PET FACILITATED THERAPY AND THE THERAPEUTIC RELATIONSHIP:

PARTICIPANT PERSPECTIVES

by

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Abstract

This qualitative study examines Pet Facilitated Therapy (PFT) from the perspective of the participant/client in an initial counselling session. The use of the human-animal bond to facilitate therapy is a relatively new and growing field. Existing research has focused on quantitative measures, third party ratings, or therapists' perspectives. A specific focus of this research is how the presence of a dog affects participants' perceptions of the therapeutic relationship between the participant and counsellor. In order to use PFT as a therapeutic adjunct most effectively and purposefully, it is important to better understand how PFT recipients experience a pet's presence in counselling settings.

Three female and two male participants ranging in age from forty-six to seventy-two were solicited from patients on the Rehabilitation Unit of a local hospital. Each participant took part in an audio taped initial counselling session at which a trained therapy dog was present. I participated in the research, acting as both counsellor and researcher. Interviews were conducted by a fellow graduate student to elicit participants' perceptions of the experience. Interview transcripts and other contextual data were analyzed thematically utilizing grounded theory methodology.

Results of this study were expressed through two primary themes: the first theme focused on what roles participants attributed to the dog's presence, and the second theme concerned what factors contributed to how the participants experienced the session. Participants indicated that the dog's presence tranquilized or relaxed them, was indicative of my attributes as therapist, and prompted emotional memories. Significant factors which affected how participants experienced the PFT session included the therapist's

skill and way of being, tactile contact with the pet, previous emotional attachment to pets, and the participant's self-perception or way of being.

This study affirms the primacy of the client-counsellor relationship, and offers new insight into what contributions a pet's presence may make to counselling. As a result of this research, I formed a new conceptualization of the "therapeutic relationship", which includes an understanding of the roles that therapists and pets play as both distinct and overlapping. This new understanding includes potential benefits of PFT which are independent of the therapist (such as the pet's role in helping the participant/client to relax), and benefits which involve the pet *and* therapist (such as the dog as an indicator of therapist attributes). Similarly, the therapist's role in the relationship with the participant/client is based on therapist skills and attributes which are independent of the pet, but also includes elements of overlap with the pet's presence, as when the therapist interacts with the pet.

This thesis is about beginning to explore and share a missing component from PFT research: the client's voice. Participants' contributions, for which I am most grateful, have both validated some of the assumptions and beliefs found within PFT research to date, and offered new ways of understanding the potential benefits of the human-animal bond to counselling.

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This thesis is dedicated to Isaac. At this writing he occupies his usual spot, curled up behind my chair, unaware of the profound impact he has on my life and on the lives of others he greets regularly with genuine warmth, acceptance, and enthusiasm.

Chapter 1

Introduction

Accounts of the utilization of animals to ameliorate the lives of people are as old as the first recordings of human events. Animals have long been, and continue to be used as sources of food, protection, transportation, and in the production of clothing and many and varied products. Gradually, the role of animals has extended also into the realm of companionship. Today in Canada, approximately half of all households own pets (Livernois, 1998). Their importance in our lives is also belied by the fact that Canadians spend over 2.3 billion dollars annually in the care and maintenance of our pets (Livernois, 1998). Studies have even indicated that dog owners rate their emotional closeness with their pet as equal to or greater than that of their closest family member (Barker, 1999). What is it about pets that has caused the human-animal bond to evolve into the powerful dynamic that it is today? The ways in which animals may benefit humans from a psychological standpoint underlie this research proposal.

Pet Facilitated Therapy

The application of the human-animal bond to improve psycho-social conditions for people is referred to by many names. This research paper will utilize the term Pet Facilitated Therapy (PFT), which was coined by psychologist Boris Levinson to describe the use of pets as an adjunct to an existing therapy (Levinson & Mallon, 1997). Other terms used to describe the recreational, educational, and therapeutic interventions which utilize animals include pet therapy, animal-assisted therapy (AAT), and pet facilitated

psychotherapy.

Humans have attempted to facilitate their physical, emotional, mental, and spiritual healing by interacting with animals in a multitude of ways. The lines between the different applications of PFT is, at present, a blurred one. Present-day PFT includes the use of trained dogs for people with visual, auditory or motor impairment, resident animals in nursing homes, pets as adjuncts to traditional individual and group psychotherapy, prisoner rehabilitation via animal care and training, dolphin therapy, therapeutic riding programs, and pet visitation programs in hospitals and hospices. Research in the field of PFT has most commonly focused on interactions with the elderly or infirm, with psychiatric inpatients, or with youth.

The roles attributed to animals are as varied as the settings in which they are utilized. Pet dogs have been shown to alleviate severe depression in nursing home residents (Brickel, 1986), and facilitate the development of nurturing behaviours in children (Mallon, 1994a) and the elderly (Corson & Corson, 1987). Pets have also been found to effectively defuse hostility and increase positive social interactions in prison populations (Corson & Corson, 1981). Brickel (1982) attests to pets' ability to reduce client anxiety through competing response theory by serving as distracters which allow clients exposure to anxiety-provoking stimuli without adverse effects. Cusack (1988) concurs, postulating that pets' ability to act as distracters and emotional supports may augment individuals' self-confidence and sense of security, thereby aiding people to overcome extreme shyness or agoraphobia. Animals have also been credited with increasing clients' self-esteem (McCullogh, 1981), and serving as social catalysts (Robins, Sanders, & Cahill, 1991; Wilson & Netting, 1983).

The perceived benefits of the many types of pet facilitated therapy are the impetus for the vast number of programs which utilize the human-animal bond. A common theme in the existing literature, however, is the call for more planned and controlled studies in this field in order to gain a better understanding of the dynamics of PFT (Beck, Seraydarian, & Hunter, 1986; Brasic, 1998; Cass, 1981; Draper, Gerber, & Layng, 1990). Researchers assert that if PFT is ever to gain credence, particularly among the scientific/medical community, much more research is needed which goes beyond anecdotal reports, case studies, simple observations, or studies lacking controls and tested measures (JAMA, 1995). I assert that understanding the clients' perspectives of PFT is a necessary and missing precursor to such studies.

The Therapeutic Relationship

This research project focuses on the use of pets in a critical aspect of the counselling process: the development of the therapeutic relationship. One of the most commonly-cited benefits of the use of pets in counselling is that of assisting in the development of rapport between client and therapist. Animals of many types (e.g., dogs, cats, rabbits, horses, cows) have been used to 'break the ice', foster conversation or physical interaction, and forge the initial, tenuous bonds of the close psychological relationship between client and counsellor which is conducive to therapeutic change.

Regardless of one's theoretical orientation to counselling, the initial development of rapport between the client and counsellor is key to success in the therapeutic process. Hackney and Cormier (1996) identify the establishment of rapport and the building of the relationship between client and counsellor as the first stage of counselling. They define

rapport as the element of a relationship which allows for a sense of psychological comfort between people, and which is comprised of the elements of trust and respect. Okun (1992) states that "the development of a warm, trustful, relationship between the helper and the helpee underlies any strategy or approach to the helping process and, therefore, is a basic condition of any helping process." (p. 14). Belkin (1975) defines the establishment of rapport as a three-part process. It is established "when the counsellor demonstrates an accepting, open attitude, when he shows interest in what the client has to say, and when he does everything in his power to make the client feel comfortable" (p. 296).

The establishment of a strong therapeutic alliance is, therefore, a key task during the initial stage of therapy, although the cultivation of the therapeutic relationship continues for the duration of counselling. Ways to facilitate the establishment of rapport, trust, and the complex ingredients of the therapeutic relationship may be of increasing interest given the time and money constraints evidenced by an increase in short-term therapy programs.

One strategy used to facilitate the therapeutic alliance is the use of animals as an adjunct to an existing therapy. Accounts of how animals lessen clients' anxiety, increase their verbalizations and interactions with therapists, and provide a warm, relaxed environment are common in the literature on PFT (examples: McCandless, McCready, & Knight, 1985; Wilson & Netting,1983). Often, the observed benefits of a pet's presence are discovered accidentally, and accounts are noted anecdotally by practitioners. The literature suggests that animals utilized in PFT seem to fill, in some capacity, the conditions identified by therapists as being conducive to the therapeutic alliance. What is

missing from the literature, however, is an understanding of the client's perspective of how an animal's presence may influence the therapeutic relationship. The goal of this study is to give voice to clients' experiences of an initial counselling session at which a pet is present.

Client-centered counselling is characterized by its non-directive and supportive nature, which also closely describes the interactions between people and pets within PFT. Dr. Carl Rogers, founder of client-centered theory, identified three essential conditions which, if provided by the therapist, create the therapeutic environment necessary for change to take place. These are therapist congruence, unconditional positive regard, and expressed empathy (Rogers, 1951).

Researchers have noted the benefits of dogs' capacity to express unconditional positive regard to depressed college students (Folse, Minder, Aycock & Santana, 1994) and with an institutionalized geriatric population (Corson & Corson, 1987; Struckus, 1991). Dogs are the most commonly used animals in PFT, perhaps in large part to their ability to convey to people their genuine interest and affection. While people may be distrustful of a therapist's intentions or motivation, they are certain that a dog's enthusiasm or interest is genuine. A wagging tail, inquisitive nose, or the lick of a hand are all expressions of positive regard which come from a source devoid of preconceptions, hidden agendas, sympathy, or other judgements of the recipients. In addition, this affection can be, and often is, safely reciprocated, allowing individuals both tactile and emotional expressions of nurturance and positive regard for another being. It does not seem surprising that PFT has predominantly been focused on populations such as youth, people with psychiatric diagnoses, and the elderly. These people are usually

not accessing counselling of their own volition, and therefore may have more concerns about the therapeutic relationship, and the intentions and motivations of their counsellor or therapist.

PFT and the Therapeutic Relationship

Peacock (1984) attests that her dog's presence strengthens the therapeutic alliance through a non-threatening expression of positive regard. The therapist, for example, comments how much the dog seems to like the client, or that the client seems to 'have a way with' dogs. This expression of positive regard, based on actual occurrences in the session, allows for both genuineness and immediacy, in indirect terms which may be less threatening to the client. Perris (1992) found that pets at a psychiatric facility for severely disturbed youth helped to facilitate rapport and to provide emotional support for the residents, and comprised a meaningful part of their treatment program.

Levinson's (1997) observation that his dog's unconditional acceptance of the child client promoted a more secure environment and was therefore conducive to therapeutic change mirrors Roger's belief in the therapeutic value of unconditional positive regard of the client. While Levinson noted the unwavering positive support of the *dog*, and Rogers wrote of the unconditional positive regard of the *therapist*, both attribute the attitudinal quality as key to client growth and progress.

The Research Problem

Although this critical role of pets in facilitating client-counsellor rapport is often cited in PFT literature, (Bowd & Bowd, 1988; Cooper, 1999; Kaufmann, 1997; Levinson

& Mallon, 1997; Nebbe, 1991; Wilson & Netting, 1983), there has been very little research to date which examines the issue specifically. Important studies have established the physiological benefits to humans from the presence of pets, including a significant decrease in measured indicators of arousal (Baun, Bergstrom, Langston, & Thoma, 1984; Harris, Rhinehart, & Gerstman, 1993; Katcher, 1981), and higher post-surgical survival rates for pet owners (Friedmann, Katcher, Lynch, & Thomas, 1980), but few have specifically examined the positive contributions that an animal might make to the client-therapist relationship.

Factors which may impact the potential effectiveness of PFT have not been adequately explored to date in the literature. Previous interactions with, and feelings for pets (often through prior pet ownership) is a variable which may effect the degree to which pets may be beneficial in therapy. Researchers and practitioners have advocated the careful matching of a prospective PFT recipient to the companion animal, based on such factors as the activity level of each, and the prior types of pet(s) owned by the person (Davis, 1988; Harris, Rhinehart, & Gerstman, 1993; Struckus, 1991). There is discrepant information however, regarding the importance of a pre-existing bond with the animal in order for PFT to be effective.

Researchers looking at the physiological benefits of pets have found that a pre-existing bond between participants and pets was a significant factor in physiological indicators of stress such as blood pressure readings (Baun, Bergstrom, Langston, & Thoma, 1984; Jenkins, 1986). Many PFT programs, however, such as the program at Prince George Regional Hospital (PGRH), operate in terms of a visitation program, and therefore preclude a pre-existing bond between the visiting pet and participants. Given

the large number of such PFT programs in existence in which the participants have no prior relationship with the pet(s) involved (nor are variables such as previous pet ownership monitored), this question merits further study. Factors affecting the therapeutic value of the human-animal bond require more research not only regarding physical health, but also mental and emotional health.

To date, PFT studies which indicate that animals increase clients' pro-social behaviours have relied largely on anecdotal accounts of practitioners/researchers (Banman, 1995; Bowd & Bowd, 1988) or third party raters (Chinner & Dalziel, 1991; Copley, 1992; Corson & Corson, 1987; Katcher & Wilkins, 1994; Kongable, Stolley & Buckwalter, 1990; Perelle & Granville, 1993), rather than eliciting the participants' perspectives. In addition, two studies (Peacock, 1984; Turi, 1994) which specifically examined the impact of an animal on perceptions of client-therapist rapport have yielded results which did not wholly support the anecdotal information in the literature. Much more information is needed from participants' perspectives to help in constructing the larger-scale studies on this and other aspects of PFT that are needed in this relatively new field of research.

The Research Question

The question which this study seeks to answer is: How does the presence of a dog during an initial counselling session affect the client's perception of the therapeutic relationship? In order for PFT to be used most effectively, we must have a better understanding of the influence of the human-animal bond on human-human interactions. Specifically, it is crucial to hear from the participants' perspectives what impact a pet's

presence may have on their own perceptions of comfort, trust, rapport, and the complex elements that comprise a therapeutic relationship with another person.

Impetus for the Research

Personal Experiences - PFT

My own experiences in a pet visitation program are key catalysts for this research. For over three years, I visited monthly at the Rehabilitation Unit of PGRH with my English Setter, Isaac. Together we have visited over one hundred and fifty individuals of diverse ages, and with varying cognitive levels of functioning and physical limitations. Some people were only visited once before they were discharged from the Unit. Others, whose duration of stay was several months, were visited regularly during their time at the hospital.

Regardless of the number of times we visited with an individual, I have found that people forged an interactive relationship with myself and my dog very quickly. My perception is that Isaac facilitated *both* superficial conversations, intimate disclosures of worry and grief, positive reflections on personal memories (e.g., previously owned pets), *and* physical interactions with the dog such as petting, hugging, and kissing. The quickly-established rapport that I have experienced with the patients on the Rehabilitation Unit has caused me to consider our relationship dynamics from a counselling perspective, and instilled in me the desire to examine, through a research study, my hypothesis that Isaac's presence plays a fundamental role in this phenomenon.

As an animal lover and therapist, I have an interest in combining these two facets of my life, but I do not want to do so merely to please myself. It is important to me

professionally and ethically to utilize PFT only if it is seen by the client as being a helpful addition to therapy. I do not anticipate that this will always be the case, however eliciting the clients' perspectives will serve to better inform my own and others' use of PFT.

Chapter 2

Literature Review

Historical Overview

The first recorded intentional utilization of the human-animal bond as therapy occurred in England in 1792 at the York Retreat, an institution for the mentally ill. Jones (as cited in Levinson & Mallon, 1997) describes how this facility, in attempting to create a different atmosphere from the lunatic asylums of the day, kept small farm animals for the residents to interact with and care for, thereby developing their self-control skills. Later, pets were used as part of a treatment program for residential epileptics at Bethel, Germany in 1867 (Cusack, 1988). In 1919 at St. Elizabeth's Hospital in Washington, D.C., a letter was received from the Secretary of the Interior which advocated the use of dogs as companions for the resident patients at the psychiatric hospital (National Institutes of Health OMAR Workshop, 1987). The American National Red Cross (Levinson & Mallon, 1997) conducted the first notable use of animal-assisted therapy in the United States in Pawling, New York in 1944 at the Army Air Corps Convalescent Center. Here patients recuperating from the experiences of war interacted with and trained dogs. Results of this program indicated that the dogs were useful not only in promoting increased physical exercise for the men, but also in diverting their introspection, and in redeveloping increased levels of responsibility.

More consistent applied study of PFT began in the 1960s when psychologist Boris Levinson first presented a paper on the use of his dog "Jingles" in his therapy sessions with children. Dr. Levinson noted that his dog helped to facilitate communication and break down barriers between himself and his young clients. This

finding prompted Dr. Levinson's subsequent years of practice incorporating the use of pets into traditional therapeutic modalities. His three books and numerous articles on the subject of PFT describe the multiple benefits that he observed in his work with children, families, autistic, gifted, psychiatric, and elderly populations. These benefits include the facilitation of many aspects of therapy such as assessment and the exploration of issues, but all hinged on the animal's initial ability to stimulate a relationship between the human partners in therapy, client, and therapist (Levinson & Mallon, 1997).

PFT Research

Physiological Benefits of PFT.

Veterinarian Leo Bustad asserts that humans' decreasing contact with animals is detrimental to our health (Bustad, 1979). He states that comparative medicine comprises the study of nature via a six-way interactive relationship between people and animals, people and plants, and animals and plants. This natural relatedness is, according to Bustad, necessary to living a fulfilled and healthy life. Thus, Bustad advocates the promotion of animal-facilitated therapy through which animals could provide companionship and support to mentally disturbed individuals, the elderly, the lonely, students in dormitories, and physically disabled individuals.

Interestingly, Bustad also notes that this dyadic relationship between animals and people results in animals often serving as an early signal for discord within individuals or households: "The pet often reflects the disturbed condition of a client - often more simply and honestly" (p. 710). Physical and behavioural manifestations in pets such as lethargy,

refusal to eat, and abnormal behaviour can mirror discord among human family members. Family therapists observing the dynamics between family members and their pet concur: family pets have been observed to become ill in conjunction with a family member's illness, and Speck (as cited in Levinson & Mallon, 1997) noted in seven families that psychiatric crises within the families were closely followed by the deaths of the family pet. Therapists Jungreiss and Friedmann (as cited in Levinson & Mallon, 1997) also note that pets' behavioural reactions can be interpreted as extensions of the family dynamics. Pets have also been credited with indirectly contributing to the assessment of clients: Holcomb and Meacham (1989) found that PFT aided assessment for an inpatient psychiatric population because the animal therapy group had the highest attendance rate for isolated individuals of varying diagnoses, thereby resulting in increased opportunities for staff to observe and assess these individuals within a shorter time frame.

Friedmann et al. (1980) examined the relationship between pet ownership and survival from coronary heart disease. Study results indicated that pet ownership was associated with longer survival in their study sample of 78 individuals who had been released following myocardial infarctions or angina for a year after their discharge from the hospital.

Katcher (1981) found that individuals' blood pressure readings were lower when they petted their companion dogs compared to when they simply sat quietly. Dogs visiting on a cardiothoracic, vascular, and eye surgery unit were credited with not only increasing the motivation and communication of patients, but also with improving their stress reduction and pain management (Carmack & Fila, 1989).

Baun et al. (1984) found that a pre-existing bond between people and dogs was a significant factor in physiological changes in the participants. They compared changes in heart rate, respiratory rate, and systolic and diastolic blood pressure in 24 non-hypertensive individuals between three treatment conditions. After obtaining baseline readings, the physiological measures were taken in three nine minute sessions while the individuals petted an unknown dog, petted their own dog, or read quietly. Findings from this study showed a significant difference in blood pressure readings between petting one's own dog (with whom one shares a pre-existing bond) and petting a stranger's dog. Petting one's own dog produced a similar relaxation effect as reading quietly. This study indicates the need to examine whether a pre-existing bond between human and pet is a significant factor in potential psychological changes that a pet may facilitate.

Jenkins (1986) contended that health benefits derived from pets seemed to be largely dependent on the individual relationship between the owner and pet, rather than such variables as the person's age or characteristics of the pet. Jenkins measured blood pressure and heart rate of pet owners while they petted their dog and compared these same ratings while the owners read aloud. Participants selected had all shown high scores on the Pet Attitude Scale (Templer & Veleber, 1981), indicating a pre-existing positive regard for their dogs. Ratings were taken over a 50 minute session in the participants' homes. Jenkins attempted to control for variations in ratings due to speech by not conversing with the participants during the measurement periods. In addition, a five minute "greeting period" when the dog entered the room for the petting treatment condition was allocated, and measurement did not occur during this initial time frame, due to the increase in the participant's activity. Measurements were taken in three

minute intervals during the initial baseline period and the two randomly ordered treatment conditions. Results of the study indicated that systolic and diastolic blood pressure readings were significantly lower while participants petted their dog than while they read aloud. Heart rate readings did not change significantly between the two groups (Jenkins, 1986).

Blood pressure readings, heart rate, and respiration rates were also monitored in a study of pet facilitated therapy with the homebound elderly (Harris, Rinehart, & Gerstman, 1993). Readings were recorded weekly for sixteen participants during a four week control period, and again during the four week test period, during which a dog and volunteer handler also visited the participants. Results showed a significant decrease in systolic and diastolic blood pressure readings, as well as a significantly decreased mean pulse rate. Respiratory rates were also decreased, but not significantly.

Psychological Benefits of PFT.

Jacquelyn Banman (1995) noted changes in affect and displays of love and nurturance by residents at a youth state psychiatric facility after the introduction of a weekly pet visitation program. The purposes of the program included milieu enhancement through the de-institutionalizing effect that the animals' presence had, and the opportunity for physical, mental, emotional and spiritual growth through contact with puppies, kittens and rabbits. Banman advocated the incorporation of animal-assisted therapy programs into psychiatric facilities because she found that the animals provided the children and adolescents at the institution the opportunity to laugh, play, and express love and affection. She also reported that the animals served as topics for youths'

conversations which included the verbalizing of emotions and feelings to staff. Banman asserts that this natural connectedness that we share with animals may be particularly important for emotionally disturbed children who, as yet, lack the capacity to relate to other humans in a meaningful way.

Harris et al. (1993) published three case studies describing the impact on elderly housebound individuals who received weekly visits by an RN, a volunteer handler, and a dog. The researchers noted great changes in participants' affect, including tone of voice, animation, increased smiling, and hugging and kissing of the pet. Behavioural changes included increased conversation (often about the pet, directed at the pet, or reminiscences of previously-owned pets), and increased mobility (petting, brushing or throwing toys for the dog, leaning forward toward the dog). In addition, case study participants spoke of feeling happier, more relaxed, and of having something to look forward to.

Mallon's (1994a) research findings indicate that dogs can facilitate the development of nurturing behaviours, particularly with children and the elderly. Mallon noted that these populations are most often the recipients of care and nurturing, rather than being given the opportunity to express nurturing and provide care for others. In his studies of an adolescent residential facility, Mallon found that the on-site dogs contributed to young residents developing nurturing skills, and assuming increased levels of responsibility for another living thing (Mallon, 1994a).

Similarly, Cole and Gawlinski (1995) found that fish aquarium animal-assisted therapy relaxed and distracted hospital patients, and provided them a greater sense of self control. Fish tanks were placed in the rooms of patients awaiting orthotopic heart

transplantation. Patients named the fish and were responsible for their feeding. Staff observed that patients expressed a sense of delight in the care and naming of the fish, as well as a greater sense of relaxation and distraction from their upcoming surgeries.

Prison inmates receiving animal-assisted therapy have an opportunity that is rare in this type of setting: the development of nurturance and responsibility, and the expression of affection, love, and empathy. Pets have also been found to defuse alienation and hostility found in settings such as prisons, and to increase positive social interactions (Corson & Corson, 1981). In addition, some prison, animal-assisted, therapy programs combine the practical component of learning a vocational trade as an animal technician (Moneymaker & Strimple, 1991).

Horses have also been used as therapeutic aides for individuals with physical and/or cognitive difficulties, and individuals incarcerated in penal institutions. These horses are used to foster greater physical independence, trust, empathy, and responsibility in the clients (Cooper, 1999). A California State Penitentiary employs an equine program wherein inmates work with wild horses. Officials report that the conventional and problematic communication styles of the inmates are often altered after working with the horses, with forceful behaviour being replaced by patience and collaboration. In addition, the unconventional setting of many types of therapies involving animals (stables, pools, and farms, for example) provide venues for therapy to occur with clients who would find a therapist's office too threatening or alien.

Robins, Sanders, & Cahill (1991) studied the interactions between strangers in a park, and noted a process whereby previously unacquainted individuals, accompanied by their pets, seemed to find less risk in addressing comments intended for a person to

his/her animal companion. This process of 'triangling' (Cain, as cited in Robins et al.) may also extend to the counselling client who is often hesitant to verbalize his/her thoughts or feelings. Over a three month period Robins regularly took his dog to the park and noted (through field notes recorded after the visits) the nature of interactions between dog owners who were "regulars" and those he deemed "newcomers". Robins et al. (1991) postulate that because dogs' intentions are generally easily determined and are congruent with their behaviour that these qualities may also be attributed by others to their human companions.

Interestingly, they found pet dogs to be not only social catalysts and facilitators of conversation between strangers, but also to be buffers from conversation which delved into personal topics. When this type of conversation occurred, or was instigated by Robins, the other person often drew the conversation back to the topic of the dog, or addressed the dog itself, thereby deflecting the personal conversation topic. While this study suffers from a loose design and data analysis description, and poses ethical concerns around the issue of consent, it does provide us with possible hypotheses concerning why and how pets may stimulate or influence conversation. Further exploratory research is necessary to test these hypotheses.

Nielsen and Delude (1994) noted an increase in interactions between residents at an interim care psychiatric facility upon the addition of a tank of guppies and a cage of guinea pigs. Researchers found that the animals served as a common topic of conversation for the residents, and that these interactions, once initiated, sometimes delved into deeply personal topics. New residents were found to interact more frequently with the guinea pigs, which the researchers felt supported the idea that tactile contact

with animals serves to reduce stress. Despite the fact that the residents were enthusiastic about the presence of the fish and guinea pigs, their interest in and care of the animals waned after the study, resulting in the removal of the guppies and guinea pigs from the facility one month later. This result indicates the need for more longitudinal studies on the impact of resident animals with psychiatric populations.

Human-animal interaction is also credited by Brickel (1981) with providing therapists with valuable information which may augment the therapist's understanding of the client's difficulties. By observing and monitoring how a client responds to a pet, the therapist may pick up "pathognomic signs and prognostic clues" (p. 121) which aid in planning appropriate therapy for the client. Copley (1992) studied the effects of PFT at an adolescent psychiatric treatment centre, and noted the opportunity for therapeutic exploration provided by the projective statements that the children made about the animals. Pets are also credited with the ability to facilitate therapeutic rapport between client and therapist (Brickel, 1981), however this assertion is based on the therapist's perspective alone.

Mallon (1994b) conducted a second, mixed methodology study which focused on the therapeutic impact and uses of farm animals in a residential setting for youth. Participating children completed an open-ended and multiple choice questionnaire, and all staff completed a one hour semi-structured audio taped interview. Results were interpreted using both qualitative and quantitative software, and suggested that the children identified the horses, rabbits, and cows and other farm animals as confidants and empathic companions. Some children specifically attested to seeking the animals out in order to deal with feelings of sadness, loneliness or anger. Mallon (1994b) noted many

benefits to the children, including the opportunity to develop nurturing skills, but cautioned practitioners to be sensitive to the eventual issue of separation of the child from the animals. He encouraged the provision of processing opportunities to children around this separation, so that the human-animal bonding experience continued to be a healthful one. In addition, Mallon noted that many children in residential care facilities have experienced violent and aggressive interactions in their homes, and thus may continue to conduct themselves according to this model. Given this, staff, volunteers, and researchers need to be vigilant for aggressive behaviour by PFT/AAT recipients toward the animals.

In an effort to add quantitative substantiation to the anecdotal reports that interaction with animals stimulates pro-social behaviour in institutionalized people, Perelle and Granville (1993) studied a PFT program at a nursing home. During this study, volunteers with pets (varying cats, small dogs, and rabbits) visited residents in a nursing home's common rooms for two hours a week, for ten weeks. Results showed a significant increase in residents' social and self-maintenance behaviours after the introduction of the PFT program. The researchers noted that these behaviours decreased again four weeks after the post-test period, although these scores were still significantly higher than at pre-test. Unfortunately, due to facility and staff restrictions, no control group was possible for this study. In addition, it would have been interesting to have followed up to note whether this decline in social behaviours continued to pre-test levels, dropped below pre-test levels, or levelled off above pre-test levels. Such information could be valuable to facilities considering PFT, and who have to choose between a visitation program or a resident pet.

Nursing staff of patients with Alzheimer Disease reported that interactions with pets stimulated an increase in many pro-social behaviours including laughing, smiling, singing, and interactions with staff, family members, other residents, and the animal itself (Bowd & Bowd, 1988; Kongable, Stolley, & Buckwalter, 1990). McVarish (1994) found that depressive symptomology was significantly reduced among depressed institutionalized patients who received a 40 minute PFT visit, when compared with a treatment group that was shown pictures of pets, and with a control group that received no intervention. All participants were rated pre and post-test using the Beck Depression Inventory (BDI) and the Brief Psychiatric Rating Scale (BPRS). Results indicated a significant overall decrease in mean scores for the BDI and BPRS, as well as a significant lowering for six individual items from the BPRS: somatic concern, emotional withdrawal, feelings of guilt, tension, depressive mood and blunted affect (McVarish, 1994).

Muschel (1984) researched the effects of visiting pets with 15 terminally ill cancer patients over a ten week period. Contrary to much of the literature, Muschel did not find that contact with the pets increased socialization between the patients and other people. Using a non-directive questionnaire, five Thematic Apperception Test cards (Jahoda, Deutsch, & Cook, 1951, as cited in Muschel, 1984), magazine pictures of people, and the researcher's observations, Muschel concluded that the visiting pets did lessen the anxiety, isolation and despair expressed by most of the dying patients. Three of the 15 participants did not respond positively to the animals. One of these stated that she did not wish to form new attachments which would soon be forced to end. The two others were described as being unempathic, distant and unfeeling. These results are of

interest, given that many of the psychiatric facilities which successfully employ PFT as an adjunctive therapy involve patients with similar behavioural traits. This study did not provide clear information on the units of analysis or weights given to the different measures, thus prompting many questions and the need for future research in this area.

Beck, Seraydarian, and Hunter (1986) found presence of birds to be an effective, low cost and low risk way to facilitate group therapy for psychiatric inpatients with diagnoses of schizophrenia, schizaffective disorder, and affective disorder. Seventeen psychiatric inpatients (12 males and five females) were randomly assigned to one of two therapy groups. Each group had voluntary attendance, and met daily for half an hour, five days a week for a ten week period. One of the groups had four finches present in a cage, and the other group did not. Patient behaviour was monitored using the Brief Psychiatric Rating Scale (Overall & Gorham, 1962, as cited in Beck et al., 1986), and the Nurses Observation Scale for Inpatient Evaluation (Honigfeld & Klett, 1965, as cited in Beck et al). In addition, attendance was recorded, as were spontaneous voluntary contributions. The group with the birds present showed significantly better attendance to their sessions, more verbal participation, and also demonstrated significantly lower ratings of hostile behaviour than the non-bird group. The research period was shortened because four of the eight bird group participants were deemed appropriate for discharge during the study, while none of the non-bird group met these requirements. Given the positive outcomes of their research, Beck et al. advocated the replication of this type of study utilizing larger sample size, and providing for more patient-animal interaction.

Chinner and Dalziel (1991) studied the introduction of a canine resident at a hospice house in order to determine how the dog's presence affected patients, staff and

visitors, and interactions between these groups. The investigators used field notes, interview questionnaires and videotape of patient-pet, patient-visitor, and patient-patient interactions to rate the attitude and behavioural changes that the poodle induced. Study results showed that the dog's presence did facilitate patient interactions with both staff and visitors, and that both patients and staff held positive attitudes about the dog's residence at the facility.

While investigators found no significant long-term changes in patient morale as a result of the canine's presence at the residence, they did attribute temporary, or situational, changes in patient morale to the dog. Chinner and Dalziel (1991) noted that general changes in mood and morale are typically noted results of pet facilitated therapy programs, and postulated that this may not have occurred in a hospice setting because it seemed "... that for some terminally ill patients the prospect of death outweighs any transient pleasure provided by the poodle" (p. 19). Interestingly, their findings indicated that the poodle did not seem to effect positive attitudinal change for those patients who felt most isolated or detached. This contradicts much of the anecdotal evidence which finds that pets can alleviate the loneliness and lack of contact which characterize the lives of many elderly institutionalized people (Brickel, 1981; Corson & Corson, 1987). The authors hypothesized that the nature of a palliative setting may play a significant role here, as people in the process of dying may employ a "distancing reaction" (p. 20), that is, they may avoid forming new attachments in order to facilitate acceptance of imminent death.

Folse, Minder, Aycock, and Santana (1994) considered the effects of animal - assisted therapy through different treatments for self-reported depression in college

students. Through their study they compared a control group (no treatment), a directive group (combining psychotherapy and animal-assisted therapy) and a non-directive group (animal-assisted therapy only). Results showed the non-directive animal-assisted group to be the most effective short-term treatment modality. These results were not expected by the researchers, who had anticipated the directive, A-AT group to be the most effective, followed by the non-directive A-AT group. Folse et al. suggested several possible reasons for the results, including a relatively short treatment period (weekly, for seven weeks), and the possible regression toward the mean of the control group scores, given that these were markedly lower during the pre-test period. Nevertheless, study results strongly support animals' ability to ameliorate feelings of depression, negative self-esteem, and inner conflict.

PFT and the Therapeutic Relationship.

The existing literature contains many anecdotal reports of how pets have facilitated the establishment of rapport between humans. Kaufmann (1997) describes how a visiting dog served as a catalyst for an open discussion between a group of conduct-disordered adolescent males and the dog's owner. The dog's own abusive history was discussed, and this prompted several boys to spontaneously share with the other boys and this stranger their own painful experiences.

Reichert (1994) described the use of a pet dachsund-cross "Buster" in a girls' group of child sexual abuse victims. Buster was used as a therapeutic component in a nine month group counselling model. The pet dog was used as a facilitator of disclosure of the abuse; some girls whispered their accounts into the dog's ear, thereby having the

distance and safety that they needed. The dog was also used by the children to ease anxiety and tension through playing, touching, holding and stroking the dog. In addition, the therapist used the dog's history of neglect as a vehicle to explore the issues of guilt and shame, and to draw out the children's narratives.

Wilson and Netting (1983) assert that an animal's presence serves as a low risk opportunity for increased interaction between people. They postulate that "increased interaction serves to build greater rapport because the animal facilitates the building of trust between patient and therapist." (p. 1425).

Nebbe (1991) cited case studies in which her dog facilitated the building of trust and respect among the school children she counselled. "I have observed that children who find it difficult to trust me will relax and 'talk' to my dog or cat. Later, because I 'belong' to the animal, the children begin to trust me." (p. 366). Nebbe states that this influence that her pets had on children she counselled was not contingent on the pets being present every time she saw the children, but rather that there was a carry-over effect which enabled the children to maintain the rapport with her, once its establishment had been started with the pets.

Levinson (1997, in Levinson & Mallon) illustrates through case studies his successful use of PFT in his therapeutic work with children, and concurs with this role of pets as transitional objects which can facilitate both the child's expression of repressed emotions and the development of trust with the therapist. Levinson asserts that rapport with child clients can be hastened through their observations of the therapist's warm and genuine interaction with the pet. In addition, Levinson noted that verbal and non-verbal communication between the client and the pet can provide valuable insight for therapists

through play or 'group' (therapist/child/pet) interactions. "It is an advantage both for the therapist who can observe the child's behavior with the pet and for the child who has a relaxed opportunity to identify, project, empathize, and patronize." (p. 64).

Draper et al. (1990) addressed their concern regarding a lack of scientific research in the field of PFT by developing a measurement instrument (based on items in a mental status exam) with which they conducted a pilot study at the Brockville Psychiatric Hospital, in Brockville, Ontario. The measurement they created rated both quality of response and duration of occurrence of four variables: direction of attention (toward therapist or dog), affect (expression of emotion or inappropriate), communication (appropriate or inappropriate), and movement (approach or avoidance). Study results showed that the dog did facilitate communication between the therapist and all ten participants from the psychiatric facility, and researchers offered the following explanation for the interactions:

> This conjoint exploration of an external non-threatening animal seemed to be a recurring and therapeutically successful dynamic. This dynamic, together with the dog's 'licence' to establish direct animated physical contact seemed to be two of the core psychotherapeutic mechanisms which should be explored in future definitive studies. In the setting studied, the animal was not the therapist per se, but acted as the prosthesis facilitating the establishment of a therapeutic relationship by the therapist. This distinction should be explicit in any synonym used to define the role of animals in the therapy of human subjects. (Draper et al., 1990, p. 172)

In light of the anecdotal reports attesting to animals' facilitation of the therapeutic relationship, controlled studies by Peacock (1984) and Turi (1994) yielded interesting results when specifically examining the role of pets in ratings of therapeutic rapport. While significant benefits of PFT were noted, these studies did not find that the presence of a pet increased observers' or participants' ratings of therapeutic rapport.

The 'bridging' role that pets can play between therapist and client was examined

by Peacock (1984), who utilized her dog in initial therapy sessions with 20 male juvenile offenders in a resident facility. Study participants were randomly assigned to either the control or experimental group. Control group participants attended individual introductory sessions with the researcher/therapist; similar sessions were conducted with the experimental group which also included the researcher's dog. Following the interviews, participants completed six self-report, Likert-type questions, which rated their perceptions on the following themes: subject-interviewer rapport; subject's liking of the interviewer; subject's perception of the interviewer's liking of the subject; feelings of relaxation; level of comfort with self-disclosure; and feelings of being understood by the interviewer. In addition, audiotapes of the interviews were transcribed and analyzed for differences between the pet/no-pet groups for the mean number of resistant statements, mean number of affective statements, and mean number of references to historical material.

Participants' self-stated feelings of relaxation and comfort with self-disclosure were significantly greater for individuals from the pet-present group. In addition, individuals who were interviewed by the researcher and her pet made significantly fewer resistant statements, significantly more affective statements and references to loss experiences than did individuals interviewed by the researcher alone (Peacock, 1984).

Thus, while Peacock noted substantial positive contributions as a result of her pet's presence in introductory sessions with adolescents, there was no significant effect of the pet's presence on participants' ratings of feelings of rapport with the researcher. This study provides us with some valuable information regarding both the specific areas of contributions of PFT to introductory therapy sessions, and the complexity of such

terms as the 'therapeutic relationship' and 'rapport', but leaves many questions unanswered. Certainly, Peacock's (1984) results underscore the need for further research into specific areas of contribution of PFT. That the presence of her pet had no significant impact on participants' ratings of rapport, or feelings of liking or being liked by the interviewer is in direct contrast to anecdotal reports cited earlier (Levinson & Mallon, 1997; Nebbe, 1991; Wilson and Netting, 1983). While Peacock's study design allowed for clear comparisons between treatment groups, it also demonstrated the need for participants to describe *in their own words* the potential effect(s) of the pet's presence on their perceptions of rapport, trust, and other components of the therapeutic relationship. In her study, Peacock analyzed the participants' perceptions of rapport with the therapist through one Likert-scale question which rated the degree to which the participant and client "hit it off" (p. 73). This compartmentalization of the nebulous term 'rapport' does not adequately assess what it purports to measure.

Turi (1994) examined the effects of PFT on childrens' perceptions of the therapist and the therapeutic milieu. Seventy-one elementary students viewed one of four videotaped vignettes of counselling sessions, and rated them on their perceptions of the therapist/rapport, safety of the therapeutic milieu, willingness to disclose/trust inspired by the therapist, and amount of attention paid to the pet. The four vignettes varied in the presence or absence of a cat, the described ownership of the pet (cat belongs to the therapist vs. cat belongs to the receptionist), and the amount of pet-client interaction.

The researcher hypothesized that the children would rate positive therapist and milieu attributions, and their perceived emotional closeness to the therapist most highly in the scenarios depicting the pet as belonging to the therapist, and demonstrating client-

pet interaction. No significant differences were found in the children's attributions or ratings of emotional closeness between the different group conditions (Turi, 1994).

One important design weakness, noted by Turi (1994), is that the children rating the vignettes were doing so from a secure, familiar environment (their classroom) and such third party ratings would doubtfully reflect the true emotional responses of children during their first visit to an unfamiliar therapist. The results of this study, in contrast with anecdotal reports of PFT and the therapeutic relationship, emphasize the need for further research which accesses input directly from the participants who are experiencing PFT.

Summary of the Literature

Past research has indicated significant physiological benefits to humans through associating with animals. Research in this field continues as the medical community searches for cost-effective, low-tech, and accessible means to combat health problems associated with stress, high blood pressure, and related concerns (Prince George Citizen, November 19, 1999).

Similarly, mental health workers have utilized PFT in a variety of settings, and have noted significant emotional and behavioural improvements of those receiving treatment as a result of observations of, or interactions with pets. Third party ratings or anecdotal accounts indicate that not only do pets provide people with a source of relaxation and companionship, but also that they promote interactions between people. One of the underpinning assumptions of PFT – that a pet's presence facilitates rapport between the therapist/caregiver and the client – remains largely unsupported by the literature. Hence, the research foundation upon which much of PFT's application rests

remains shaky. Case histories and anecdotal reports indicate that pets help to build rapport, and aid the development of the therapeutic relationship in general. The limited studies which have examined these issues specifically have not entirely supported the widely held belief that pets facilitate the therapeutic relationship. This may be due in part to our inability as researchers to define and understand these terms from clients' perspectives.

The issues of rapport, trust, warmth and other components of the therapeutic relationship are subjective constructs, and as such are difficult to operationalize and test in PFT settings given available reliable and valid measures. Because these terms are complex in meaning and depend (in so far as we are interested in the client's perception of their experience) on the client's understanding of what these concepts mean, it is necessary to first allow the clients to fully describe their PFT experience as it relates to their relationship with the counsellor.

This exploratory research study attempted to elicit from participants their perceptions of the effects of a pet's presence in an initial counselling session. The resultant information will provide more information on the specific components of the therapeutic relationship which may (or may not) be effected by a pet's presence, and the factors affecting the nature and/or scope of possible PFT benefits to the therapeutic relationship. Such information is presently unclear, particularly given the aforementioned discrepancies between the anecdotal literature and studies which have specifically examined PFT's effects on therapeutic rapport. This knowledge is integral to effective planning of PFT as a therapeutic adjunct, and could serve to guide future PFT research and applications.

Chapter 3

Methodology

In planning this study, I was curious about how a pet's presence in an initial counselling session would affect a client's perception of the therapeutic relationship with the counsellor. My own experiences volunteering in both a pet visitation program and a therapeutic riding program were the catalyst for this curiousity. It seemed to me that not only did PFT recipients enjoy interacting with and watching the animal, but also that there seemed to be a "spillover" effect onto their assessment of, and interactions with me. I wondered how my beliefs, assumptions and experiences compared with what clients might say about how a pet's presence might influence the development of the therapeutic alliance in a counselling setting.

Careful consideration was given to choosing a methodological approach which provided structure to my research, and yet allowed my interaction with the data to guide the process and results. In addition, it was important that I worked within a paradigm congruent with my belief that we – as human beings and as researchers – are inherently subjective. I chose to conduct my research from a framework which explicitly acknowledged my biases, ideas, and hypotheses

Social Constructionist Perspective

Traditionally, research has followed a scientific, positivist model wherein the researcher, secure in her ability to conduct research objectively, seeks deductively to discover some truth about the topic in question, through which future predictions may

then be made (Palys, 1992). In contrast, qualitative social science research has increasingly called into question the notion that there is any one, "knowable" reality through which to describe our diverse experiences. The goal of research shifts, then, from one of defining and predicting, to one of understanding and describing. That we all have subjective understandings based on our experiences, biases, and ways of knowing is assumed. The theoretical underpinnings of this research follow social constructionist thought, that we negotiate "reality" on an ongoing basis through shared meanings that are socially constructed (Gergen, 1999).

Participant-Observation

I chose to be a participant in the data collection and interpretation process because I wanted to see things unfold, to form an understanding not only through the resultant data, but also through the process itself. Participant-observation approaches do not have a time lag between the phenomena under scrutiny, and data collection (Rothe, 1993). As such, the researcher is able to capitalize on unforeseen "leads", or actively expand upon different ways of understanding. Participant-observation approaches are thus particularly well-suited to theory-generative inquiry. "It maximizes discovery and description which is important when there is no theory or conceptual framework to guide our observations" (Rothe, 1993, p. 88).

Because the interviewer and I actively participated in co-constructing this experience with the participants, it is impossible to extricate our voices from the meanings derived through interpretation of the data. "Both researcher and researched contribute to the realities that are constructed, and consequently intervene in each other's

lives" (McNamee, 1994, p. 76). The mere act of asking a question (which is in itself influenced by wording, intonation, pitch, pace, etc.) shapes meaning by requiring a response.

In order to manage this co-construction and yet pursue my goal of grounding my analysis of this experience in the participants' perspectives, I explicitly recorded my assumptions, expectations, perceptions and hopes for this research. My understanding of the topic of focus also evolved throughout the research process; and key shifts in this process are recorded in the discussion chapter. However, because my goal is to understand and record participants' perceptions, their voice is given priority in this paper.

Overview of Grounded Theory

A review of the literature on the human-animal bond and PFT yielded little information from the client's perspective, and instigated this inductive, theory-generative research design. Initial exploration of an area of interest is the necessary foundation of a theory which is grounded in the research data (Palys, 1992). Because we had little information about what was important or significant in this topic, it was necessary to work from a position of openness to all information, and to construct meaningful themes from the data, rather than imposing structure from outside the data through preconceived hypotheses or ideas (Charmaz, 1995).

Grounded theory, developed by Glaser and Strauss (1967), is an inductive approach to generate a theory from qualitative data. Within a general area of focus (e.g., PFT and the therapeutic relationship) data is gathered and interpreted by the researcher for patterned relationships within it (Charmaz, 1995). Grounded theorists have also

developed rigorous research procedures that are systematically detailed in the literature (Strauss & Corbin, 1990), offering clear guidelines for even novice researchers.

Within grounded theory, data collection and analysis occur simultaneously. Each informs the other so that what is "significant" in the data emerges through repetition in the data itself. While the researcher plays an active role in interpreting and thus shaping the direction of the research, within grounded theory there is a conscious effort to let the data guide this process. The researcher's guiding assumptions and ideas are recorded in memo form throughout the process, and serve to explicate the data in later stages of the analysis, as opposed to predefining or structuring the initial raw data. Commonalties or repetition within the raw data (e.g. interview transcripts) form broad concepts. More abstract, descriptive categories are generated when comparisons within concepts yield recurring similarities or differences. The researcher's memoranda and contextual information from other sources (e.g. session transcripts, field notes) are also integrated into the generation of these higher level categories. The developing theory subsumes and shows the relationship between these conceptual categories which reveal the conditions, actions and interactions, or consequences of the phenomena they represent (Corbin & Strauss, 1990; Rennie & Brewer, 1987).

Design

The purpose of this grounded theory study was to endeavor to explain how a pet's presence effects clients' perceptions of the therapeutic relationship between client and counsellor in an initial counselling session. Purposive, theoretical sampling (Corbin & Strauss, 1990) was used to solicit participants from patients on the Rehabilitation Unit of

a local hospital.

The study design followed a grounded theory model, and consisted of individual counselling sessions and interviews with participants. Qualitative data was collected in the form of audio taped sessions and interviews with the participants, and the researcher's and interviewer's field notes. In addition, demographic data was obtained through the individual interviews.

The interview transcripts served as the raw data in which my analysis is grounded. Contextual information was added from numerous sources: excerpts from session transcriptions, post-interview field notes from the interviewer, and my post session notes. These latter included my perceptions of the sessions, a description of the setting and noteworthy contextual information, and notations of the amount and nature of interaction between the participant and the dog. In addition, I recorded memos throughout the research process of my guiding assumptions, ideas, questions and observations.

Participants

This study was an exploratory one of clients' experiences of PFT and the therapeutic relationship. As such, my choice of participants was purposeful, based on individuals' ability to contribute to this emerging theory, rather than on a concept of representativeness (Miles and Huberman, 1994). This theoretical sampling allows for the grounded analysis within a homogeneous group, i.e., patients on the Rehabilitation Unit. Future PFT studies may use this theory in conducting similar research on a heterogeneous population, thereby confirming or disconfirming the contextual conditions

upon which this theory was constructed (Creswell, 1998).

The decision to conduct my research at the Rehabilitation Unit of Prince George Regional Hospital was made on both personal and pragmatic grounds. My desire to explore individuals' perceptions of pet facilitated therapy was spawned largely through my observations as a volunteer at this site. It seemed fitting that my research would be based at this facility which had served to solidify my desire to work in the helping profession. When I first began volunteering at the Rehabilitation Unit I had not yet made the decision to enter the counselling program.

From a practical standpoint, as my research idea and proposal took shape, it made sense to utilize a facility wherein Isaac and I were a "known entity" and had good working relationships with staff. Another encouraging factor was that many hospitals and medical facilities utilize animals in a therapeutic program. As I did not have access to clients actively seeking counselling, consideration was given to trying to find a therapist who might be interested in doing sessions with their clients and my dog. Ultimately, this seemed problematic: I felt unsure of how Isaac would react in an entire session with two strangers, and more importantly, I wanted to be an active participant in the experience.

Three female and two male participants were solicited from patients in the Rehabilitation Unit at Prince George Regional Hospital (PGRH). Staff from the Rehabilitation Unit were integral to recruiting participants. The recreation therapist initially solicited likely candidates with the help of other staff at weekly staff team meetings, including Rehabilitation Unit nursing staff, an occupational therapist, physiotherapist, speech therapist, and social worker. PGRH medical staff conducted a

preliminary review of each patient's participation to ensure that patients' health should not be compromised by participation in this study. Patients were not screened based on the nature of illness or injury which brought them to the Unit. Prospective participants were considered based on my criteria that they be not afraid of, or allergic to pets, and that they be oriented to person, time and place. Patients meeting these requirements were then further screened based on staff's perception of patients' potential desire or need for counselling and willingness to participate.

Initial contact regarding the study was then made by the recreation therapist, after which I visited each individual to fully explain the details of involvement in the study. All patients approached regarding participation in this study agreed once I had met with them and explained what participation would entail. The study was described to prospective participants as an exploration of the use of pets in counselling. Patients choosing to participate signed an informed consent form which briefly described the study, and outlined parameters of confidentiality and anonymity. Appendix C contains a copy of this information and the consent form. Written consents were obtained at this time, and participants were informed that they were free to withdraw from the study at any time.

Procedure

Initial letters of support were obtained from Prince George Regional Hospital (PGRH) staff, as per the requirements of PGRH's Research Review Committee (see Appendix A). A letter explaining the purpose and procedures of the study was given to the front desk staff of the Rehabilitation Unit, as their cooperation was crucial to

scheduling data collection without interfering with patients' therapies and activities (see Appendix B). As well, I personally met the Rehabilitation Unit Head Nurse to explain research requirements and outline the study. Approval was obtained from the University of Northern British Columbia's Ethics Review Committee and Animal Care Committee, as well as Prince George Regional Hospital's Research Review Committee before data collection began.

Counselling Session

All participants took part in one individual audio taped counselling session with me in the counsellor role. Thus, I acted as both researcher and counsellor/participant with patients volunteering to take part in this study. My dog Isaac was also present at each of these sessions. Prior to this study, I had conducted monthly supportive visits with Isaac to patients in the Rehabilitation Unit, with the goals of support, diversion and companionship for desiring patients. The goals of the research sessions were extended to include a counselling component. Establishing therapeutic rapport between the participants and myself, and engaging the participants in the exploration of their experiences with their illness or injury, or another participant-chosen presenting issue, were key goals of these sessions.

Sessions were conducted utilizing a client-centered model of counselling, which emphasized the therapist's unconditional positive regard for the client, therapist genuineness, and expressed empathy. Integral to client-centered theory is Rogers' contention that there is no one 'reality', but rather that each person's reality consists of their perceptions and evaluations of their experiences (Rogers, 1951). As such, the

client-centered model is also congruent with the social constructionist perspective. It was also hoped that supportive counselling would be therapeutically beneficial to the participants in the Rehabilitation Unit. Because the establishment of the therapeutic alliance is a key task at the onset of counselling (Hackney & Cormier, 1996), one initial session was conducted with each participant. If, after the session, participants identified a desire for continued counselling, or had I felt that this was needed, I would have explored with each individual available resources within the facility and/or community, and facilitated connections with such service(s). No participants indicated a desire for further counselling, nor did I feel that it was required. In order to ensure their anonymity, each participant was asked by myself and/or the interviewer to select a pseudonym by which their input into this study is identified.

Sessions lasted approximately forty-five minutes, and all but one of the sessions took place in the Occupational Therapy Room. This room is large and bright, with minimal distractions. In addition it also contains a large raised mattress upon which the dog could sit or lie down. Participants could choose to either sit adjacent to this mattress, or to sit on it with the dog. One of the participants chose to have his session conducted in his hospital room.

Isaac

Isaac, an experienced pet therapy dog, was present during the counselling sessions for all participants. He is a medium-sized, eight year old English Setter. During his many previous visits at the Rehabilitation Unit, Isaac has demonstrated gentle and friendly behaviour, including walking up to patients, wagging his tail, sniffing or licking

proffered hands, and eventually sitting or lying down near the person he is visiting. When patients have expressed a desire for closer contact with Isaac, he has also laid on their bed, or on a raised platform with wheels which was designed for this purpose. During this study, I attempted to make the dog physically accessible to the participants, so that participants were free to interact with him if they so chose.

Interview

Once the counselling session was completed, arrangements were made for a research assistant to conduct an individual audio taped interview with each participant. These interviews were conducted within four days of the initial counselling session. The research assistant was a fellow counselling graduate student, was the same gender as me, and also subscribed to the principles of client-centered counselling. The interviews with the research assistant began with the oral administration of a demographic questionnaire (Appendix D), followed by the oral administration of survey questions designed to elicit the participants' perceptions of the counselling sessions (Appendix E). The survey followed the format of a "funnel interview" (Tashakkori & Teddlie, 1998), beginning with broad, open-ended questions, and narrowing to more focused questions. Clarifying questions and probes were used by the interviewer in an attempt to elicit a thorough understanding of the participants' descriptions and answers.

In addition, I contacted participants with follow-up questions after the interview in order to clarify and confirm intended meanings. Due to the cyclic nature of qualitative data collection and analysis, the addition or amendment of survey questions was considered in consultation with the research assistant throughout the data collection

process. This research process was piloted on two of the five participants to test for unforeseen procedural problems, and to ensure the validity of the survey questions. No changes to the methodology were indicated from pilot testing, and results from the pilot participants were included in the data analysis. Finally, study results were reviewed verbally with participants in order to ensure that they "fit" with the meanings and understandings that participants had intended.

Method

Data Collection

Data was compiled from several sources for this study, including a descriptive demographic questionnaire, and a survey designed to elicit information on the participant's perceptions of the therapeutic relationship in the counselling session with me and the dog. Field notes were also recorded after each session to add descriptive information to the data analysis.

The Demographic Questionnaire. The demographic questionnaire gathered descriptive data on the following variables: gender, age, previous or current pet ownership, level of attachment to the pet, nature of illness or injury, participant-perceived medication effects on mental or emotional state, ethnicity, and anticipated duration of stay in the Unit (see Appendix D).

Participant Survey. A semi-structured survey was constructed to elicit information

from study participants on their perceptions of the therapeutic relationship with the researcher, and to determine what role(s), if any, the presence of a dog played. Appendix E contains a copy of this survey. Mallon (1994b) states that "The intuitive ties between humans and animals require intuitive methods of study, which can be useful as ends in themselves or in delineating questions that one might attempt to investigate at a later point in a more quantitative approach" (p. 459).

Because the therapeutic relationship is comprised of many, complex elements, finding an instrument which attempts to gauge the client's perception of these components would run the risk of limiting, rather than expanding our knowledge on these issues. Each piece of the therapeutic relationship – trust, rapport, empathy, comfort – is complex in its makeup and boundaries. Bachelor (1988), for example, studied client perceptions of "received" empathy and found four distinct empathic perceptual styles. Bachelor cautioned against the idea of one global construct for client-perceived empathy; this could also be extrapolated to our understandings of client-perceived trust, rapport, unconditional positive regard, and other possible components of the therapeutic relationship. Information collected through open and closed-ended survey questions allowed participants to reflect on their own understandings of these constructs, and the possible effects of PFT upon them. In addition, whereas many of the tested measures which might be used to assess participants' perceptions are developed according to responses from a specific (often college or university) population, the nature and delivery of this oral survey allowed for input from participants of varying ages, physical and cognitive levels of functioning.

Field Notes

Both the interviewer and I noted our impressions of the sessions and interviews immediately after they occurred. These included descriptions of the settings, our feelings about the interaction, observations of non-verbal or non-vocal communications, impressions of our roles in the interactions, the amount and type of interacting the participant did with the dog, and our perceptions of the participants' experiences.

Memoranda

I recorded memos aside from the field notes throughout the entire research process. These memos were a "catch all" of my thoughts, questions, ideas, assumptions, frustrations and excitement about the experience. Sometimes these memos were very specific and closely tied to the data; at other times they were abstract thoughts or hypotheses. This memo writing helped me to remember and keep track of my thoughts and questions, and also to keep separate the participants' words from my own.

Analysis of Data

Once data collection began, I listened to the audio taped sessions and interviews several times. Memos were recorded after each listening, noting my impressions in both general and specific contexts. I then began the process of transcribing all interviews verbatim, as they were completed. This time spent with the raw data served two key purposes. First, it allowed me to evaluate the interview questions: were they bringing forth the amount and nature of information that I was seeking, or were they eliciting unforeseen ideas or data which would indicate a need for revised or additional questions?

Did the questions seem to encourage a comfortable sharing of participants' experiences? These issues were also discussed with the interviewer following initial sessions. While the format and wording of the questions were not changed, the challenges of the process are described more fully in the following *Limitations to the Methodology* section.

Once each transcript was completed, I read each one looking for any and all information which pertained to my focus, the participant's perspective of the counselling session with a pet present. Highlighters were used to mark text which fell within these parameters or which seemed otherwise significant. The challenge of deciding what information was deemed "important" to my research was facilitated by using Love's (1994, paragraph 5) five guidelines for identifying "features of significance". Love developed five explicit strategies for selecting from the raw data what she terms "information of difference". These include:

1. repetition of ideas, beliefs, concerns or issues within and across interviews
2. changes in non-verbal communication. This includes such non-verbal elements as volume, pausing, pitch, sighing or crying, or non-vocal changes such as facial expression, or other body movements.
3. historical information intended to explain or justify present actions, thoughts, or statements.
4. explicit and implicit interpretations (whether readily apparent or presented metaphorically) which connect thoughts and actions to specific meanings or perspectives.
5. serendipitous discoveries of unanticipated information, given one's preconceptions, knowledge of the literature, or experience.

Notations were then made in the margins beside the highlighted segments of text. These notations attempted to capture the meanings of the passage, and formed the initial categories from which the themes were derived. There was a conscious effort to utilize the participant(s) own words when I created these categories. Once each transcript had been read, transcribed, highlighted, and given initial categories, these categories were compared across transcripts for similarities and differences. Repeated categories across transcripts formed the basis of the themes. Once I felt that I had a sense of what the participants were saying, I backtracked again to the audio tapes and transcripts to pay particular attention to *how* they told me about it. This information was amalgamated with the interviewer's and my own field notes, and memos. It was through this process that themes were derived.

As a social constructionist researcher, I believe that my hopes and biases certainly influenced the co-construction of meaning with participants. This happened in all phases of research, from which questions I asked, how these were answered, and what conversations were brought forth between myself, the interviewer, and participants. Despite my efforts to stay grounded in the data, my research intentions and hypotheses also impacted my interpretation and reporting of the data.

Data Quality/Rigor

Traditionally, positivist researchers have assessed the quality of their research by scrutinizing results regarding their reliability, validity, and generalizability. These tests assume the possibility of objectively determining a universal, knowable reality. Qualitative research has developed alternative methods to monitor quality controls within

research which recognize the idea of multiple realities and the significance of context. Kvale (1996) encourages the acknowledgement of "the heterogeity and contextuality of knowledge, with a shift from generalization to contextualization" (p. 232). To this end, I have striven to track and make explicit the contextual factors which have informed this research. Making known the means by which I managed and thus understood the data allows the reader to assess the coherence of my conclusions (Stiles, 1993). I attempted to state not only the steps in my procedure and reasoning, but also to describe the contextual circumstances which informed my understanding. This information was recorded through field notes and memo-taking, and was available to my academic advisors to strengthen the confirmability of my results. In addition, my hopes and expectations were noted explicitly in the conclusion chapter. It is expected that these efforts will enable readers to better adapt and understand my results within their own contexts (Stiles, 1993).

Validation within my area of inquiry was also sought through collaborating with my committee regarding the questions asked of participants. Acknowledging that any question is a "leading question" by virtue of its existence (Kvale, 1996), effort was taken to construct questions which encouraged the respondent to answer freely, rather than imposing meanings or otherwise limiting or directing answers. Although the interviewer had guiding questions, she did not stick rigidly to a text, but rather was open to changes in wording or sequence as she and the participant co-constructed meaning through dialogue.

Triangulation – checking my understanding and interpretations with those of others – strengthened the validity of this work. I checked my perceptions of meanings with the participants through second interviews and by reviewing the final themes with

them to determine whether my conclusions "fit for them". This final check allowed participants to tell me whether my interpretations reflected their experiences and meanings. This process, which Stiles (1993) refers to as "testimonial validity", in integral to establishing credibility in qualitative research. I shared with each participant not only the themes, but also how their individual input had specifically contributed to the thematic formation. I took extra care in discussing with participants the themes into which I felt I had had the most influence, i.e., those which were furthest removed from their words and which involved more of my observations and interpretations.

In addition, I shared and compared my interpretations throughout the research process with the interviewer, a peer group of fellow graduate students working within a social constructionist framework, and with my academic supervisor. Relevant literature was also reviewed and compared for areas of accord and disagreement. Stiles (1993) advocates the reliance on multiple sources of information and varying perspectives in attempting to allow competing interpretations to inform and strengthen our understanding.

Limitations to the Methodology

The interviewer's goals were to establish rapport with the participants and to engage them in a discussion of their experience through which to understand their perspectives (Rennie, 1995). The interview process was a balancing act between trying to elicit detailed, yet participant-driven information about their experiences. Rennie (1995) illustrates this dilemma: "The more active and co-constructive I was, the more information I got; yet the more I got, the more I had to worry about the extent to which it

was coming from me more than the client" (p. 205). Limiting factors to the amount and nature of information obtained through the interviews included the short duration of time with which the interviewer could build rapport, and the participants' inexperience with this type of in-depth questioning of their perspectives.

To mitigate these concerns, I chose an interviewer who subscribes to the constructionist view, that we negotiate and construct shared meanings through relational communication. She was conscious of and sensitive to both the desire to obtain detailed information through which to better understand the phenomenon in question, and her influence in the co-construction of this meaning. The interviewer used probes and clarifying questions to better understand what the participant was trying to convey, but she also paid heed to meta-communicative responses which might indicate the degree to which a participant felt swayed or pressured by the interviewer (Rennie, 1995). In addition, the interviewer recorded her impressions, thoughts, and concerns in field notes immediately following each interview. These notations helped me to be aware of the many factors which shaped the participants' voices.

Ethical Considerations

While the participant-observer approach allows the researcher a unique window to discovery and understanding, actively participating in therapy with participants while at the same time conducting research necessitates careful consideration of the ethical ramifications of such a design. Also given consideration were the ethics of providing counselling one time only, to individuals who had little or no experience with counselling, and who were not seeking it out of their own volition.

These concerns were addressed in several ways. First, I informed prospective participants both verbally and in writing that their participation in this research was strictly voluntary, and that they could choose to withdraw at any time. Second, in my role as counsellor I was sensitive to the potential impact of a one-time counselling session for the participants (Talmon, 1990). I am aware of the inherent power imbalance in the counselling relationship, and the potential for that imbalance to be exacerbated by my position as both counsellor and researcher. As a result, I attempted to let the client guide the topics of conversation and the depths to which these were explored. Third, I committed to facilitating connections to further counselling for participants if either participants or myself felt that it was desired or warranted. Finally, I was conscious that my roles in this process were not equal in importance, but rather that I was participant first, and researcher second (Rothe, 1993).

My role as counsellor superceded my role as researcher and I was conscious that my obligation to the participants far outweighed my desire to collect data. In practice, this meant keeping the participants, and my interactions with them, as my focus during the counselling sessions. I endeavored to conduct myself as I would in any counselling session, being attentive first and foremost to the client, rather than to my research goals. While I mentally noted (and later recorded) interactions between the participants and the dog, I attempted to follow the participants' leads in their individual counselling sessions. On meeting with participants following the sessions, I talked with them informally about their experiences in, and following, the sessions. This allowed me to check-in with participants regarding their well-being in light of the sessions, prior to the post-session interviews, and follow-up questions or clarifications. Throughout the research process I

remained attentive to participants' emotional well-being, and was cognizant that this was of far greater importance than obtaining my data.

Chapter 4

Results and Discussion

Overview of the Participants

A brief description of each participant is given here, which includes the demographic information gathered about each person, such as gender, age, ethnicity, level of attachment to pets, and nature of the illness or injury which brought them to the Rehabilitation Unit. In addition, I have described the setting of the counselling sessions and interviews, and noted some of my own perceptions of the counselling sessions. Similarly, some of the interviewer's thoughts and impressions of the post-session interview are also noted. Participants are identified by their self-chosen pseudonyms, and are listed here in the order in which they participated in the research.

Queenie

At seventy-two, Queenie was the oldest participant in this research. She is an outgoing and talkative Caucasian woman who was admitted to the hospital due to debilitating back pain relating to osteoporosis. She identified her ethnicity as Scottish and English. The counselling session with Queenie took place in the Occupational Therapy room on the Rehabilitation Unit. This is a large, private, well lit room with few distractions. It also has a large, raised mattress which is covered with vinyl. This mattress provides a convenient place for the dog to lie comfortably and still be accessible to the participant, whether the participant chooses to sit on the mattress as well, or sit adjacent to it. Queenie sat in her own wheelchair, beside the mattress platform. On the day of her counselling session, she stated that she was feeling quite tired and was in a lot

of pain. I asked Queenie if she would rather cancel or reschedule the session given her statements, but she wanted to have the session nonetheless.

Despite her physical discomfort, I found Queenie to be very warm and giving of herself. My impression was that she was able to open up with me and share her story of perseverance in the face of emotional pain. She became teary three or four times during our session, and expressed discomfort with this display of emotion. She stated that she didn't want to get emotional as she was used to being an "up" person. Twice when she was visibly emotional she reached over to pat Isaac, and talked directly to him using terms of endearment like "honey" and "sweetie". My perception was that during these times she used the dog as a means of regaining her composure, and to shift the focus from her upset to the dog. Aside from these times, Queenie petted Isaac spontaneously on two other occasions, once during the initial few minutes of the session, and once when Isaac moved his head closer to her.

Prior to the session I was worried that Queenie might focus most of her attention on the dog, as opposed to talking about herself. She had indicated to me her great affection for pets in my initial visits to explain the study and request her participation. One of the concerns that I had prior to data collection was that patients who did volunteer for the study might do so simply in order to visit with a pet and break the monotony of life in a hospital room. While there is nothing wrong with these motivations, I was concerned that if participants were volunteering for these reasons (as opposed to wanting to experience a counselling session) that the session would be more like a visit than a client-directed counselling session. My field notes show that these concerns were diminished after the session; while Queenie did occasionally interact with the dog and

complimented his appearance and behaviour, my perception was that our discussion and interaction was her main focus. In this sense, I felt more confident that her interview would yield information congruent with my area of interest: increased understanding of the client's experience of a pet's presence in an initial counselling session.

Queenie's interview took place one day after her session with Isaac and me. Because Queenie was experiencing a great deal of back pain that day, she chose to remain in bed and have the interview conducted there. Initially the interviewer felt concerned about this format and the lack of privacy in a four bed room, and wondered whether this would inhibit Queenie's participation in the interview process. She drew the privacy curtain around the bed area, and noted that the person in the adjacent bed was engaged in her own conversation with a visitor. Queenie appeared quite unperturbed by any distractions, and talked openly and at length with the interviewer. The interviewer sat beside the bed and placed the tape recorders on Queenie's bedside table.

During the interview Queenie stated that she had owned several different types of animals in her lifetime including dogs, cats, rabbits, and birds. She spoke animatedly and with great detail about several animals and rated her emotional attachment to animals "as close to the top as you could make it." Queenie spoke with sorrow of recently having to give up her cat. Her health problems caused her to have to change her residence, and the new facility into which she was moving when she left the Rehabilitation Unit does not allow pets. She stated that she gave the cat to a new home prior to coming into the hospital in order to not prolong an inevitably painful event. "So I thought I'd better do it now, and make the break now because it would be worse later on... he took the cat and of course that just about broke my heart." Another testament to the significant emotional

attachment to the cat was that Queenie had lived in specific housing for twelve years because they let her have a cat. Losses of loved ones in Queenie's life seemed to have made this bond with animals all the more important. "I get so attached to them. Particularly not having anybody else. I lost my husband in '83 so… I mean I had to have something to love."

Murphy

Murphy is a forty-seven year old Caucasian male who had been admitted to the hospital following a stroke. He had limited movement on his left side, but his speech was largely unaffected. Murphy identified his ethnicity as "Canadian", to which he added "I'm a white native". Murphy was very soft-spoken during his session and his interview, both of which were held at his bedside in the hospital room he shared with three other men. Although I was concerned with the logistics of how Isaac would be accessible this way and with the lack of privacy, Murphy said that he would prefer to lie in bed rather than go to another room, so this was respected. Early on during the counselling session Murphy indicated that he would like to have Isaac lie with him on the bed, which was arranged.

My own impressions of the counselling session were noted in my journal immediately following the session. The prevailing sense that I had from the session was my frustration with the many distractions. The bed immediately next to Murphy's was about five feet away, with only a thin curtain separating us from the people attending to the adjacent patient. Staff talking, the patient talking, family visiting, the repeated squeal of the curtains being drawn back and forth, and foul odors – this combination distracted

me, made Isaac anxious, and seemed adverse to creating therapeutic rapport. Interestingly, Murphy seemed quite oblivious – his attention remained focused on Isaac and me. I was also concerned that Isaac might be hurting Murphy as the dog shifted frequently in response to the foreign noises and smells adjacent to him, but Murphy assured me repeatedly that he was fine. He patted and talked to Isaac initially, and then again reassuringly several times during the session.

Despite my own anxiety about the distractions, I felt good about the session with Murphy. Although his affect was quite flat, he was talkative and utilized humour in a deadpan manner. My sense was that he was comfortable with me, and that he appreciated the dog's presence greatly. Murphy spoke about the unexpectedness of his stroke, and his frustration and lack of patience since the stroke. Despite the many major life changes Murphy was facing, he spoke in a hopeful and matter of fact way about the future. He shared that he had even started a brand new business venture from the hospital phone!

There was a marked difference in Murphy's verbalizations between the counselling session and his post-session interview three days later. This interview was also conducted at Murphy's bedside, at his request. Fortunately, the room was relatively quiet at this time, with no major distractions. Listening to the audio tape of the interview, it was at times difficult to make out what Murphy was saying as he spoke very quietly and gave short answers. This, along with minimal eye contact, was noted by the interviewer, whose field notes included the impression that she felt "intrusive" and "technical" with her questions. These perceptions of the participant's reluctance to participate in the interview were corroborated by Murphy, who commented that having

the opportunity to visit with a dog was his primary motivation to participate in this research. The interviewer noted that Murphy seemed to "lighten up" when they discussed the dog, but that he seemed most comfortable when the interview questions were finished and audio tape recorder was shut off. At this time, he chatted more freely about his family, length of stay in the hospital and his home.

In the interview, Murphy rated his attachment to a previously owned dog as "probably a six" out of ten on a numeric scale. He expressed appreciation for dogs' lack of expectations or demands: "I just, spent lots of time with the dogs, like they don't ask for anything, you just give them a pat once in a while and they like you."

Mick

Mick is a forty-six year old male who suffers from severe and chronic back pain. He has had four operations on his back, and was in the Rehabilitation Unit for therapy on his back and to promote increased mobility. When asked his ethnicity, Mick replied that he was Irish and English: "That's what makes me so crazy, 'cause they fight all the time, eh?" Mick's relaxed manner and use of humour are, according to him, further tools to help combat the emotional toll of living with constant physical pain.

Our counselling session took place in the Occupational Therapy room. Mick sat on the raised mattress, and Isaac laid next to him while the consent forms were signed and tape recorders arranged. It was very warm in the room that day, and Isaac moved off the mattress to lie on the cooler floor, about ten feet away from Mick. Initially I felt concerned that at this distance Isaac would not be accessible for Mick to pat or interact with, but this experience made me appreciate that all parties, including the dog, share in the co-construction of the PFT experience. My post-session notes recorded my feelings

of humility and gratitude for being able to share Mick's story of living with chronic pain. Mick shared painful emotions and experiences, and so my focus stayed with him, rather than being diverted to where the dog was, or with trying to artificially place Isaac in a more accessible position. Mick patted Isaac when the dog occasionally came over, and also commented that Isaac was "just being a dog" and "knew what he wanted", which helped me to relax and not attempt to control the setting.

I recognized through this experience my tendency to want to create the "perfect" PFT setting: dog close, not moving, not panting, etc. In retrospect, I am glad for the diversity in Isaac's behaviour, proximity, and accessibility across sessions. This gave me the opportunity to hear participants' perspectives from these different ways of experiencing a counselling session with a dog. My inability to control factors such as proximity and the dog's behaviour reflects the nature of PFT, and thus the unexpected differences between sessions, provided me with meaningful, but unanticipated information.

Mick has had extensive experimentation with drugs, both prescription and street drugs, in order to manage his pain. He had recently stopped taking prescribed morphine, and at the time of his session and interview was taking amitriptyline daily, which he said helped him to sleep and is also an anti-depressant.

He described his current use of medication as being predominantly to cope with his chronic, debilitating pain, but he also saw an obvious connection between physical and emotional distress: "… because of your state of you know, being with back problems, it does tend to bum you out when you can't walk too well. And I have been that way for fifteen years." This amount of experience has given Mick the ability to self-

monitor his pain and corresponding pain medication dosages. "You know, I try to do the morphine only when I particularly need it. You know, when you're really hurtin'. And it's nice to have something there and bring you off the pain. It doesn't bring you off, but it tapers it down to where you can handle it, eh?"

The post-session interview with Mick was held one day following the session, on the morning of Mick's discharge from the Unit. The interview was conducted in a private conference room, with Mick and the interviewer seated at a table with the audio tape recorder in between them. Mick stated that he did not presently own a pet, that his cat had been hit by a car and killed a few months ago. He described himself as "not a cat lover", but went on to affectionately recall details of the cat: "Y'know, like I say, I was kind of bummed out when she got ran over, 'cause she'd been with me a good friend. And I, y'know living alone, she'd sleep with me, and if I was being, you know, cantankerous with her she'd smack me, and scratch me if she didn't like it." Mick later described how living with chronic pain has made it difficult for him to not alienate friends. "I don't like to always keep it inside, not always, but you know, a lot of my friends are so sick of hearing me talk about it that I shut up about it. Well, it's either shut up, or lose your friends." Whereas Mick expressed a need to limit his negativity around his friends, he seemed to appreciate the cat's loyalty and 'no nonsense' attitude in the face of Mick's negative behaviour. He chose to rate his emotional closeness to the cat on a one to ten scale, as "that's how I rate my pain levels for the doctors." He rated his closeness to his cat "about a five or a six", but referred to her demise as "a death in the family."

It was a previously owned dog, however, that elicited the most enthusiastic

comments from Mick. He spoke about the nature of the dog and how he obtained it. "When I got him he'd been shot, you know he'd been shot with a shotgun, and he'd been taken away from these people at a pound, and when I went to see him, I just had to have him."

Jan

Jan is a fifty-one year old woman who had also suffered a sudden stroke. She had been in the Rehabilitation Unit for approximately four months at the time of the research, and expected to be there for another month before being discharged and returning home. Jan is a Caucasian woman who grew up in Canada, and identified her ethnic background as Norwegian, French and Bahamian. Jan stated that she was presently taking anti-depressants which she said did not alter her thinking, but rather "just makes you not so weepy".

The session with Jan was held in the Occupational Therapy room. Both Jan and Rehabilitation Unit staff indicated that patience with her progress was a challenge for Jan. As testament to this, Jan got out of her wheelchair very quickly to transfer to the mattress. Lack of preparedness for this transfer caused Jan to lose her balance and fall. I caught her from behind, and helped to lift her onto the mattress. Although no physical harm was done, this incident (which happened before our session began) seemed to rattle us both slightly. Jan chose to sit on the raised mattress, and Isaac laid beside her. The tape recorders also were placed on the mattress, and I sat on a chair facing Jan. During the course of the session the dog moved his head progressively closer to Jan, occasionally even placing his head directly on top of one of the audio recorders.

My post-session field notes record my impressions of Jan as a very matter of fact

person. A tinge of dry humour showed through occasionally, although Jan herself did not laugh and rarely smiled. Fears around being able to live independently and take care of herself adequately seemed foremost in Jan's mind, given her decreased mobility and use of her left side following her stroke. Jan's children were now grown and living independently, and Jan expressed worry of being a burden to her children as a result of her stroke.

Although Isaac was lying close to Jan, she made only one attempt to pat him. My impressions that Jan did not seem particularly enthusiastic about pets were corroborated by Jan's comments during the post-session interview. This interview was held one day after her counselling session, and was conducted in Jan's private room. When asked if she had previously owned a pet, Jan said that she and her husband and children had owned a black Labrador Retriever. This experience seemed to have been a rather burdensome one for Jan. "It was okay. It wasn't my choice to have a puppy. But I ended up having to do all the care of it. So it was sort of a pain, but... But she was a nice puppy, except that she chewed everything in sight." The extra responsibility that a dog entailed seemed to have fallen to Jan, who asserted that "... I probably will never have another dog again" and "Dogs are more trouble than kids. No one wants to take care of your dog. They'll take care of your kids, but not your dog."

The interviewer's impressions of her time with Jan were recorded in field notes immediately following the interview. These impressions included a feeling of formality and a sense that she was intruding on Jan. Her absence of smiles and a generally flat affect left the interviewer feeling somewhat awkward and invasive. The interviewer noted that Jan "softened" during the course of the interview, resulting in a more relaxed

atmosphere and increased sense of connection between them. The interviewer expressed regret that she had not spent more time chatting informally with Jan prior to the interview. Although I could sense the interviewer's discomfort on the audio tape of the interview, Jan seemed to answer the questions quite clearly and emphatically. My perception of the interview upon multiple listenings is that while the two did not seem to forge an initial connection, Jan felt free to be forthright about the questions, and was not hesitant in the information she provided. Jan was the sole participant who did not attribute a role to the dog's presence, and this may have played a role in the interviewer's discomfort.

B.J.

B.J. is a sixty year old woman who had been admitted to the hospital following a stroke, approximately one month prior to her session and interview. The counselling session with B.J. was conducted in the Occupational Therapy room. B.J. sat in her wheelchair adjacent to the large raised mattress upon which Isaac laid. I sat in a chair facing B.J., with the two tape recorders in between us on a small raised surface. B.J. said that her motivation for participating in the research was partially due to the fact that she felt that talking with someone might help her to cope with the stroke and its effects on her life. My impressions of the session were recorded in field notes immediately following the session.

During her post-session interview, B.J. described herself as "a listener, not a talker" and "a very private person", and said that this was her first counselling session of any kind. Despite these assertions, B.J. appeared quite comfortable to me; she laughed

and cried and seemed able to open up in the session, even though she said this was difficult for her. She talked to the dog and petted him occasionally. Approximately half of the times that she petted the dog were initiated by B.J., and half were initiated by the dog getting up and seeking B.J.'s attention.

The interview with the research assistant was conducted four days after the counselling session, and was held in a private conference room. The interviewer and B.J. both sat at a table, with the audio tape recorders between them. B.J. is a Caucasian who described her ethnicity as "a variety". She was raised in Ontario, prior to moving to British Columbia over thirty years ago. B.J. had previously owned a dog, and described her attachment to it as "close": "... it was an Elkhound, which can be left outside, even in the wintertime, they get enough of a coat they can survive outside. But we decided that this is a pet and it's going to be inside the house, so we were really close to it." After this dog died she and her husband have not owned another pet.

The interviewer's field notes indicated that B.J. identified herself again (as she had in the session) as "not a talker". This assertion, coupled with B.J.'s often brief answers, contributed to the interviewer's feelings that B.J. was rather uneasy with the interview. Her probes to get B.J. to elaborate on "why ..." or "what indicated ..." were often met with brevity or silence. Once the questioning was done, the interviewer chatted with B.J. about her stroke. At this point she noted that B.J. seemed much more relaxed and forthcoming with conversation. B.J. later referred to Isaac again, and the comfort he had brought her. The interviewer's field notes question whether more informal chatting before the questioning might have helped B.J. to feel more relaxed earlier in the interview. She also noted that B.J. stated that she did not know what to expect from the

counselling session or the interview as she had not done anything like this at all, and that perhaps this uncertainty had contributed to B.J.'s discomfort and brevity.

Upon listening to the audio taped interview, I made notes about follow up questions that I wanted to ask B.J. These questions were designed to clarify and elaborate on answers that B.J. had given in her initial interview. My impressions were that B.J. and I seemed to have a good rapport, and I felt that she might be comfortable meeting with me to "fill in the blanks" in my understanding. I met with B.J. in her room for a second interview at which time she willingly provided me with the answers to my follow up questions.

B.J. had stated several times during both her session and interview that she had not known what to expect from the session, and expressed concern with her tendency to listen, rather than talk. "She was very patient with me, I'll tell you that much, 'cause she wasn't getting very far, with me not being a talker" (first interview, B.J.). B.J. informed me during our second interview that she had enjoyed the experience, but that in the following days she was surprised with the magnitude of emotions she experienced during the session. "It made me realize just how close to the edge I was, and I asked for anti-depressants" (B.J.). She stated that she was doing well now, and did not anticipate being on the medication for too long. She also encouraged me to call her again if I had any more questions, and reiterated that she had enjoyed the experience.

Summary of Participant Overview

The five participants consisted of three women and two men, ranging in age from forty-six to seventy-two. All of the participants were Caucasian, and had been born in

various provinces in Canada. The medical conditions which caused the participants to be staying on the Rehabilitation Unit included stroke (3), and chronic and debilitating back pain (2). Two of the participants stated that they were taking prescribed anti-depressants. None of the other participants said that they were taking any medication which they felt altered their mental or emotional state. None of the participants owned a pet at the time of this research, however all had previously owned at least one pet. Four of the five participants indicated a strong or very strong emotional attachment to their previously-owned pets. One of the participants expressed resentment at the extra responsibilities that dog ownership had entailed. Part of these negative feelings seemed to stem from her experience that while the dog was supposed to have been a shared responsibility, ultimately the burden had fallen to her. "Clean up all the poop, take it to the vet all the time, my job. It was not a family pet, but that was what it was supposed to be" (interview with Jan).

Themes

Themes were constructed from the data through immersion in and comparison of what the participants said in response to the interview questions, how they communicated this, and contextual information from field notes, memos, and session audio tapes. The focus of this research was to better understand, from a client perspective, the contributions of a pet's presence to an initial counselling session.

The first theme involves clients' perceptions of having a dog present in the counselling session. Participants indicated in a number of ways that the dog filled various roles for them during the session; these different ways comprise the subthemes

listed below. Three subthemes explore the roles attributed to the dog in the session.

The second theme examines how the session was experienced by the participants. Some of these subthemes relate to the dog's presence, some do not. As I embarked on making sense of the data, I was concerned about the overlap or redundancy between these content and process themes. Upon reflection, however, I came to understand that I could not separate what a person experiences from how they experience it; thus I now expect that what a participant perceives and how different factors contribute to their understanding are inextricably linked.

Roles Attributed to the Dog

The Dog as a Tranquilizer

The dog's ability to help participants relax was referred to more frequently than any other role. It was also something which was both stated explicitly by participants, and which I perceived experientially in the sessions. Three of the participants stated that the primary role the dog filled was in helping them to relax. "He just kind of tranquilized me. Like I said, dogs have a quieting effect on people, you know. I guess not just dogs, but pets" (Murphy).

One of the ways in which Isaac seemed to help participants to relax was in facilitating the conversation at the beginning of the sessions. Participants spoke to me about their own pets, asked me questions about Isaac, and often spoke directly to the dog: "Think you've died and gone to heaven" (B.J., observing Isaac lying on the raised mattress). Speaking to or about the dog provided participants with a safe introductory

topic of conversation, and allowed the focus to be taken off of them. While Jan stated that the dog "didn't affect our conversation at all" she, like the others, used the dog as a way to 'break the ice' during the initial minutes of our conversation. Jan jokingly responded to my command for Isaac to 'stay' as I got a chair for the session: "Okay, I'll stay right here. I'll sit".

Murphy stated that the dog's presence had a "calming affect" which allowed him to speak more easily with me. This affect was also noted in my own memo-taking: there was a dramatic difference in Murphy's verbalizations between the session and the interview. While our notes reflect that the interviewer and I had a strong sense of Murphy's discomfort and reluctance during the interview, I felt that Murphy was much more relaxed during the session. He spoke to the dog frequently, and patted him reassuringly when Isaac seemed concerned with distractions in the adjacent bed. Murphy also empathized with Isaac's discomfort, "He says 'I know there's something over there, I can't see it, but I know it's there'." In addition, Murphy and I both lightened the tone of the session by jokingly addressing the dog: "Isaac, I'm having a hard time here talking with your big dog face in the way" (me) and Murphy showed his affability as Isaac crowded him for space in his hospital bed: "Next thing you know you'll have me right out of the bed, Isaac".

Murphy not only spoke easily to, and through, the dog, but also spoke openly with me about the emotions associated with an unexpected and life changing stroke. A demonstration of his brace and his inability to move his hand was testament to Murphy's level of comfort with me. Murphy described the frustration of asking his hand to do a simple task, only to have no response, and asked me to imagine what this would be like.

In contrast, Murphy's interview – at which the dog was not present – was marked by long silences, short answers, and non-verbal responses such as head nodding.

One participant discussed the potential for a pet to have a relaxing affect, but did not find that Isaac "fit the bill" for her.

> It was okay, but I wasn't sure what I was supposed to do with the dog. Like it wasn't a cuddly little thing, so I wasn't getting any comfort from it. It just sort of laid at the end of the bed, flipped his tail, and then she said that's all he ever does. Some dogs, they want to be in your lap, or they want to be petted all of the time. (Jan)

B.J. spoke of Isaac's ability to be "a good comfort, really", specifically when feelings were intense: "I guess when things got emotional it was good to have a distraction" (B.J.). At times this "distraction" was initiated by the participant, who would seek out the dog as she became tearful; other times this distraction occurred naturally, as when Isaac flopped his head directly on top of the microphone, causing us both to chuckle in the midst of a serious topic. I became curious about whether the dog's role as a "distraction from your emotions" (B.J.) might actually detract from the session in a therapeutic sense, by facilitating the avoidance of painful emotions. I questioned B.J. further about this point in a brief second interview, having had my curiousity piqued by the first interview transcript. She clarified that not only did the dog "sort of calm me down" and "help me loosen up", but also that these affects allowed her to talk about things that she would not normally discuss, to go to a deeper level. Upon repeated listenings to each session tape, and reviewing session notes and field notes, it became apparent that, through his ability to comfort and temporarily distract participants from difficult memories and emotions, Isaac's presence allowed people to delve further emotionally in their conversation with me.

Queenie corroborated the idea that, through the provision of comfort, Isaac not only allowed participants to feel more relaxed, but was also referred to as a specific tool for coping with intense feelings. In my field notes I observed that each time Queenie became teary she turned to the dog, petted him, and talked to him, calling him "Honey" or "Sweetie". She explained it this way during her interview: "As I say, I think he helped me to, like when I would get overcome with emotion he brought me back to an even keel, that was the big stabilizer, I'll put it that way" (Queenie).

The following segment from our session illustrates this role. Queenie was discussing feelings of abandonment by people close to her. Her voice became strained and the pace and pitch of her speech increased in an effort to force levity into this difficult subject. I reflected that these people had let her down, whereupon she answered "You got it" and started to cry. Queenie then reached over to pet Isaac, and spoke quietly to him, "Hey, honey". A moment later she stated, "Then I had to give my cat away" and her voice broke completely as she dissolved into tears. This new subject was clearly a very painful one for Queenie, particularly given that she had ranked her attachment to her pets "as close to the top as you could get". The interlude when she patted and spoke to Isaac seemed to offer Queenie the opportunity not to avoid her emotions, but rather, as she put it in her interview, to "get my stable legs again" thereby being able to further explore these painful emotions.

Mick also alluded to this role in response to one of the early, open ended questions about what made the session go well for him:

> You know, she had her Isaac there, and he's a neat dog, but I had never met this woman before, and I talked about heartfelt things with her. That usually you would never talk with a stranger. (Mick)

Mick reiterated this idea of the dog as a facilitator of communication later, "...if they're asking a question you get to pet the animal and kinda drift off a bit, maybe the answers come a little easier, you know" (Mick).

The Dog as an Indicator of Therapist Attributes

An unanticipated role ascribed to the dog was that of the dog's presence as indicative of my attributes as therapist. The ascription of personal qualities clearly extends beyond the bond of a common interest in animals. Participants did not state that the dog's presence allowed easy conversation through a shared topic of interest (although I did note this in my memo-taking), but rather took the dog's presence as suggestive of my own personal qualities.

> When I knew she's an animal lover that, boy that's just like that... *(moves as though to snap her fingers)* because of her compassion, yeah. I think that people that love animals, they have a lot of compassion. (Queenie)

Several comments Murphy made during his interview belied an underlying sense of caution or mistrust. "I had no problem answering questions. I've got nothing to hide, so..." (Murphy). Similarly he stated that I "had nothing to hide" which made me "easy to talk to". Early in his session with Isaac and me, Murphy commented appreciatively on the honest, undemanding demeanor of dogs. Murphy's understanding of dogs as straightforward and trustworthy beings seemed to also extend to me, as a "dog person". When asked whether Isaac's presence influenced his sense of connection with me during the session, Murphy responded this way:

> Yeah. I guess when you like dogs, and you deal with people who have dogs and
> who like dogs, that they are trustworthy... I said a dog had a calming affect on ... a relaxing affect on me, just with being here. (Murphy)

It is interesting to note that the one participant who did not describe her previously owned dog in a positive manner did not correspondingly attribute negative qualities to me. Jan, who did not declare a close bond with animals, nonetheless suggested a different way in which a pet's presence might point to positive therapist qualities. She noted that the animal's presence provides an opportunity for a client to gain information about the therapist's character through the safety of observation.

> Cause I didn't see them interact very much. Maybe if I would've seen those two playing together or something you would've went 'ok, she's a really good person, look at that dog really loves her.' (Jan)

This interaction between pet and therapist is, in essence, a means of demonstrating to the client the therapist's capacity for caring, positive regard, and empathy. This role might be particularly valuable for a reticent, shy, or non-verbal client. Jan spoke to the lack of interaction between myself and the dog, which may reflect an unconscious effort on my part to let the dog's potential contributions be separate from my actions. I did note, however, on listening to the audio tapes of sessions, several occasions wherein I spoke affectionately or in a joking tone to Isaac and petted him, thereby giving participants an opportunity to experience me as a warm and caring person. This is not a 'technique' that I consciously employed, but rather a natural by-product of the animal's presence. I am grateful for Jan's observation, as it enabled me to recognize how intrinsically tied both therapist and pet are to the client's experiencing of the session.

The Dog as Prompter of Emotional Memories

The physical act of patting Isaac seemed to elicit not only memories of participants' own pets, but also evoked the powerful positive feelings associated with

those bonds. Akin to synesthesia, which is described as an involuntary joining in which actual information of one sense is accompanied by a perception in another sense (Cytowic, 1995), the physical sensation of touching the dog seemed to prompt the emotional memories of the bond participants had shared with their own pets. Just as a certain scent can instantly transport us to the feelings of safety and abundance of our grandmother's house, or an old song can carry us to another time, bringing an involuntary smile to our lips in the present, the interaction with a friendly dog, particularly through touch, seemed to evoke the warm emotions cultivated through times shared with pets.

> Yeah, I, I've always been an animal lover, from get go, I guess is the word. No, and uh, just just patting him and stroking the fur, that was uh, you know same when I had my cat, like he'd crawl into bed beside you, we'd always wear our underpants to bed because *(she and interviewer chuckle)* although he never got under the covers because he was part, he was part Persian and they had, yeah, they had long hair, he was dark grey and white and uh, I just loved him dearly. (Queenie)

The positive emotions associated with relationships with previously owned pets were evoked by watching, patting, or simply being close to another pet. Mick also noted Isaac's role in allowing him to reminisce about his previous dog, despite the fact that there was infrequent physical interaction between him and Isaac. During the session, Mick compared his dog to Isaac, describing the similarities and differences in their colouring and length of hair. In his interview, Mick said that this opportunity for reflection was the primary role that Isaac played for him during the session.

> He just, he reminded me of my dog that I had four years ago, so it was nice to see him and almost see my dog in him, you know, so it kind of brought memories back of my dog, which was named '_____' … You know, he was about four or five months old, and full of energy. So he reminded me of my dog. Other than that I don't think he played any role other than him reminding me of my dog, and I got to pet him and think of my dog. (Mick)

Interestingly, Mick's assertion that Isaac reminded him of his dog did not seem

diminished by the obvious differences between the two dogs. He described his dog as young and energetic, whereas he observed that Isaac was "a mellow dog. Just 'dumdodeedee'" (Mick).

This role was mentioned explicitly by only two participants; however, support for the connection between Isaac's presence and a warm emotional response based on prior relationships with pets came from my observations in the sessions and from the common tone expressed in the interviews. Queenie focused her attention on me and our discussion for most of the session, turning her attention to the dog primarily when she became visibly upset. Toward the end of our session, she told me that she would love to have a photo of Isaac. She twice reminded me to bring her a photo of the dog, including me in her final photo request. My sense was that Isaac was a strong emotional cue for Queenie to the intimacy and depth of our conversation. Through the prompting of memories of past bonds with pets, the dog's presence may provide emotional cues of safety and acceptance, thereby contributing to the dog's role in helping participants to relax and open up.

Just what emotional memories were awakened through Isaac's presence remain largely unnamed, yet there seemed to be a clear connection between the warm human-animal bond that most of the participants shared with their own pets, and the participants' experiencing of the session with Isaac and me. I have come to understand this ambiguous role of the dog as the "warm and *furry*" lens, based on their own fond memories, through which participants experienced the dog, and by association, myself as therapist.

How the Session was Experienced by Participants: Contributing Factors

Therapist Skills and Way of Being

The dog's presence was a factor in, but not the foundation of, participants' sense of connection with me, as counsellor. Participants' responses clearly affirm the idea of PFT as an adjunct to – rather than substitute for – therapist skill. B.J. stated that the dog's presence "contributed to" her sense of connection with me, however, therapist behaviour and perceived qualities were given more attention and significance by the participants in describing their feelings about the session.

Given my concerns prior to the research that potential participants might be more interested in a pet visit than a counselling session, I was gratified to hear them describe, and to experience personally, the therapeutic nature of the sessions. In all of the sessions I felt that participants had the opportunity to explore emotions of worry, grief, anger, and loss, and to feel heard in their expression of these emotions.

Beyond the aforementioned roles that Isaac played, participants' perceptions of me as counsellor were formed largely from what I did and how I did it. Many of the participants' words reflected the "attitudinal conditions" (Brodley, 1987, p. 4) of client centered therapy. My efforts at non-directive discourse with the participants were noted by all of the participants. "No, I thought her interview was quite good and … she didn't delve into something that was hurtful or anything like that" (Queenie). Jan indicated surprise at the participant-directed nature of the session: "I thought she'd have more questions. Instead of 'let's just talk.' I thought it would be more like a question and answer thing" (Jan). Allowing participants to explore topics at their own pace and depth

was appreciated by Murphy, "She didn't ask me too many personal questions I guess, so that was fine".

All of the participants stated in their post-session interview that they felt like I understood them. B.J. said that she felt understood because "She was listening. She let me try. She wasn't following a script". Jan and Murphy stated that my self-disclosure regarding emotions associated with injury was significant to their perceptions that I understood or was able to relate to them. Queenie said that I was "not critical", and that this helped her to feel like I understood, and allowed her to open up.

Mick's responses to the interviewer's questions about what made the session go well for him signal the importance of both what I said, how I said it, and the context of the situation.

> Just the certain questions that she asked. About my life or how long being in this situation... It was just, it was a relaxed atmosphere. You know there wasn't any heaviness about the questions ... they went deeper. She was an easy person to talk to. The questions, they were simple questions. I mean, there wasn't nothing bizarre about my intelligence or something. I think that because she was going to become a counsellor, and knowing that I do need some sort of help. (Mick)

> You know, life's not easy really, and I do need help in that direction in life. And uh, her being an easy person to talk to just made it that much easier to open up. Although I guess I've always looked for uh maybe someone to kinda open up to? And, just she was an easy person to talk to, you know, like, she wasn't demanding, or ... (Mick)

Queenie also mentioned the manner in which I communicated as significant to her appraisal of my performance as therapist: "The way she looked you straight in the eye when she was asking a question, I appreciated that... I thought she was very thorough" (Queenie).

Four of the five participants indicated that they felt a great deal of trust in me

during the session. Two people rated their level of trust numerically: "Oh I'd say a hundred percent" (Queenie); Murphy rated his at eight of out ten. Rather than naming specific qualities or behaviours, Queenie attributed her high level of trust to my general attitude. Others alluded to a personal sense they had about me: B.J. merely said she "felt good", and Murphy seemed to rely on his ability to judge a person's character, "I've been around a lot and met a lot of people, and I get a sense from talking to them, either I like them or I don't like 'em" (Murphy). Mick shared his difficulty in pinpointing the reasons behind his feelings of trust. "Just meeting her, from the way she talked. I don't know, I'd have to think, if you want answers on stuff like that." Jan concluded that although she felt like I understood her, she did not know me long enough to trust me. "I don't know her. I'd have to know her maybe a lot longer." (Jan)

Feeling unconditionally accepted and supported as they explored painful emotions and past events was cited repeatedly by participants as key to their ability to open up.

> Because she let me talk and if I got emotional it didn't upset her, because I mean it bothered me that I sort of break down kind of thing but you have to every once in a while because you can't control those kind of emotions, they're too close to the centre, you know? (Queenie)

> … a lot of the time [in the session] I was doin' quite a bit of wimpin'. Not, well, some cryin' and she said that she likes to see a man cry, although that didn't make me cry all the more, but she just said it, at least you could open up some. I think that just knowing that I could shed a few tears and let some, spew out some of the crap that's inside my head, and she was there to listen. That made it easy. She didn't ask anything other than that, you know, and it made it easy for me to talk to her… (Mick)

Having an opportunity to reflect and share honestly on the struggles in his life was particularly important to Mick.

> I don't converse with people in here. We say hello to one another and chat,

> chitchat, but we don't 'converse' about anything... You know: ; 'How you doin'? Okay', but everybody is sick in here. They say they're okay. but they're not really. (Mick)

The Importance of Touch

There was a strong evident connection, both through participants' words and my own observations, between tactile contact with the dog, and the roles attributed to the dog. Patting the dog was closely connected with the relaxation affect that Isaac provided: "... I think I can get levelled off again with just sort of patting him, if I get upset and that just kind of gives me, uh, back on an even keel" (Queenie). Patting the dog was something that participants could do when their emotional stability felt threatened. "He was just here, you could pat him when you felt like [emotional], which was good" (B.J.).

> And then I would lean over and I would pat the dog, you know, 'course I'd sorta
> get my stable legs again... I just kinda quieted down and got myself together again. It's sort of a stabilizer. (Queenie)

I also noted an increase in physical overtures to the dog during the more stressful initial minutes of the session, when participants were unsure of what to expect, how to act, or what to talk about.

Interestingly, the comfort associated with tactile contact with an animal's fur was also expressed by Jan, who had only patted Isaac once, and attributed little significance to his presence in the session. In addition, Jan expressed resentment about the burden a pet had meant for her, and her lack of desire to own another one. Despite the negative connotations that pets held for Jan, she still spoke of deriving comfort from stroking the fur of a stuffed toy. She had this to say when asked if she would have preferred to have a lap dog in the session, instead of Isaac:

> One you could pet, yup. There is really something comforting about fur. Don't you think? [Cats] even more 'cause they purr... Just a really nice sound. Dogs don't purr. Cats purr and that's a really nice sound. And they get that nice fur, to run your fingers through. I have a teddy bear, made out of lynx hides, that's really really soft and I play with it all the time. A real lynx hide. Have you ever felt a lynx hide? It's really really soft. It's almost satiny it's so soft. (Jan)

Communication between the participants and the dog was often non-vocal. Participants would pat the dog, or stroke his ears or paws. Isaac would wave his tail, thump it on the mattress, move his head onto the person, or snuffle in their ears. Overtures initiated by the dog were always responded to by the participants, either verbally, or more often, through touch.

Previous Emotional Attachment to Pets

One of the first things which became apparent to me as I listened to and transcribed the audio tapes was the connection between having had a previous close emotional bond with a pet, and perceiving Isaac's presence in a positive light. Four out of the five participants described their level of attachment to previously owned pets as "close" or "very close". The strength of this bond was demonstrated through the warmth and enthusiasm with which the participants described their pets. Names, breeds, and descriptions of size, appearance and personality were told to me with little or no prompting. Three of the five participants described their pets as part of the family, even despite initial misgivings, as in Mick's case:

> Well, I'd say I was quite emotionally attached to my dog. I can't say I was really - well, I was emotionally attached to my cat. I'm not a cat lover, but she'd been with me for four years, or five years so I was kind of bummed out when she got ran over .... I thought someone in the family died. I guess you could consider the cat family (Mick).

The depth of attachment to previously owned pets was also evident in the ways

participants discussed the loss of their pets. B.J.'s voice grew more quiet as she remembered making the decision to euthanize her old dog, "which was a tough thing to do … My poor husband was the one that had to take her, no one else could do it".

Queenie's affection for pets was apparent from the outset of our session. She greeted the dog saying, "Hello Sweetie, how are you doin', Darlin'?…You are beautiful, yes you are!" Other participants also spoke to Isaac in soft, affectionate tones, responding with laughter or a pat when Isaac made an overture to them.

Queenie referred to the intensity of her emotional attachment with pets on three different occasions during her interview. She described it as "… as close to the top as you could make it", "like close to a ten" and "as top as you can get" (Queenie). Detailed description about her pets added further emphasis to Queenie's assertions that animals played a major emotional role in her life.

The importance of pets in the participants' lives was belied also through the concessions made in order to accommodate them. Queenie's attachment was evident through sacrifices she had made in order to keep her cat. "Then I'd gotten a cat, that was the other lure, was that 'you could have a cat in our house' kind of thing. So I had to go into BC Housing, 'cause at least they let you have an animal" (Queenie). After the death of his cat, Mick said that he did not foresee having another pet unless he moved to an acreage where it would be safer. He stated that it was nice to visit with other people's animals since he could not have his own.

Jan, alone, did not indicate a close emotional attachment to a pet. This difference from other participants provided valuable information regarding how a previous close emotional bond with animals might or might not impact a person's experiencing of a PFT

session. Jan stated that Isaac's presence did not influence her sense of connection or ability to communicate with me. Nonetheless, she observed the potential for therapist-pet interactions to affect a client's perception of the therapist's qualities as a person. In addition, she attested to stroking fur as a means to relax. Her lack of connection with Isaac is an interesting piece in the potential importance of matching a PFT pet to client desires or expectations.

The Participant's Way of Being

Aside from therapist skill and perceived qualities and the contributions of the dog's presence, participants conveyed that their own way of being was a key factor in how the session went for them. Participants repeatedly cited their own personal characteristics in explaining why it was difficult for them to open up to me in the session.

> I talked some. Openly? I don't know how open I was. I guess I am a very private person, I find it very difficult to talk… Just because of the way I am, I guess. I just don't talk very much. (B.J.)

During the session, B.J. openly shared with me her difficulty in talking about her feelings since her stroke. She disclosed feelings of depression that had not abated. Although she said she was able to cry, being able to share her burden with her loved ones had proved difficult. "I'm used to crying but I'm not used to talking about it. I'm a listener not a talker" (B.J.). I stated, "so I'm stretching you here today" to which B.J replied, "Yes you are. But that's alright. I needed it.". Field notes from my session with B.J. reflect my sense that through our time together B.J. explored her feelings of fear, depression, and uncertainty to a greater extent than she had previously allowed herself.

> She's a virtual stranger. It's hard to talk to virtual strangers. I'm not used to doing that. It's not part of my persona, just open up to a stranger on such a deep

emotional level. (Jan)

> It was not an easy session, 'cause like I said to her at the time, I'm a listener, not a talker, so I found it very difficult to loosen up to talk to her. Talking is not my strong suit... it was a good session. (B.J.)

These types of comments exemplify to me the courage that the participants showed in agreeing to take part in a counselling session. My memos record my doubts that most of these participants would ever access counselling on their own, given their strong sense of self-sufficiency, their perceptions of themselves, and other supports available to them. "... I have my good friends who come in. I talk to them. They let me cry on their shoulder too" (Jan).

Some of the participants' characteristics were noted by the participants themselves, and others were noted by the interviewer and/or myself. Murphy fits into both of these categories, having stated explicitly that he was uncomfortable talking with strangers, and having both the interviewer and I note the significant change in his ease of conversation between the session and the interview. Murphy explained this discrepancy clearly:

> I'm not a big interview fan. Because when [Rehab staff] came here they said she'd bring a dog down, and I like dogs, so I said that's fine, I'd like to see the dog and watch it. If it hadn't been for the dog I probably wouldn't have done it. That's nothing against her, ... I'm not big on interviews. (Murphy)

What I found particularly interesting about Murphy's behaviour in the session and interview was the degree of comfort he displayed in the session, despite his reticence. Even including the many distractions during the session (which were largely absent during the interview) Murphy seemed to me to be relaxed, focused on the conversation and talkative. The contrast in Murphy's engagement in the conversation between the session and interview provides the strongest example of how the pet's presence impacted

a participant's self-stated way of being.

Conversely, Queenie was perceived by both the interviewer and myself as a very open and talkative person. Queenie stated twice that she tried to be as honest as she could during the session. I expect, given Queenie's outgoing personality and ease of conversation with me, Rehabilitation Unit staff and other patients, that she would have spoken as freely had Isaac not been present. Queenie described the dog's significance to her in the session well, referring to his presence as "the icing on the cake!". It seemed that Isaac was particularly comforting for Queenie when she felt emotional.

Mick described, and I experienced, his use of humour to cope with difficult circumstances. During the start of our session, Mick and I both utilized the dog as a medium to joke and relax, and as a way to get to know each other. I showed Mick Isaac's sole trick: 'shake a paw'. "That's one of the *easiest* ones - shake a paw" Mick quipped. Then Mick leaned over to Isaac, who snuffled in his ear. "Whaddya say? Not to trust her?" he asked the dog, causing me to chuckle and reminding me of the anxiety inherent in an initial counselling session.

Participants cited their own personalities in describing how the sessions went for them. In addition to these characteristics, it is important to note the many "unknowns" which could also impact how an initial PFT session was experienced. For these participants, factors such as intensity of pain or distractions in the setting could affect greatly how a participant perceived the experience. More research which focuses on the client perspective and which utilizes different settings and populations will provide useful information to the application of PFT. The aforementioned themes, however, show within this study's context, commonalties from these participants' perspectives, and

inspire many new areas of inquiry.

Chapter 5

Conclusions

Summary of the Study

Through this study, I sought to explain how participants experienced an initial counselling session at which a dog was present. Some questions asked of the participants were purposefully broad, in the hopes of letting participants define and describe what was significant for them in the experience. That said, I had my own focus or area of interest within their perceptions on the entire experience. I was curious about how they perceived the dog's presence; specifically, how it affected their connection with me, as counsellor.

The following is a summary of significant themes from this study, based on what participants said, as well as how they told the interviewer and myself. I constructed these themes not only from what participants related about the session, but also according to when they said what, and in response to what questions. My interpretations were also influenced by how the dialogue evolved. Consideration of the interviewer's voice, as she co-constructed meaning through their shared conversations, was also integral to understanding participants' meanings. Other contextual factors which helped me to form my understanding and the resultant themes were non-verbal and non-vocal ways of communicating such as pausing, sighing, laughing, crying, or silent responses such as nodding. All of these forms of communication carry meaning, and were considered through the noted observations, thoughts, and interpretations of the interviewer and myself.

Participants stated that the dog's presence enabled them to feel more relaxed during the session. This role was also evident by comparing signs of participant relaxation between the session at which the dog was present, and the interview, at which he was absent. I could observe first-hand in the sessions indicators of participant relaxation, such as joking, "baby talking" to the dog, and easy conversation with me. Listening to the audio tapes of the interviews, and reading the interviewer's field notes, provided a contrasting sense of participants' feelings of comfort. Through these sources of information, I perceived the interviews as generally less comfortable for participants, exemplified by their brief responses, repetition of the questions by participants, and the interviewer's occasional sense of formality or imposition. Certainly many other contextual factors affected the participants' ways of being; however, participants attested that the dog's presence significantly impacted their comfort level in talking with a stranger.

The dog's presence served as a safe, neutral topic of conversation as the sessions began. Verbal or physical interactions with the dog were most frequent at the beginning of the sessions, and during the sessions when participants became tearful or showed other indications of emotional upset. Participants stated that at these times the dog served as a distracter from their emotions, allowing them to regain their composure, and also enabling them to delve further into emotionally painful subjects. Patting or otherwise interacting with the dog seemed to relax participants; when they were emotionally charged this role also extended into one of distraction. In general, the dog's presence seemed to create a more relaxed atmosphere, helping participants to perceive the session as less threatening, thereby allowing for easier and more personal conversation with me.

Participants attributed positive qualities to me, as therapist, through my association with the dog. Participants identified two potential ways through which the dog's presence could be indicative of therapist attributes. The first way was through basic assumptions made about me by virtue of my connection with the pet. The significance of the context of the relationship between the therapist and pet remains unclear. One participant perceived that I was a compassionate person simply because I was an "animal lover". Another participant noted ownership of the dog as significant in his conclusion that I was a trustworthy person.

The second means through which the dog's presence could be indicative of therapist qualities is through the potential to observe therapist-pet interactions, thereby serving as an immediate means of assessing the therapist from a safe distance. This role was brought to my attention by a participant who noted the lack of interaction between myself and the dog (and therefore a missed opportunity to learn more about me). Through her reference to what did *not* happen, I was exposed to an unanticipated component of the therapist-pet-client relationship. Observing therapist qualities such as empathy, caring, positive regard, or playfulness through her interaction with an animal offers the client a means of perceiving information about the therapist's character without the risk of personal interaction. This role, in need of more research, may prove to facilitate a strong therapeutic alliance between counsellor and client.

The dog's presence also served as a means through which participants re-experienced positive emotions associated with memories of their own pets. Patting, watching, and talking to Isaac reminded participants of their previous pets, and elicited reminiscences about these animals. Four of the five participants attested to having had

strong emotional attachments to pets they had owned. Interacting with Isaac in the session seemed to evoke not only memories of pets or events, but also the warm emotions woven into those memories. Re-experiencing through memories the unconditional positive regard that a past pet provided may facilitate feelings of warmth, acceptance and safety in present day PFT sessions. This function may be an integral part of a therapy animal's relaxation role. Differences between Isaac and participants' previously owned pets did not seem to affect the impact of this role; however there appeared to be a connection between having had a strong previous attachment to a pet and this extrapolation of warm feelings.

As participants told us of their perceptions of the PFT session, I gradually came to understand that the dog's presence filled the aforementioned common roles in the ways that participants experienced the sessions. I was particularly interested in what they said about their connection with me, as therapist, and how the dog's presence might have affected this. The foundation of participants' sense of connection with me was based on my way of being in interaction with them. Participants spoke of the dog as a contributing factor, but clearly affirmed the primacy of the therapist's way of being with them in their discussion about the client-therapist therapeutic relationship. My attempts to allow the participants to direct the sessions were noted appreciatively, as were behaviours such as maintaining eye contact, personal disclosures, and listening.

Feeling accepted and supported by me throughout the conversation was extremely important to participants' sense of connection with me. The impact of unconditional positive regard on the establishment of therapeutic rapport was noted by Queenie:

> Just the way she would look at you and her reaction when you told your side of the story… and that was important because there's not everybody that you

> could be open with. You know how either you have a rapport with a person or you don't... and if there's a little friction like that it doesn't go over, and I didn't have anything, like I had a good rapport with her, so I thought that was great. (Queenie)

My behaviours and perceived attitudes were integral to participants' responses that they felt like I understood them and that they could trust me.

Another contributing factor which influenced how participants experienced an introductory counselling session was tactile contact with the dog. Interestingly, the importance of tactile contact with fur was mentioned not only by the four participants who expressed the greatest fondness for pets, but also by the participant who said that Isaac's presence was not significant to her experiencing of the session. Jan nonetheless attested to the relaxing properties of stroking fur. Patting the dog was mentioned by all other participants in describing the dog's ability to help them to relax generally, to calm down when upset, and to reflect on their own previous pets. I noted an increase in interaction with the dog, most often through patting, when the participants appeared most uneasy, either during the initial few minutes of the session, or during discussions of emotionally upsetting topics. All overtures by the dog were responded to positively by the participants.

Another significant factor in how participants perceived the session was whether or not they had experienced previous close attachments to pets. Four of the five participants described previous bonds with animals as "close" or "very close". One of the participants depicted her pet ownership experience as rather burdensome and costly in terms of personal freedom and responsibility. Participants who had experienced emotional closeness with a pet described the pet(s) as "part of the family". This bond in their own lives seems connected to appreciation for Isaac in the session, and for myself as

therapist, through my association with and shared appreciation for the dog. Having a participant who did not indicate a previous close attachment to a pet provided an opportunity to note which potential benefits of PFT were least and most affected by the presence or absence of a previous human-animal bond.

The final commonly-noted factor in participants' experiencing of the sessions was their way of being and self-conceptualization. Participants largely attributed their difficulties in opening up with me to their own personalities. Murphy, Jan and B.J. described themselves as private people for whom it was hard to open up to a virtual stranger. Mick stated that although he recognized his need to talk to someone about his struggle with chronic pain, he was generally cautious about doing this due to the potential of overloading and alienating people in his support system. Queenie is a naturally outgoing person for whom conversation with a stranger came easy. She attested to making a specific effort to be as open and honest as she could in the session.

Participants' ways of being were described by the participants themselves, and also observed and experienced by the interviewer and myself. Our interactions with participants as we negotiated meanings with them through the session and interview also played a fundamental role in how participants experienced the sessions, and how we reported this.

Personal Expectations and Hopes

I brought many biases, expectations and hopes to this research. Because I do not believe that it is possible to remove myself from my experiences and beliefs, I feel that it is important to state them explicitly here, prior to presenting my research conclusions. I

have always felt an affinity for animals, and they have played a major part in my life. My experiences with my own pets in public places lead me to see animals as social catalysts between strangers: Strangers often approach and speak to me regarding my dog when he is with me in public. Similarly, I often instigate conversations with others when their pets are with them. I expected that participants would speak to this aspect of a pet's presence being a safe introductory topic, or an "ice-breaker".

Aside from creating a safe diversionary topic and a potential mutual interest or common bond between myself and participants, I also expected that the dog's presence would serve to relax the participants. This expectation stems both from my own personal experience of pets as stress relievers, and from the literature indicating that humans' physical arousal indicators decrease when pets are present (Harris, Rinehart, & Gerstman, 1993; Jenkins, 1986; Katcher, 1981). I did not know whether participants would perceive this relaxing aspect of a pet's presence as something which would allow or facilitate them to talk more openly about personal or emotional topics with me, a stranger. I did not know what, if any, connection there would be between participants' experiencing of Isaac and their self-stated levels of attachments with previously owned pets.

Because I am enthusiastic about the potential benefits of PFT, and presently use Isaac in therapeutic settings, I hoped to hear support from participants that the dog's presence augmented the connection that they felt with me. Having this role of PFT affirmed would validate from the client's perspective what I perceive to be occurring in individual and group PFT sessions.

Conclusions of the Study

This research, constructed from the participants' experiences, supports much of the existing research on PFT and the roles attributed to pets used in therapeutic settings. Participants in this study said that the dog facilitated relaxation. This is consistent with earlier studies attesting to pets' ability to decrease physiological indicators of stress (Baun et al.,1984; Harris, Rinehart, & Gerstman, 1993; Katcher, 1981). Specifically, tactile contact through patting the dog was identified by participants as a means of relaxing, corroborating observations by Nielson & Delude (1994) and Reichert (1994).

Also consistent with the literature (Mallon, 1994b; Reichert, 1994) are my findings that participants sought out the dog in order to cope with emotional distress. One participant explained this role of the dog as "distracter", echoing the assertions of Brickel (1982) and Cusack (1988) that a pet's presence can distract individuals from focusing on their own fears. These researchers referred to the applicability of this distracter role specifically in assisting clients to overcome phobias or situation-specific anxieties. In this study, however, the dog's role as an emotional stabilizer through distraction facilitated the general exploration of emotionally painful feelings and topics. By distracting participants from feelings of discomfort with their emotionality, the dog's presence enabled individuals to stay with their emotions longer, thereby experiencing them on a deeper level in the presence of another individual. From my perspective this, combined with their experiencing unconditional positive regard from a counsellor, culminated in therapeutic movement in the sessions for some of the participants. Robins et al. (1991) hypothesized from observations of dog owners interacting in a park that the dogs were used as buffers from personal topics of conversation. Rather than a buffer

role, participants in this study instead referred to the dog as an emotional support which fostered closeness rather than distance. Certainly, the contextual differences in these studies plays a significant role in the different hypotheses.

Prior to commencing the data collection and analysis, I was most curious about how participants' voices would fit with the existing literature which specifically examined PFT and the client's sense of connection to the therapist. My research is consistent with Peacock's (1984) findings that a dog's presence increased clients' comfort with self-disclosure. Many other studies have also concluded that a pet's presence facilitates communication in counselling settings (Draper et al., 1990: Kaufmann, 1997; Nebbe, 1991; Reichert, 1994; Wilson & Netting, 1983). As in this study, previous researchers (Levinson & Mallon, 1997; Nebbe, 1991) have noted clients' tendency to talk to (and through) the pet. In addition, observations of one of the participants in this study are congruent with those of other PFT counsellors/researchers who have noted an opportunity to strengthen client perceptions of trust or rapport with the counsellor through client observation of counsellor-pet interactions (Levinson & Mallon, 1997; Nebbe, 1991; Peacock, 1984).

Findings from this study stand in contrast however, with some conclusions of Peacock (1984) and Turi (1994), the two researchers who specifically incorporated client perspectives in their examination of PFT and the therapeutic relationship. Peacock (1984) found that a dog's presence in an introductory therapy session had no significant effect on participants' ratings of rapport with the researcher/therapist. Similarly, Turi (1994) found no significant differences in children's ratings of emotional closeness to the therapist, attributed through observing four videotaped vignettes which altered the

presence of a pet and other contextual factors. Participants in this study indicated that Isaac's presence did affect their perception of connection with me. By encouraging participants to speak about their experiences in their own vocabulary rather than through agreement/disagreement with predefined (and subjective) concepts, much information was obtained about how the dog facilitated their sense of connection with a counsellor. As was anticipated, this preliminary research raised as many questions as it sought to answer. Nonetheless, this research has started to construct the missing foundation – PFT recipients' perspectives – to helping professionals' assertions that the human-animal bond contributes to therapeutic relationships between people.

I constructed the aforementioned themes from what I heard the participants say, how they told me, what the interviewer and I observed and noted, and my own reflections on all of this information. What resulted was a new understanding for me of how these pieces, or themes, fit together. Prior to my research I expected that I would learn information about the specifics of how PFT was received by participants in an initial counselling session. In addition to this information, I was gratified to also develop a new, tentative framework of the PFT therapeutic relationship.

Through the course of this study, the focus shifted from the impact of a pet's presence on the therapeutic relationship, to a reconceptualization of the therapeutic relationship in PFT which included the client, the counsellor, and the pet. This new understanding is grounded in the data, and explains and describes in the context of the participants' experiences the delineation and overlap between contributions to this relationship of the counsellor and the pet.

The Therapeutic Relationship Reconstructed

Client. Therapist. Dog. How these pieces fit together in the context of this study was illuminated through my interpretations of the research data. My initial conceptualization of what comprised the "therapeutic relationship" changed as a result of the research process. I was interested in how the presence of a dog affected participants' perceptions of their relationship with me. I came to see, from what these individuals said and what they did while in session with Isaac and me, that the relationship that I had envisioned as being solely between the counsellor and client/participant was more layered and complex, and necessitated the inclusion of the dog as both a stand-alone element, and one which impacted the person's perceptions of me. Similarly, pieces of the therapeutic relationship did not include the dog at all, but rather existed strictly between the participant and myself.

Participants spoke of core therapeutic skills such as genuineness and unwavering positive regard (as indicated by such behaviour as maintaining eye contact) which impacted their relationship with me. Their experience of the session included perceptions of me, alone, unaffected by the presence of my dog. In contrast, participants' words, tone, actions and other ways of communicating indicated that some elements of how they experienced the session had nothing to do with me, as therapist. The addition of a living, wagging, and autonomous being added therapeutic dimensions which were both independent of me (e.g., the relaxation affect that individuals described from watching and patting the dog and the dog as a prompter of emotional memories), and which included me (e.g., the perception that I was a compassionate and trustworthy person by virtue of my association with the dog). Thus, this "relationship" which I had

previously limited to that between humans expanded to include the dog as he too played an inextricable role in the co-constructed interplay.

This study has provided an alternative look at PFT from the recipient's perspective, and has started the important work of incorporating PFT recipients' voices into our understanding of the roles that the human-animal bond has to play in counselling.

Limitations of the Study

Results of this exploratory study must be interpreted within its specific context. I utilized a distinct population, Caucasian men and women over forty-six years of age, living temporarily in a physical rehabilitation unit of a hospital in a moderately sized northern Canadian community. The commonalties which yielded thematic descriptions are tied this research, and cannot be assumed for clients of different cultures, ages, ethnicities, geographic locations, levels of health, or those accessing counselling in other types of facilities.

Characteristics of the counsellor, the counselling modality used, and the type of pet would also affect participants' perspectives, thus the individuality of both pet and counsellor limits the generalizability of these results. My participation in the data collection and analysis process is also distinct; another researcher would have undoubtedly behaved, spoken, and analyzed the data differently, arriving at her/his own unique interpretations. In addition, time and financial constraints limited the study to five participants; many more perspectives are expected to emerge when similar research is conducted with greater numbers of PFT clients, and when contextual factors are varied.

Until much more research is done from PFT recipients' points of view, generalizations of these results to larger groups should be made with caution.

Implications for Future Research

This exploratory study yielded results which might serve as a springboard for future research on PFT from the client's perspective. It is also hoped that it will help to inform therapists who utilize (or would like to) the human-animal bond as a therapeutic tool. The themes and encompassing framework which I constructed and through which I understand the participants' perspectives must be interpreted in relation to the context of this study.

My intent in conducting this study was not to find broad, generalizable themes through which to predict others' experiences of PFT. Rather, through this study I sought to provide an introductory exploration of client perspectives of PFT, particularly as they pertain to the therapeutic relationship. Because this had not been done previously, my findings are a small part of an emerging understanding of the possibilities and limitations of the use of the human-animal bond to augment the therapeutic experience. Much more research which seeks to understand and convey the perceptions of PFT clients is needed.

By conducting similar research in different settings and with various populations we will gain insight into how contextual factors influence PFT recipients' perspectives. Different populations will undoubtedly describe their experiences differently; information regarding where commonalties and differences occur across age, ethnicity, gender, culture, or other factors will serve to better inform PFT theory and therefore practice. In addition it would be valuable to consider the experiences of both mandated clients and clients accessing counselling of their own volition.

We saw in this study how a strong previous attachment to a pet or pets seemed connected to participants' appreciation for a dog's presence in an introductory counselling session. This was expressed as the animal's ability to relax the participant and to facilitate the exploration of difficult subjects with a stranger. In addition, previous attachment seemed to spawn similar feelings in the participants of warmth and affection for Isaac, an unknown pet, which in turn cast a warmer glow on their relationships with me, and their perceptions of the session in general. Much more information is needed however, regarding the significance of clients' previous attachment or non-attachment with a pet.

Many individuals have not experienced a close emotional bond with a pet. Does this mean that the potential for PFT to be of therapeutic benefit for these people is negligible? In this study, the one participant who did not describe previous bonding with a pet in appreciative terms also experienced Isaac's presence as minimally important in the session. Yet this same individual spoke specifically about the type of pet that would have been more welcome. Thus it appears that her negative experience of pet ownership and the corresponding lack of previous attachment for a pet does not obliterate the potential benefits of PFT for this individual. Also warranting future research is the impact of PFT for individuals who have not experienced a close emotional bond with an animal due to never having owned a pet, cultural ideas about pets, or other factors.

Also of interest is future research examining how clients perceive different types of pets. Some researchers have advocated the matching of PFT pets and clients based on client familiarity with a particular type of pet, thereby fulfilling client expectations regarding desirable traits in pets (Davis, 1988; Harris, Rhinehart, & Gerstman, 1993;

Struckus, 1991). Interestingly, four of the five participants in this study attributed positive contributions to Isaac regardless of apparent differences between him and their previous pets. One participant stated that she would have preferred a smaller, "cuddlier" dog that showed a greater desire for attention than Isaac. This profile does not match her previously owned pet. What type(s) of pet would be most appreciated by clients, and what factors effect this? Although all participants in this study responded favourably to Isaac's overtures, excessive attention-seeking behaviour in a pet might serve to distract client and therapist, thereby detracting from the therapeutic potential of the session. Again, our present lack of information in this area suggests the need for expanded research on this aspect of PFT from a recipient perspective.

This study focused on clients' perspectives of PFT in an initial counselling session. It would also be valuable to understand how these perceptions are affected by a pet's presence or absence over the duration of therapy. Also of interest is the significance, from clients' perspectives, of the nature of the therapist-pet relationship. It is unclear whether therapist ownership of the pet is an important component of the client's perception of the therapist. Other contextual factors such as the amount and nature of therapist-pet interaction may also be key to clients' experiencing of the sessions.

Implications for Practice

Participants expressed appreciation for the dog's presence in an initial counselling session, and affirmed the primacy of the client-therapist relationship. PFT is clearly an adjunctive therapy, not a panacea nor a replacement for therapist skill. Therapists must

first be mindful of their own competence, and should have a clear understanding of what it is they hope that the pet will contribute to therapy prior to its introduction.

Four of the five participants in this study stated that – all else being equal – they would choose to have a pet present during hypothetical future counselling sessions. The fifth participant, who did not have a deep emotional bond with animals, reiterated that "it's the person that I'm talking to that makes the difference" (Jan). Counselling clients should be asked beforehand whether or not they would appreciate having a pet present in their sessions. Allergies to pets, or fear or dislike of pets could make the addition of an animal a negative experience for the client. Murphy alluded to the importance of personal choice in order for the potential benefits of PFT to be experienced by the client.

> "It was fine with me because, you know it kind of relaxes you a lot. Well, it would be adverse if people didn't like dogs, 'cause then they'd be nervous, but I like dogs so it kind of relaxed me to have the dog here." (Murphy)

B.J. was more tentative in her thoughts about the significance of an individual's attachment to animals in general: "I don't know whether [the dog's ability to act as a distracter] was the fact that I like animals or not. Possibly" (B.J). Study results suggest that a pet may facilitate client relaxation even without previous strong emotional bonding with a pet. Nonetheless, clients should be consulted about the decision to utilize PFT.

The ability of the pet to relax participants was the most universal and frequently stated role in this study. Assuming that a client has indicated a desire for PFT, therapists should be mindful of both client and animal safety. PFT animals should be sound physically and temperamentally. My observations in this study support a profile of a PFT pet as well-behaved, gentle, and appreciative of human attention. Because tactile contact with Isaac was so linked to his roles as a tranquilizer and a prompter of positive

emotional memories, effort should directed to making the pet physically accessible to the client.

The pet's role in relaxing clients and in facilitating conversation and disclosure suggests that PFT may be particularly suited to shy, non verbal, or resistant clients. Therapists may also maximize the pet's potential to strengthen the therapeutic alliance by interacting warmly with the pet, and by talking to or through the pet to shift the focus away from the reticent client. Outside of this research, I have noted clients' use of the pet to project their feelings (e.g., feeling trapped "like that dog on a leash"). The addition of a pet to counselling provides the therapist with non-threatening verbal and non-verbal means of communicating with clients. This may make PFT particularly well-suited to working with children, developmentally delayed or mandated clients.

REFERENCES

Bachelor, A. (1988). How clients perceive therapist empathy: A content analysis of "received" empathy. Psychotherapy, 25(2), 227-240.

Banman, J. K. (1995). Animal-assisted therapy with adolescents in a psychiatric facility. The Journal of Pastoral Care, 49(3), 274-278.

Barker, S. B. (1999). Therapeutic aspects of the human-companion animal interaction. Psychiatric Times, 16(2), 114-123.

Baun, M. M., Bergstrom, N., Langston, N. F., & Thoma, L. (1984). Physiological effects of human/companion animal bonding. Nursing Research, 33(3), 126-129.

Beck, A. M., Seraydarian, L., & Hunter, G. F. (1986). Use of animals in the rehabilitation of psychiatric inpatients. Psychological Reports, 38, 63-66.

Belkin, G. (1975). Introduction to counseling. Dubuque, IA: Brown.

Bowd, A. C., & Bowd, A. D. (1988). Companion animals: A positive contribution to social work practice. The Social Worker, 56(1), 6-9.

Brasic, J. R. (1998). Pets and health. Psychological Reports, 83, 1011-1024.

Brickel, C. M. (1981). A review of the roles of pet animals in psychotherapy and with the elderly. International Journal of Aging and Human Development, 12(2), 119-128.

Brickel, C. M. (1982). Pet-facilitated psychotherapy: A theoretical explanation via attention shifts. Psychological Reports, 50, 71-74.

Brickel, C. M. (1986). Pet-facilitated therapies: A review of the literature and clinical implementation considerations. Clinical Gerontologist, 5(3/4), 309-332.

Brodley, B.T. (1987). A client-centered psychotherapy practice. Available online at: http://world.std.com/~mbr2/cct.practice.html

Bustad, L. K. (1979). How animals make people human and humane. Modern Veterinary Practice, 60(9), 707-710.

Carmack, B., & Fila, D. (1989). Animal-assisted therapy: A nursing intervention. Nursing Management, 20(5), 96-101.

Cass, J. (1981). Pet facilitated therapy in human health care. In B. Fogle (Ed.), Interrelations between people and pets (pp. 124-145). Springfield, IL: Charles C. Thomas.

Charmaz, K. (1995). Grounded theory. In J. Smith, R. Harre and L. Van Langenhove (Eds.), Rethinking methods in psychology (pp. 27-49). Thousand Oaks, CA: Sage Publications

Chinner, T. L., & Dalziel, F. R. (1991). An exploratory study on the viability and efficacy of a pet-facilitated therapy project within a hospice. Journal of Palliative Care, 7(4), 13-20.

Cole, K., & Gawlinski, A. (1995). Animal-assisted therapy in the intensive care unit: a staff nurse's dream come true. Nursing Clinics of North America, 30, 529-536.

Cooper, G. (1999). Unless, of course, that horse is a therapist. Family Therapy Networker, 23(2), 11-14.

Copley, E. A. (1992). Pet-facilitated therapy: The Maples project. Unpublished master's thesis, University of British Columbia, Vancouver, BC.

Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. Qualitative Sociology, 13(1), 3-21.

Corson, S. A., & Corson, E. O. (1981). Companion animals as bonding catalysts in geriatric institutions. In B. Fogle (Ed.), Interrelations between pets and people, (pp. 146-174). Springfield, IL: Charles C Thomas.

Corson, S. A., & Corson, E. O. (1987). Pet animals as socializing catalysts in geriatrics: An experiment in non-verbal communication therapy. In L. Levi (Ed.), Society, stress, and disease (pp. 305-322). Oxford: Oxford University Press.

Creswell, J. W. (1998). Qualitative inquiry and research design: Choosing among five traditions. Thousand Oaks, CA: Sage Publications.

Cusack, O. (1988). Pets and mental health. Binghamton, NY: The Hawthorne Press.

Cytowic, R. (1995). Synesthesia: Phenomenology and neuropsychology. Psyche, 2(10). An online journal available at: http://psyche.cs.monash.edu.au/v2/psyche-2-10-cytowic.html

Davis, J. H. (1988). Animal-facilitated therapy in stress mediation. Holistic Nursing Practice, 2(3), 75-83.

Draper, R. L., Gerber, G. J., & Layng, E. M. (1990). Defining the role of pet animals in pyschotherapy. Psychiatric Journal of the University of Ottawa, 15(3), 169-172.

Folse, E. B., Minder, C. C., Aycock, M. J., & Santana, R. T. (1994). Animal-assisted therapy and depression in adult college students. Anthrozoos, 7(3), 188-194.

Friedmann, E., Katcher, A. H., Lynch, J. J., & Thomas, S. A. (1980). Animal companions and one year survival of patients after discharge from a coronary care unit. Public Health Reports, 95, 307-312.

Gergen, K. (1999). Social psychology as social construction: The emerging vision. Available online at: http://www.swarthmore.edu/SocSci/kgergen1/test1.html.

Glaser, B.G., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.

Hackney, H. L., & Cormier, L. S. (1996). The professional counselor: A process guide to helping. Boston: Allyn & Bacon.

Harris, M. D., Rinehart, J. M., & Gerstman, J. (1993). Animal-assisted therapy for the homebound elderly. Holistic Nursing Practice, 8(1), 27-37.

Holcomb, R., & Meacham, M. (1989). Effectiveness of an animal-assisted therapy program in an inpatient psychiatric unit. Anthrozoos, 2(4), 259-263.

JAMA asks animal-assisted therapy to prove it (1995). Anthrozoos, 8(4), 244-245.

Jenkins, J. L. (1986). Physiological effects of petting a companion animal. Psychological Reports, 58, 21-22.

Katcher, A. H. (1981). Interrelations between people and their pets: Form and function. In B. Fogle (Ed.), Interrelations between people and pets (pp. 41-67). Springfield, IL: Charles C. Thomas.

Katcher, A. H., & Wilkins, G. G. (1994). The use of animal assisted therapy and education with attention-deficit hyperactive and conduct disorders. Interactions, 12(4), 1-5.

Kaufmann, M. (1997). Creature comforts: Animal-assisted activities in education and therapy. Reaching Today's Youth, 1(2), 27-31.

Kongable, L., Stolley, J., & Buckwalter, K. (1990). Pet therapy for Alzheimer's patients: A survey. The Journal of Long-Term Care Administration, 18, 17-21.

Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA: Sage Publications.

Levinson, B. M., & Mallon, G. P. (1997). Pet-oriented child psychotherapy (2nd ed.). Springfield, IL: Charles C. Thomas.

Livernois, J. (1998). The value of companion animals in Ontario and Canada. Guelph, ON: University of Guelph, Department of Economics.

Love, J.G. (1994). The hermeneutics of transcript analysis. The Qualitative Report, 2(1). Available online at: http://www.nova.edu/ssss/QR/BackIssues/QR2-1/love.html

Mallon, G. P. (1994a). Some of our best therapists are dogs. Child and Youth Care Forum, 23(2), 89-102.

Mallon, G. P. (1994b). Cow as co-therapist: Utilization of farm animals as therapeutic aides with children in residential treatment. Child and Adolescent Social Work Journal, 11(6), 455-474.

McCandless, P., McCready, K., & Knight, L. (1985). A model animal therapy program for mental health settings. Therapeutic Recreation Journal, 2, 55-63.

McCullogh, M. (1981). The pet as prosthesis: Defining criteria for the adjunctive use of companion animals in the treatment of medically ill, depressed outpatients. In B. Fogle (Ed.), Interrelations between people and pets (pp. 101-123). Springfield, IL: Charles C. Thomas.

McNamee, S. (1994). Research as relationally situated activity: Ethical implications. Journal of Feminist Family Therapy, 6(3), 69-83.

McVarish, C. A. (1994). The effects of pet-facilitated therapy on depressed institutionalized inpatients. Unpublished doctoral dissertation, California School of Professional Psychology, Alameda, CA.

Miles, M. B., & Huberman, A. M. (1994). Qualitative Data Analysis. Thousand Oaks, CA: Sage Publications.

Moneymaker, J. M., & Strimple, E. O. (1991). Animals and inmates: A sharing companionship behind bars. Journal of Offender Rehabilitation, 16(3/4), 133-152.

Muschel, I. (1984). Pet therapy with terminal cancer patients. Social Casework: The Journal of Contemporary Social Work, 65, 451-458.

Nebbe, L. L. (1991). The human-animal bond and the elementary school counselor. The School Counselor, 38, 362-371.

Nielsen, J. A., & Delude, L. A. (1994). Pets as adjunct therapists in a residence for former psychiatric patients. Anthrozoos, 7(3), 166-171.

Okun, B. (1992). Effective helping: Interviews and counseling techniques (4th ed.). Pacific Grove, CA: Brooks/Cole.

Palys, T. (1992). Research decisions: Quantitative and qualitative perspectives. Toronto: Harcourt Brace: Jovanovich Canada Inc.

Peacock, C. A. (1984). The role of the therapist's pet in initial psychotherappy sessions with adolescents: An exploratory study. Unpublished doctoral dissertation, Boston College, Boston, MA.

Perelle, I., & Granville, D. (1993). Assessment of the effectiveness of a pet facilitated therapy program in a nursing home. Society and Animals, 1, 91-100.

Perris, C. (1992). Integrating psychotherapeutic strategies in the treatment of young severely disturbed patients. Journal of Cognitive Psychotherapy: An International Quarterly, 6, (3), 205-219.

Pets have therapeutic touch. (1999, November 19). Prince George Citizen, p. 39.

Reichert, E. (1994). Play and animal-assisted therapy: A group-treatment model for sexually abused girls ages 9 -13. Family Therapy, 20(1), 54-62.

Rennie, D. L., & Brewer, L. (1987). A grounded theory of thesis blocking. Teaching of Psychology, 4(1), 10-15.

Rennie, D. L. (1995). Strategic choices in a qualitative approach to psychotherapy process research. In L. Hoshmand and J. Martin (Eds.), Research as praxis: Lessons from programmatic research in therapeutic psychology (pp. 198-220). New York: Teachers College 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.

Rogers, C. R. (1951). Client-centered therapy: its current practice, implications, and theory. Boston: Houghton Mifflin Company.

Rothe, J. P. (1993). Qualitative research: A practical guide. Toronto: PDE Publications.

Stiles, W. (1993). Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage Publications.

Struckus, J. E. (1991). Pet-facilitated therapy and the elderly client. In P. A. Wisocki (Ed.), Handbook of clinical behavior therapy with the elderly client (pp. 403-419). New York: Plenum Press.

Talmon, M. (1990). Single session therapy: Maximizing the first (and often only) therapeutic encounter. San Francisco, Jossey-Bass.

Tashakkori, A., & Teddlie, C. (1998). Mixed methodology: Combining qualitative and quantitative approaches. (Applied Social Research Methods Series, Vol. 46). Thousand Oaks, CA: Sage Publications.

Templer, D., & Veleber, D. (1981). The construction of a pet attitude scale. Psychological Record, 31, 343-348.

The health benefits of pets. Workshop summary; 1987 Sep 10-11. Bethesda (MD): National Institutes of Health, Office of Medical Applications of Research; [1987].

Turi, L. L. (1994). Pet-facilitated therapy with children: Implications for rapport and self-disclosure. Unpublished doctoral dissertation, Fairleigh Dickinson University, Madison, NJ.

Wilson, C. C., & Netting, F. E. (1983). Companion animals and the elderly: A state of the art summary. Journal of the American Veterinary Medicine Association, 183, 1425-1429.

APPENDIX A

Letter of Support from the Department Director

Letter of Support from the Clinical Director

Letter of Support from the Patient Care Manager

NORTHERN INTERIOR
REGIONAL HEALTH BOARD

April 19, 1999

Laurie Baird
Masters of Education Candidate
UNBC
2345 Fraser Road
Prince George, BC
V2N 6E5

Dear Ms. Baird:

I got your letter concerning your interest in doing a research concerning pet facilitated therapy at our Rehab Unit. I think it would be great that the University be involved in research at our facility and I welcome you with open arms. I would be anxious to know if this type of therapy would benefit our patients. And I give you my full support for this research.

Yours sincerely,

M. Buchanan, M.D., F.R.C.P.C.
Prince George Regional Hospital

This report has been electronically authenticated
by the dictating physician. 04/19/99 1247

Prince George Regional Hospital

[redacted]

Judy Lett, RN, BScN, MSc
Clinical Nursing Instructor
Medical Geriatrics
2000-15th Ave.
Prince George, BC, Canada V2M 1S2
1-250-565-2652
Fax 1-250-565-2584

May 4, 1999

Laurie Baird
M.Ed. (Cand.), UNBC
2345 Fraser Road
Prince George, BC
V2N 6E5

Dear Ms. Baird:

This letter is in response to your expressed desire to conduct a research study to examine the impact of "pet therapy" on the development of therapeutic relationships, within the setting of the Rehabilitation Unit. I understand that this is a field that has not been very well developed and would benefit from further investigative study. I am aware that you have been a pet therapy volunteer for a number of years and that you have maintained close communications with the Recreation Therapy Department with respect to this pursuit, and that they are very supportive of your work. I also understand that the Best Friends Pet Visitation Society has established very rigorous standards for screening of the pets who participate in this programme, which provides some reassurance in terms of the predicability of your pet's behaviour. As long as provisions are made to ensure the rights & safety of patients, visitors & staff, and that all other ethical and research approval standards are met, I would be pleased to provide support towards your desire to conduct your study within this facility.

Sincerely,

Judy Lett

NORTHERN INTERIOR
REGIONAL HEALTH BOARD

June 21 1999

Ms. Laurie Baird
2345 Fraser Road,
Prince George, BC
V2N 6E5

Dear Ms. Baird,

I have received your request for a letter of support to conduct a research study utilizing the Rehabilitation Unit at Prince George Regional Hospital. As per our conversation on the phone last week, I understand the preliminary impact of your project on the Rehabilitation unit to be the following:

- Visits conducted by yourself and your dog with individual patients for a period of approximately 45 minutes. At this time, you have not indicated the number of visits or length of time your research will be conducted over.
- All visits and interviews to be conducted during the evening hours, in coordination with nursing care and patient wishes.
- Interviews with staff (with suitable consent, etc.)

As stated, you have been in the practice of conducting pet visitations in the past (held at present in order to not confound your research), and your dog, Isaac, has been screened as a suitable pet therapy dog by the Best Friends Visitation Society. As your visits have been favorably received in the past, I see no concerns with the continued pet visitation aspect of your research.

In discussion with the In-charge nurse on the Rehabilitation unit, (you have stated a willingness to work with the nursing staff to coordinate your interviews with their time and resources), the impact of your project should be minimal. Your request for a private space to conduct interviews will be contingent on the pre-booking of Room 110. This room can be booked through the A-V department at PGRH.

As discussed, the Chair of the Research Review Committee has changed. I have enclosed a copy of the updated guidelines from the Committee. I wish you well in the process of your research and am pleased that the Rehabilitation Unit can be of assistance to you.

Sincerely,

Sherry Hamilton,
Patient Care Manager, Medical Services
Prince George Regional Hospital

cc. Dr. M. Buchanan
Ms. L. Ward – IC Nurse Rehabilitation Unit

APPENDIX B

Outline of Research Purpose and Procedures for PGRH Rehabilitation Unit Staff

My name is Laurie Baird, and I am a graduate student in Counselling at the University of Northern British Columbia, in the Education Department. I am conducting a study on the use of pets in counselling and am soliciting participants for this study from the patients in the Rehabilitation Unit at Prince George Regional Hospital. Volunteers for this study should be oriented to time, place and person, and should not be afraid of or allergic to dogs. In addition, PGRH Rehabilitation Unit medical staff should feel that the patient's health would not be compromised from participation in this study.

I have been visiting patients here, along with my dog Isaac, for over three years, and am interested in studying the effects of a pet's presence on the therapeutic relationship between an individual and his/her counsellor. To that end, I am conducting one supportive counselling session with patients who choose to participate in the study. My dog will also be present during this session; patients may interact with the dog if they so choose. Participants will also be asked to participate in an interview with a research assistant who is a fellow graduate student in Counselling. The purpose of this interview will be to elicit the participants' perspectives of the effect (or lack thereof) of the pet's presence in their counselling session.

In order to cause the least disruption possible to the Rehabilitation Unit's staff and patients, I will attempt to confer with staff and schedule data collection at times which cause minimal interference. Results of this study will gladly be shared with Prince George Regional Hospital and the Rehabilitation Unit staff; however, **in order to minimize bias to data collection I request that details of the study not be discussed with patients prior to data collection completion.** No data collection will take place prior to approval from both UNBC's Ethic's Review Committee and PGRH's Research Review Committee.

Your cooperation and support is key to patient participation, and I thank you in advance for facilitating the research process. The field of Pet Facilitated Therapy is a relatively new one, and this research will increase our knowledge of the potential benefits to people of the human-animal bond.

If you have any questions or concerns, please do not hesitate to contact myself at the number below or my supervisor, Dr. Paul Madak, at (250)960-6520.

Sincerely,

Laurie Baird
M.Ed. (Candidate)
Education Department
University of Northern British Columbia
(250)963-9606

APPENDIX C

Participant Information and Consent Form

Statement of Confidentiality

Limits to Confidentiality

Participant Information and Consent Form

My name is Laurie Baird, and I am completing my Master of Education degree in Counselling at the University of Northern British Columbia (UNBC). I am conducting a research study on the use of pets in counselling, and am seeking participants from the Rehabilitation Unit at Prince George Regional Hospital. Participation in this study is strictly voluntary, and participants may choose to withdraw at any time.

If you choose to participate you will receive one individual supportive counselling session with me, at which a dog will be present. These sessions will be audiotaped, and will last approximately 45 minutes.. Following this session, you will be asked to participate in an audiotaped interview with a research assistant, who is a fellow Counselling graduate student at UNBC.

All information gathered through this research project will be anonymous and used strictly for research purposes. Only my supervisors at UNBC, the research assistant, a transcriber and myself will have access to the information gathered. Meetings with me and my research assistant will be scheduled to not interfere with other Rehabilitation appointments. Participants should not be allergic to, or afraid of dogs, as a dog may be present during the counselling sessions. Overall research results will gladly be shared with Prince George Regional Hospital, and any participants who indicate to me that they would like to receive this information. Your input would help to increase our knowledge of the use of pets in counselling. If you have any further questions about the research project, please feel free to contact me at (250) 963-9606, or my supervisor, Dr. Paul Madak, at (250) 960-6520. Any complaints about this research study should be directed to Dr. Max Blouw at (250) 960-5820 at the Office of Research and Graduate Studies, University of Northern British Columbia.

I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND I AGREE TO PARTICIPATE IN THIS RESEARCH STUDY ON PETS AND COUNSELLING.

_____ _____

(Name - Signature) (Date)

_____ _____

(Witness) (Date)

Laurie Baird
M.Ed. (Candidate)
Department of Education
University of Northern British Columbia
(250) 963-9606

Dr. Paul Madak
Chairperson
Department of Education
University of Northern British Columbia
(250) 960-6520

Statement of Confidentiality

Any data obtained through measures, audiotapes, audiotape transcriptions and field notes about pets and counselling in the Rehabilitation Unit of Prince George Regional Hospital will be kept strictly under lock and key. The only people having access to this information will be myself (the researcher), the research assistant (a fellow M.Ed. graduate student) who will interview all participants, a transcriber, and my thesis supervisor, Dr. Paul Madak. Audiotapes will kept until the final thesis is defended, after which they will be destroyed. The material obtained will be maintained under lock and key for a period of five years, after which it will be destroyed. Participants will not be identified in the study by their real names. In order to ensure anonymity, participants will be asked to choose a nickname through which their input will be identified.

As outlined in the consent form, all information received during the counselling sessions and data collection will be strictly confidential between the patient and counsellor, with the exceptions of those items listed on the attached *Limits to Confidentiality* form.

Laurie Baird, M.Ed. (Candidate)
Department of Education
University of Northern British Columbia
(250) 963 - 9606

LIMITS TO CONFIDENTIALITY

Participation in this research study is voluntary, and that information discussed in counselling sessions is to be held in confidence. However, there are a few circumstances which would necessitate the researcher/counsellor to break confidence. This would occur only if one of the following were to occur:

1) If you were to say that you planned to harm yourself,

2) If you were to say that you planned to harm someone else,

3) If you were to inform the counsellor that a child, a person under the age of
19, is in need of assistance due to neglect or abuse,

4) If the counsellor were to be court-ordered to testify in a legal matter that concerns you.

If any of these situations were to be presented, the researcher/counsellor is bound by law to report to an authority so that help may be offered as soon as possible.

I understand and agree to the limits of confidentiality as stated above.

_____ _____

(Signature) (Date)

_____ _____

(Witness) (Date)

APPENDIX D

Demographic Questionnaire

Date: _____ Participant Nickname: _____

Male Female

DEMOGRAPHIC QUESTIONNAIRE

I am going to ask you several questions about yourself, which will provide us with important descriptive information for this study. This information will be kept **anonymous** and **strictly confidential**, but it is necessary for the analysis of this study.

1. What is your age? _____

2. a) Have you ever owned a pet in the past? _____
   b) If no, was there a pet in your household? _____
   c) If you answered yes to a) or b), how would you rate your emotional attachment to the pet(s)?_____

3. a) Do you presently own a pet? _____
   b) If no, is there a pet in your household? _____
   c) If you answered yes to a) or b), how would you rate your emotional attachment to the pet(s)? _____

4. Why are you in the Rehabilitation Unit? _____
   _____

5. Are you currently taking any medication which you feel alters your mental or emotional state? Yes No
   If you answered yes, please explain: _____
   _____
   _____

6. What is your ethnicity? _____

7. What is the expected duration of your stay in the Rehabilitation Unit?

   _____ weeks _____ months or unknown

APPENDIX E

Participant Survey

Date: _____ Participant Nickname: _____

PARTICIPANT SURVEY

1. Describe your impressions of your session with Laurie.

2. a) What hopes, if any, did you have of the session?

   b) How do you feel now about these hopes? (Was there anything unusual or unexpected that happened for you in the session?)

3. What things affected the quality of your conversation with Laurie?

4. a) What made the session go well for you? What made it go not as well as it could have gone?

   b) Were you able to talk with Laurie as openly as you would have liked? If so, why do you think that was? What was it about the interaction that helped (or hindered) your ability to do that?

5. Did you feel like Laurie understood you? Why or why not?

6. Describe your level of trust in Laurie during the session? In your view, what factors affected this?

Date: _____ Participant Nickname: _____

PARTICIPANT SURVEY – page 2

7. Describe your impressions of having a dog present in the session.

8. In your view, what role or roles (if any) did the dog play in the session? Why do you think that is?

9. Did Isaac's presence influence your sense of connection with Laurie? If so, why or how?

10. If you had a choice, would you prefer to see a counsellor with or without a dog present? Why?

11. Is there anything from the session that we have not discussed yet that was significant for you, or that you would like to talk about?