feeling down, that they can be in tune with that, and I think that’s what she brings.”</p> <p>“She brings warmth to the room...she provides a distraction when times are really challenging and that is positive because it allows you to break yourself, so you can actually go back in to where it is you need to go, and so if you can focus differently then I think it’s good.”</p>
<i>Participant 8</i>	<p>“..she does bring a joy...I look at T the same way, you know, it’s just kind of uplifting when you see her and just kind of gives you this calm peace.”</p> <p>“I would have to say happiness, comfort, peace...”</p>
<i>Participant 9</i>	<p>“I would say she comforted me and she also made it a more comfortable environment.”</p> <p>“Well, I think too she brings joy in the midst of, you know, whatever you are going through and...she evokes emotions. You know, good feelings. I don’t know the right word for that. And just a sense of peace.”</p>

<i>Participant 10</i>	“I love dogs, my dog is a very important, happy part of my life. A therapy dog extends that comfortable feeling to therapy.”
-----------------------	--

Table 10 discusses several views that emerged from the interviews as found in the literature; that therapeutics animals can serve as a positive distraction that helps to enhance and facilitate therapy, that they serve as a way to relax the client, a way to build rapport and serve as a conduit to developing rapport more quickly in the therapeutic relationship. Although each participant did not convey all three items in their responses many conveyed at least two of the three ideas. The topics relaxation and distraction were the most paramount followed by ways T serves as a bridge to better connect the client with their therapist.

Table 10

Emergent Themes as found in the Literature (Distraction, Relaxation, and Conduit)

<i>Participant 1</i>	<p>“T relaxes me...If a mother is relaxed, absolutely. If the mother has that duality going on in her head at the same time, how are my children? What’s going on out there? All that was completely gone [because of T’s presence].”</p> <p>“Having something to snuggle with you and petting makes a person less anxious. And especially if that little snuggly thing is very receptive to that.”</p> <p>“...but I suppose at any time if you are putting another person at ease and making them feel comfortable and finding some common ground</p>
----------------------	--

	that all has to be a combination of help, I think.”
<i>Participant 2</i>	<p>“...it [T] gives you something to do to take your mind off of anything that’s negative...it really helps me open up more and talk about the painful things. I feel comforted by T.”</p> <p>“And it [T] just makes it a more relaxing experience.”</p> <p>“...just as far as scratching her and stuff, it makes me open up more and talk more. I am kind of distracted by T...so when I’m scratching her and stuff, I’m definitely less anxious and more relaxed.”</p> <p>“I feel like Beth is a kind and caring person, and she takes really good care of her dog, so it just makes it easier to talk to her, knowing that she loves a dog, and loves her so much.”</p>
<i>Participant 3</i>	<p>“She can be very...sometimes she is distracting, but sometimes that’s a good thing. If I’m trying not to deal with something, if I’m avoiding an issue or emotion, which is not good for me, but it is what I do. It’s easier to sit there and pay attention to T rather than sit there in silence or something else. It’s a good distraction, a useful distraction in a way.”</p> <p>“I mean I don’t want to speak for Beth, but from my view point, it’s not that I don’t care about Beth because I do very much, but it’s easier to show love and affections towards a pet that it is towards a therapist, doctor, or whatever, so that’s helpful.”</p>
<i>Participant 4</i>	“I think she is a distraction. I think she can be a diversion when you are

	<p>feeling really overwhelmed, you can look at the dog, and pet the dog in a diversion from all the heaviness. She also gives you a chance to regroup your feelings a little bit, collect your thoughts, kind of take a couple of minutes, just try to gather yourself.”</p> <p>“So, just more to kind of maybe catch my breath and re-focus a little bit. I think it actually helps because it helps me calm down, if I am upset about something, just kind of talk in a little breather and that way I can be a little more productive and catch your breath, and not feel caught up.”</p>
<i>Participant 5</i>	<p>“It’s the animal itself, it just soothes, calms, relaxes, it brings you to a place where without her [T] um it would take longer to get there. It’s almost instamatic...it’s calming, relaxing, a happy thing. She just brings you to that place and I can see where...Beth may not have to work fifteen whatever minutes longer to get me to that place where I can be initially just because of the presence of T.”</p> <p>“...it was a wonderful session because I went from being anxious to being calm, having serenity, and peace. T is definitely part of that she’s the she’s the initiator and initial part of freeing her...she just kind of drains you of all of that anxious feelings and brings you to a place where you need to be or aiming to be.”</p>
<i>Participant 6</i>	<p>“...you know, maybe a calming, soothing effect during periods of intense emotional feelings.”</p>

	<p>“It’s a diversion from the negative stuff that you’re dealing with. You know...I don’t know. It helps you focus a little bit better and not get so caught up in the negative of what you are having to deal with while you’re here.”</p>
<i>Participant 7</i>	<p>“...I think there are times when you are trying to get out information or dig deep or whatever it is that you might want to call it, it gives you something else to focus on besides looking at your therapist, you know, and/or your counselor, what it is that you want to call, and I think some of that makes it a little bit easier.”</p> <p>“...she [T] provides a distraction when times are really challenging and that is positive because it allows you to break yourself, so you can actually get back in to where it is you need to go, and so if you can focus differently than I think it’s good.”</p>
<i>Participant 8</i>	<p>“I think it gives you a peace, you know. I think it relaxes you. I know I feel relaxed. I don’t feel uptight or tense because I have that interruption with the dog.”</p> <p>“It’s nice to come when she’s [T] here and just to have that little bit of interaction and distraction in a way. I don’t mean a distraction in a bad way...Just someone else to be involved. She, it’s nicer to interact with her, while I’m having my session, and hold her, pet her, and sit.”</p>
<i>Participant 9</i>	<p>“...there is something about it that kind of calms you, comforts you, so I think you are able. For me, I was more able to talk about things and be</p>

	<p>more relaxed in here.”</p> <p>“...I mean, you figure if you are comforted, If you are relaxed, there is a sense of peace in the room, then you are going to be more apt to want to talk.”</p>
<i>Participant 10</i>	<p>“I looked forward to my sessions so I could see T. I have not always looked forward to other therapy sessions because I did not want to face my problems.”</p>

### *Clinician and Therapy Dog*

The third and final major theme is the Clinician and the Therapy Dog and addresses three sub themes: Perceptions of the Clinician/Therapy Dog, the Impact on Treatment, and Feedback for the Clinician about the experiences of having the therapy dog present in her counseling sessions with her clients. Table 11 explores the responses to the question about the participant’s perception of the clinician because of the therapy dog.

Table 11

#### Perceptions of Clinician/Therapy Dog

<i>Participant 1</i>	<p>“...gives me insight into who she is as a person because of her animal, and how she interacts with her animal, it gives me an idea of who she is. Trusting.”</p>
<i>Participant 2</i>	<p>“as a kind and caring person, who loves T very much, and she brings her to work every day, so she won’t have to leave her at home,</p>

	and more easily able to open up to her.”
<i>Participant 3</i>	“Very supportive, very loving, very, very...capable, knowledgeable...”
<i>Participant 4</i>	<p>“I really like her a lot.”</p> <p>“She is good at getting to the heart of things and I like the way she helps me understand how things work and helps me work through things. She has been really helpful.”</p>
<i>Participant 5</i>	<p>“Nothing short of miraculous. Beautiful. God sent.”</p> <p>“I will appreciate Beth’s therapy now and always and just love her for being who she is anyway. With or without T, T just manifests...the beauty of that, the ambience of her presence makes...they just cant speak to you the same way another human being can but they do I believe show you and give you abundant unconditional love...They say an animal doesn’t have a soul, but I beg to differ...T is a blessing.”</p>
<i>Participant 6</i>	“I don’t think it changes that at all positive or negative.”
<i>Participant 7</i>	<p>“I always think that personalities, dog’s personalities, reflect who their owner is, and I find that Beth to be very, I mean, I think she is good.”</p> <p>“I think that she too has a real warmth about her and a compassion about her, that she is actually listening...”</p>
<i>Participant 8</i>	“I think I would have to say it shows me she is down to earth...and right there with you, and not above you.”

<i>Participant 9</i>	<p>“Oh because of the way T acts and because of the way she behaves, you always know that’s a special person, why they have that kind of connection with their animal. You know they are just a really kind, gentle person.”</p> <p>“...About her character...Sort of how some people would say children are a reflection of their parents.”</p>
<i>Participant 10</i>	<p>“I trusted her [Beth] and was more willing to discuss my problems as a result [of T’s presence].</p>

Table 12 explores the participant’s responses to a discussion about how T’s presence affected their relationship with the clinician, their willingness to be in therapy, and the overall impact on treatment that T had.

#### Table 12

#### Impact on Treatment

<i>Participant 1</i>	<p>“T gives me more opportunities to come and see Beth, where I may not have had them, scheduling.”</p> <p>“...it is an ice breaker...it did create a comfort zone, which I would say is an enhancement when you are meeting with a counselor, knowing that T was with my daughter and my daughter was having a good time.”</p>
<i>Participant 2</i>	<p>“It actually does a lot. I would hate to leave Beth and go to a different therapist because I like T a lot” (laughter).</p> <p>“...it just helps having something to do with my hands when I am</p>



	trying to talk about something serious and it is comforting.”
<i>Participant 3</i>	<p>“She [T] makes it fun to come here...it is always a nice surprise and anticipation when she is here. And, a little bit of disappointment, if she is not, but nothing...you know, earth shattering.”</p> <p>“T kind of brings some of that into there without the human part. She brings a little love and affection into the room and in some ways lets Beth stay, I think, a little less emotionally involved.”</p>
<i>Participant 4</i>	<p>“I think it [T’s presence] built it [the therapeutic relationship] because it is her dog and she loves her dog, so it is nice to get to know her pet, it’s another side of her...”</p> <p>“I don’t think it really impacts on my willingness to be in therapy.”</p>
<i>Participant 5</i>	<p>“Well I look forward to seeing her. And I tell Beth when I don’t next time she’ll be there won’t she... You know uh, it’s better with her.”</p> <p>“Something [T’s presence] to make it um more pleasant. More comfortable, more bearable. Now if you have a pit-bull heading towards you that’s not going to be the same affect, you know, but um, T just it’s like you’re more content, you might even be able to uh, be more relaxed and express yourself to a greater extent.”</p>
<i>Participant 6</i>	<p>“I don’t think that it does [T’s presence affect her relationship with Beth or her willingness to be in treatment].</p> <p>“And I think that dogs, animals, can be useful in situations, not</p>

	<p>necessarily only counseling, but in other situations too. I do see the benefits of pets and animals in people's lives and even though I personally am not very affected by her, or in the situation with her here..."</p>
<i>Participant 7</i>	<p>"It doesn't [affect her willingness to be in therapy]. It doesn't have any bearing on it. I started going before T ever got there. Beth has always had the dog, but I was going, not always going, but have been going and I will continue to go if T is not there."</p> <p>"...it [T's presence] gives you something else to focus on besides looking at your therapist...when you are not feeling good, it is very comforting to have an animal present and T is very comforting, I think."</p>
<i>Participant 8</i>	<p>"Well...I have to say, I just keeping [sic] coming back because of who Beth is, and what she's done for me. I think even if T wasn't here I would still be coming to see Beth, but it is nice to have T be a part of it."</p> <p>"...I think it helps me to open up because I'm relaxed...To me, she makes me comfortable."</p>
<i>Participant 9</i>	<p>"No. I would still want to come [willingness for treatment without T]. Because like I said, I didn't know about it at first, so I would come either way."</p> <p>"...it was very reassuring and comforting to have T here...She has a</p>

	calming affect.”
<i>Participant 10</i>	“Again, for me it created a bond and trust much faster than without the dog.”

The final table focuses on specific feedback for the clinician for the purpose of enhancing and bringing about positive changes to the therapeutic experience for her clients involving the use of T in treatment.

Table 13

Feedback for Clinician

<i>Participant 1</i>	<p>“No [nothing is problematic about T].”</p> <p>“T is common ground...T gives me insight into T’s owner.”</p> <p>“Beth is willing to share a part of her life with me [T], and I find that very interesting and that breaks down a lot of barriers, because I am sharing a deep part of my life with her as well.”</p>
<i>Participant 2</i>	<p>“She gets a lot of hair on me (laughs)... Yeah, it doesn’t bother me. It just brushes right off. I think it’s funny.”</p> <p>“I would think that she would be good in counseling with kids too because kids are kind of the same way, if you have something for them to do, then they will open up more. So I think it would be very good to have T counseling with kids.”</p>
<i>Participant 3</i>	“No [nothing is problematic about T].”

	<p>“How can I phrase this without...sometimes little dogs barks are shrill and ear piercing and they hurt my ears, so it is the fact that T does not do that makes her very appealing to me...”</p>
<i>Participant 4</i>	<p>“The only thing is the very first session it was a little awkward for me before I got to know her. Because, like I said, some of my recent experiences haven’t been that positive and also since T is a Chihuahua, a few of the Chihuahua’s that I’ve known have been...didn’t like men, and growl, and more high strung, so it took me a little bit to...within the session to get to know her, and know she is totally mellow. I think she is a good temperament of a dog to have in there.”</p> <p>“...so I think that is good that she [T] can do her own thing and be independent, not looking for attention, during the session, and distracting.”</p>
<i>Participant 5</i>	<p>“None whatsoever. None whatsoever [T being problematic].”</p> <p>“Now I think she [Beth] brings T in on a more regular basis with everybody because I think she sees how beneficial it is. I can only speak for myself but I imagine for all of her patients how beneficial it is to have the animal there. First of all she brings you laughter.”</p>
<i>Participant 6</i>	<p>“No [nothing is problematic about T].”</p> <p>“...Beth said this was her dog or whatever, and she was really cute, and she explained to me that the dog was given to her, and she is taking care of her, and she is using her in therapy. I never really thought of her</p>

	being used in therapy when I was here. I just thought that it was something that maybe she did elsewhere or with other people.”
<i>Participant 7</i>	“No I can’t think of anything. One time she barked, but other than that...we had a big blanket over her...so...(laughs).”
<i>Participant 8</i>	“No [nothing is problematic about T].”  “...I could tell she was not comfortable with them [children], but they only came to meet Beth, and they left, and then I did my session, and she was fine...she just kind of growled as they [children] got near her...And I heard that type of dog, they aren’t kid dogs...They do not like kids. She [T] wasn’t ugly or threatening at all, but you could just tell she didn’t care for kids.
<i>Participant 9</i>	“No [nothing is problematic about T].”  “It may not be okay for others, but for me, it was totally fine.”
<i>Participant 10</i>	“No, not for me personally.”

### Summary

Chapter IV presents the findings of the qualitative data analysis which was conducted for this phenomenological inquiry. The purpose of this research study was to understand the nature of the Human – Animal Bond and its purported benefits by interviewing ten participants who have experienced the presence of T, a therapy dog, during the course of their counseling sessions in an outpatient mental health clinic with a licensed

clinician. Three major themes were found in the data. They are: Relationship to the Therapy Dog, Purpose of the Therapy Dog, and The Clinician and the Therapy Dog. Eleven sub themes within each of the major categories also emerged and were examined and discussed.

Overall, nine of the ten participants found the presence of T a significant positive factor in receiving mental health treatment with their licensed clinician. None of the participants found T's presence and participation to be problematic to the point of discontinuing therapy or requesting a transfer to another clinician within the agency. However, feedback was provided to improve the implementation of T into the therapeutic process.

Significant findings were generated involving the purpose of the therapy dog and how she enhanced treatment. T's ability to offer a useful distraction and relax the clients was the most common benefit found in the data. Her unconditional love and talent in bringing warmth and peace to the therapy room was also of paramount importance across the participants. Although not all participants found her presence necessary for successful treatment they all welcomed her presence and found benefit in this promising and relatively new adjunctive tool for treating clients who seek mental health services.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

#### Introduction

Chapter V includes restatements of the background, rationale, and methodology involved in the search for understanding the meaning of the Human-Animal bond and its clinical impact on therapy in an outpatient mental health counseling facility as seen from the perspectives of ten individuals. Following that is a discussion about the meaning of the research findings and how those findings relate back to various theories as found in the literature review. Furthermore, the findings of this study were examined in comparison to related findings in other published research. Limitations of the data are discussed. In conclusion, feedback from the participants, recommendations for clinicians, and suggestions for further study are elaborated on in greater detail.

#### Restatement of Background and Rationale

Researchers and mental health care professionals alike are interested in developing innovative and imaginative ways to enhance the ability of the therapist to join with and build rapport with clients in order to more quickly facilitate the therapeutic process especially in the era of managed care (Stanton, 2002). Research in this area of Animal Assisted Therapy (AAT) has begun to demonstrate and validate the authentic benefits to people who interact in a structured manner with animals; in particular, interactions with dogs have shown tremendous promise (Brodie & Biley, 1998). It is believed that the presence of companion animals in stressful, fear and anxiety producing settings can provide emotional safety (Barker, Pandurangi, & Best, 2003). The presence of a therapeutic animal who could be touched could be viewed by some individuals as

pleasant and non-threatening. Too often, persons who have experienced abuse as adults or as children have not received appropriate and healthy touching, and treating professionals are frequently restricted because of legal and ethical considerations against providing nurturance and affection. Animals have no such restrictions and offer much needed physical contact without judgment (Becker & Morton, 2002). Petting a dog or even being in the presence of a companion animal (Riddick, 1985) is a potentially effective way to reduce stress and increase relaxation in persons open to the experience.

Regarding theory, Lachman coined the term “illness narrative” (p. 97) to describe the way people suffering from traumas deal with their pain. He notes that even the most caring family members can only hear about the trauma and pain so much, but that pets do not mind hearing about the trauma over and over and continue to offer support in the moment. Lachman believes that pets play a unique and supportive role in helping the person heal from the posttraumatic stress they are encountering (Becker & Morton, 2002). In other stressful, although less traumatic settings, research findings from Allen, Blascovich, Tomaka, and Kelsey (1991) demonstrated the reduction of autonomic reactivity in women who had the presence of a companion animal versus women who had the presence of a human friend. Robins, Sanders, and Cahill (1991) found that dogs assist people who have to encounter strangers, where some level of facilitation must occur, and to establish trust amongst newly acquainted people.

Finally, traditional theories of counseling models such as Adlerian, Behavioral, and Person-Centered therapies offer specific techniques to establish rapport and trust with clients in order to facilitate joining in the therapeutic relationship. In addition, Attachment and Distraction theories offer more modern approaches to engaging clients in



the therapeutic process. The literature review found in Chapter II detailed the tenants of these models and related their concepts of rapport building, establishing trust, and the inclusion of a therapeutic animal into counseling sessions.

Concerning the rationale for this study, the principal objective was to understand the phenomena of the Human-Animal bond as seen from the perspectives of individuals undergoing outpatient mental health counseling treatment. A qualitative approach was utilized for this research investigation because the nature of the idea being explored, the Human-Animal bond and its clinical impact on therapy, does not readily lend itself to concrete variables that can researched using a more traditional quantitative approach. Specifically, the phenomenological method of interviewing was employed to investigate and understand the aspects of the Human-Animal bond in a therapeutic setting in the hope that it will offer insights into ways in which clinicians can facilitate the therapeutic process of healing in a new and exciting way.

#### Restatement of Methodology

This researcher posted a flyer at a local outpatient mental health counseling clinic where a therapy dog was being used as an adjunctive tool in the therapeutic process. Ten people responded to the flyer and after being screened for their appropriateness to participate in this research study, appointments were set to conduct the research. At the initial face-to-face meeting written informed consent was obtained assuring the participants of the purpose of the study and that confidentiality would be strictly adhered to. They each signed the informed consent forms, filled out a demographic survey, and signed a HIPPA release of information for the transcription company contracted to

provide transcription services regarding the audio taped interviews. This researcher then conducted semi-structured interviews involving twenty-one open-ended questions.

The qualitative method of phenomenology was chosen for this research study because the purpose of this approach is to understand the participant's experience from his/her point of view. The focus of this type of research is to understand how the participant perceives their experience of a particular event, in this case, the experience of the presence of a therapeutic animal in their clinical therapy sessions. Such methodology explores a search for "meaning units" that can be integrated into a "typical" experience for that person and persons who have experienced the same event. This methods foundation is based in philosophy and the central question is "What is the meaning of this experience for these people?" The researcher is searching for themes across the participants. When the researcher looks at multiple perspectives of a particular experience from several different individuals, the researcher may then be able to make a generalization about that event in terms of what it was like from an insider's perspective (Leedy & Ormrod, 2001). The three major themes found in the data in this study were: Relationship to the Therapy Dog, Purpose of the Therapy Dog, and The Clinician and the Therapy Dog. Eleven sub themes were also found and examined.

#### Meaning of Research Findings

The final data analysis of the ten interviews yielded several common themes amongst the participants. Despite the fact that most of the demographic factors were similar not all of the participants preferred dogs over cats and yet all but one participant found the presence of a therapy dog to be a positive and rewarding aspect of their mental health treatment (the exception found her to be "neutral" and not a significant factor in

her treatment). It appears that the most common specific contributions brought by the therapy dog were unconditional love, the ability to relax the client in session, the ability to afford a positive and productive distraction in order to refocus during session, and humor/laughter to lighten the seriousness of the clinical content often seen in therapy.

Even though the introduction of a therapeutic animal into the counseling setting is non-traditional, and in spite of the fact that the therapy dog was always introduced informally, the participant's initial and subsequent reactions over time were positive. This finding may speak to perhaps the unexpected openness people have to try a non-conventional practice in the counseling process. Many of the participants stated that now having experienced a therapy dog in session would have been sad if the animal were no longer part of treatment and many expressed their clear disappointment when the therapy dog was not present for sessions thus demonstrating the profound impact of her presence.

Although most participants did not identify with the therapy dog as a Co-Therapist, most did consider her part of the therapy team. The fact that she was female and small in stature often coming into session in a variety of stylish dog clothing and jewelry appeared to be a positive significant factor in people being receptive to her presence. Many commented that if she were a barker, a larger dog, or not so affectionate the benefit of her presence may not have been quite so positive.

Finally, the relationship demonstrated between the clinician and the therapy dog served to role model the therapist-client relationship in terms of mutual respect and trust. Many of the participants felt a powerful connection to their therapist as a result of her relationship with her dog that enabled them to trust her and connect with her more readily than if the therapy dog had been present.

### Findings in Relation to Theory

Behavioral theorists have suggested the creation of a new environment to facilitate learning. Having a therapeutic animal present in a mental health clinic to act as a co-therapist meets this criteria as well as providing a source of role modeling for the client as he/she witnesses the behavioral interaction of the clinician and the therapy dog. When the clinician caresses the dog, the client may imitate such behavior invoking the physiological responses of reduced heart rate, improved breathing, and thus reduce levels of anxiety (Nagengast, Baun, Megel, & Leibowitz, 1997). This researcher found evidence in her investigation to support this previous study. Even non-dog people modeled the interactions between the clinician and the therapy dog and found the exchanges to be positive bringing warmth and peace to the sessions. Themes related to reduced anxiety were noted in most of the participants' responses.

Rogierian theory holds that three attributes are necessary for a positive therapeutic experience: congruence, unconditional positive regard, and empathic understanding. Having a therapeutic dog present during counseling sessions certainly provides for a non-judgmental alliance as further validated in this study. Although clients often assume that the role of the clinician is to reserve judgment, many recognize the human frailties that are inherent. Dogs however, have no such limitation and readily listen without opinion. Robin and ten Bensele (1985) found that pets often serve as transitional objects in that they provide unconditional love, are accepting, and are without criticism. Often the person feels important when receiving affection without reservation or conditions which is what many of the participants expressed in their experiences with the therapy dog. Serpell's research (1999) also supported the notion of therapy dogs being seen as

transitional objects that have advantages over more traditional objects such as blankets or stuffed animals because the dog is responsive, affectionate, and offers apparent sympathy. Most research participants discussed the unconditional love and non-judgmental presentation of the therapy dog significantly contributed to their positive experiences in their counseling sessions. Nearly half of the participants referred to the therapy dog as human repeatedly throughout their interviews.

Adlerians take a phenomenological approach to therapy in that they attempt to view the world of the client from the client's subjective frame of reference. What is most important to the Adlerian is how the individual perceives their own reality as opposed to reality itself. Truth is subjective because human perception varies and reality is only "approximately knowable" (Scott, Kelly, & Tolbert, 1995). Adlerians seek new and innovative ways to assist clients in perceiving themselves in a different and more positive light (Kefir, 1981). Adlerians also contend that without the essential aspects of trust and rapport having been established and maintained, therapy leading to lasting change is not probable (Corey, 1991). This research study demonstrated how the use of a therapy dog can significantly lead to establishing trust with a clinician and facilitating rapport building more quickly than traditional methods of joining with a client. Nearly all of the participants discussed this aspect of initiating treatment and how the therapy dog quickened the therapeutic process.

A more non-traditional theory, that of Attachment theory, was developed by Bowlby (1982) and states that the purpose of attachment is to maintain a bond that provides the person with a sense of safety and security. Although Bowlby's theory is based upon the mother-child bond, Margolies (1999) contends that any type of

relationship can become an attachment relationship if the role it plays provides a feeling of safety and security. An attachment to a pet such as a dog may fulfill needs that the person is unable to obtain in their relationships with people (Sharkin & Knox, 2003). This study, for many of the participants, illustrated how the clinician's attachment to her therapy dog led to trust and rapport building thus generating a feeling of safety and security in the counseling room. Furthermore, that attachment served as a role model for the clients in creating a connection to their therapist.

Finally, Distraction as a strategy for alleviating or at least reducing people's responses to stress is a strategy that is congruent with Lazarus' cognitive model of stress (Lazarus, 1990). Distraction is a technique that diverts a person's attention away from the sensations or emotional reactions brought forth by a specified stressor, such as anxiety (McCaul & Malott, 1984). The goal of this study was to provide the client with an interesting and compelling distraction, such as a therapy dog, in order to facilitate therapy. Because as a rule, dogs are considered non-threatening and unconditionally accepting of people and the presence of a certified animal assisted therapy dog may serve as a healing agent in a therapeutic setting (Robin & tenBensel, 1985). This study confirms the findings in Robin & ten Bensel's research that therapy dogs in a clinical setting can serve as a healing agent largely in part because of their unconditional love, a phrase used by most of the participants.

#### Findings in Relation to Related Research

The findings in this study appear to confirm previous results in related research studies examining factors that therapeutic animals bring into treatment thus adding to the literature further support for the use of animal assisted therapy. Specifically, this study

adds to the findings of Robins, Sanders, & Cahill (1991) who found that when strangers meet, such as a clinician and a potential therapy client, the presence of a dog can be used as a distracting conduit for communication. Furthermore, the dog can provide a source of focus and serve as a topic of conversation, which could lead to rapport building with mutual interests with therapy dogs serving as a bridge to quickly connect unfamiliar persons in new situations. This researcher found that the use of a therapy dog did quicken the connection between the therapist and the client by providing a common topic for conversation. Moreover, participants discussed how the therapy dog served as a positive and useful distraction allowing them to refocus their thoughts and delve deeper into their pain.

Barker, Barker, Dawson, and Knisely (1997) noted the ability of companion animals to serve as a clinical bridge in therapeutic experience by reducing the threat of the therapy setting by their presence and to serve as a positive distraction while patients discuss painful material. Again, this study confirms the findings of these researchers as the therapy dog did serve as a bridge in building the therapist client relationship and the therapy dog provided for many of a constructive distraction.

Lastly, Barker, Pandurangi, & Best (2003) reported that the presence of companion animals in stressful, fearful, and anxiety producing settings can provide emotional safety. They found that to some individuals, the presence of a therapeutic animal who could be touched was viewed as pleasant and non-threatening. This study too confirmed that finding. All of the participants interacted with the therapy dog by petting her, allowing her to lay on their lap, and/or receiving kisses from her in order to alleviate their stress, fear, or anxiety, reporting that the therapy dog allowed them to

become more relaxed. Several had purchased or made gifts for the dog and two had requested to have their pictures taken with her thus highlighting the emotional safety and connection they had made to her.

#### Limitations of Data

Although purposive sampling typically involves interviewing between five and twenty-five participants, that is still a relatively small number of persons to interview for a research study. This researcher interviewed ten people and all of them were female, of the Christian faith, college educated to some degree, and of adult age. Ninety percent of them were Caucasian and seventy-five percent of them had incomes exceeding \$50,000.00 annually. All of them had pets in their lives either currently or in the past and all had positive animal/pet experiences at some point in time. Therefore, generalizations made about the findings of this study may be limited to persons who fall within those demographic characteristics. Additionally, all of the participants responses were based on their experiences with the same therapy dog as none of them had ever been in treatment before with any other therapeutic animal.

Furthermore, the goal in phenomenological research is to have the researcher bracket, or refrain from stating the reality of what is under observation. This term, also known as *epoche*, was developed by Edmund Husserl (1859 – 1938) and is used to mean that the researcher should not allow their previous knowledge of the subject under study to influence the analysis of the data. The researcher is encouraged to keep an open mind and to view the data purely. Although this researcher made every effort to do so acknowledgement must be made of human limitations and the role that the unconscious mind plays in possible contamination of the data.



## Feedback From Participants

The results of this qualitative research study do suggest the usefulness of implementing a therapeutic animal in the counseling process. Most of the participants offered suggestions that would affect or impact the use of a therapy dog in the treatment process and they are being expanded upon in this section in the hopes that it will provide valuable information to not only this specific clinician but other clinicians considering using a therapeutic animal as part of the therapy team.

All participants noted T's affection being a valuable asset to their sessions. Participant # 1 offered the following observation noting that gender and appearance made a difference to her:

Question: "So, does it make a difference T is a girl versus a boy dog?"

Answer: "Yeah, I think so. Those little outfits are awful cute."

Response: "Like T doesn't have a spike collar on."

It is interesting to note that Participant # 1 prefers cats over dogs and had early negative experiences with dogs and yet still found a therapy dog significant to her treatment. She referred throughout the interview to T as "human" and as a "girlfriend" clearly demonstrating the bond she has with T.

Participant # 2 felt that T's clothing was a positive factor and even had gone so far to spend her own time and money to crochet T a blanket to keep warm in the therapy room. She stated that she wished her psychiatrist, who according to her displays a cold demeanor would have a therapy dog to improve his disposition when seeing clients.

Participant # 3 offered information regarding confidentiality and perceptions of persons with animals in general relating to trust:

Response: “I know she has never talked about me (laughs). Everything is very confidential with T (laughs).”

Response: “Pet people are usually pretty nice people, so I don’t recall any hesitation with sharing things with Beth...”

She also discussed how she felt that T participated with her and the clinician in prayer and how that was an important factor for her in connecting with T. Furthermore, she made numerous mentions about the fact that T does not bark being of paramount importance. She mentioned twice in the interview that she wished the cloning of T was possible (affordable) and such a statement this researcher believes conveys her strong bond with T. This participant was aware that T had specialized training in being a therapy dog. She also made comments about her awareness of pet therapy programs in hospitals in South Carolina but was unaware until meeting this clinician that it was offered elsewhere or in other contexts.

Participant # 4 expressed that T’s being a small dog was ideal and that a larger size dog may not have worked in a clinical setting. Despite this participant’s negative adult experiences of dogs she found T to be a positive significant factor in therapy.

Participant # 5 prefers cats over dogs but still found T a vital part of her treatment. T’s clothing was also mentioned as being a positive part of the therapeutic interactions.

Participant # 6 also prefers cats to dogs despite being allergic to cats! She was aware of T’s training and her being a therapy dog however she did not believe T’s presence in her sessions was to serve a therapeutic purpose and that this function was reserved for other clients. Despite this, she welcomed T’s presence and found it positive if not necessary.

Participant # 7 too prefers cats over dogs. She stated that T's small size was important for her to be effective in treatment. She mentioned several times throughout the interview that T and T's blanket and the interactions with it were a positive part of therapy. However, she commented "...and if she is using her for therapy it is almost unbeknownst to me, but I can tell that it works. Like, I can see the benefits of it..."

Participant # 8 liked T's sense of humor and could name several instances to demonstrate T's antics. She also found it endearing watching T greet the clients in the waiting room and escorting them into the session room and then back again to the waiting room for the next client.

Participant # 9 was impressed by T's "intelligence" and was aware of her having some type of unspecified training. Participant # 10 prefers the company of dogs most and felt that having T in session made her trust her clinician more quickly and made her more willing to discuss her problems.

#### Recommendations for Clinician

Additional observations and recommendations follow in this section that are specific to this clinician and this therapy dog but may be of value to other clinicians interested in utilizing conjunctive animal assisted therapy in a therapeutic setting.

Participants # 1, 3, 4, 6, and 7 did not agree with the term Co-Therapist for T. Participants # 2, # 5, # 9, and # 10 were non-committal about the term Co-Therapist. Participant # 8 liked the term Co-Therapist and stated that T is part of the therapy "team" specifically, although many participants made comments that clearly indicated they found her to a vital part of the counseling process. All of the Participants stated that the

inclusion of T in therapy was causal and happenstance as opposed to being introduced to T formally.

Participant # 2 found T's fur shedding amusing whereas other clients did not. She was unsure how to express to the clinician her desire to have T present for all sessions as opposed to T randomly being present depending upon the clinician's circumstances. Because consistency in therapy is vital to success, the clinician may want to consider the impact that T's inconsistent presence has on therapy. She was unaware if T sees all of the clinician's clients or if she was the exception to a rule whereas the other participants were aware that T regularly saw the rest of the clinician's clients. Finally, she offered that it was her opinion that T would be helpful in working with children and thought that the clinician should make an effort to extend T's services to children (if she had not already). This goes directly against the observations of Participant # 8 who believed that T was unfriendly towards children and should not interact with them because of her preconceived notions about T's breed (Chihuahua).

Participant # 4 felt that her clinician would have been receptive to her requesting that T not be present for sessions if she had decided that she did not like T. She specifically gave several recommendations to help prevent upset of future clients should they not like dogs or not feel comfortable having T present as a part of their treatment.

“The only thing is the very first session it was a little awkward for me before I got to know her...since T is a Chihuahua, a few of the Chihuahua's that I've known have been...didn't like men, and growl, and more high strung, so it took me a little bit to... within the session to get to know her, and know she is totally mellow.”

“I think maybe one way that I would...like I said, I’m glad it worked out that way and I was open to saying yes to it, but maybe in all the paperwork that you get when you are a first time patient, it could be one of the questions, are you open to having a therapy dog in your session, yes or no, that way you don’t feel awkward.”

Participant # 6 felt that T’s size was important and a larger dog would not have been appropriate. She was mildly bothered by T’s shedding of fur but explained that because she is a mother and used to messes that it was not too problematic. Participant # 7 expressed that she felt comfortable telling the clinician that she wanted T to be present for all sessions and not be randomly included.

In closing, clinicians may not want to use the term “Co-Therapist” when describing the role of the therapy dog. Great care should be given to choosing a therapy dog that does not shed a large amount and to the breed’s size and gender as that appears to be a significant factor in the receptiveness of the clients towards the use of a therapy dog in session. Clinicians may want to consider creating a formal policy to provide informed consent about the use of a therapy dog and the option to not utilize such a tool for those who are not receptive to its presence.

#### Suggestions for Future Study

There are several suggestions this researcher has regarding possible future studies. Because the volunteers for this study characterized such a small demographic representation it would be of value to study the perceptions of men and children of both genders regarding their experiences with a therapy dog. Because all of the participants had at least some college education and were all Christians it would be interesting to see

if the perceptions of persons with less formal education or from other religious beliefs would be any different from those found in this study. Furthermore, this study was limited to the use of one small female dog and it would be fascinating to see other studies that focused on different therapeutic animals such as cats or different types of canine breeds and sizes as well as the male gender to see what those perceptions would yield. In addition, it would be interesting to do a case study interviewing the clinician who utilizes a therapeutic animal as part of their sessions to see what findings emerged from their point of view. Finally, it may be valuable to take this study a step further by investigating it quantitatively using a control and experimental group with all of the participants matched for demographic differences, one with and one without a therapy dog, to see if there is any significant difference in treatment outcomes.

### Conclusion

Since its inception, psychotherapy has offered a variety of techniques to engage and build rapport and trust with clients for the purpose of assisting those individuals in creating change in their lives. Initial research has shown that companion animals are effective in serving as a link to reduce the threat of the therapeutic setting (Barker, Barker, Dawson, & Knisely, 1997). The presence of a therapeutic animal especially during the establishment phase of treatment could continue to prove to be a vital link in retaining clients in therapy. This researcher believes that this investigation has demonstrated that the use of a therapy dog can play a fundamental part in facilitating at an even quicker pace the rapport building that occurs in the early stages of treatment and then in the retention of clients who actually look forward to participating in their counseling sessions despite the emotional pain of healing, as a result of the presence of a

therapeutic animal. The process appeared to be accelerated in two ways: first that rapport building was established quickly because the participants perceived the clinician trustworthy because of her relationship with and treatment of the therapy dog. Secondly, because the attachment that occurred between many of the participants and the therapy dog along with the therapy dogs ability to positively distract them; this led to emotional healing faster than might have been achieved without the presences of the therapy dog. For persons who are open to a therapeutic animal this non-traditional adjunctive counseling tool can be a cost effective way to help enrich the therapeutic experience.

## REFERENCES

- Allen, K. M., Blascovich, J., Tomaka, J. & Kelsey, R. M. (1991). Presence of Human Friend and Pet Dogs as Moderators of Autonomic Responses to Stress in Women. *Journal of Personality and Social Psychology*, *61*(4), 582 - 589.
- Arambasic, L. & Kerestes, G. (1998, September). *The Role of Pet Ownership as a Possible Buffer Variable in Traumatic Experience*. Symposium conducted at the meeting of the 8<sup>th</sup> International Conference on Human-Animal Interactions, The Changing Roles of Animals in Society, Prague.
- Bandura, A. (1986). *Social Foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice – Hall.
- Barker, S.B. (1999). Therapeutic Aspects of the Human – Companion Animal Interaction. *Psychiatric Times*, *16* (2).
- Barker, S. B., Barker, R. T., Dawson, K. S., & Knisely, J. S. (1995, September). *The Supportive Role of Pets in the Childhood of Sexual Abuse Survivors*. Symposium conducted at the meeting of the 7<sup>th</sup> International Conference on Human-Animal Interactions, Animals, Health and Quality of Life, Geneva, Switzerland.
- Barker, S. B., Barker, R. T., Dawson, K. S., & Knisely, J. S. (1997). The Use of the Family Life Space Diagram in Establishing Inter-Connectedness: A Preliminary Study of Sexual Abuse Survivors, Their Significant Others, and Pets. *Individual Psychology: Journal of Adlerian Theory, Research & Practice* *53* (4), 435 - 450.
- Barker, S. B. & Dawson, K. S. (1998). The Effects of Animal-Assisted Therapy on Anxiety Ratings of Hospitalized Psychiatric Patients. *Psychiatric Services*, *June 1998*, (49), 797 - 801.



- Barker, S. B., Pandurangi, A. K., & Best, A. M. (2003). Effects of Animal-Assisted Therapy on Patient's Anxiety, Fear, and Depression Before ECT. *Journal of ECT, 19* (1), 38 - 44.
- Beck, A.M. & Katcher, A.H. (2003). Future Directions in Human – Animal Bond Research. *American Behavioral Scientist, 47* (1), 79 – 93.
- Becker, M. & Morton, D. (2002). *The Healing Power of Pets: Harnessing the Amazing Ability of Pets to Make and Keep People Happy and Healthy*. New York: Hyperion.
- Breising, K., Linke, K., & Todt, D. (2003). Can dolphins heal by ultrasound? *Journal of Theoretical Biology 225*, 99 – 105.
- Bowlby, J. (1982). *Attachment and Loss: Vol. 1. Attachment* (2<sup>nd</sup> ed.). New York: Basic Books.
- Brodie, S. J. & Biley, F.C. (1998). An Exploration of the Potential Benefits of Pet-Facilitated Therapy. *Journal of Clinical Nursing, 1999*, (8), 329 - 37.
- Cawley, R., Cawley, D., & Retter, K. (1994). Therapeutic horseback riding and self-concept in adolescents with special education needs. *Anthrozoos, 7* (2), 129-134.
- Christian, J.E. (2005). All Creatures Great and Small: Utilizing Equine-Assisted Therapy to Treat Eating Disorders. *Journal of Psychology and Christianity*. Vol. 24, No. 1, 65 – 67.
- Coren, Stanley. (1994). *The Intelligence of Dogs: Canine Consciousness and Capabilities*. New York: The Free Press.
- Corey, Gerald (1991). *Theory and Practice of Counseling and Psychotherapy*. Pacific Grove, Ca: Brooks/Cole.

- Cusack, O. & Smith, E. (1988). *Pets and Mental Health*. Binghamton, New York: The Haworth Press, Inc.
- Demares, R. (1998). Peak Experiences with Cetaceans: A Phenomenological Study (Interspecies Communication, Connectedness). *Dissertation Abstracts International*, 59, no. 10B, (1998): 5592.
- Dratfield, J. & Coughlin, P. (1995). *The Quotable Canine*. New York: Doubleday.
- Emory, D.K. (1992). *Effects of therapeutic horsemanship on the self-concept and behavior of asocial adolescents*. Unpublished doctoral dissertation, University of Maine, Orono.
- Havener, L., Gentes, L., Thaler, B., Megal, M. E., Baun, M. M., Driscoll, F. A., et al. (2000). The Effects of a Companion Animal on Distress in Children Undergoing Dental Procedures. *Issues in Comprehensive Pediatric Nursing*, 24, 137 – 152.
- Hickrod, L. and Schmitt, R. (1982). *A Naturalistic Study of Interaction and Frame: The Pet as "Family Member."* *Urban Life*, 11, 55 - 77. Abstract obtained from Sociological Abstracts.
- Jacobson, E. (1938). *Progressive relaxation*. Chicago: University of Chicago Press.
- Katcher, A. (1981). Interactions Between People and Their Pets: Form and Function. In B. Fogle (Ed.), *Interrelations Between People and Pets* (pp. 4 - 68). Springfield, IL: Charles C. Thomas, Publisher.
- Kefir, N. (1981). Impasse/priority therapy. IN R.J. Corsini (Ed.), *Handbook of innovative psychotherapies* (pp. 401 – 415). New York: Wiley.

- Krawetz, N., & DePrekel, M. (1993). *Effects of therapeutic horseback riding on 5<sup>th</sup> and 6<sup>th</sup> grade girls with emotional and behavioral problems*. Master's thesis, University of Minnesota, Minneapolis.
- Lazarus, R. S. (1990). Theory-based stress management. *Psychological Inquiry*, 1 (1), 3 – 13.
- Levison, B. M. (1969). *Pet-Oriented Child Psychotherapy*. Springfield, IL: Charles C. Thomas.
- Leedy, P. & Ormrod, J. (2001). *Practical Research: Planning and Design (7<sup>th</sup> ed)*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Loughlin, C.A. (1991). Bird – Human Interactions: Psychological Needs Filled By Avian Companions. *Masters Abstracts International*, 31 (1), (1991):0439.
- Margolies, L. (1999). The Long Goodbye: Women, Companion Animals, and Maternal Loss. *Clinical Social Work Journal*, 27, 289 - 304.
- McCall, K. D., & Malott, J. M. (1984). Distraction and coping with pain. *Psychological Bulletin*, 95, 516 – 533.
- Miller, K. (2004). *Animal-Assisted Therapy (AAT): The Healing Power of the Four-Footed Co-Therapist*. Eau Claire: MEDS-PDN.
- Moustakus, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, Ca.: Sage Publications.
- Nagengast, S. L., Baun, M. M., Leibowitz, M. J., and Megel, M. (1997). The Effects of the Presence of a Companion Animal on Physiological and Behavioral Distress in Children During a Physical Examination. *Journal of Pediatric Nursing*, 12 (6), 323 – 329.

- Nebbe, L. J. L. (1997). The Human-Animal Bond's Role with the Abused Child. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, Vol. 58 (3-B), September, 1997.
- Netting, F.E., Wilson, C.C., and New, J.C. (1987). The Human – Animal Bond: Implications for Practice. *Social Work*, 32 (1), 60 - 64.
- Riddick, C. C. (1985). Health, aquariums and the non-institutionalized elderly. Special Issue: Pets and the Family. *Marriage and Family Review* 8, (3 – 4), 163- 173.
- Robin, M., & tenBensel, R. (1985). Pets and the socialization of children. In M. B. Sussman (ed.), *Pets and the family* (pp. 63 – 78). New York: The Haworth Press.
- Robins, D. M., Sanders, C. R., & Cahill, S. E. (1991). *Dogs and Their People: Pet Facilitated Interaction in a Public Setting*. *Journal of Contemporary Ethnography*, (20), (1), 3 - 25.
- Robinson, I (Ed.) (1995). *The Waltham Book of Human – Animal Interaction: Benefits and Responsibilities of Pet Ownership*. St. Louis, MO: Pergamon Press.
- Rossmann, G.B. & Rallis, S.F. (1998). *Learning in the Field: An Introduction to Qualitative Research (2<sup>nd</sup> ed.)*. Thousand Oaks, Ca.: Sage Publications.
- Sable, P. (1995). Pets, Attachment, and the Well-Being across the Life Cycle. *Social Work*, 40 (3), 334 – 341.
- Saylor, K. (1998). Pet Visitation Program. *Journal of Gerontological Nursing*, 24, 36 – 38.
- Scott, C.N., Kelly, D., and Tolbert, B.L. (1995). Realism, Constructivism, and the Individual Psychology of Alfred Adler. *Individual Psychology*, 51 (1), 4 – 20.

- Schultz, M. (1999). Remedial and psychomotor aspects of the human movement and its development: A theoretical approach to developmental riding. *Scientific and Educational Journal of Therapeutic Riding*, 44 – 57.
- Seidman, I. (1998) *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York: Teachers College Press.
- Serpell, J. (1999). Animals in Children's Lives. *Society & Animals: Journal of Human – Animal Studies*. 7 (2), 1 – 8.
- Shank, G.D. (2002). *Qualitative Research: A Personal Skills Approach*. Up Saddle River, NJ: Merrill Prentice Hall.
- Sharkin, B. S. & Knox, D. (2003). Pet Loss: Issues and Implications for the Psychologist. *Professional Psychology: Research and Practice*, 34 (4), 414 - 421.
- Stanton, M. W. (2002). *Reducing Costs in the Health Care System: Learning From What Has Been Done*. Research in Action, Issue 9. AHRQ Publication No. 02-0046. September 2002. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved October 2, 2003, from <http://www.ahcpr.gov>.
- Tribulato, J. (2004). Anima-assisted therapy for uncommunicative psychiatric patients with catatonic features. *Dissertation Abstracts International*, 65 (9B), (2004): p. 4855.
- Turner, W. G. (2001). Our New Children: The Surrogate Role of Companion Animals in Women's Lives. *The Qualitative Report*, 6, (1). March, 2001.
- Vidrine, M., Owen-Smith, P., & Faulkner, P. (2002). Equine – Facilitated Group Psychotherapy: Applications for Therapeutic Vaulting. *Issues in Mental Health Nursing*, 23:587 – 603.

Weber, D.A. (2003). A Comparison of Individual Psychology and Attachment Theory.

*Journal of Individual Psychology*, 59 (3), 246 – 262.

Wells, M. (1998). *Dog Presence Effects on Children's Stress Responses During Medical*

*Procedures*. Symposium conducted at the 17<sup>th</sup> Annual Delta Society Conference,

Seattle.

[www.ProvalisResearch.com](http://www.ProvalisResearch.com)

## APPENDIX A

**Barry University  
Informed Consent Form**

Your participation in a research study is requested. The title of the study is “A Qualitative Study Exploring the Human-Animal Bond in a Therapeutic Setting.” The research is being conducted by Corrie L. Hungerford, LMHC, LMFT, NCC, a Ph.D. student in the Counseling Department at Barry University, and is seeking information that will be useful in the field of counseling. The aim of the research is to understand the phenomena of the human-animal bond as seen from the perspectives of individuals undergoing mental health counseling treatment. In accordance with this aim, the following procedures will be used: in-depth audio taped individual interviews to be conducted with participants concerning their experience(s) of the presence of a therapeutic animal during the course of a mental health counseling session. I anticipate the number of participants to be 10.

If you decide to participate in this research, you will be asked to do the following: participate in an in-depth audio taped individual interview concerning your experiences with having present a therapeutic animal during the course of a mental health counseling session. The interview will consist of answering 21 open ended questions and completing a demographic survey. The interview will be ninety (90) minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects whatsoever.

The risk of involvement in this study is minimal, and is not expected to exceed that ordinarily experienced during routine psychological assessments. Although there are no direct benefits to you, your participation in this study may help our understanding of ways in which the field of counseling can incorporate new techniques to facilitate the healing process in individuals receiving mental health treatment.

As a research participant, the information you provide will be held in confidence to the extent permitted by Florida law. Any published results of the research will refer to participant averages only and no names or other identifying information will be used in the study. Interview Question Forms, Demographic Data Sheets, and audio tapes will be kept in locked files, in separate cabinets, in this investigators administrative office. The audiotapes will be erased and destroyed as soon as the study is completed. The signed Informed Consent Form will be kept separate from the Demographic Data Sheet and Interview Forms. All raw data, including Demographic Data Sheets and Interview Forms will be destroyed after five (5) years in accordance with Florida laws and university policies and procedures.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Corrie L. Hungerford, LMHC, LMFT, NCC at (407) 947-2901, the Barry University Chair person, Dr. Kitty Eeltink, at (321) 235-8402, or the Barry University Institutional Review Board (IRB) point of contact, Nildy Polanco, at (305) 899-3020. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

### **Voluntary Consent**

I acknowledge that I have been informed of the nature and purposes of this experiment by Corrie L. Hungerford, LMHC, LMFT, NCC and that I have read and understand the information presented above, and that I have received a copy of this form for my records.

**I give my voluntary consent to participate in this experiment.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)*



## APPENDIX B

## Therapy Dog Flyer



If you are currently in therapy with Beth Hill and her therapy dog “T” and are interested in participating in a study on the experience of the Human-Animal Bond please read on....

---

*A doctoral research study is being conducted by Corrie L. Hungerford, LMHC, LMFT, NCC, a doctoral candidate at Barry University in the Adrian Dominican School of Education, exploring the Human-Animal Bond in a Therapeutic Setting.*

---

To participate or for more information  
please call or email your contact information to:  
**(407) 947-2901 (Ask for Corrie)**  
**CLHungerford@cfl.rr.com**

\*Please put "Human-Animal Bond" on the subject line of the email.\*

---

Study Requirements - Participate in one brief telephone contact to be screened for appropriateness of participation. Participate in one ninety (90) minute interview. Participate in one follow-up session to review interview transcripts for accuracy.

Eligibility Requirements – Male and female adults who are at least 18 years of age and currently receiving mental health treatment at this outpatient practice. A minimum of 10 and a maximum of 20 participants will be allowed for participation in this research study.

**This is a research study and is not considered a therapeutic session. Confidentiality will be carefully protected. Participation is entirely voluntary.**

APPENDIX C  
Demographic Survey

Please fill out this demographic survey so that we may obtain some general information about you. Your responses are confidential.

Please write in (where appropriate) or circle the number of your response.

1. Your age: \_\_\_\_\_
2. Gender:   a. Female  
              b. Male
3. Marital status:
  1. Single
  2. Married
  3. Separated
  4. Divorced
  5. Widowed
  6. Cohabiting
  7. Domestic Partner
4. What is your ethnicity?
  1. African-American
  2. Caucasian
  3. Hispanic
  4. Asian
  5. Other: \_\_\_\_\_
5. Educational level:
  1. Less than High School Diploma
  2. GED (General Education Diploma)
  3. High School Diploma
  4. Some College
  5. Undergraduate College Degree
  6. Graduate Degree (Master's Degree, Ph.D., J.D., M.D., etc.)
6. Current work status:
  1. Employed/Self Employed Full Time
  2. Employed/Self Employed Part Time
  3. Retired
  4. Unemployed
  5. Never employed
  7. Other: \_\_\_\_\_

7. Current school status:
  1. Not attending school
  2. Attending School Part Time
  3. Attending School Full Time
  
8. Income:
  1. Less than \$10,000 per year
  2. Between \$10,000 and \$19,999
  3. Between \$20,000 and \$29,999
  4. Between \$30,000 and \$39,999
  5. Between \$40,000 and \$49,999
  6. \$50,000 or more
  
9. Religious Affiliation (If any): \_\_\_\_\_
  
10. Pets in Home:
  - a. Yes
  - b. No
  
11. Type (s) of Pets in the Home:
  - a. Dog
  - b. Cat
  - c. Fish
  - d. Rabbit
  - e. Snakes/Reptiles
  - f. Ferret
  - g. Hamster/Gerbil
  - h. Bird
  - i. Other: \_\_\_\_\_

APPENDIX D  
Questions for Interview

1. Tell me about your earliest experience with an animal.
2. Do you currently have a pet in your home?
3. Do you prefer the company of dogs or other kinds of animals more and why?
4. How did you come to know about a therapy dog being available as a Co-Therapist?
5. What are your perceptions and observations about this therapy dog?
6. What is your perception of your relationship with this therapy dog?
7. How did you react to having a therapy dog present for the first time?
8. How did your experience of having this therapy dog present change over time?
9. How does having a therapy dog present affect your therapy experience?
10. How do you believe that the presence of this therapy dog in your counseling sessions enhances therapy?
11. How does having this therapy dog in the session affect your relationship with your therapist?
12. Tell me how you experience of this therapy dog as a co-therapist?
13. Overall, what would you say is the most important part for you of having this therapy dog present in your sessions?
14. How would therapy be different if the therapy dog were not present?
15. Tell me about your fondest recollection in working with this therapy dog?
16. Specifically tell me about five ways in which this therapy dog comforts, nurtures, supports or aids you in any other way.

17. How does this therapy dogs presence make you feel more open to discussing things with your therapist, if this is true?
18. How does this therapy dogs presence make you feel more relaxed/less anxious, if this is true?
19. How does this therapy dogs presence affect your willingness to be in therapy, if it does?
20. Is there anything about the experience of having this therapy dog present for the counseling sessions that is difficult or problematic?
21. What is your perception of the clinician providing you with therapy?

APPENDIX E  
HIPAA Release of Information

Barry University

*Authorization to use and disclose protected health information*

1. I am completing this form to allow the use and sharing of protected health information about

Printed name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. I authorize this person or organization: Barry University

3a. To use or disclose the following information:

Audio-taped interviews

3b. Dates of care included: From \_\_\_\_\_ to \_\_\_\_\_

4. To this organization:

BCD Transcriptions

5. The information will be used/disclosed for the following purposes:

Transcription of Audio-taped Interviews

6. I understand that I can revoke or cancel this authorization at any time.

7. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment nor will it affect my eligibility for benefits.

8. I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Participant

9.  I acknowledge that I received a copy/declined a copy of this completed form.

10. I, a Barry University Student, have discussed the issues above with the participant. My observations of his/her behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of professional

\_\_\_\_\_  
Printed name of professional.

\_\_\_\_\_  
Date