

**A case study of Animal Assisted Therapy (AAT):  
Facilitating healing for learned helplessness**

by

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Submitted in partial fulfilment of the requirements for the  
degree of

Masters in Social Sciences  
(Educational Psychology)

School of Applied Human Sciences  
College of Humanities  
University of KwaZulu-Natal

Date: January 2021

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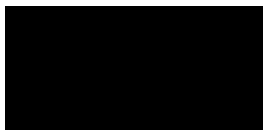
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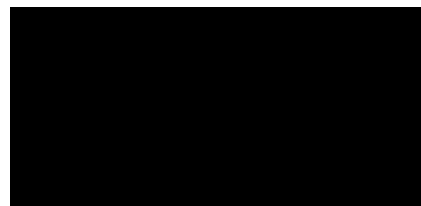
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## DEDICATION

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*"By the edge of a woods, at the foot of a hill,  
Is a lush, green meadow where time stands still.  
Where the friends of man and woman do run,  
When their time on earth is over and done.*

*For here, between this world and the next,  
Is a place where each beloved creature finds rest.  
On this golden land, they wait and they play,  
Till the Rainbow Bridge they cross over one day.*

*No more do they suffer, in pain or in sadness,  
For here they are whole, their lives filled with gladness.  
Their limbs are restored, their health renewed,  
Their bodies have healed, with strength imbued.*

*They romp through the grass, without even a care,  
Until one day they start, and sniff at the air.  
All ears prick forward, eyes dart front and back,  
Then all of a sudden, one breaks from the pack.*

*For just at that instant, their eyes have met;  
Together again, both person and pet.  
So they run to each other, these friends from long past,  
The time of their parting is over at last.*

*The sadness they felt while they were apart,  
Has turned into joy once more in each heart.  
They embrace with a love that will last forever,  
And then, side-by-side, they cross over ... together."*

*~Unknown author~*

I dedicate my dissertation to my beloved dogs both present and gone.

&

To Sebastian, my golden retriever puppy, who I intend on training as my therapy dog –

I look forward to the journey ahead. Thank you for being my inspiration.



## ACKNOWLEDGEMENTS

---

- ❖ To my supervisor, Glodean Thani – thank you for believing in my topic and allowing me to run with it from day one. Thank you for your constant support and engagement throughout this process, it is greatly appreciated. Your guidance and checking kept me determined and motivated, even throughout the challenges that we faced with the COVID-19 pandemic! Thank you for your countless hours of reading, reflecting, and sharing your expert knowledge and skills with me. I am so thankful.
- ❖ To my family, my mom Glenda, my two brothers Shaun and Matthew, and Maria – thank you for your constant support, love and encouragement. Despite having moved to a new province to complete my master’s degree, your support from afar was appreciated and noted. Not only was it one of the most difficult years for us all with regard to the pandemic, but we faced many challenges as a family on a personal level. At times when we all felt so alone, it was the strong love for our family that kept me going – thank you for loving me and supporting me so well. To my dad Brian, thank you for financially supporting me to follow dreams and complete my studies – I am so blessed to have been given this opportunity. Thank you for your generosity.
- ❖ To my boyfriend Dylan and his family – thank you for supporting me throughout the year and always believing in me. I could not have done this without you all. Dylan, thank you for your endless love and support – I feel so blessed and thankful to you. I appreciate and love you more than you know.
- ❖ To my best friends – the constant calls, spoils and love that I received from afar were so valued. Thank you for uplifting me in times of difficulty and supporting me every step of the way. I could not have done it without my girls. Special thanks are due to Lauren; thank you for guiding me in times of need throughout my research and master’s journey.
- ❖ To my new friends from this year that became so incredibly important to me in such a short space of time – thank you. I am beyond blessed to have met two very special souls during my master’s study. Kelly and Terry, thank you for being on this journey with me. I am eternally grateful to you both. We kept one another motivated even in the toughest times when the finishing line seemed so blurred – but WE DID IT!

- ❖ To my 2020 digs mates and new friends – thank you for your constant support, study treats, spoils and kindness that you showed me this year. I could not have asked to live with better people; thank you for welcoming me so heartily. My sincerest thanks go to Nicole. Thank you for being my rock this year. I have never met someone so selfless, kind and generous – I will forever be thankful for you.
  
- ❖ To the *Top Dogs* organisation and all the participants in my study– thank you for being a part of this thesis. I cannot wait to join your team with my very own therapy dog. Those that know me well know my dogs are a huge part of my life. I am so blessed to have had such a strong and close connection with all my furry babies – alive and in heaven. They have all had a huge impact on my passion and love for animals and hopefully this can be shared with others.

## ABSTRACT

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This study attempts to provide insight into what Animal Assisted Therapy (AAT) entails and present evidence of how AAT can be used in various settings, such as an organisation called *Top Dogs*. The focus is on how the organisation (*Top Dogs*) uses AAT to establish and enhance the human-animal bond thus improving the mental well-being of individuals who experience learned helplessness.

The study used a qualitative approach, and adopted a phenomenological case study design. Purposive sampling was used to select four participants as essential information could be gained only from the participants involved in the *Top Dogs* process. Those interviewed included the founder of the *Top Dogs* organisation, an animal behaviourist, a dog trainer, and the mother of a patient who experienced a traumatic life-changing accident. The mother's testimonial was central to illustrating the effects of AAT on the healing process of her son and how AAT benefited him. Data analysis was undertaken using thematic analysis; the six stages of Braun and Clark (2013) were used. Five themes were identified, and related sub-themes classified.

The findings of the study indicate that there is room for AAT to be introduced as a psychological modality and concluded that despite the challenges that South Africa faces, AAT has an evidential benefit in assisting mental well-being, not only related to learned helplessness but also within a variety of contexts.

**Key words:** Animal Assisted Therapy; Human-animal bond; Learned helplessness; Top Dogs organisation; Therapy dogs; Psychological modality

## LIST OF ABBREVIATIONS

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|       |   |  |
|-------|---|--|
| AAT   | - | Animal Assisted Therapy                |
| AAT-C | - | Animal Assisted Therapy in Counselling |
| AAA   | - | Animal Assisted Activities             |
| AAI   | - | Animal Assisted Interventions          |
| AEP   | - | Animal Assisted Educational Programs   |
| CBT   | - | Cognitive behavioural therapy          |

# LANGUAGE EDITOR DECLARATION

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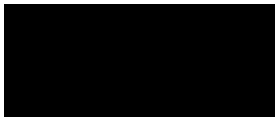
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19 January 2021

## TO WHOM IT MAY CONCERN

I, the undersigned, hereby declare that the master's dissertation titled **A Case Study of Animal Assisted Therapy (AAT): Facilitating Healing of Learned Helplessness** (excluding the appendices) by **Genna Patricia Hewitson** has been edited.

It remains the responsibility of the candidate to effect the recommended changes.



Prof. Tinus Kühn

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# CHAPTER 1: INTRODUCTION

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## 1.1 PURPOSE OF THE STUDY

This study aimed to create awareness of the concept of Animal Assisted Therapy and its benefits as a psychological modality. Data on Animal Assisted Therapy is limited in the South African context, and there is a gap in the research that merits attention. The particular focus of this research study was to expand this knowledge in a therapeutic domain and draw on the linkages to the concept of learned helplessness.

## 1.2 BACKGROUND TO THE STUDY

There is a unique historical account for all researched topics, and this section attempts to provide the historical background that exists concerning the topic of study. The historical explanation for the human and animal relationship is one that has little documented evidence. Serpell (2006) outlines a brief history of how animals have been perceived over the years, both in a general sense and in particular in companionship, in mental and physical health. The study of animals dates back to early times, and the concept *animism* included all living creatures instilled with an invisible soul or spirit. Serpell (2006) refers to the historical views of animal souls and spiritual healing, animal power and shamanism, animals in classical and medieval times, animals as agents of socialisation and animals and psychotherapy (Serpell, 2006).

A brief description of each is outlined, focusing on the era of animals and psychotherapy. Among hunting and foraging societies, animal spirits were believed to be the most common source of destructive influences. There was a strong belief that all spirits of hunted animals had the capability of seeking revenge. It was believed that the animals could take their vengeance by afflicting someone with a disease, physical disability or even death. To avoid this from happening, all animals that were alive or dead were treated with the utmost respect (Wenzel, 1991).

When looking at the pre-classical era from an ancient Egypt perspective, animism was of paramount importance. There was a dominance of shamanic images of animal-headed gods and goddesses (Serpell, 2006). From a classical Greek perspective, animist relations were somewhat less prominent but still very visible. Dogs played a central role in the cult of Asklepios, the son of Apollo, described as the god of medicine and divine physician (Serpell, 2006). Asklepios' tomb was seen as a kind of ancient health resort and provided relief from a

variety of diseases. The dogs were regarded as part of the cure, which is believed to be the earliest instance of functional animal-assisted therapy. The gods would visit these patients that came to the shrine and often the dogs that lived around the shrine, would come and lick those who were injured (Serpell, 2006). It was believed at this point that these dogs could represent the gods, as they had the power to cure people with their tongue (Serpell, 2006) This popular belief was prevalent well into the Christian era, along with other beliefs regarding different animals.

St. Christopher, St. Bernard and other saints were also associated with dogs, and they all had reputations of being healers. Shamanistic traditions were also a part of the medieval cult, such as the greyhound St. Guinefort (Serpell, 2006). This dog was slaughtered by his master, as he incorrectly believed that the dog had killed and devoured his child. Soon after he realised that his child was still peacefully sleeping next to the greyhound that he had killed, the knight threw the dog's carcass into a well. He covered this well with a pile of stones and planted a row of trees around it; this was believed to help the master overcome his remorse. In the 13<sup>th</sup> century, this grove became the centre of pagan healing and farmers from miles away would bring their sick children to heal (Serpell, 2006).

Another era passed, and centuries later, a "spaniel gentle or comforter" (hairy lap dog) was recommended as a cure for illness to ladies in Elizabethan England. Therefore, over time, a strong belief that dogs possessed supernatural healing power evolved (Serpell, 2006).

In the 17<sup>th</sup> century, there was a shift in how animals were perceived, and there was a gradual increase in becoming more sympathetic towards animals. A contributing factor was the steady migration of Europeans. This movement helped separate sectors of the population from "any direct involvement in the consumptive exploitation of animals and removed the need for value systems designed to legitimize or reinforce such practices" (cited in Serpell, 2006, p. 13). At this time, the belief that animals could provide a nurturing relationship, especially to children, surfaced and this interaction was viewed as a socialisation function. Children were encouraged to look after animals such as dogs or birds to develop feelings, emotions and a sense of responsibility (Serpell, 2006). In the 18<sup>th</sup> century, it was believed that children could learn from the act of caring and loving animals and use these abilities to control and reflect on their capabilities. This brought rise to popular-themed literature for children in the 18<sup>th</sup> and 19<sup>th</sup> centuries. After this, in the late 18<sup>th</sup> century, more theories developed that focused on the companionship and socialising influence of animals to treat mentally ill human-beings (Serpell,

2006). In the 19<sup>th</sup> century, having animals as pets became a common feature of mental institutions situated in England. It was believed that the grounds of lunatic asylums should have an array of animals such as sheep and monkeys to create a “more pleasing and less prison-like atmosphere” (Serpell, 2006, 13). Hospitals were made cheerful and enlivened with animals, and it was believed that patients would “pace the long gallery incessantly, pouring out their woes to those who listened to them, or, if there be none to listen, to the dogs and cats” (cited in Serpell, 2006, 13). From this point onwards, the influential and beneficial effects of having an animal as companion were recognised as a treatment process for physically sick patients in this era. As Florence Nightingale once stated: “A small pet is often an excellent companion for the sick, for long chronic cases especially” (cited in Serpell, 2006, 13).

In the early 20<sup>th</sup> century, scientific medicine eradicated animals from hospital settings, despite the successes that had been reported. The only medical context that animals featured in was that of zoonotic diseases and public health (Serpell, 2006). A popular contributor to psychology, Sigmund Freud, proposed ideas related to the origin of neurosis (Serpell, 2006). Freud believed that infants and toddlers are comparable to animals, in the sense that they are controlled by automatic cravings and impulses that derive from biological functioning basics. These include acts of eating, excreting, sexuality and self-preservation (Serpell, 2006). In relation to psychoanalytical theory, Freud referred to this primary animal aspect of human nature as the ‘id’. His reason behind this statement was that children are ruled by their caregivers or in animal terms “tamed” or “socialised”. Adult caregivers often instil fear or guilt into children if they act out impulsively in response to their inner drives and motives. Children then begin to respond to the external pressures to obey such urges in their consciousness. Freud believes that when these suppressed drives end up exploding later on in life, in an uncontrolled manner, this is when a mental illness is formed (Shafton, 1995). The interpretation of recurrent images of animals that may be present in a client’s dreams is believed to be a disguise of the unacceptable feelings or thoughts that the particular individual is facing. These thoughts are kept in the dark corners of the subconscious mind.

Freud’s perception of the id holds a similar principle to those of animistic and shamanistic ideas related to animals’ souls and spirits. Carl Jung developed the concept of the *collective unconscious*. This resonates with Boris Levinson’s belief that “man presents difficulties; in his difficulties is his inability to come to terms with his inner self and harmonize his culture with his membership in the world of nature. Rational man has become alienated from himself by refusing to face his irrational self, his past as personified by animals” (Levison, 1972, p. 6).

Thus, Levison developed the idea that for man to restore a healing connection to that of his unconscious animal nature, the need for establishing a positive relationship with real animals is of paramount importance. Levinson states that pets can be considered “a half-way station on the road back to emotional well-being” (Levison, 1969, p. 14). He further states that “we need animals as allies to reinforce our inner selves” (Levison, 1972, p. 28).

Levinson concludes that not only are animals a symbolic disguise for things that man may be afraid of confronting, but they play a meaningful role in the evolution of man and have become an essential part of human psychological well-being (Levison, 1972, p. 15) Thus, the work of Levinson has been used to account for the implementation of animal-assisted interventions (Serpell, 2006).

### **1.3 AIM OF THE STUDY**

This study aimed to gain insight and knowledge into how *Top Dogs* facilitates and strengthens the effects of the human-animal bond through the use of AAT on the mental well-being of individuals who suffer from learned helplessness.

### **1.4 OBJECTIVES OF THE STUDY**

This study aimed to gain insight and knowledge into the *Top Dogs* organisation and strengthen the effects of the human-animal bond on mental well-being and learned helplessness. The final objective was to deduce whether there is room to advocate for AAT in a South African context. The research further aimed to conclude whether AAT can be used to facilitate healing of learned helplessness.

### **1.5 RESEARCH QUESTIONS**

The primary research question that the researcher intended to answer is *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness?*

The following secondary research questions were developed:

- ❖ How does AAT facilitate the Human-Animal Bond?
- ❖ What is a Human-Animal Bond, and how is it formed?
- ❖ How does *Top Dogs* implement an AAT programme successfully?
- ❖ What is learned helplessness?
- ❖ How can AAT assist with learned helplessness?

- ❖ How does AAT facilitate healing of learned helplessness?
- ❖ How is Animal Assisted Therapy used in counselling?
- ❖ How do AAT organisations facilitate therapy in different contexts?
- ❖ Is there evidence that AAT does assist with the general well-being of a human?
- ❖ Is there evidence showing that there are benefits to introducing AAT into counselling as a psychological modality in South Africa?

## **1.6 RESEARCH RATIONALE**

Although there is a fair amount of research related to AAT and the human-animal bond, the majority of the sources relate to countries abroad. Although the fundamental core elements remain the same, the research study rationale was to hypothesise the importance and benefits of introducing AAT into a South African context within the counselling domain primarily related to learned helplessness.

## **1.7 CONCEPTUAL FRAMEWORK**

The field of Animal Assisted Therapy does not have a comprehensive empirical framework that can be used to account for the therapeutic relationship between human and animal (Kruger & Serpell, 2006). A variety of literature contributes to the intrinsic features of how animals can contribute to therapy, how they can be used to assist in positive change in a client's behaviour, emotional well-being and self-concept. There is also evidence supporting the view that animals can assist humans in acquiring skills and aid in personal agency and responsibility. The concept *biophilia hypothesis* put forth by Wilson (1984) has been used to explain the reduction of anxiety and arousal when there is interaction with animals (Kruger & Serpell, 2006). This hypothesis suggests that humans tend to be attracted by other living organisms; it derives from the evolutionary perspective that human beings can improve their chance of survival through their devotion to and knowledge of environmental cues. Thus, this perspective believes that an individual's experience and culture play a vital role in how she responds to animals. Furthermore, the concept of learning theories has also been applied and is seen across the literature on AAT. Learning theory (Brickel, 1985) suggests that humans are more likely to involve themselves in more enjoyable self-reinforcing activities and may hold minimal exposure to a painful stimulus (Brickel, 1985). Having an animal introduced in a psychological or therapeutic environment may serve as a buffer or a distraction within the counselling setting. This interaction can bring about a more positive or relaxing environment that stems from an anxiety-generating stimulus, which allows the client to become more open, relaxed and result

in a reduction of anxiety. Further studies have reported the anti-anxiolytic effects of having an animal present, such as lower heart rate and blood pressure. AAT can assist with learned helplessness as it focuses on enhancing the motivation to attend therapy and to partake in the session (Germain, Wilkie, Milbourne, & Theule, 2018). The theoretical framework that this research project focused on is derived from the loving bonds created between humans and animals. Thus, attachment theory was believed to be the best suited theoretical framework for this research study.

## **1.8 RESEARCH METHODOLOGY**

A qualitative research method was utilised through the use of an interpretive approach. This type of approach was used as the purpose of the inquiry was to gain an understanding of a specific phenomenon, in this case, AAT, and not generalise the findings to a population, especially considering that a singular case study has been reported. Through purposive sampling, the researcher gained first-hand experience and truthful statements by individuals who associated with the given topic. This allowed for a rich, detailed description of what Animal Assisted Therapy (AAT) is and how it is implemented by the *Top Dogs* organisation. A case study approach was used, but the researcher found that it was closely linked to a phenomenological design. Therefore, a blend of these two approaches was utilised.

## **1.9 ETHICAL CONSIDERATIONS**

Ethical clearance was obtained from the University of KwaZulu Natal Research Committee before commencing with any data collection or generated activities. The researcher obtained written informed consent from each participant, and they were all informed that the interview process had to be conducted via Zoom, due to the COVID-19 regulations. Throughout the study, autonomy, confidentiality, non-maleficence, beneficence and justice were observed and adhered to. The researcher also kept conscious awareness that she could hold personal bias, as the research a topic was of personal interest. However, specific controls were put in place to minimise bias. Such controls included using tools for knowledge and skills to evaluate the research evidence's trustworthiness and relevance critically. The researcher was mindful that this was a small-scale research project, as all evidence collected was from a single case study and organisation.

## 1.10 CHAPTER OUTLINE

In this section, the researcher provides an overview of the chapters to follow in this research.

### *Chapter 1: Introduction*

The researcher provides a broad overview of what this research study entails. The rationale and background information that are related to the topic is highlighted. The researcher provides the aims, objectives and research questions that guided this project. The assumptions of the research project is outlined.

### *Chapter 2: Literature review*

This chapter consists of a review of the current literature on the given topic. The concept of *learned helplessness* is introduced, and Cognitive Behavioural Therapy (CBT) is explored as a remedy in Animal Assisted Therapy (AAT). The following concepts are discussed: Animal Assisted Therapy in Counselling (AAT-C), the human-animal bond and information relevant to *Top Dogs* organisation. Lastly, Attachment Theory is outlined as the theoretical framework for the research to promote attachment and the bond between humans and animals.

### *Chapter 3: Research Methodology*

Chapter 3 focuses on the research paradigm, method and design that were used in this study. The researcher discusses in detail the steps that were followed for data collection and documentation. The process of how the data was analysed and interpreted is explained and the ethical considerations that were adhered to throughout the process are outlined.

### *Chapter 4: Results of the study*

This chapter discusses the six thematic steps of Braun and Clarke (2013) that were followed. The researcher presents the themes and sub-themes derived from the data collection stage.

### *Chapter 5: Discussion of the findings*

The research compares the study results to those in existing literature by providing a discussion of the findings.

### *Chapter 6: Conclusion*

This is the final chapter of this dissertation wherein the researcher outlines her findings and highlights the contributing factors that aided in her research findings. Furthermore, the

challenges that the research faced throughout this process are described. The researcher concludes with recommendations for further training, practices and research on this given topic.

## **1.11 CONCLUSION**

Animal Assisted Therapy can be viewed across different avenues, such as Animal Assisted Activities, educational programmes and forensic settings. It can be implemented in a variety of contexts, such as hospitals, schools, retirement homes etc. This study aimed to demonstrate how AAT can be used as a psychological tool. The following chapters will provide information that pertains to this. The literature that is supporting this will be discussed in Chapter 2.

## CHAPTER 2: LITERATURE REVIEW

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### 2.1 INTRODUCTION

This chapter discusses the existing literature related to the topic of Animal Assisted Therapy (AAT) and the impact of the Human-Animal Bond on mental wellness, mainly learned helplessness. The objectives of this research are to gain insight into and knowledge of a South African based organisation, called *Top Dogs* that utilises Animal Assisted Therapy (AAT) as a tool for facilitating healing. The study explores the strengths and effects of the human-animal bond on mental well-being and learned helplessness. Learned helplessness is a focal point of this research. The researcher aims to establish the benefits and limitations of AAT in facilitating the healing of learned helplessness and mental well-being. The role of the human-animal bond becomes an essential element in reviewing and understanding AAT. The review of existing literature and the researcher's findings aim to deduce whether there is room to advocate for AAT in a therapeutic, South African context.

Learned helplessness is discussed below, and Cognitive Behavioural Therapy (CBT) is outlined as a therapeutic approach to understanding how AAT can assist with facilitating the healing of learned helplessness. Furthermore, Animal Assisted Therapy (AAT) and Animal Assisted Therapy in Counselling (AAT-C) are discussed. The human-animal bond and information about the *Top Dogs* organisation are also addressed. In addition, this chapter draws upon the benefits and limitations of a human-animal bond and AAT and AAT-C in attempting to formulate outcomes of using AAT as a psychological modality in the therapeutic setting. Attachment theory is drawn upon as the theoretical framework.

### 2.2 EXISTING LITERATURE

#### 2.2.1 Learned helplessness

Martin Seligman first coined the psychological concept of learned helplessness in 1967. Seligman and Maier (1967) hypothesised that animals believed that their outcome of an event was independent to their response in a given situation (Maier & Seligman, 2016). In the early 1960's, Richard Soloman explored how Pavlovian's concept of feared conditioning had an impact on instrumental learning (Maier & Seligman, 2016). An experiment was conducted that involved restraining dogs in a hammock and presenting them with 64 mild-moderate shocks that was directed to their paws. Although this experiment did not deliver the desired results that

Soloman had hypothesised, as the dogs ended up waiting for the shock to lessen before trying to escape, further investigation was undertaken to understand this concept more. The belief that the phenomenon of failure to escape started looking more like the notion of helplessness and the belief that nothing one does matters became a focal point (Maier & Seligman, 2016). In the 1960s learned helplessness was believed to be a cognitive process and one that is learned. Thus meaning, the animal needs to distinguish between the lack of contingency in expecting the outcome of a situation (such as a shock) to be independent of their response. Thus, animals could only learn associations to a situation if the response was paired with an outcome (such as a shock) or a response paired with no shock. This was concluded as being a revolutionary understanding of how helplessness was derived in the 1967s and how it is a highly cognitive response given the “probability of shock given a response integrated with the probability of shock in the absence of that response” (Maier & Seligman, 2016, p. 3). This brought rise to the definition of ‘learned helplessness’

The research behind learned helplessness moved from dogs to rodents and further experiments were done to further explore this concept. Seligman eventually moved on to explore learned helplessness within a human setting. One study consisted of a group of college students who received loud noises, and this could be stopped by pushing a button. The second group was yoked, and the third group did not receive any form of response/condition. These groups were put in a human shuttle box whereby moving the hand from one side to the other side turned the noised off. Interestingly, similar findings were made about the dogs, as the group that was yoked failed to escape the shutter box, whereby the other two groups were able to successfully escape the shuttle box. Again, similar findings were seen in another experiment when the groups were given solvable and insolvable anagrams in replace of the loud noises. What was important to note here was that in both experiments, the two groups that were in an inescapable situation stated that “nothing worked so why try” (Maier & Seligman, 2016).

According to Hooker (1976, p. 194), learned helplessness is "the belief that a person's actions do not influence the outcome of an event". It is believed that a person suffering from learned helplessness may directly link his or her helplessness to an impaired social and psychological function (Hooker, 1976). This can be related to the client's belief, which is learnt through the experience of life events. The individual believes that he or she "has no control over an event, even when that event could be affected by [the individual's] behaviour" (Hooker, 1976, p. 194). Individuals who suffer from learned helplessness believe that nothing they do will make any form of a difference. The learned helplessness model of human dysfunction is described

further; according to Abramson, Seligman and Teasdale (1978), the old hypothesis of learned helplessness has two significant problems. One, it does not distinguish between cases in which the outcome is uncontrollable for all people instead of circumstances that are considered uncontrollable for only some people (Abramson et al., 1978).

Secondly, they believe it does not explain when the learned helplessness is in a general sense versus specific, and acute versus chronic (Abramson et al., 1978). Carol Hooker (1974) explains that the implicit notion of learned helplessness is the belief that the events that occur are either controllable or uncontrollable and that it is the person's experience with these events that influences the belief of his or her competence in the situation. The event can be considered controllable when the outcome of an event depends on the individual's actions (Hooker, 1974) whereas it is considered uncontrollable when an event occurs independently of one's action and no synchrony exists between the action and the outcome. This leads to the belief that "nothing one does will affect the outcome of the event" (Hooker, 1974, p. 195).

Seligman further explored this way of thinking and provide answers as to why people believed learned helplessness is a cause of their failure (Maier & Seligman, 2016). Abramson, Seligman and Teasdale (1978), found that the inescapability itself was not adequate to account for momentary helplessness. Instead, they found that the extent of their helplessness was in fact due to the explanations that the individuals made, which was the cause of their helplessness (Abramson, Seligman, & Teasdale, 1978). The findings revealed that people that directed their helplessness to permanent causes such as the situation being unsolvable presented with a much longer-termed helplessness. People that directed their helplessness to temporary causes such as context-based, did not show a further state of helplessness later on in that situation. Similarly, individuals who believed their helplessness was due to pervasive factors, such as most problems being unsolvable would present with helplessness across a variety of situations, whereas those who felt their helplessness was due to local factors, such as the problem being completely unsolvable were only presenting with helplessness in that specific situation (Maier & Seligman, 2016). Thirdly, Seligman believed that learned helplessness was very closely linked to clinical depression (Maier & Seligman, 2016). By combining the results from the previously mentioned experiments of both the animal and human groups, Seligman discovered that of all nine of the major depression symptoms presented in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5), eight symptoms are associated with learned helplessness. The following symptoms were seen in both major depressive disorder and learned helplessness: Sad mood, loss of interest, weight loss, sleep problems, psychomotor problems,

fatigue, worthlessness, indecisiveness and poor concentration (American Psychiatric Association, 2013). The only difference being that suicidal ideation was only presented in a Major depressive disorder diagnosis and not learned helplessness. It was then in the 2000s when Seligman took this even further and began exploring 'positive psychology' which looked at the cause of consequences based on a positive event. He also explored work that related to 'prospection' which focused on the study of mental stimulation and evaluating what the future holds (Maier & Seligman, 2016). This led to new directions in the study of learned helplessness.

The individuals who experience learned helplessness may lack the motivation to change or make changes to amend the situation they find themselves in. As mentioned above, this term was first used in 1967 by two United States psychologists, J. Bruce Overmier and Martin Seligman. It was supported by their experiment in which dogs were exposed to a series of inevitable electric shocks. The dogs later failed to learn to escape these shocks when tested in a different context (Abramson et al., 1978). The dogs exposed to shocks had a way of ending these shock responses and did not show interference with escape learning. It is believed that individuals who are continuously exposed to stressful situations beyond their power develop an extent of helplessness to engage in productive and persistent behaviour (American Psychology Association, 2018).

Barbra and Martin Gantz (1988) suggest ways of overcoming learned helplessness. They believe there is a close connection between anxiety and learned helplessness. It is indicated in their article that learned helplessness occurs in individuals who may become easily discouraged in situations (Ganz & Ganz, 1988). A significant part of this discouragement occurs on a cognitive level and may vary from person to person; however, it is consistent within that individual (Ganz & Ganz, 1988). They discuss how cognitive discouragement may be a learned behaviour from previous experience, and the nature of these negative cognitions continues from situation to situation, similar to anxiety. These internal cognitions trigger an emotional, behavioural response within a given situation. They believe that it consists of four components that allow for deviation from anxiety and learned helplessness (Ganz & Ganz, 1988). These desirable conditions decrease emotional arousal, alter the learning environment, improve cognitive task orientations, and involve the necessary staff (Ganz & Ganz, 1988). To create a stress-free environment, Ganz and Ganz (1988) suggest that creating systematic desensitisation can reduce emotional arousal and bring about positive effects on the situation at hand. Although Ganz and Ganz's (1988), article focuses mainly on student anxiety, their findings can explain the most given situations that learned helplessness may present itself in. The processing stages

can become a sensitive area within the new learning environment, as there may be negative thoughts between the situation and oneself. In this stage, it is advised to allow the individual to focus on the task at hand instead of self-focus (Ganz & Ganz, 1988). Using strategies that can help the individual proceed through a given situation or evaluation will help keep that individual focused and not allow other negative thoughts to come into play. Involving the staff involved in the situation can help reduce the self-defeating anxiety and learned helplessness that the individual may be experiencing.

Cognitive Behavioural Therapy (CBT) can be implemented as a therapeutic approach to help clients identify these negative thought patterns from a feeling of learned helplessness. This is discussed in the following paragraph about how these thoughts can be replaced with new, positive and rational ones.

### **2.2.2 Cognitive Behavioural Therapy (CBT)**

Cognitive Behavioural Therapy (CBT) is based on the cognitive model of mental illness (Beck, 1976). Beck (1964) hypothesises that "people's emotions and behaviors are influenced by their perceptions of events" (Fenn & Bryne, 2013). The key elements of CBT and why it fits well with AAT and this research is that it ultimately aims to teach the individuals to become their therapist. This is done by facilitating the individual to understand their current ways of thinking and behaving. In doing so, it supplies them with tools to change their "maladaptive cognitive and behavioural patterns" (Fenn & Bryne, 2013). This type of approach can be linked to AAT as having a therapy dog present can be regarded as a psychological tool to equip the client with change in any given situation.

Emotional arousal is an important element of successful cognitive behavioural therapy. Literature has shown that when a patient is emotionally aroused, the therapist is able to facilitate and integrate new information that is connected to the distressing situation or stimuli (Hunt & Chizkov, 2015). AAT can facilitate emotional processing by bringing about a more comfortable environment for the client, as having the dog present during therapy could enhance the therapeutic relationship between the client and therapist. Furthermore, it can create a safe environment for the client which in so doing could encourage the client to be more willing to recall and explore emotional distressing experiences (Hunt & Chizkov, 2015). When a dog is present in the room, the dog can provide empathy which could facilitate emotional engagement for the client. In contrast, some studies have found that AAT could reduce the efficacy of CBT and could be a distraction to the client which results in the client not fully engaging emotionally

during the session. Hunt and Chizkov (2015) nonetheless, note that having the presence of a dog in a counselling session facilitates positive outcomes and makes talking about difficult or emotionally evocative topics slightly less distressing.

CBT is not used in a situation by itself to determine what people feel but instead looks at how people feel, which is determined by how they interpret a situation. This was assumed to be the most fitting theory for this research. A fundamental element of the cognitive model is how a human's cognition is conceptualised (Beck, 1976).

Beck (1976) outlines three levels of cognition: core beliefs, dysfunctional assumptions, and negative automatic thoughts. Core beliefs are considered as intensely held beliefs about oneself, others, and the world (Fenn & Bryne, 2013). They are learnt early in life and are affected by childhood experiences and considered or valued as being absolute (Beck, 1976). Examples are "things will never work out for me," "I am useless," "The world is unfair" (Fenn & Bryne, 2013, p. 579). Dysfunctional thoughts are considered as being conditional rules for living that people adopt. They can be idealistic and maladaptive; an example of this is "It's better not to try than to risk failing". Lastly, negative automatic thoughts are thoughts that are involuntarily activated in a given situation. This is very evident in depression as these thoughts often centre on negative themes, low self-esteem and a sense of uselessness. An example of this is, "I am going to fail" or "I am not going to get out of this darkness".

David and Szentagotai (2006) take this further and explain how CBT was based on Albert Ellis's ABCDE model. This model states that individuals experience undesirable activating events (A), which bring about rational and irrational cognitions or beliefs (B). These cognitions or beliefs create emotional, cognitive and behavioural consequences (C). Rational beliefs encourage functional consequences, whereas, on the contrary, irrational beliefs result in dysfunctional consequences. The process of actively disputing these irrational beliefs (D) in the client and adjusting the more efficient (E) rational beliefs will create a more positive outcome of the emotional, behavioural and cognitive responses of the individual (cited in David & Szentagotai, 2006).

In CBT, the therapist and the client work together to identify behaviour and cognition patterns that reinforce the patient's difficulties (Enright, 1997). Specific thinking patterns are challenged to try bringing about behavioural changes. Coping strategies such as relaxation, role-playing, behavioural rehearsal, skill development and reinforcement become essential behavioural elements in CBT (Enright, 1997). CBT can be applied to most psychological and

physical problems, which could be assisted with cognitive behavioural approaches and adaptations. Treatment is brief, problem-orientated and structured, and the client is treated as an active collaborator in the process of healing (Enright, 1997).

Therefore, it is clear that the evidence shows that the CBT model is used to identify a person's mental distress or to present a problem. As a health care practitioner, one may formulate the individual's personal experiences as a hypothesis regarding the "cause, precipitants and maintaining influences of a person's problems" (Fenn & Bryne, 2013, p. 580). This avenue of approaching the individual is believed to make sense of the individuals' experiences and helps understand these presenting difficulties (Beck, 1976). As stated above, CBT can help the client provide a coping mechanism to change her<sup>1</sup> cognitive ability, physical functioning and emotional well-being. AAT follows an approach whereby an animal's role forms an integral part of assisting with mental health and improving cognitive, physical, social, and emotional well-being (Delta Society, 1996). Therefore, AAT can aid in interpreting cognitive functioning in creating change to occur.

### **2.2.3 Animal Assisted Therapy (AAT)**

Animal Assisted Therapy (AAT) is a fast-growing approach that has many benefits. It covers a wide range of different topics that include different approaches, avenues and outcome-based studies.

Delta Society, also known as Pet Partners, is a professional animal-assisted therapy organisation in Australia. According to the Delta Society (1996), AAT includes using an animal that adheres to particular criteria that fit the therapeutic goal. The animal used is an integral part of the intervention, and the animal is handled by a trained professional to maximise the therapeutic intentions, including the social, emotional, physical, mental, and cognitive domains of the client (Delta Society, 1996). AAT can be utilised in an individual or group setting. There have been documentations of Animal Assisted Activities (AAA) that look more at visitation programmes. Whereas Animal Assisted Therapy (AAT) aims to achieve specific goals for individuals and the human health professionals and animal professionals must collaborate (Johnson, Odendaal, & Meadows, 2002).

Internationally, a wide range of studies have been conducted on AAT. Research has shown that having only a therapy dog present in a classroom setting can produce a sense of calmness,

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<sup>1</sup> For ease of expression only the feminine form of the pronoun is used henceforth.

reduce anxiety, and encourage positive interaction between peers (Booten, 2011). In Fine's (2000, as cited in Rockett & Carr, 2014) study, it is suggested that children who had mental illnesses or presented with psychosis felt a sense of safety and relaxation when an animal was present in the room. Fine (2000, as cited in Rockett & Carr, 2014) adds that in group settings, it was noted that children who had an animal present in their therapy session had more interaction with one another than those who did not. Barker and Dawson (1998) found that psychiatric patients responded positively to having a therapy dog present, particularly those presenting with withdrawal and non-responsive manners. They continued their study with patients who presented with Alzheimer's disease (Barker & Dawson, 1998). These patients had an increase in socialisation behaviour, as well as showed signs of lower heart rates through having a therapy dog present (Hosey & Melfi, 2014)

Although it is evident that much research is related to AAT, there is limited evidence of AAT, specifically within the counselling domain in South Africa. This research hopes to find linkages in marrying the benefits portrayed through organisations like *Top Dogs* in South Africa and finding an avenue to address this alternative therapeutic approach in psychology, specifically focusing on learned helplessness. It is essential to understand the two different terms AAT and AAT-C. These will be outlined separately.

#### **2.2.4 AAT in Counselling (AAT-C)**

According to Chandler (2012) and as mentioned previously, AAT is a therapeutic modality aligned with objectives related to basic counselling orientation. It has been found to enhance therapy as it promotes and facilitates the client's motivation, involves client participation, and stimulates the client's attention. Furthermore, it creates a stronger client-therapist relationship and facilitates a positive change in the client (Chandler, 2012). Animal Assisted Therapy is a goal-directed intervention in which an animal meets specific criteria assists in bringing about improvement in an individual's emotional, physical, social and cognitive functioning. AAT can be implemented by someone who is trained in AAT. It can be implemented in individual settings or in group settings and is provided in different environments.

When referring to Animal Assisted Therapy in Counselling (AAT-C), AAT becomes an integral part of the treatment process (Germain et al., 2018). AAT needs to be directed by a trained professional (psychologist) who is also trained in AAT. This approach is designed to improve the emotional, physical, social and cognitive functioning of the client with specific objectives, within the counselling environment.

There seems to be standard links between AAT and Animal Assisted Therapy in Counselling (AAT-C) that align with one another. However, there are also significant discrepancies in the application and delivery of the two interventions that rely on the professional identity of the health service provider and the approach, response, and theoretical underpinnings that are specific to the counselling domain (Stewart, Chang, & Rice, 2013).

To engage in the importance of the human-animal therapeutic relationship in counselling, it is crucial to understand what counselling entails. According to Gladding (2004), *counselling* is defined as "the skilled and principled use of relationships to facilitate self-knowledge, emotional acceptance, and growth and the optimal development of personal resources" (Gladding, 2004, p. 6). An end goal of counselling is to work towards a more satisfying and resourceful way of living for the client than the client may presently be experiencing when coming for counselling. Counselling can include various needs and benefits, such as coping with conflicts and crises, addressing and resolving specific problems, self-growth and actualisation, developing personal knowledge and insight, and improving relationships (Gladding, 2004). Research over the years related to counselling has shown that one is "designed" to thrive through relationships (Chandler, 2012). It is believed that one's emotional, physical, and spiritual benefits form the connection with others (Chandler, 2012). The nature of a relationship may determine the state of the human condition. As an individual one can rely, flourish, desire and flounder on the type of relationship one has with others (Chandler, 2012). Therefore, counselling involves the facilitation of human growth and healing through the involvement and utilisation of relationship building. To secure a strong relationship in the counselling environment, the client needs to have a sense of safety and allow for exposure to emotional, behavioural, and social vulnerability (Chandler, 2012). This allows for the optimal growth and healing of a client.

Many different techniques and approaches are used in counselling to enhance the therapeutic process for the client. Additionally, having an animal in the counselling setting can help strengthen the rapport in the client-counsellor relationship (Trivedi & Perl, 1995). A further benefit that has been found with AAT-C is the change that is derived from the client-therapist relationship. Research has shown that clients who received AAT in counselling are more likely to be attracted to the counselling process and show less stress during the process (Wesley, Minatrea, & Watson, 2009). AAT has significant benefits for counselling. It is crucial that the use of AAT is aligned with the counsellor's and client's goals for the counselling journey and that it merely acts as an enhancement technique in the therapy and not as therapy on its own

(Chandler, 2012). Furthermore, the therapy must be conducted by a trained professional. It is also vital to ensure that the counsellor works within her scope of practice as laid out by the HPCSA. In Educational Psychology there is room to introduce AAT as a more consistent therapeutic method.

It is believed that AAT-C is additional to therapy in that it "encourages and facilitates client motivation and participation, enhances the client-therapist relationship, stimulates client focus and attention to task and reinforces positive client change" (Chandler, 2012, p. 166). AAT-C can be used with any counselling approach and can be considered to be directive or non-directive in a variety of different settings and applied to individual, group or family therapy systems. It has been found that the animal, namely a dog in this research, can contribute significantly to creating a comfortable atmosphere and minimise the negative impact for the client entering an unfamiliar or daunting environment. Chandler (2012) adds that based on her observations and research, the client in the therapeutic setting seems to build a more robust and faster rapport with the therapist because she can observe a positive relationship between the therapist and the animal. It is also evident that clients reported comfort and a sense of soothing derived from petting the animal during counselling (Chandler, 2012). Research has also proven that clients tend to become more emotional in therapy and search more deeply for more personal insight when a therapy dog is present (Chandler, 2012). Furthermore, the therapy dog can soothe a client's pain, which allows her to explore her issues on a more prolonged and deeper level (Chandler, 2012).

As with all psychosocial interventions, there are challenges presented in developing and implementing such protocols. Identifying appropriate outcome measures can be regarded as a challenge and controlling the vast array of unnecessary variables may seem impossible. It is therefore vital to collaborate with animal behaviourist specialists and trainers to understand the animal's fundamental features in AAT and AAT-C. In this study, dogs and the development of a human-animal bond were implemented.

### **2.2.5 Human-Animal Bond**

When considering the history of dogs in South Africa, dogs have been associated with violence, for black and white South Africans (Van Sittert & Swart, 2009). Yet, dogs have also been a part of the spiritual, intimate and deeply affective relations for many South Africans. Dogs were present in the San rock painting that dated back to the Iron ages which illustrates how dogs have been a long-standing part of African communities. Dogs were seen as important in

the Xhosa culture as the dogs were believed to help ward off the 'tokoloshe', a bad spirit (Van Sittert & Swart, 2009). However, during the colonial settlement, the meaning of Africanis was given to dogs and this term was closely linked to a racial insult. The form of breed was known as being an indigenous South African breed, alongside the boerhond and ridgeback. These three breeds of dogs were considered as a racial division into 'white' and 'black' breeds. The boerhond and ridgeback were seen as being 'white' dogs due to their loyalty and 'purity' whereas the Africanis was seen as a mongrel and considered as being feral (Van Sittert & Swart, 2009). This led to the degrading and belittlement of indigenous people and were believed to be unfit for their land. In the 1900s, colonial authorities wanted to limit African men from hunting activities in the Transkei, by killing their dogs and thus thousands of African dogs, jackals and wolves were killed for this reason. In the twentieth century, SPCA organisations undertook extensive involvement and tried to put an end to what was believed as being "underclass mongrel horde" (Van Sittert & Swart, 2009, p. 24). This refers to a dog that does not belong to an official breed. This exacerbated the "engendered systematic violence against African people" (Baderoon, 2017, p. 348). Dogs were used as trackers in the rural areas of Africa, whereby they were believed to be 'sniffing out the guilty' (Van Sittert & Swart, 2009, p. 164). They would also patrol and maintain the white areas of cities and countryside. Dogs had a prominent role in perpetuating white power and dogs were closely linked to apartheid (Van Sittert & Swart, 2009). It was though this discourse that explains why the association today between black people and dogs remains burdened with political meaning.

In the 1960s there was a proliferation of programmes worldwide in which animals were used during visits with humans in different fields, such as hospitals, long-term care facilities, public schools, community care centres and rehabilitation facilities (Walsh, 2009). Clinicians observed the human-animal bond's role to promote health. However, it was only in the 1980s that the effort grew towards scientifically documenting this phenomenon (Johnson & Odendaal, 2002). Since then, these programmes' planning and implementation have shown anecdotal evidence proving the benefits of this phenomenon with humans and animals. Levinson (1969, as cited in Walsh, 2009), states that there has been a direct link in the interconnectedness and co-dependency of animals and humans over the ages (as cited in Walsh, 2009). He highlights the importance of this relationship as humans have depended on animals for various roles, such as food, protection, clothing, transport, labour and using their hides as shelter (as cited in Walsh, 2009). There are two primary elements in the human-animal bond, according to Odendaal (1992). The first one is the production of emotional advantages in the

connection of the human-animal bond. The second element is the effectiveness and the value that this bond brings to humankind (Odendaal, 1999). In an article by Walsh (2009), he explains the human-animal bond from a slightly different angle as he focuses on the bond between pet owners and animals. He believes that people who actively connect with animals exemplify a more substantial capacity for compassion, empathy and love (Walsh, 2009). It is further understood by Walsh (2009), that Watson and Skinner, in the early 20th century, conceptualised the idea that animals were inferior to humans and were incapable of complicated feelings and thinking. Walsh (2009) believes that this had a major impact on psychology and could be why this approach has not been fully introduced into counselling. He further supports his argument with Charles Darwin's (1998, as cited in Walsh 2009), observations on the evolutionary connection to animals and species, which led to research concluding that animals can show cognitive, emotional and social intelligence (Walsh, 2009). One could unpack the copious amounts of research and studies conducted on various animals. However, this study focuses on dogs only; an animal behaviourist from the *Top Dogs* organisation and a dog trainer were interviewed.

Research underscores the fact that dogs show acute sensory perception and are similar to humans in their brain structure. The neurons have similar chemical reactions and the same pattern of electrical activity (Walsh, 2009). This is important for this study, as *Top Dogs* uses handler dogs (people who handle the therapy dog) as their therapy dogs. Furthermore, AAT programmes are implemented in various ways, through different environments, and using different animals (Murray, 2004). These animals may provide a beneficial difference when involved in goal-orientated programmes to help abused children and individuals with behavioural or emotional difficulties, mental health problems, sickness and reading delays. (Murray, 2004).

The human-animal bond is vital because there is a significant chemical reaction when the human-animal bond is facilitated. Blalock and Smith (1981) demonstrate that endorphins are produced by the central nervous system (CNS), the immune system and that lymphocytes contain active surface receptors for neurotransmitters. Their study as well as an abundance of studies since then show specific connections between the anatomical and biochemical that enhance the bidirectional communication network that slows the physiological expression of emotions (Johnson & Odendaal, 2002). Odendaal (1999) determined that both humans and dogs show beneficial neurochemical changes. These changes occur in the "beta-endorphins,

beta phenylethylamine, prolactin, dopamine, and oxytocin after 15 minutes of positive interaction" (cited in Johnson & Odendaal, 2002).

As mentioned in a previous section, the Delta Society, previously known as the Delta Foundation, is a worldwide foundation developed in 1977 (Budahn, 2013). The goal and drive behind it was to continue researching the human-animal bond and its effect on mental wellness as a psychological modality (Budahn, 2013). This is believed to be fitting as much research is derived from this foundation. In 1996 the Society published its first handbook on AAT and AAA. For this study, it is imperative to draw experiences from a South African organisation called *Top Dogs* with similar motives as those of the Delta Society.

### **2.2.6 *Top Dogs* Organisation**

*Top Dogs* is a South African volunteer-based organisation operating in Johannesburg, Pretoria, the East Rand and Kwa-Zulu Natal. It has been noted that it is the most prominent organisation of its kind in South Africa and was founded in 2010 by Angela Thornton. Its aim and motto are to *spread smiles for miles*. *Top Dogs* consists of a board of executive founders and currently has over 180 handlers and dogs involved in the programme. A handler owns each dog, and the dogs go through a rigorous evaluation by an animal behaviourist. *Top Dogs* is involved in three programmes that are implemented at a variety of sites such as hospitals, psychiatric hospitals, homes for the elderly, schools, community centres and clinics, such as Teddy Bear Clinic (Top Dogs, 2010). *Top Dogs* implements a variety of activity programmes.

Animal Assisted Activities (AAA) occur when the dogs make therapeutic visits to hospitals, hospices, retirement homes and frail care centres. The dogs bring support, company, comfort, pleasure, stress relief, stimulation and focus. They also bring about a distraction from pain to those they visit. These visits constitute a welcome relief and a break from the patient's routine.

Animal Assisted Therapy (AAT) looks at the therapy dogs working on a one-on-one basis with the health care professional, counsellor or educator in a controlled rehabilitation centre. It is essential that it is goal oriented and is well documented. Lastly, Animal Educational Programmes (AEP) are presented at schools and children's organisations to teach about the animals' protection and needs. It also aims to allow the children to interact with friendly, non-threatening dogs and teach them about bite avoidance. *Top Dogs* does not run any programmes in line with AAT-C, which indicates the need for introducing AAT-C as a psychological modality. The founder of *Top Dogs*, Participant 1, was interviewed to gain a more in-depth understanding of and insight into the organisation.

Regarding learned helplessness, *Top Dogs* has given consent to reproduce one of their success stories derived from an unexpected event that possibly created a sense of learned helplessness until the therapy dogs were introduced into this particular individual's healing process. The mother of this patient (Participant 4) was interviewed, and she provided a testimonial of the effects of AAT on her son's healing process. The son experienced a form of healing by being exposed to a change in cognitive display by having *Top Dogs* visit the rehabilitation centre. The learned helplessness model may be a common factor in counselling when a client shows little ambition to make a change. It would be interesting to compare findings to determine whether having an approach like AAT changed the client's cognition.

## **2.3 BENEFITS AND LIMITATIONS**

### **2.3.1 Benefits of the human-animal bond for mental well-being**

A wide range of evidence demonstrates the beneficial effects of the human-animal bond. According to Johnson & Odendaal (2002), the interaction with animals has significant benefits for a patient's blood pressure. This was found when a research participant petted a dog and felt a connection (Baun, Bergstrom, Lanhston, & Thoma, 1984). This research was continued by Friedmann, Katcher, Thomas, Lynch and Messent (1983, as cited in Baun et al., 1984) who found that introducing a dog at the beginning of a stressful experience rather than in the middle of an experience can help moderate the human's response.

Furthermore, research points out that individuals that are pet owners are associated with lower levels of systolic blood pressure, triglyceride, and cholesterol levels (Anderson, Reid, & Jennings, 1992). Anderson et al. (1992) underscore the fact that pet ownership is closely related to general health as it indirectly improves self-esteem and confidence. It is apparent that pet ownership is on the far end of the continuum of the human-animal bond and is the most beneficial interaction level. However, similar benefits have been reported in milder interaction situations such as AAA or AAT (Johnson & Odendaal, 2002). A significant body of evidence proves that animals act as a source of stress relief, comfort, support and unconditional love for any given age group (Johnson & Odendaal, 2002). In Triebenbacher's (1998) study, it was found that primary school children showed a state of excitement when they went home from school and believed that their pet shared love with them (Triebenbacher, 1998). Dogs can be a substitute for human support, and this was researched by Zasloff and Kidd (1994, as cited in Triebenbacher, 1998). In a study conducted by Garrity, Stallones, Marx and Johnson (1989, as

cited in Triebenbacher, 1998), a closely related connection between the human-animal bond and decreased depression amongst adults is foregrounded.

### **2.3.2 Limitations of the human-animal bond**

The human-animal bond may, however, have some disadvantages that could have a negative impact on the AAT process. The fear of animals is very apparent in the South African context. Many people consider animals as vicious animals that are respected because they protect people (Jalongo, Astorino, & Bomboy, 2004). It is also possible that an individual may have had a negative experience with an animal; consequently, the relationship with that animal is compromised, and fear is developed (Jolongo et al., 2004). A portion of the South African population is considered to be scared of dogs because of South Africa's history of racial segregation. Historically, in South Africa police dogs became part of the apartheid era to control black people (ENCA, 2017). This could be considered a limitation to the practice of AAT, AAT-C, or AAA in South Africa. According to Jolongo et al. (2004), the best approach to assist with such fears or phobias is to allow the client to come into contact with the animal gradually, or to allow the client to observe another person interacting with the animal, and in doing so building the understanding that not all animals are vicious. Another limitation to AAT is that the individual could suffer from allergies to the animal present. This needs to be addressed in individual cases, and taking note of the animal's cleanliness (washing the animal before a visit) may limit the degree of allergies (Jolongo et al., 2004).

In 2013, research was completed that stated rabies kills tens of thousands of people in developing countries a year, and that half of the global rabies occurrences happen in Africa (Hergert & Nel, 2013). Thus, there is an intense fear of being bitten by dogs and contracting rabies. However, rabies deaths in Africa are linked to ignorance and poverty (Hergert & Nel, 2013). When comparing the general health of AAT dogs being used during the intervention, strict regulations occur to limit any contagious diseases. As a result, the general health of the animal, being well-groomed, and ensuring the animal is under supervision of a veterinarian who is aware of the process, is an essential factor to consider for both the client and the animal (Thigpen, Ellis, & Smith, 2005). This reduces any diseases such as zoonotic disease (spread of infection from animals to humans), which could be a possible disadvantage. Cultural differences also come into play when considering limitations to such a study, as some cultures believe dogs are unsanitary, dirty or a source of food (Jalongo et al., 2004). The concern for animal and human safety is something that needs to be considered, as worries, such as the

animal scratching or biting the client, is a reasonable concern to have when using animals in a therapeutic setting (Thigpen et al., 2005). However, the animal used must go through the correct evaluation procedures to limit these concerns. Ownership is placed on the handler to address any possible problems that arise, and these are all addressed during training programmes to become a handler (Thigpen et al, 2005).

### **2.3.3 Benefits of AAT and AAT-C**

AAT and AAT-C offer numerous benefits to the client and the therapist and therapy dog as well. Having an animal present creates a multisensory experience for the client; tactile, auditory, visual, kinaesthetic and olfactory stimulations occur, which create an environment that allows the client to integrate information on a deep and meaningful level (Chandler, 2012). Furthermore, AAT allows the facilitation of skill development and building client self-esteem and self-concept. Fine (2006) states that the idea of wanting clients to learn appropriate behaviours based on observations is evident in much literature surrounding AAT. Thus, he found that a benefit of AAT is the ability of animals to bring about appropriate social interaction and a cause and effect motion of behaviour (Fine, 2006). This is done through an “animal's honest and immediate response to both pleasurable and aversive stimuli” (Fine, 2006, p. 31)

The therapist's benefit is that she can spend time with her pets, and many of the benefits derive from the animal's innate needs. Additionally, the therapist or the dog handler can share the animal's affection and talents with others and bring about a warm and comfortable atmosphere (Chandler, 2012). Costs involved with the handler dog's care and training could be tax-deductible as a business expense.

The therapy dog also benefits as it is exposed continuously to high intellectual activities, spending more time with its owner and avoiding being left at home. Such a dog is a happy and healthy animal, up to date with health and training regulations (Chandler, 2012)

### **2.3.4 Limitations of AAT and AAT-C**

At the moment, there are very few training programmes that have formalised training available for those wanting to participate in AAT/AAA programmes (Granger & Kogan, 2000). Two particular types of intervention use volunteers who all have a love for their animals in common. AAT-C, therefore, can be regarded as a risk as there are even fewer numbers of formal training programmes that train health care professionals, such as psychologists, in using an animal in therapy (Granger & Kogan, 2000).

Similarly, like the limitations stated in the human-animal section, the most apparent limitations are that there is a potential for injury to occur, either from the human to dog or dog to human. Humans, in this sense, could refer to the therapist, the handler or the client. The client could easily provoke the therapy dog by intentionally or unintentionally harming the dog or even exciting the dog, resulting in the therapy dog reacting defensively (Fine, 2006). The therapist/handler must, at all times, act proactively.

There are, however, suggestions for ensuring these limitations are minimised. Even though there is limited interest in AAT-C, the underlying principles remain the same as for AAT. According to Thigpen, Ellis and Smith (2005), choosing the appropriate client for AAT is the first initial step for AAT-C to be a success. It is essential to ensure the right animal is used to deal with the therapeutic setting's factors. In this step, it is crucial to consider the animals' well-being. One has to ensure that the animal – a dog in this research – is never in stress and that it is treated with respect. Regular breaks, water and food should be given to the animal (Thigpen et al., 2005).

Furthermore, appropriate behaviours are mirrored to the client so that accidental harm does not occur (Thigpen et al., 2005). This ensures that the animal is comfortable enough to be left or helped by strangers, is willing to be touched and interacts with the client to maximise the therapeutic relationship. The last step to consider is dealing with possible problems and being mindful of appropriate preventative approaches (Thigpen et al., 2005).

The client's attachment to the dog is based on the time, energy and connection that the client may have with the therapy dog (Lefkoowitz, Prout, Bleiberg, Paharia, & Debiak, 2005). This is where a stuffed toy could become a replacement, which is discussed further in the following section. It is also important to draw on the potential risk of a client has had a negative experience with an animal before, potentially initially affecting her trust and rapport with the animal (Lefkoowitz et al., 2005).

In light of all the limitations of the concepts *AAT*, *AAT-C* and the human-animal bond, as long as the handler or therapist ensures the well-being of the client first and acts proactively, these drawbacks can be avoided, allowing the benefits to outweigh the limitations.

## **2.4 THEORETICAL FRAMEWORK**

### **2.4.1 Attachment Theory**

This study's theoretical framework is based on the attachment theory of John Bowlby (1907-1999). This theory was developed as an alternative to the psychoanalytical theories of object relations (Bretherton, 2015). It explains why separation is directly linked to anxiety, the similarities between adult and childhood grief, and the defensive process derived from internal and external signals that implicate the stimulation of behaviour associated with attachment (Bretherton, 2015). Bowlby illustrates the concept of attachment *behavioural system* that refers to a psychological organisation hypothesised with an individual (Bretherton, 2015). Feelings of security are closely linked to attachment, and behaviours are regulated to maintain contact with a person/object referred to as the attachment figure. Attachment relationships tend to become more apparent when the individual is frightened, sick or fatigued, and the attachment figure provides a sense of protection, support, and soothing (Bretherton, 2015). It is evident that attachment is mostly apparent in the early childhood stages, but it can be experienced throughout the different life stages.

According to Ainsworth, Bell and Stayton (1971), there are three different types of attachment styles that are visible in childhood: Secure, anxious resistant and anxious avoidant (cited in Kietaihl, 2012). A secure attachment style forms when the infant or child is confident that their caregiver will be available to meet their needs and respond accordingly (Kietaihl, 2012). An anxious resistant style forms when infants are unsure whether their caregiver will be available and responsive to them, when needed. Thus, clinging behaviour and over expression of feelings is very common when an anxious resistant style has been formed. Anxious avoidant attachment style is formed when the infant has a lack of confidence in believing their caregiver will respond according to in times of need, thus the infant avoids intimacy with their caregivers and relies on emotional self-sufficiency (Kietaihl, 2012) Main and Soloman (1986) proposed that there is a fourth style of attachment which is considered to be disorganised-disorientated attachment which suggests that infants who demonstrate this style show fear and confusion regarding their caregiver (cited in Kietaihl, 2012)- Attachment styles are often reciprocal in adulthood, meaning the individual is receiving and giving support. Both in childhood and adulthood, attachment styles are based on whether an individual's basic needs are met. In a counselling setting, attachment styles can be seen in Bartholomew and Horowitz (1991) four category model of attachment. Their model suggests that there is an internal working model of the self,

and an internal working model of others. In counselling, an individual who has a secure attachment style may see themselves and others more positively (Bartholomew & Horowitz, 1991). Someone who presents with an anxious attachment style would see themselves as being negative and others are seen more positively. An avoidant attachment style would be seen in an individual who sees themselves as being positive and others negative, whereas a fearful attachment style sees both themselves and others negatively. Thus, an individual who presents with avoidant attachment style could avoid intimacy because of their fear of being rejected or do not value a connection with others to be worth it (Bartholomew & Horowitz, 1991). However, Kietabl (2012) argues that all individuals need connection throughout their lifespan and they will flourish through having this connection with others and is believed to be a driving force of development and mental health. Reference also argues that even if an adult had experienced an insecure attachment style when they were an infant, they can develop a secure attachment style when provided with the right support. Psychologists can assist in this process to facilitate change through establishing a supportive connection for their clients. This is where attachment style and learned helplessness can be linked, as when an individual has little faith in forming a connection with others, the animal can begin to form this connection with the client. Having a dog present in the therapeutic environment, acknowledges the importance of relationship building and providing a safe space for that client to explore this. Cognitive behaviour therapy allows for this change to happen as this approach encourages the client to reorganise and adapt their viewpoints of themselves. This can be closely linked to learned helplessness as through the forming of a secure attachment or connection, the client becomes more motivated and willing to fully immerse themselves in the process.

With AAT, the human-animal bond is considered to serve as an attachment relationship. This is because it acts as a means of support, to aid as a buffer the harmful effects of adverse life experiences (Barlow & Cromer, 2012). Evidence has shown that there are benefits that exist between the companion animal and the development of human. These benefits are also experienced in atypical contexts (Barlow & Cromer, 2012). This emotional relationship's positive effects have been theorised within an attachment framework (Barlow, Hutchinson, Newton, Grover, & Ward, 2012). Attachment theory explains infants and caregivers' relationships from an evolutionary perspective (Mikulincer & Shaver, 2012). There is a visible link between attachment theory and companion animals and humans (Barlow et al., 2012). Beck and Madresh (2008) suggest that the human-animal bond is similar to a human-human bond (Beck & Madresh, 2008). Companion animals could serve as a replacement of an

attachment to humans as these animals meet relationship intimacy and affection needs as they can give and receive affection (Barlow et al., 2012). This relationship could be as meaningful as human social support (Barlow et al., 2019). Attachment theory seemed the best theoretical approach as the client's attachment to the therapy dog may facilitate the healing of learned helplessness.

Kruger and Serpell (2006) explain how attachment enables clients to achieve therapeutic gains in counselling. Triebenbacher (1998) explains as follows:

*Humans have an innate, biologically-based need for social interactions, and this interaction becomes increasingly focused towards specific figures. Behaviours such as following, smiling towards, holding and touching are evident in the reciprocal relationship between child and attachment figure. ... These behaviours can be exhibited not only towards primary attachment figures but substitutes or supplemental figures as well (as cited in Kruger & Serpell, 2006, p. 30).*

Attachment theory helps one understand the value an animal holds when introducing it into a therapeutic environment. From the literature review it is evident that an animal's role alleviates the initial stress and anxiety associated with therapy as the dog can bring about a comfortable and different therapeutic role. However, it is essential to note that clients who present with learned helplessness may tend to be closed off to the therapeutic intervention. Nevertheless, building an attachment with an animal (dog) strengthens the client's security with this attachment figure to propagate a change in cognition, which allows for healing to occur.

AAT can be categorised as a short-term approach to visitational schedules; therefore, it is essential to note coping strategies to continue this healing process, without the therapy dog necessarily present; such strategies are relevant in cases where AAT-C is implemented and counselling is terminated, or even in the rare chance that the animal dies. Stuffed animals have been found to show a similar effect of still providing a similar healing process as they have been conceptualised to act as a comfort object or soothing tool (Barlow et al., 2012). Some studies focus on the benefits of stuffed animals. They can have similar effects when psychologists use them during therapy to form secure and robust attachment relationships (Barlow et al., 2012). It is also essential to keep in mind that if the therapy dog does pass away, the handler must be honest with the client to allow grieving to occur (Nebbe, 1991).

Stuffed toys are linked to the phenomenon of transitional objects. These are defined by Winnicott (1951, as cited in Kruger & Serpell, 2006) as an object, such as a stuffed toy, that

provides a comforting function for the client. Therefore, it is crucial to understand that animals can provide the function of an attachment figure and a transitional object that allows for the terms to be mutually exclusive. AAT-C can have beneficial results for the client if the dog's initial level of attachment in therapy creates a long-lasting emotional bond. However, the animal should then be replaced by a transitional object, such as a stuffed dog to act as a bridge as a more socially acceptable level of functioning.

## 2.5 GAP IN THE RESEARCH

Much research is related to AAT and the human-animal bond. However, the majority of the sources relate to countries abroad or are outdated. Although the fundamental core elements remain the same, the researcher wishes to hypothesise the importance and benefits of introducing AAT in a South African context with the counselling domain primarily related to learned helplessness. This research study aims to answer the following question: *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness?* It was essential to keep in mind the secondary research questions derived from this primary question when the researcher reviewed the literature.

- ❖ How does AAT facilitate the Human-Animal Bond?
- ❖ What is a Human-Animal Bond, and how is it formed?
- ❖ How does *Top Dogs* implement an AAT programme successfully?
- ❖ What is learned helplessness?
- ❖ How can AAT assist with learned helplessness?
- ❖ How does AAT facilitate the healing of learned helplessness?
- ❖ How is Animal Assisted Therapy used in counselling?
- ❖ How do AAT organisations facilitate therapy in different contexts?
- ❖ Is there evidence that AAT does assist with the general well-being of a human?
- ❖ Is there evidence showing that there are benefits by introducing it into counselling as a psychological modality in South Africa?

For AAT-C to bridge the gap between AAT and AAT-C successfully the literature mentioned above needs to be carefully considered. It is essential to be mindful of the limitations of the research. For clarity purposes, AAT uses a therapy dog (or animal) in alignment with other health care professions in conjunction with therapy (as a holistic view) and is controlled by a dog handler. In contrast, AAT-C incorporates AAT into the counselling and therapeutic

domain, with a trained, professional psychologist who has also been through the rigorous training of becoming an AAT-C handler.

In light of the above discourse, Fine (2006) links the cognitive model to AAT as he describes the advantages of having an animal present that brings about a more significant effect of self-efficiency, performance accomplishment, and personal agency for the client (Kruger & Serpell, 2006). Self-efficiency is defined as the belief linked to an individual's ability to perform behaviours that result in an expected and desired outcome (Kruger & Serpell, 2006). Allen (2002, as cited in Fine 2006), describes performance accomplishment as the positive execution of behaviour that may once have been considered unachievable or feared. Performance accomplishment brings about a sense of self-efficiency, which creates notions of personal agency. This is described as a condition in which individuals can make things happen and see the ongoing beneficial effects for themselves and others (Kruger & Serpell, 2006). AAT brings about enhancements of these three realms, and applying the CBT approach, creates a space to ameliorate feelings of learned helplessness (Kruger & Serpell, 2006).

For the gap between AAT and AAT-C to be bridged, ethical, legal and professional regulations, standards and guidelines need to be adhered to (Chandler, 2012). Counselling is a team effort, and it is important to reintegrate the need to work with the therapist, client, and therapy dog to reach the client's counselling goals. The integration of AAT in a counselling setting opens up a new avenue as a psychological modality to be addressed in therapy.

## **2.6 CONCLUSION**

This chapter aimed to explore grounded research to address the current effects of AAT through the lens of the *Top Dogs* organisation and relied on the outcomes of using AAT as a psychological therapy tool to facilitate healing of learned helplessness. The researcher described the history, evolution, and current status of the AAT application. The human-animal bond's engagement was highlighted and is an essential element in understating the benefits of such a role by looking at AAT-C's literature integration in a counselling setting and assisted with the treatment of learned helplessness.

## CHAPTER 3: RESEARCH METHODOLOGY

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### 3.1 INTRODUCTION

This chapter describes the approaches taken to answer the research question, *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness*. The researcher explains the methodological approaches of the research study. Firstly, the selected paradigmatic approach as well as the chosen research design are discussed. The following sub-sections are reviewed: the criteria for selecting participants, sampling technique, data collection and analysis. The limitations and benefits of this design as well as the ethical obligations are outlined.

### 3.2 RESEARCH PARADIGM

An interpretive approach, according to Schwandt (1994, p.118) provides an understanding of "the complex world of lived experience from the point of view of those who live it". The researcher becomes a vital instrument or vehicle in which reality is revealed and is socially constructed (Andrade, 2009). The interaction between the researcher and the participants becomes essential as the interpretive approach is coherent with the social world's construction, which is categorised by this interaction (Andrade, 2009). The researcher can bring "such subjectivity to the fore, backed with quality arguments rather than statistical exactness" through her interpretations (Garcia & Quek, 1997, p. 459). The purpose of inquiry through an interpretive approach is to gain an understanding of a specific phenomenon and not generalise it to a population (Tuli, 2010). This statement is valid for the research and the first-hand experiences of the participants were used because it allowed the researcher to adopt a perspective that derived from the participants themselves.

Interpretive researchers are described as placing a strong emphasis on gaining a better insight into the world through "first-hand experiences, truthful reporting and quotations of actual conversations from insiders' perspectives" (Tuli, 2010, p. 100). The interaction between the researcher and the participants was essential because it allowed the researcher to access the reality of the participants and their experience with the delivery of AAT. By allowing the participants to speak freely of their experiences during the interview, this created a rich, detailed description of the phenomenon being studied.

### **3.3 RESEARCH APPROACH**

A qualitative research approach was used in this study as it allows for in-depth inquiry and provides a platform to engage with the story that is being told. The researcher is not viewed as an expert of any means, but rather views that participants as being in a superior role. A qualitative approach focuses on the meaning in a context and aims to unpack how people understand their experiences, how they construct their worlds, and what meaning they attribute to their experience (Merriam, 2009). According to Van Maanen (1979), qualitative research is an umbrella term covering various techniques of interpretation (Van Maanen, 1979). These seek to describe, decode, translate and otherwise come to terms with the meaning of such a phenomenon in the social world (Merriam, 2009). A qualitative approach seemed appropriate for the research project since in depth vital information can be derived from the participants involved in the *Top Dogs* organisation. The participants themselves had experienced some form of involvement with AAT and sharing their personal story, this allowed the researcher to engage with their story on a greater level and broadens the researchers experience. The qualitative research method views “humans as instruments” as the focus turns to understand the individuals rich experience and reflection about these experiences (Jackson, Drummond, & Camara, 2007). Whereas quantitative research would not have allowed the researcher to gather the same depth of information as the researcher would have had to rely on finite and limiting sets of questions that were not open-ended (Jackson et al., 2007).

### **3.4 RESEARCH DESIGN**

A case study was identified as the appropriate design. A single case study design is embedded with units, and it provides a clear lens and definition of the case by exploring the setting of the specific unit and analysing data within the case analysis. It was important for the researcher to ensure that a clear description and understanding of the context being research was given. As Creswell (2013) stated, a case study design “explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information... and reports a case description and case themes” (Creswell, 2007, p. 97). The uniqueness of this case study was only obtainable because the participant was willing to provide a testimonial. Therefore, it is essential not to generalise, however the interpretive approach allowed the researcher to engage in a truthful reporting on her son’s lived experiences. It further provided a real-life experience of how AAT was delivered, both to the patient and to the mother.

According to Yin (2003 as cited in Andrade, 2009), a case study is considered when looking at the following: the emphasis of the study and research questions should be able to be answered by "how" and "why" questions. The 'how' questions pertain to how the researcher collected the data and the 'why' questions directed more towards why the data was collected in a specific way. The researcher answered the above question by focusing on questions that were related to the social construct, such as 'How will I gain access to and how will I recruit participants?' (Jackson et al., 2007, p22). The researcher subsequently thought about the constructs and theoretical frameworks that were related to the study and considered the different practical aspects of collecting data. As a researcher, one cannot change or manipulate the behaviour described by the participants involved in the study. This was important to adhere to, as it was crucial to understand the participants' experiences as their own and not let the researchers own opinions, biases or views be present. Thirdly, it is beneficial to cover contextual conditions relevant to the topic being studied (Yin, 2003, as cited in Andrade, 2009), reinforcing the researcher's decision to interview participants involved in *Top Dogs* and obtain the information on the given topic. Lastly, it was necessary in this case since the researcher would be unable to derive any findings or conclusions from the study without considering the different contexts in which AAT occurs. After the data collection process had begun, the researcher noticed that the case study design was closely linked to a phenomenological design as the aim of this approach is "to describe as accurately as possible the phenomenon, refraining from any pre-given framework but remaining true to the facts" (Groenewald, 2004, p. 5). This was important to use as it allowed the researcher to understand psychological and social constructs from the perspective of individuals who are involved in the phenomenon (Groenewald, 2004).

Therefore, the researcher needed to utilise a blend of designs, a phenomenological case study, as there was reference to "life experiences" and in-depth interviews from participants (Sutler, 2012, p. 343). A phenomenological case study can be further understood as a study that involves and attempts to understand people's lived experiences of an event (Delpont, Fouche, & Schurink, 2011). In this case, the phenomenological design was linked to AAT and learned helplessness. The purpose of a phenomenological design is to comprehend and describe the phenomenon as it is experienced by the participants (Bentz & Shapiro, 1998). When adopting this design, the researcher aims to describe as accurately as possible the phenomenon and remain true to the realities (Groenewald, 2004). The researcher makes sense of the participants' experience by listening to what is being said by the participants (TerreBlanche, Kelly, & Durrheim, 2006). The participants selected were based on whether they were emotionally and

physically involved in the given topic. Therefore, a phenomenological design was best suited. Furthermore, a phenomenological design is suitable when the researcher is needed to gather 'deep' information and insight into a specific situation, that can only be collected through inductive and qualitative methods of interviewing (Lester, 1999). The perception of the individual holds great importance, and a phenomenological approach seeks to describe situations rather than explain them (Lester, 1999). The researcher took note of this and had to make a conscious effort to ensure that she was not beginning the process with any preconceptions or biases. Another reason that this type of approach was used was that the researcher wanted to be visible in the 'frame' of the research topic and be seen as an interested and subjective contributor, opposed to an impartial and distant observer (Lester, 1999). A phenomenological design has a history of philosophical assumptions to it, such as:

*"the study of the lived experiences of persons, the view that these experiences are conscious ones and the development of descriptions of the essences of these experiences, not explanations or analyses"* (Moustakas, 1994, as cited in Creswell, 2007, p58).

In other words, a phenomenological research design aims at describing the meanings of various individuals on their experience of a phenomenon (Creswell, 2007). The common findings that exist between all participants becomes important to comment on and the description that describes 'what' they experienced and 'how' they experienced it all contributes to the study's findings (Moustakas, 1994, as cited in Creswell, 2007). In this research study, the researcher was able to make an interpretation and mediate between the different meanings of the participants lived experiences and through developing clusters of meaning, the researcher was able to develop further themes.

A testimonial by the mother of Participant 4 was used as a single case study, illustrating the effects of AAT on the healing process of learned helplessness. Case studies are viewed as useful as they can explain the supposed link between variables; in this case, it would be AAT and learned helplessness. The relevant testimonial described the real-life context. Yin (2009, as cited in Sutler, 2012) explains that case study *stories* can describe a specific event's traits within a structural framework. The testimonial, therefore, became an instrument in explaining these complex results. Yin (2009, as cited in Sutler, 2012, p. 366), refers to case studies as being "eminently justifiable". Case studies include critical theory testing, and are often about a unique

situation and can provide information about a typical case that may have required observation and data collection over a long period.

However, there are limitations to a case study as the researcher is expected to use insight and careful interpretation to make sense of the data and findings (Sutler, 2012). Thus, ethical considerations regarding triangulation had been adhered to, and this is outlined further on.

### **3.5 SELECTION OF PARTICIPANTS**

Before selecting any participants to partake in this research study, permission was obtained from the gate-keeper, *Top Dogs* to ensure the organisation was willing to participate in the research and provide necessary contacts for other interviews to occur (See Appendix A).

The sample comprised four participants. They were selected based on whether they had ample knowledge and experience of the given topic and were available, easily accessible, and willing to participate (Etikan, 2016). When selecting possible participants, the required criterion was that they had to communicate their experience and opinion in a reflective, expressive and articulated manner (Etikan, 2016). The researcher believed that it would be helpful to interview the founder of *Top Dogs*. This interview took place via Zoom to gain more insight into and understanding of the organisation's mission and vision. Furthermore, a second and third interview was conducted with an animal behaviourist and professional dog trainer to gain insight into the human-animal bond. Lastly, a fourth interview was conducted in a specific case study of a participant who had a meaningful relationship with *Top Dogs* and the use of a therapy dog during rehabilitation. According to Yin (1994 as cited in Merriam, 2009), a case study approach used in qualitative research is "an empirical inquiry that investigates a contemporary phenomenon within a real-life context". The case was suggested by *Top Dogs* as it was one of their success stories. Regarding this specific case, a family member of the patient (*patient* refers to the individual who had a beneficial relationship with the use of the therapy dog) was interviewed as the patient was cognitively impaired.

The participants were purposively selected based on their experience as the researcher believed it would aid in the research outcome. Each participant was contacted telephonically to ensure they were willing to participate in the research voluntarily. Moreover, each participant was issued with a letter asking for his or her involvement in the study (See Appendix B), a consent form (See Appendix C) as well as information about the research outline (See Appendix C).

### 3.6 SAMPLING TECHNIQUE

A non-probability purposive sampling technique was used; according to Maxwell (2013, as cited in Etikan, 2016), this type of sampling technique is used when there is a specific setting, persons or activity that requires explicit focus. Polkinghorne (2005) states that a purposive sampling technique involves selecting people for the researcher to feel that she can significantly learn about the phenomenon (Polkinghorne, 2005). This type of sampling technique was chosen deliberately to provide information that applied to the research goals and questions (cited in Etikan, 2016). The researcher had to keep in mind the research question: *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness* To answer this research question and the secondary research questions, the sampling technique had to provide the required information (Etikan, 2016).

A purposive sampling technique creates an information-rich case to be explored as the participants are chosen based on identifying the individual, her proficiency, and being well-informed about the interest of the research (Etikan, 2016). This was the most fitting sampling technique to use based on this study's purpose, which was to gain insight into and knowledge of the *Top Dogs* and strengthen the beneficial effects of the human-animal bond on mental well-being and learned helplessness. Furthermore, a snowballing technique was also used as each participant was referred to participate, given their contributions to this topic. My initial contact with Top Dogs was brought about from a personal contact. This allowed the researcher to contact Top Dogs and through ongoing communication, the researcher was put in contact with the founder of Top Dogs, which was based in Kwa-Zulu Natal. This participant shared a lot of the information about Top Dogs and *Top Dogs Organisation* gave the researcher access to one of their success stories, post receiving permission. The mother of this story was conducted and consent was received as she agreed to participate and provide a testimonial, This is how the case study was brought forth for the case study. In addition, the animal behaviourist from Top Dogs was contacted as well as a professional dog trainer and the sample size was complete. S

The researcher was careful to consider the shortcomings of such a technique. The one disadvantage of utilising this type of sampling technique is that it could be biased (Mackey & Gass, 2005). It is important to note that this sampling technique is not a representation of the whole population. The research must ensure that the researcher's personal bias or intentionally picked participants do not show a preference for the collected data.

### 3.7 DATA COLLECTION

A qualitative approach to research requires a data collection method that involves an instrument that explicitly accounts for and interprets data. Thus, there is a particular focus on the underlying meaning (Merriam, 2009). The data was generated by interviews, whereby the researcher could observe, interpret, and analyse the data portrayed by the participants (Merriam, 2009). The researcher felt that this was the best suited data collection method as it allowed for a more flexibility and responsiveness to arising from the participants as well as the researcher. Whereas the researcher felt that another means of data collection, such as survey or questionnaire would have limited the information that was given, as the researcher would have not been able to expand on the question.

Before the interviews were conducted, consent (See Appendix C) needed to be obtained from the participants. The researcher was able to use the interviews to ask, discuss and review the participants' lived experiences (Merriam, 2009). In-depth interviewing refers to the process whereby the researcher has a face-to-face encounter with the participant. This type of interview was administered as a non-directive, non-structured, non-standardised, and open-ended way of asking the participants questions (Taylor & Bogdani, 1984). The questions were directed towards gaining a better understanding of the participants' perspectives on their "lives, experience, or situation as expressed in their own words" (Taylor & Bogdani, 1984) (See Appendix D-G).

The reason behind in-depth interviewing is that it directs the researcher towards learning about a specific event. In this case, it was linked to the *Top Dogs* organisation, the human-animal bond, and a review of the participant's experience in a case study format. These events, life stories, and activities were not observed directly (Taylor & Bogdani, 1984). In particular, Participant 4 was crucial to the research to understand life history through her eyes and see her experience vicariously (Taylor & Bogdani, 1984). This accounts for any bias as the testimonial accounts for a real-life experience of using a therapy dog during treatment. The focus remained on the meaning of the participant's life experiences, instead of on the accuracy of their recall of the experience (Polkinghorne, 2005).

The researcher needs to be aware of any limitations of this type of data collection, such as taking caution that the interview process solely consists of verbal statements, a possibility of a discrepancy between what the participant says and what she does (Taylor & Bogdani, 1984).

Furthermore, the researcher was mindful to ensure a comfortable and inviting space for the participants to share their experiences. These included being non-judgemental, letting the participant talk, paying attention, being sensitive, probing accordingly by using specific questions cross-checking, and ensuring the researcher had a strong rapport with the participants themselves (Taylor & Bogdani, 1984). The researcher remained focused on establishing trust and an open relationship with the participants (Polkinghorne, 2005).

In light of the COVID-19 Pandemic, the interviewing process had to revert to the online platform ZOOM to interview the participants. No problems were experienced with this alternative route as the data collection was based on interviews and the participants seemed to find this method more convenient. The process of gathering consent remained the same, except for the adjustment of detail in the interview process being online and receiving a scanned/electronic version of their signature and agreement.

The collected data was analysed carefully and interpreted according to the research study's aims and objectives. The study's objectives were the following: to gain insight into and knowledge of the *Top Dogs* organisation and to strengthen the effect of the human-animal bond on mental well-being and learned helplessness; to establish the limitations and benefits of AAT; to review the role of the human-animal bond. Furthermore, to conclude whether, based on the findings, there was room to advocate for AAT in a South African context, and if so, whether AAT can facilitate healing of learned helplessness. It is, therefore, essential to analyse the data generated concerning the above mentioned.

### **3.8 DATA ANALYSIS AND INTERPRETATION**

Data analysis is the process of making sense of the data (Merriam, 2000). The researcher analysed the data after each participant's interview had been conducted. The following section discusses the approach that was used in the data analysis stage.

A thematic approach was decided upon for this research project. Braun and Clarke (2013) utilised the thematic steps to analyse the data as it was believed that this strategy was best suited to a qualitative study. A thematic analysis aims to identify and describe the prominent and non-obvious themes implied by the data (Guest, MacQueen, & Namey, 2012). Themes can capture something important about the data in terms of being relevant to the research questions and signify a patterned response of meaning within the data (Braun & Clarke, 2013). According to Javadi and Zarea (2016), the advantages of using thematic analysis include high levels of flexibility and tangibility. Thematic analysis is relatively easy to implement (Javadi & Zarea,

2016). Although flexibility allows for a more in-depth, detailed and complex account of the data, the researcher needs to keep in mind that difficulties of distinguishing between important and less important aspects of data can occur (Norwell, Norris, White, & Moule, 2017).

The data analysis process was organised from the very beginning, using coding elements that helped organise the data collection. Careful consideration was given at this stage when thinking of a research question and the aim and purpose of the study. This was supported by information gained through the present and past research studies in and outside South Africa. Specific themes and areas were picked to continue researching this topic.

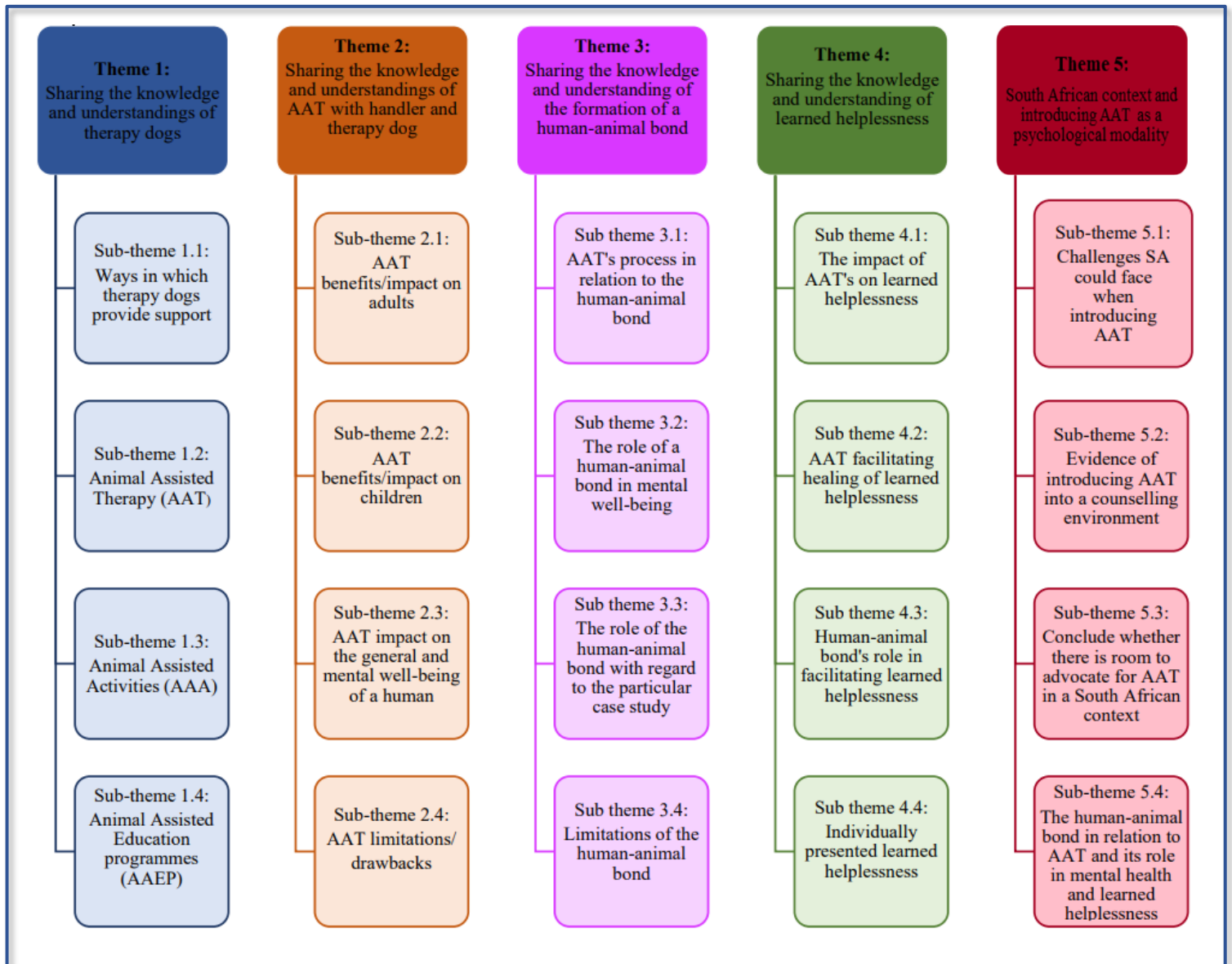
The interpretation and conclusions drawn from these stories were an essential step in the data analysis. The researcher needed to be mindful of how the story and information were structured, the function that the story served, the story's substance, and how it was performed.

The process that the researcher followed is that initially the themes needed to be identified. Furthermore, coding the themes and applying this to the raw data for further data analysis occurred. Braun and Clarke (2013) follow six steps in their thematic approach, namely familiarising oneself with the data, coding, searching for themes, reviewing the themes, defining and naming the themes, and then the write-up. The researcher adhered to the six steps. To ensure that the researcher familiarised herself with the data, she immersed herself in the raw data. She became accustomed to the data that she was collecting by reading and re-reading the data provided and listening to the audiotapes until the researcher was familiar with what had been said (Clarke & Braun, 2013). To adhere to the coding step of the approach, the researcher generated concise labels specific to the data being collected, indicating the critical elements and the significance to the research question.

According to Clarke and Braun (2013), coding is not a method of data reduction. Still, it is an analytic process that codes and captures both a conceptual and semantic interpretation of the data. It was essential to ensure that the codes and relevant data extracts were collected at the end of this process (Clarke & Braun, 2013). The third step of searching for themes included a similar process to the coding stage, but it was vital to find similarities. In all four interviews it was beneficial to ensure that the searching for themes was a vigorous process as the researcher needed to construct and collect the coded data following the themes (Clarke & Braun, 2013). The fourth step consisted of ensuring that the themes, coded extracts, and the data were all in relation to one another. In this step, defining each theme's nature and finding the connection between the themes became essential. Depending on the data collection outcome, joining two

themes or dividing a theme into two different themes may be necessary. This was all part of the theme development stage. The analysis stage began with defining and naming the themes that included identifying the core element of each theme and created a brief to the point and informative name for each (Clarke & Braun, 2013). Lastly, this step included bringing together the systematic data collection, which ensured that a coherent and persuasive story was being told with the existing empirical literature (Clarke & Braun, 2013).

These themes and sub-themes are discussed further in Chapter 5.



**Figure 3.1:** Themes and Subthemes

According to Starks and Trinidad (2007, cited in Norwell et al., 2017), the researcher becomes the instrument of analysis in the data analysis process. One has to make judgments about the coding, theming, decontextualising, and recontextualising of the text (cited in Norwell et al.,

2017) Therefore, careful consideration needs to be paid when completing the last step as the researcher must aim to ensure there is new, complex, cohesive understanding in the findings by taking into consideration all experienced ideas (cited in Norwell et al., 2017)

The researcher was transparent and reflexive in how the data was collected, analysed and interpreted. Thus, being critically self-reflective about her preconceptions, relationship dynamics, and systematic focus was adhered to (Polit & Beck, 2014). As mentioned previously, the selected participants were intentionally recruited because they were the best-suited participants for this study. In summary, Participant 1 provided knowledge and experience about how *Top Dogs* came about and how this organisation functioned. Participant 2 and Participant 3 built on knowledge of the human-animal bond, which is evident in most AAT, AAA and AAT-C interaction and their profound effects. Lastly, Participant 4 included a single case study testimonial of a patient seen by *Top Dogs* in a time of severe need. The patient's mother, Participant 4, provided a testimonial on behalf of her son on the experience he encountered. The researcher had appropriate psychological support by the Child Family Center (CFC) or Family Life Centre (FAMSA) should any of the participants have experienced any emotional triggers while being a part of the research study.

### **3.9 REFLEXIVITY**

The strengths and limitations of the design will be discussed below.

#### **3.9.1 Strengths of the design**

Owing to the fact that this research aimed to learn from the participants themselves, a qualitative research design was best suited. The researcher felt that selecting a qualitative approach pointed to the research questions and fitted the type of data to be collected. This design allowed for maximal learning to occur by conducting interviews with participants involved in a particular process or setting and how they experienced it and the meaning they derived from it.

#### **3.9.2 Limitations of the design**

The researcher was aware that she could be biased as this was a topic of personal interest. However, specific controls were put in place to minimise that bias came into play. Such controls included using tools for knowledge and skills to evaluate the research's trustworthiness and relevance critically. The researcher needed to be mindful of her role, potential bias, and influence during the interviewing stage's preparation and data collection,

and to be mindful of the sample recruitment biases (Galdas, 2017). The researcher was also aware that having a minimal sample size could result in possible generalisation; so it was crucial to keep in mind that this was a case study (Rahman, 2017).

### **3.10 TRUSTWORTHINESS**

The study adhered to strict criteria of trustworthiness. It is evident, according to Ghafouri and Ofoghi (2016), that there are four elements of trustworthiness in qualitative research, namely credibility, transformability, dependability and confirmability.

#### **3.10.1 Credibility**

The researcher needed to consider the study's authenticity and accuracy and whether it was suitable. The researcher tried to reduce any impact of bias by keeping a conscious mind set of credibility. Specific methods, such as triangulation were used. Triangulation involves the different sources of data, methods, theories, and research and aims to overcome the bias that can stem from a particular method, observer, and/or theory in the study (Ghafouri & Ofoghi, 2016). This method helped improve the reflection of the researcher and the study's reliability. According to Lincoln and Guba (1985, as cited in Houghton, Casey, Shaw, & Murphy, 2013), credibility is defined as having two processes. The first process is that for the research to meet credibility criteria; the research must be conducted believably. It must also stay true to the value and authenticity of the findings collected (Lincoln & Guba, 1985, as cited in Houghton et al., 2013). Debriefing sessions between the researcher and supervisor helped to ensure credibility (Chowdhury, 2015)..

#### **3.10.2 Transferability**

Transferability implies that "findings in the present research will be the same as findings in the same situations, and research findings will be suitable in the future" (Ghafouri & Ofoghi, 2016, p. 1917). Thick description becomes a critical component to meet this criterion (Houghton et al., 2013). It includes providing the following descriptions: accounts of the context, research methods used and providing examples of raw data. These descriptions were made throughout the process so that the reader can consider their interpretations and decide whether the findings suggested can be transferred to another context. It was in this stage whereby the researcher had to consider the following questions: What is the number of organisations taking place in this study and where are they located; what are the restrictions to the interviewees that are providing

the data; how many participants were involved in the study and the consideration was made about how the data was going to be collected and over what time frame.

### **3.10.3 Dependability**

To attain dependability, the researcher must make sure that the process is logical, traceable and well documented (Tobin & Begley, 2004, as cited in Nowell et al, 2017). This will help others to examine the research process. Dependability can explain how stable the data is (Houghton et al., 2013). An audio-trail allows for dependability to be achieved (Houghton et al., 2013). This was done by creating comprehensive notes related to the data's context and throughout the research process to ensure a general understanding of how the researcher concluded her findings.

### **3.10.4 Confirmability**

Confirmability implies how others can identify the research findings with trustworthiness and rigour. To achieve this, the researcher must ensure that the final product is developed from the data and not from the researcher's understanding of the information (Chowdhury, 2015). This was done by utilising triangulation to reduce the effect of the unhelpful subjectivity of the researcher. Not only was data collected using a phenomenological design, but the reference was also made to a singular case study. These two designs were selected as there was a high possibility that there would be overlapping data, and if these findings were convergent, greater acknowledgement and confidence can be placed on the study's findings. The researcher was able to recognise any shortcomings in the methodology and potential effects of these. The thick description as well as using the audit-trail became important steps to allow for the truthfulness of the findings to be examined. It is also a specific trustworthiness of a data strategy, keep all records.

## **3.11 ETHICAL CONSIDERATIONS**

It is imperative to bear in mind that researchers must always consider participants above the study's interest (Merriam, 2009). Ethical clearance was obtained from the University's Ethics Committee for the Faculty before starting with any data generation activities. The researcher also adhered to the Health Professionals Council of South Africa (HPCSA) professional code of conduct as a psychologist throughout the research study. Ethical considerations that always need to be considered include: informed consent, respect and best interest of persons, integrity, truthfulness, compassion, tolerance, justice and professional competence and community

awareness, as well as autonomy and confidentiality at all times (Form 223 - Ethical rules of conduct, 2017). The ethical principles were adhered to throughout the process and there was no foreseeable breach to ethics. However, during the initial phase of sourcing a psychosocial support service for the participants involved, Family Life Centre was contacted for the participant that was situated in Johannesburg. Due to technical limitations during the COVID-19 lockdown and limited access to the office, consent/agreement to act as a psycho-social support was obtained via email and the official document was not signed (See appendix F).

### **3.11.1 Informed consent and autonomy**

Each possible participant received a letter that pertained to the information required for the study to take place (See Appendix B and Appendix C). This letter of agreement outlined the purpose of the study. It indicated the research procedures, listed the risks and benefits of the research, included the voluntary nature of the research participation process, and the participant's right to withdraw from the study at any given time (Hammersley & Trainanou, 2012). Lastly, it included procedures that would guarantee confidentiality (See Appendix C). Upon receiving consent, the research further discussed this letter with the participants before commencing with the interview, to ensure that they fully understood the information that referred to the study.

### **3.11.2 Anonymity, confidentiality, and privacy**

Anonymity and confidentiality have distinct meanings according to Berg (2011). Confidentiality is defined as actively removing the participants' identity from research records, whereas anonymity means the participants remain nameless. Pseudonyms were given to the participants involved in the study and this was strictly adhered to. The research was secured and stored on an allocated hard drive with a passcode. Data collected was secured in a lockable cupboard in the supervisor's office that only the researcher and supervisor had access to. It is to be disposed of five years after the study has been completed; all interview documentation was shredded. Each participant was informed of the possibility of having the interview voice recorded, to assist the researcher in the transcribing process. All the participants agreed to this and the voice recordings used during the interviews were erased after the data had been transcribed and analysed. The transcribed files were protected and saved by a password protected code. Each documentation collected was coded according to the relevant participant, e.g. Participant 1.

### **3.11.3 Beneficence and Justice**

The researcher remained transparent and communicated regularly with the participants, ensuring reliability and validity and ensuring the well-being of the participants involved in the study. The researcher-built relationships of trust and professionalism with the participants at the start of the research process (Hammersley & Traianou, 2012). The risks and benefits of being involved in the study were discussed with the participants (Halai, 2006). Although no unforeseen risks or harm was done to the participants involved in the interview, provision was made with the Child Family Centre (CFC) at the UKZN campus and Family Life (FAMSA) in Johannesburg to set up an arrangement that if for any reason, one of the participants incurred distress from the process he or she could utilise counselling at the CFC/ FAMSA for psycho-social support. The consent and documentation approval from the CFC/ FAMSA was documented.

### **3.12 CONCLUSION**

This chapter discussed the design used to carry out this research project, the benefits and limitations of the preferred qualitative research design, sampling technique, data collection, analysis, and interpretation. Furthermore, it discussed the ethical obligations that the researcher had to consider and abide by.

## CHAPTER 4: FINDINGS OF THE STUDY

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### 4.1 INTRODUCTION

In the previous chapter, the research methodology process, explicitly referring to the data collection and analysis stage, was described for this study. The process of thematic analysis was explained, highlighting the six-stage approach for thematic analysis that were used. This chapter provides the study results by discussing the various themes distilled during the data analysis stage. This chapter includes the study's findings, derived from the interview transcriptions using thematic analysis.

The study's objectives were the following:

- ❖ To gain insight into and knowledge of *Top Dogs* and strengthen the effects of the human-animal bond on mental wellbeing and learned helplessness.
- ❖ To establish the limitations and benefits of AAT.
- ❖ To review the role of the human-animal bond.
- ❖ To deduce whether there is room to advocate for AAT in the South African context.
- ❖ To determine whether AAT can facilitate healing of learned helplessness.

The following refers to the primary and secondary research questions that this study aimed to achieve:

- ❖ Primary research question:  
*What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness*
- ❖ Secondary research questions:
  - How does AAT facilitate the Human-Animal Bond?
  - What is a Human-Animal Bond, and how is it formed?
  - How does *Top Dogs* implement an AAT programme successfully?
  - What is learned helplessness?
  - How can AAT assist with learned helplessness?
  - How does AAT facilitate the healing of learned helplessness?
  - How is Animal Assisted Therapy used in counselling?
  - How do AAT organisations facilitate therapy in different contexts?
  - Is there evidence that AAT does assist with the general well-being of a human?

- Is there evidence showing that there are benefits of introducing AAT into counselling as a psychological modality in South Africa?

## **4.2 SIX STAGE THEMATIC ANALYSIS**

### **4.2.1 STAGE 1: Familiarising one with the data**

In this stage, the data were analysed by listening to and transcribing the audio recordings of the participants. This stage consisted of three attempts to listen and transcribe; listen, transcribe and edit; listen, transcribe, edit and ensure the audio recordings were consistent with the transcription. Note-making was used alongside transcribing as it helped ensure the data was being read as data. Special attention was given to reading the words actively, analytically and critically. During this stage, the researcher's initial observation was the comprehensive understanding of a therapy dog and how it can have an impact in different contexts. The four interviewees (participants) each had a different background and occupation; therefore it was very interesting to note the common themes and topics that materialised during the interviews.

### **4.2.2 STAGE 2: Generating initial codes**

Coding in this stage is considered to be the building blocks of a systemic analysis (Braun & Clarke, 2012). In line with the primary research question, *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness?* the following codes emerged and are further illustrated at the end of this chapter. A total of eight codes were identified, and each code was thoroughly identified in the data analysis by recognising linkages between the coding and transcription of the interview material. The following codes emerged:

- ❖ Benefit – Dog (General), referred to as BDG
- ❖ Benefit – Dog + Adult, referred to as BDA
- ❖ Benefit – Dog + Child, referred to as BDC
- ❖ Animal Assisted Education Programme, referred to as AAEP
- ❖ The bond between Human + animal, referred to as HAB
- ❖ Learned helplessness, referred to as LH
- ❖ South African Context, referred to as SAC
- ❖ Psychological modality, referred to as PM

The researcher believed that the codes mentioned would provide a greater sense of meaning to the study's objectives. They provided a label for a feature of the data associated with the research question (Braun & Clarke, 2012). Since one language was used in the different interviews, the codes could mirror the participants' language and content and further provide information regarding the relevant data (Braun & Clarke, 2012). The researcher was mindful that the coding was used as a shorthand to identify relevant information, and they required that the researcher read through the data content thoroughly again. Each initial code was identified before moving on to the next code. The researcher used the hard copy transcripts to identify the code name and highlighted the portion of the text associated with this. The researcher also found a need to modify existing codes to incorporate new material, and there was a noticeable difference in the coding development as this process was continued. The researcher was able to end this stage when there were no more codes to be identified (Braun & Clarke, 2012).

#### **4.2.3 STAGE 3: Searching for themes**

According to Braun and Clarke (2012), a theme "captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2012, p. 63). The researcher searched for themes by using inclusion and exclusion criteria to help guide the process. (See Table 1 that identifies the process used to identify the potential themes at the end of this chapter.

#### **4.2.4 STAGE 4: Reviewing potential themes**

In line with the mentioned research objectives and research questions, five main themes were identified:



**Figure 4.1:** Theme identification

#### 4.2.5 STAGE 5: Defining and naming themes

In this stage, careful consideration was taken to identify what is unique about each theme. The researcher identified themes that had a singular focus, built on previous themes, and showed relevance to each following theme (Braun & Clarke, Chapter 4: Thematic Analysis, 2012). Furthermore, the themes needed to address the research questions that had been outlined at the beginning of this chapter directly. The researcher found that there were overlapping patterns within the data, which all corresponded in one way or another to the linking themes. The above five themes were unpacked, and each theme was then simplified. Further sub-themes emerged from the main themes. The following section identifies the main themes and sub-themes that emerged.

##### **Theme 1: Sharing the knowledge and understanding of therapy dogs**

This theme illustrates the different avenues in which Top Dogs organisation uses its therapy dogs. The organisation is central to the research project as all the data generated evolved through the organisation's employees and beneficiaries' lens. Throughout all four interviews, the participants referred to *Top Dogs* in one way or another. Participant 1 was the founder of *Top Dogs*. She provided much insight into the management and core principles of how the organisation began and its current run.

Participant 1 mentioned the following<sup>2</sup>:

*Top Dogs is more of a family than an organisation, so we try to keep everybody friendly ... to actually include everybody as much as we can, to always be open to ideas and concerns of any persons that we work through on a team basis. We are team players; we are not individuals (P1: 654-658).*<sup>3</sup>

Participant 1 further stated:

*We have always tried to be a team, that's why we started top dogs, to work as a team, and it's been successful for nearly 13 years, so I think I think we've got the right formula (P1: 659-661).*

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<sup>2</sup> Responses are provided verbatim and have not been edited.

<sup>3</sup> The participant is referred to as P(number) and the line numbers are provided that indicate where the extract was taken from.

Participant 4 shared his personal journey of how *Top Dogs* facilitated healing through his rehabilitation recovery. The mother of Participant 4 said:

*Top Dogs, it's just so far-reaching (P4: 347).*

Participant 1 and 4 referred to *Top Dogs'* culture of being friendly and welcoming. It is underpinned by staff that works cohesively and creates an environment that is considered far-reaching.

*Sub-theme 1.1: Ways in which therapy dogs provide support.*

This research project explored the use of therapy dogs in a broad sense, covering all three avenues in which *Top Dogs* uses its therapy dogs to assist and provide a means of support.

Participant 1 pointed out that *Top Dogs* implements three different avenues whereby the therapy dogs are used to provide support, healing or assistance. These three avenues are highlighted in the following sub-themes.

*Top Dogs* caters to all members of society, as Participant 1 stated:

*It's across the board ... wherever we are allowed to or are invited, we will take the dogs along (P1: 281, 286-287).*

She added that the main priority is the dogs. It is through visitational observations when the dog is observed to see whether the environment or context is aligned with their temperament:

*... take them along to the different types of visits and then we, we watch to see what the dogs enjoy doing. ... we assess each dog at different types of visits, and then we only take them to the visits that they actually enjoy. It's not about the handler; it's all about the dog (P1: 186-190).*

A vigorous evaluation process is conducted before the dog can enrol as a therapy dog. This is to ensure that the dog is suitable and meets the requirements to be a therapy dog.

A *Top Dogs* animal behaviourist explained as follows:

*We are looking for dogs that are able to work within a group, of other dogs, are able to work in a group with various people, men, women, children, things like that ... looking pretty much for a solid sound temperament (P2: 149-151; 158)*

Both Participant 1 and 2 illustrated how the therapy dogs are used in different contexts and how each dog is evaluated to ensure that it suits a given environment to ensure that it brings positive results to the patient and the dog.

#### *Sub-theme 1.2: Animal Assisted Therapy (AAT)*

Animal Assisted Therapy is a core feature of this research project. It is clear from the interviews that AAT has a positive impact on the people and environment in which it is applied. The participants valued the role and support of AAT. Participant 1 said the following:

*We work alongside professionals so it might be a therapist, teacher, it might be um, a social worker, whatever aim that we've got, we use the dogs in achieving that aim ... so whether it is a head injury or stroke patient we help the different therapist with their, um, with their program and use the dogs to achieve that aim (P1: 106-110)*

Participant 2 felt that AAT has a valuable role in assisting with mental illness:

*It does unlock something ... you are bringing in someone that can't talk, that is just there (P2: 197).*

The comments of both Participant 1 and Participant 2 show how AAT is integrated into a system that can involve working alongside other professionals. One works in a team to achieve a goal, or as Participant 2 stated, AAT can be visible even without a specific setting; just through having the dog present, there is a form of comfort and support that is felt.

#### *Sub-theme 1.3: Animal Assisted Activities (AAA)*

Animal Assisted Activities (AAA) are another approach where *Top Dogs* use its therapy dogs to assist in other than a therapeutic setting or environment.

Animal Assisted Activities (AAA) are understood as follows by Participant 1:

*AAA is informal visits to wherever or whatever facility we umm are involved in. So it could be an old age home, it can be a children's home, it can be a hospital, Hospice, we've done homeless shelters, umm so any facility that allows us to go in and interact with their residents or participants. Ummm and the benefits that they get from just interacting with the dog, it is very informal (P1: 101-105).*

AAA was the first step in introducing therapy dogs in the South African context in 2004, when therapy dogs were becoming a more well-known topic. It was at this point that *Top Dogs* introduced the next step, AAT. As indicated, *Top Dogs* began by introducing AAA:

*We take the dogs along, and we were spread the blankets out, and the dogs would sit on their individual blankets and the children would come and uh stroke the dogs, feed the dogs, give the dogs treat and we did that for about a year. So that we got everybody comfortable with interacting with dogs before we took it any further (P1: 302-306).*

When Participant 3 was asked what his understanding of AAA was, he provided the following explanation:

*It could be police dogs giving Animal Assisted Activities. We could talk about blind dogs or not blind dogs, but dogs that assist the blind. That's animal-assisted therapy; we can talk about dogs that to set detection at the airport to get drugs out of it ... there is a role for the right dog, in the right circumstance (P3: 194-198).*

As indicated in the two extracts above, AAA is already being explored in our country, such as dogs used to assist the blind. However, soon after *Top Dogs* introduced AAA, they were approached to incorporate the dogs in court preparations. They would dress the dogs up in uniform and role play with the dogs acting as court members (magistrate, defence lawyer, prosecutor, police officer, etc.). The benefits of this process are explored later in this chapter.

#### *Sub-theme 1.4: Animal Assisted Education Programmes (AAEP)*

A therapy dog can provide a wide range of assistance in different ways and through different implementation programmes. Animal-Assisted Education Programmes (AAEP) assist in various ways and help educate individuals in general animal education. Participant 1 provided a clear understanding of what the AAEP looks like when applied to children:

*We teach children a lot about owning a dog, looking after a dog, the dog's needs. We teach them a dog's body language to a certain extent. We teach the.... "what not to" rather than what to look out for because most of them are younger children. So we'll teach them, not to touch when they are eating, not to take their toys away from them, to leave them when they're sleeping (P1: 143-147).*

*Top Dogs* identified a gap in the market to provide educational benefits through the assistance of using a therapy dog, especially by assisting children with their fears of dogs:

*AA Education program was another fulfilling need, as we were asked, you know, we have a lot of children that are frightened of dogs is there anything that you can do to help them. So, that was the next step from there, and it was all just learning as we went along (P1: 232-235).*

*Top Dogs* has had a high success rate in using the dogs to assist with reading programmes:

*The reading program is slightly different because we work with a child umm, on a regular basis once a month, well twice a month we were doing that, so the same child would come to the same dog, each visit (P1: 388-390).*

This was elaborated on by Participant 1 through a particular experience:

*If you are reading to a dog, they are not judgemental, so, the, the handles are encouraging the child. ... we tell them that they are reading to the dog and telling the dogs story. We use the dogs in so many different ways ... we very often find the children can read the words, but they don't always understand what they are reading... So, for instance, we will say, 'I don't think fluffy here understood that what you just read to her. Can you explain to her what it means' and then we can find out if they are actually understanding what they are reading or whether they are just reading the words that are written down there (P1: 394-410).*

She further illustrated how therapy dogs could be used as a comforter:

*When they are reading the dogs are close, and the dogs are either just sitting close, but they get that contact, and it's the contact that works on all their stress hormones, lowering them in their body and the good hormones increasing so they are getting all those scientific benefits even though they don't realise it. ... it is calming ... very non-threatening, non-judgemental way of helping them with their reading (P1: 410-415).*

Participant 2 was asked a similar question regarding addressing the educational needs of our country through the use of therapy dogs, and she stated the following:

*... there's a lot of places that are out there, that do work with children so for instance... CLAW, Community Law Animal Welfare ... work with the children, you know the kids go there on a Saturday, and they learn to read; the work on computers; they're all learn*

*how to treat the dogs; feed the dogs; walk the dogs; they work with dogs in the facilities. So I think more like that is to be done and to get these dogs involved in doing work voluntarily in the communities like in little India, here in the south - it is huge ... I have worked with one of the guys when he was 14 started working, and now he's a groomer. He works with dogs permanently, and that is what he does, and he is great (P2: 228-337).*

She added the following:

*Training needs to be put out there, with these guys actually working with the dogs (P2: 339).*

Participant 3 felt that an educational programme not necessarily focused on how the dogs can assist in an educational environment but that it has benefits also for the dog. He said:

*An education program is training a dog to become a better ... to do things that we need like sitting ... a trained dog is a happy dog ... that is my understanding ... the dogs needs education and so do the people and if we can use the dogs to educate people - hallelujah!! (P3: 201-205).*

Regarding the educational avenue in which therapy dogs can assist, it is evident that participant 1 had specific examples that helped illustrate how the dogs are used in a situation such as assisting with reading. Participants 2 and 3 raised a valid point that shows how the dog and humans need to work together, and through educating both the patient and the dog sides, one would reach a desirable outcome.

The above theme identified, explored, and unpacked the different avenues that *Top Dogs* uses its trained therapy dogs to provide assistance, support, comfort and beneficial outcomes.

## **Theme 2: Sharing the knowledge and understandings of AAT with the handler and therapy dog**

This theme unpacks the impact, benefits and limitations of AAT, which in this sense is used as an umbrella term covering AAT, AAA, and AAEP, as discussed above.

As discussed in the above theme, AAT covers a wide range of contexts. The following extracts are explanatory.

When looking specifically at AAT and using a therapy dog, the dog is a core feature in this form of therapy. Participant 1 stated the following:

*A therapy dog is born, it is not made because the main thing we are looking for in a therapy dog is temperament, the willingness to interact with strangers and that they are either born with, or they are not (P1: 192-193).*

For a dog to qualify as a therapy dog, it has to pass an evaluation assessment to ensure it meets the requirements. Participant 3 said:

*There is a role for the right dog, in the right circumstances (P3: 198).*

Participant 1 believed that it is not through the training that a therapy dog is made, but the dog's temperament matters:

*The evaluation is to see what strengths and weaknesses the dogs have and the handler. Because the handler has to be proactive rather than reactive, so when we do the evaluation, we evaluate the handler and the dog as a team (P1: 194-196).*

From the above extracts, it is notable that the handler and the dog are equally accountable for ensuring that there will be a positive AAT outcome. The focus and training need to be focus on both the handler and the dog.

#### *Sub-theme 2.1: AAT benefits/impact on adults*

The following data concerning the general benefits of AAT for adults was extracted from the four interviews. According to the animal behaviourist it has been proven that AAT does:

*lower the blood pressure, release endorphins to give you that happy feeling, and it does exactly the same for the dogs (P2: 214-215).*

The interaction between the dogs and the adults, according to Participant 2, is that the patients:

*feel better; they are chirpier; they are happier; they move better, um they start speaking (P2: 311-312).*

Participant 3, a dog trainer, commented on this and believes that AAT helps people:

*to get better ... I think a lot of the comfort that the dogs give us, or the animal gives us, you know without even knowing it, people that are having nervous breakdowns, the dogs almost absorb their pain and make them able to manage better (P3: 138-141).*

From a biological perspective, through the dog comforting the adult, Participant 3 believes that:

*some of the dogs' pheromones pass through into the human system and help act like a tranquilizer ... and the dog is able to fulfil a need that sometimes as people we don't even communicate properly with each other (P3: 298-299).*

The above extracts were taken from interviews with Participants 2 and 3 who were qualified animal behaviourists and dog trainers, explicitly indicating the beneficial effects AAT has on adults.

#### *Sub-theme 2.2: AAT benefits/impact on children*

The benefits of AAT are not specific to one category, such as adults; AAT can benefit anyone and everyone in various ways. It can assist children in reading programmes or act as support in educational settings. However, Participant 1 believed it is much more than just that. She added the following:

*We've got ... a lot of children who have dog fears. So it's getting them to interact with the small dog is easier, so that is why we make sure that they interact with all the dogs so that they have not just avoided the big dogs and the scary-looking dogs, so that they've interacted with all of them at the end of the program. ... So far, fingers crossed, we've had a hundred percent success rate with getting children who were scared to actually interact with all of them and have smiles on their faces (P1: 146-153).*

Furthermore, AAT can have a beneficial influence on abused children, and *Top Dogs* is affiliated with Teddy Bear Clinic in Johannesburg:

*We also work alongside the teddy bear ... those children have all been Abused in some way, and we help them with the court preparation program ... they have children from every background, and they are all traumatized in some way (P1:277-279).*

Teddy Bear foundation asked *Top Dogs* if they would be able to incorporate:

*the dogs in somewhere in the court preparation program. ... they dress the children up in each of the court roles. So, they have a magistrate, they have a prosecutor, they have a defence lawyer, they have a ... court orderly, they have a police officer, they have a stenographer, they have the witness, and then they have the accused. So, we came up with the idea of making uniforms for the dogs. So, the dogs would dress up in the court official uniforms, and they would then stand at each station in the court (P1: 305-314).*

In Participant 1's opinion, great rewards were noted:

*We found that the dogs worked in two ways. Because they were also calming the child who was reading from the Script. ... you very often have the child uh reading, and the dog at the side and ... the child ends up stroking the dog so that they were getting those calming benefits from the dog, while they were reading the scary scripts (P1: 324-327).*

Furthermore, participant 1 observed the beneficial influence of the children associating the role of the court official with a friendly dog, and she felt that if the child associated the magistrate, for example, with being a particular dog, it created a much calmer and less scary environment for the child.

The following example underscores this:

*A lot of children are not comfortable with police officers. But instead of seeing the police officer standing there, they can see an Irish Wolfhound, dressed up as a police officer in their mind. It is far less scary, and the defence lawyer, his job is to try and trick the children into making a change in their statement because their job is to get the accused off. So if the children and he will ask questions, the same questions in different ways, several times to try to get the child to change their story, so instead of the scary guy standing there, they can see a fluffy little black and white dog then again that eases those fears on the day that they appear in court (P1; 328-338).*

The above strategy was used to educate children on the roles of the court members. Through the association of a member's role with a specific dog, children were supported:

*We use the dogs in the small groups, so the dogs were still dressed up in their court uniforms ... then the children would come to the dogs, in their age groups, and that was when they were teaching the roles of the court. So they would say, this is Pepper dressed up, and today she is the magistrate, and they would say what the magistrate's job was ... And then they would go around the different dogs and the different roles. And then they would go back and say to the children, 'now what's peppers job today' and the children would associate that with what the magistrate does (P1: 339-342).*

The strategy mentioned above was developed stage by stage, and it is currently a three-stage programme to assist in a psycho-legal environment and setting. By creating a step-by-step strategy, children were made comfortable with the procedure and with all different types of dog:

*And they benefit in so many ways (P1: 348).*

Participant 4 raised another aspect that she was aware of, and that is horse therapy. This underscores the benefits of AAT, as AAT does not refer to dogs only. In her observation, she believes horse therapy, otherwise known as equine therapy:

*has a calming effect and especially on autistic children (P4: 204).*

Evidentially, AAT can benefit children through their interaction and through interacting with the animal assisting with the therapy.

*Sub-theme 2.3: AAT impact on the general and mental well-being of a human*

Participant 2 agreed that AAT does have a decisive benefit in terms of the mental well-being of a person as the interaction of AAT:

*unlocks something ... and you bringing in something that can't talk, but is just there (P2: 196-197).*

This illustrates the impact that the dog can have. She also felt that the dogs provide an emotional support, as they *are very sensitive to our emotions (P2: 207).*

Participant 3 shared a similar perspective:

*They could comfort somebody with brain cancer ... people with nervous disorders or psychological issues could be greatly helped by a dog therapy (P3: 225-257).*

As indicated above, AAT can help mental well-being as the dogs are believed to act as a comforter and support structure.

*Sub-theme 2.4: AAT limitations/drawbacks*

It is imperative to acknowledge the limitations of AAT. Participant 1 found it difficult to think of specific limitations or drawbacks when using an AAT approach. However, she pointed out the following:

*The only, the only drawback that we do have is that of our imagination. We can't always think of the best ways of using the dogs, so we do learn together as we go along and experience in one facility that we can take to another facility; it might not working the exact same way, but it gives us a starting point to find another way that's going to work there (P1:382-386).*

Participant 2 felt that one of the biggest challenges that AAT faces in a South African context is that:

*with all things new, it is all about education ... education, education, education! You know, we need to educate people in the fact that that the difference can help because it is very new in this country and you know, we are a little bit behind in terms of these things, so we need to get out there, we need to actually educate people (P2:302-305).*

This highlights an essential element that all four participants agreed about, which is education. This is explored in the following chapter and supported in existing literature. It was also noted that a challenge or drawback that South Africa will most likely face is the association with the emotion of fear.

Participant 2 feels that:

*we need to educate the people that this is not to be feared (P2:320-321).*

Interestingly, Participant 4, who had direct exposure to AAT, mentioned that *Top Dogs* should:

*find out if the patient has an absolute dog phobia (P4: 329).*

She pointed out that the organisation would often come into the rehabilitation centre with all the dogs, which would make some of the patient's very uneasy due to their fear associated with animals. As indicated above, the lack of education seemed to be the biggest limitation of AAT, especially in an educational context.

This theme aimed to cover all aspects of AAT to ensure the AAT covered the broader concept of how it is used, implemented, and reviewed, both from its effects on adults and children's mental well-being.

### **Theme 3: Sharing the knowledge and understanding of the formation of a human-animal bond**

Theme 3 reports on factors associated with the human-animal bond and the impact this has when reviewing how animal-assisted therapy works.

According to the participants, they were each asked to explain their own understanding of what they believed a human-animal bond consists of. This sub-theme provides an overview of the participant's thoughts and understanding.

Participant 1 stated the following:

*Well, if you've got dogs in your life, you know what, what benefits they are to us, and when you've got a dog who will give those benefits to other people as well, it's so rewarding to be able to take your dog along and make someone's life better in one way or another, depending on what programme that we are using ... it's great when you have a potential therapy dog that will give those benefits to anyone that they come in contact with (P1:90-96).*

When looking at the human-animal bond from an animal behaviourist perspective, Participant 2 stated the following:

*Science has proven that ... having a dog from the human side does lower the blood pressure, releases endorphins to give you that happy feeling, and it does exactly the same for the dogs. If your bond with your dog is very strong, the dog will feel the same way (P2: 213-216).*

Participant 2 added that trust and loyalty is a fundamental factor necessary to form a strong bond between human and animal, and this is something that would be needed when using an AAT approach.

Her comment supports this:

*Trust, trust, trust. The dog must trust you; you must trust your dog. And with that goes, your dog must trust that you are going to be there, you are going to feed him or her, you are going to be responsible, you are going to protect that dog, the trust, the dog must know that in your hands, he will feel safe. And you know loyalty, and I think trust is a big thing if you have that trust your dog can trust you with anything (P2:275-279).*

She added the following:

*From a dog's perspective, they are very loyal; they're very ... the bond is so strong, and I think people who go into therapy work, the bond that they have with their own dog is very strong ... it has to be ... In order for that dog to actually perform, there has to be a strong bond (P2: 203-207).*

Participant 3 shared this sentiment:

*Love and empathy (P3:219).*

He felt that these are crucial elements that are needed to form a successful bond.

Participant 4 stated that she feels a human-animal bond can be:

*very strong ... my other dog ... was always the protector (P4:112).*

All four participants shared a similar understanding of the impact of a human-animal bond. The one value that seemed to be shared among all participants was that the bond needs to be very strong.

*Sub-theme 3.1: AAT's process in relation to the human-animal bond*

This sub-theme explored the impact of the human-animal bond concerning the implementation of AAT.

Participant 1 stated the following:

*There is so much scientific research on the benefits in interacting with animals, and we feel that ourselves (P1: 90).*

She added that AAT can assist even if there is a small bond between human and animal:

*When something is difficult, we doing it for a person, it's human nature that we will put less effort in overtime ... when you put a dog in that situation, they're working for the dog, and they don't realise that they are actually doing the exercises and putting in extra effort into whatever they are doing (P1: 546-548).*

When referring to the human-animal bond and the implementation of AAT, Participant 2 mentioned the following:

*The bond between human and animal ... needs to be very strong and it is very important (P2:210).*

Interestingly, Participant 2 raised some of the drawbacks to having a human-animal bond:

*A lot of research has been done in what happens emotionally when you lose a pet. It can be and sometimes even often worse than losing a human friend, or family member because that bond can be that strong ... I would say that probably, the biggest, is that loss (P2:235-237).*

She believed the bond can be very strong at times:

*Once you have that bond and when it is broken, it just plays quite heavily on your emotions ... It can, and like I said, for some people, losing a pet is worse than actually losing a human. So I think that is probably the most negative thing about this (P2:242-245).*

Participant 4 was asked whether AAT or using a therapy dog would impact the bond between humans and animals. This question refers to the relationship between patient and therapy dogs and whether it would be considered a drawback. The sessions eventually come to an end, and the dog stops visiting.

Participant 2 said:

*I don't think so ... the commitment to top dogs is so important, but you know we go to these places and they will see a specific dog. And then, once the dog leaves, they have something to live for because we coming back again. And they look forward to seeing that specific dog ... So I think you know that bond ... is not that strong. I mean you going there for an hour and although they do form a rapport the dogs. It is something to look forward to. It's something that they would miss if it didn't happen again ... so I don't think it is the same kind of bond between an owner and their dog (P2: 249-257).*

These two extracts from Participant 1 and Participant 2 outline the impact the human-animal bond has on AAT.

### *Sub-theme 3.2: The role of a human-animal bond on mental well-being*

The participants were asked to identify a time when the human-animal bond had an impact on mental well-being. Participant 2 stated that in her experience:

*the best one was in terms of Top Dogs, would be a little chap under the tree ... he just goes and sits outside, and we bought one of the Cavaliers up to him. And he just gave us a smile, and he touched the dog, and the staff there said he doesn't get involved in anything (P2:355-358).*

According to Participant 1, it is:

*so rewarding to be able to take your dog along and make someone's life better in one way or another, depending on what programme that we are using (P1:92-93).*

As previous themes explore the benefits of AAT and its impact on mental well-being, this sub-theme views the human-animal bond's role on mental well-being from the perspective of a patient and that of the handler.

*Sub-theme 3.3: The role of the human-animal with regard to the particular case study*

Participant 4 was asked to comment on the human-animal bond that was formed during the participant's rehabilitation. It is important to note here that the mother of Participant 4 had to partake in the interview process on behalf of her son as he is cognitively impaired after a traumatic accident. The human-animal bond for this particular individual extended well beyond *Top Dogs* and his therapy dogs' interaction.

Participant 4 stated the following:

*You have to have interaction with humans and animals (P4: 301).*

The interaction between her son and animals continued in their immediate environment. He had interaction with his neighbour's dog and their family friend's dogs, illustrating a strong bond between human and animal. This was illustrated by Participant 4. A pseudonym was used to replace the son's name for confidentiality and ethical purposes:

*My neighbour would let their big Doberman out, and Tim would have a game with him in the wheelchair around the circle... And he just loves Tim, he is really a people dog and give him half a chance, and I think he would climb on top of Tim (P4: 299-300; 307-308).*

She added the following:

*We also have other friends who have a dog called Abigail, and she will also just jump on Tim and sit on him when we go and visit (P4: 310-311).*

Further on in the interview, Participant 4 was asked whether there had ever been a time when her son did not react positively to the therapy dogs or to the AAT approach. His mother replied:

*"No, not at all ... he was always happy to see them (P4: 317; 319).*

As Participant 1 was employed by *Top Dogs* and witnessed the patient's progress during his journey with AAT, she was asked if there was ever a time when Participant 4 did not react well to seeing the therapy dogs. This was her response:

*No ... his face just beamed when the dogs walked into the room ... I'm sure sometimes it was a big strain on him and painful sometimes, but he never ever refused anything that they ask him to do, and he was always willing and was such a joy to work with (P1: 517-520).*

This sub-theme illustrates a real scenario whereby a patient was exposed to AAT as part of his rehabilitation treatment process.

#### *Sub-theme 3.4: Limitations of the human-animal bond*

The limitations of the human-animal bond need to be taken into account and are outlined below.

Participant 1 indicated the following:

*The only drawback that we do have is that of our imagination. We can't always think of the best ways of using the dogs, so we do learn together as we go along, an experience in one facility that we can take to another facility, it might not working the exactly same way, but it gives us a starting point to find another way that's going to work there (P1: 378-342).*

Participant 2 felt that one of the most significant limitations to that of the human-animal bond was a lack of education.

As indicated in one of the other sub-themes, in this theme, Participant 2 mentioned that when a death or loss breaks the bond with an animal, it can have emotional triggers for the human. However, she felt that the bond that the patient and therapy dog form is not the same as that of owner and dog, so she believed that the human-animal bond would not be considered an initial drawback. Yet, both Participant 1 and Participant 2 felt that the most significant drawback was related to factors such as limits of education, knowledge and the extent of our imagination.

This theme highlighted the factors considered when referring to the human-animal bond, both from a personal point of view and concerning the implementation of AAT.

#### **Theme 4: Sharing the knowledge and understanding of learned helplessness**

Learned helplessness is a core feature of this research project. The researcher aimed to deduce whether AAT can be used as a psychological tool to assist with learned helplessness.

Learned helplessness seemed to be a relatively new concept for all the participants as they did not seem familiar with the terminology.

Participant 1 felt that in this particular case study, Tim (the patient) was able to:

*adjust to the helplessness that he had encountered, and he worked to improve all those aspects that he had lost in his life. So it was more as to what had happened to him, and he had to work around it (P1: 539-541).*

She added that:

*when something is difficult, we are doing it for a person; it's human nature that we will put less effort in overtime (P1:545).*

Participant 1 made a valid point, and this was illustrated through her example:

*Like I shared with the old man, when you put a dog in that situation, they're working for the dog, and they don't realise that they are actually doing the exercises and putting in extra effort into whatever they are doing (P1: 546-549).*

Participant 2 first associated the concept *learned helplessness* with that of the dog and provided an example of dogs in training:

*When we know that they can do it, but the dog won't, so we end up bribing. And once we are bribing, it becomes learned helplessness (P2: 282-281).*

Participant 3 initially did not understand the concept, *learned helplessness* at all when asked to define it:

*I don't have one; I don't know what that means (P3:262).*

Participant 4 was asked what she understood by the concept, and she stated:

*I don't really believe in a learned helpless state (P4: 135).*

She further explained this as she associated it with her son's accident:

*In Tim's (pseudonym) instance, the brain injury in which he suffered, basically paralyzed him entirely, even down to his facial muscles ... he's had to relearn everything, arm function and leg function is still no 100% ... so I am also a firm believer if you keep telling a child they're stupid they would eventually grow up believing they are (P4: 128-133).*

Interestingly, all the participants had different understandings of the concept and provided a different definition in their explanation.

#### *Sub-theme 4.1: The impact of AAT's on learned helplessness*

The participants were asked to show their understanding of learned helplessness and AAT and whether the therapeutic approach could facilitate healing.

Participant 2 felt that AAT could have a beneficial impact on learned helplessness. She stated the following:

*If you have somebody and from personal experience, that you know they can get up and do something, but they don't. They rely on other people to do it for them, so it works for humans and animals (P2: 285-287).*

Participant 3 initially struggled with the understanding of what learned helplessness meant. Still, related to his situation, he understood learned helplessness and how his dogs helped him through a challenging time:

*...well they did ... help and we never, ever went for help (P3:288).*

When Participant 4 was asked whether the dogs were a beneficial influence on her son in his recovery, she responded, saying:

*The dogs would have helped coming from a point of view of him holding a ball or holding a treat for them or something like that (P4: 146-147).*

#### *Sub-theme 4.2: AAT facilitating healing of learned helplessness*

This sub-theme is closely linked to the previous one. However, more focus was placed on the outcome of using AAT as a tool to assist in the healing of learned helplessness.

Participant 2 was able to provide an example of when AAT could aid in the facilitation of learned helplessness:

*... as you know if you're going into a place where that person, say, for instance, is marginally paralyzed ... they kind of are accepting that they cannot do stuff ... for example my right-hand doesn't work therefore what should I do. And I think then ... they can just ... stroke the dog or give the dog a treat ... and this can certainly help (P2: 293 -296).*

She further stated that individuals who are suffering from learned helplessness should:

*take the dog for a walk so that when you thought that you couldn't, or you weren't willing to try ... move your right hand ... now you can because you have a dog and the dog can help you with that, so yes I do think it can help (P2:296-298).*

Participant 4 also felt that in a situation when someone has experienced severe trauma:

*she will relate better to an animal than to a human (P4: 150-151).*

#### *Sub-theme 4.3: The human-animal bond's role in facilitating learned helplessness*

This sub-theme focuses more on the role of the human-animal bond, and its influence on assisting in the healing of learned helplessness.

In relation to learned helplessness and whether the human-animal bond could assist in this, Participant 3 said:

*There are dogs for special things ... if you look historically through time, dogs have learned to work with people and work and do what people want (P3: 95-97).*

Participant 2 answered this question from an animal behaviourist perspective and stated the following:

*From the dog point of view ... when we know that they can do it but the dog won't so we end up bribing ... So if I for instance ask the puppy to down, I know she can down, and she doesn't go down, so then I put a treat on the floor, she will down, and that is learned helplessness ... In training learned helplessness is a big thing, um especially on the obedience side of things because we know that the dog can sit, but we help the dog too much (P2: 281-284).*

In relation to people, she said:

*And with people, it's the same. You know, if you have somebody and from personal experience, that you know they can get up and do something, but they don't. They rely on other people to do it for them, so it works for humans and animals (P2: 285-287).*

This sub-theme draws on the relationship between the human-animal bond and how sometimes it can be used as an advantage or disadvantage to support the human or the dog.

#### *Sub-theme 4.4: Individually presented learned helplessness*

This sub-theme's focus was explicit on whether the patient from the case study presented with any state of learned helplessness.

In Participant 4's testimonial about her son, she referred to learned helplessness concerning the fact that:

*he's had to relearn everything, arm function and leg function is still no 100% (P4: 131).*

Participant 1 shared the following:

*We all have to go along with whatever happens to us in life. And I mean for example Tim ... was a young man in his late 20s ... had his own business, he was a sportsman, he played sports, but he was involved in a car accident, and everything was taken away from him ... So he had to relearn every aspect of his life as a 29-year-old, so he had to adjust with his state, and that's why one of the things I admired about him is because he always had that will, to improve to go with whatever program was suggested to him and he always puts a hundred percent of himself into it (P1: 533-539).*

She felt that Tim had learnt to adjust to a state of learned helplessness, as she indicated the following:

*So, he adjusted to the helplessness that he had encountered, and he worked to improve all those aspects that he had lost in his life. So it was more as to what had happened to him, and he had to work around it (P1: 539-541).*

The term *helplessness* will further be discussed in the following chapter as it will form part of the discussion.

When participant 1 was asked to give her opinion on whether AAT helped assist Tim with his state of mind, she responded as follows:

*Well ye ... when something is difficult, we doing it for a person, it's human nature that we will put less effort in overtime ... when you put a dog in that situation, they're working for the dog, and they don't realise that they are actually doing the exercises and putting in extra effort into whatever they are doing ... (P545-548).*

This sub-theme shows how in this particular case study, Tim could have had a state of learned helplessness due to external factors such as a traumatic accident that left him in a state of having to relearn everything.

The overall theme of learned helplessness is a relatively new concept to the participants involved in this study. However, they were able to draw links of how AAT and the human-animal bond's role could help a person overcome a state of learned helplessness.

### **Theme 5: South African context and introducing AAT as a psychological modality**

The final theme focuses on whether AAT could be an approach used as a psychological modality to assist in the therapeutic environment in our South African context and history as a country. The participants were asked to share their thoughts on the general state of mental health in the South African population and, about this, indicate the challenges the country currently faces.

Interestingly, Participant 2 felt that it all comes down to:

*education ... educate people in the fact that difference can help (P2: 304-305).*

She felt that although there is a need to educate society regarding alternative ways of helping mental health, such as using AAT, the lack of education is believed to be a challenge within South Africa. This was interesting to note as in order to overcome the lack of education related to AAT, there is a dire need to bring more awareness to the education of this field. Participant 2 believes that the current challenge that South Africa faces is the lack of education that is related to the awareness of mental health. Not many people are aware of their mental health status and more education needs to be offered around different ways of supporting this.

This point of view was supported by Participant 1, and she felt education would help overcome the challenges, specifically related to AAT:

*I don't think we will have as many challenges because people now know about the benefits of therapy dogs, and if they don't, I assume we can educate them (P1: 637-638)*

Both participant 1 and Participant 2 shared similar thoughts that education is one of South Africa's main challenges, as there are tools out there, such as AAT, that can assist those in need. One just has to be creative in using tools in different ways to provide beneficial support.

#### *Sub-theme 5.1: Challenges South Africa could face with introducing AAT into counselling*

When referring to the challenges that South Africa would face with introducing AAT in a psychological environment, such as counselling, the following was noted:

Participant 2 pointed out the following:

*As soon as we educate people, as in this does work, put the science behind it - people will believe something if they're science behind it (P2: 309-311).*

This will be discussed in greater detail in the following chapter as one of the aim of this research study is to provide scientific evidence as to why AAT should be introduced as a psychological tool.

When Participant 2 was asked if the fear of dogs would be considered a possible challenge that South Africa could face, her response was:

*I think so, obviously in our black Communities there is a lot of fear ... of the dogs, and it doesn't only have to be black ... we need to educate the people that this is not to be feared ... in the townships, we really need the education (P2: 317- 324).*

Participant 3 was asked whether he felt that the issue about the fear of dogs would be a factor that needs to be considered when introducing AAT into counselling; his response was:

*You would have to maybe factor in a small dog that are calm ... that cannot... make the person feel threatened because obviously the feel threatened before they start (P3: 305-306).*

Participant 1 provided the researcher with examples of when she experienced fear of dogs and how she overcame this as a challenge:

*Very often with the children, particularly African<sup>4</sup> children. They've got a built-in fear of dogs it's, they've learned it from adults ... the first thing we have to do with them is let them know that the dogs are not going to hurt them ... the one particular home that we visited and the first time he walked through the gates every boy disappeared screaming and hiding, and then a few months down the line there were actually waiting outside the gate for us for the dogs to get out the cars (P1: 283-288).*

She added the following:

*I have experienced that with Africans across the board, whether it's the child that we visiting as one of my beneficiaries or whether it's a member of staff. I had staff hiding in linen cupboards, away from the dogs because they're so frightened (P1:289 -291).*

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<sup>4</sup> The participant is referring to a black person.

The above extract will be discussed further in Chapter 5 as this is viewed as a limitation to the delivery of the service being delivered to the South African population. Reference is made to organisations that are abroad as to how they were able to reverse the fear of dogs in therapy. This is important to focus on as within a South African context, a large portion of the clientele population may be afraid of dogs.

The following example illustrates how Participant 1 helped a child overcome her fear of dogs. Participant 1 was approached by a grandmother to help her granddaughter overcome her fear of dogs. Participant 1 shared the story of how this particular girl's mom brought her a puppy, but because she was so terrified of dogs, the puppy had to be returned to the breeder. Participant 1 shared how she took her therapy dog, Thandi, to see whether AAT would assist with this girl's fear. She shared the following:

*I took her along in her travel crate, which is one of the ones the material ones, so it's got a zip ... at the end and then a zip at the top ... and I was telling the child, let's call her Mary for the sake of giving her a name ... all the things that Thandi was involved in ... And I actually took a scrapbook of pictures along, so I was showing her pictures of Thandi in different situations, and I said Thandi will stay in her crate until you say she can come out. So after a while, Mary said can she put her head out at the top, so I opened the zip of the top and I told Thandi to stay and she just popped her head out. And then we went back to the scrapbook and she saw pictures of Thandi, reading on the reading scheme, and she said can I tell Thandi a story (P1: 430- 437).*

As the participant continued to share the story, she narrated how Mary eventually suggested that Thandi come out of the crate as she was ready and comfortable with the idea of her being out of the crate:

*So, I took Thandi out of the crate, and we stayed by the crate, and Mary went to sit on the other side of the room. And then gradually she came closer, and she came closer and then she was, she was stroking her (P1: 441-445).*

This interaction was far-reaching as it not only helped Mary overcome her fear, but instilled confidence in the child. The next time the handler went to see Mary, she brought another handler and a therapy dog on Mary's request:

*So when we got there next time she hadn't arrived home from school yet, and we stood waiting ... the car drove up, and Mary jumped out and ran straight over and interacted*

*with both dogs ... her friend jumped out of the car too, and she came over and interacted with both dogs and the other child's mum who was doing the driving that day ... jumped out and said that is amazing, she said 'I've had my child psychologist trying to get her over her fear of dogs and just because Mary's told her because of Thandi and Maya she has come straight out of the car and interacted with both of them.' So that is a personal experience of children getting over their fears (P1: 452-459).*

Thus, this sub-theme illustrates how fear of dogs in our country could hinder the successful introduction AAT into counselling unless we use education to assist in this matter.

#### *Sub-theme 5.2: Evidence of introducing AAT into a counselling environment*

This sub-theme provides extracts that show the participants' thoughts on whether AAT can be introduced into a psychological environment.

Participant 1 stated this:

*If they're working in a room and it's a psychologist, and there's a handler, and there's a dog the interaction is between the patient and the dog ... the American's have proven that they will open up to the dog, a lot more openly than they will to a person (P1: 558-560).* This thought was shared by Participant 4:

*If people have had a very traumatic experience, they might relate better to an animal than to a human (P4: 150).*

And in line with this, Participant 3 felt, the dogs fulfil a need (P3: 298).

Lastly, Participant 3 said:

*Scientifically this is what happens to people: they feel better; they are chirpier; they are happier; they move better, they start speaking (P2: 311-313).*\_

This sub-theme reports the participant's views and thoughts on introducing AAT into the counselling setting.

#### *Sub-theme 5.3: Conclude whether there is room to advocate for AAT in a South African context,*

The participants were asked whether there is a need to introduce AAT as a psychological modality. Participant 3 responded:

*Absolutely. One word. Absolutely (P3: 296).*

Participant 1 felt strongly about this:

*Yes, because the Americans have proved that when somebody is talking to an animal, they are more open, they are more responsive and they push the person to the back of the mind (P1: 556-557).*

Much information regarding AAT is published by overseas organisations. The participants were of the opinion that if it worked successfully elsewhere, there was room for it to be introduced into a South African context.

*Sub-theme 5.4: The human-animal bond in relation to AAT and its role in mental health and learned helplessness*

The last sub-theme focused on relating each focal point of this research study.

Participant 3 felt that dogs or the human-animal bond would:

*fulfil a need that sometimes as people we don't even communicate properly with each other ... you need the dog to come break that bond and soften you up with you up a bit (P3: 298-301).*

Participant 1 expressed the following opinion:

*I mean it might not be a dog there might be more open to a rabbit or a guinea pig, put something furry there, definitely has an impact on the atmosphere within the room, whatever the situation is (P1: 601-604).*

This sub-theme highlights some of the responses that support the participants' views whether the human-animal bond regarding AAT can assist in mental well-being.

The last theme provided evidence that accounted for why AAT should be introduced into the South African context and whether AAT can be used as a psychological tool.

All five themes were divided into sub-themes. The researcher aimed to ensure that each theme contributed to answering the primary research question of this study, which is, *What role does the human-animal bond of animal-assisted therapy (AAT) play in mental health and learned helplessness?*

#### **4.2.6 STAGE 6: Producing the report**

Although this was considered the final stage, outlined and discussed in the following chapter, this process began from the beginning of the data analysis stage. It was interwoven throughout

the process by writing notes, highlighting, using keywords and coding. The following chapter identifies the link between the themes and sub-themes identified above.

### **4.3 CONCLUSION**

This chapter highlighted the findings of the current study. The process followed Braun and Clarke's six-stage thematic analysis. Extracts taken from each individual interviewed were used to highlight themes and subthemes that emerged from the data.

The next chapter will discuss the findings in detail. The data will be compared to the existing literature initially presented in Chapter 2.

## CHAPTER 5: DISCUSSION

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### 5.1 INTRODUCTION

The following section will discuss the identified themes and sub-themes as they related to the existing literature presented in Chapter 2.

#### 5.1.1 Theme 1: Sharing the knowledge and understanding of therapy dogs

This theme shares the knowledge of the use of therapy dogs, through the lens of *Top Dogs* organisation. Literature as well as the individual interviews show that *Top Dogs* is a South African volunteer-based organisation that operates in various South African cities. The branches operate in Johannesburg, Pretoria, East Rand, and Kwa-Zulu Natal (Top Dogs, 2010). *Top Dogs* is involved in three programmes that are implemented in a variety of different contexts. In this case study, the specific focus was on Animal Assisted Therapy (AAT) implementation and its effects as a therapeutic modality. *Top Dogs* was often referred to as this organisation was the foundation for this research study, therefore becoming an important theme of the study. A lot of the data that was generated, was from participants that had some form of involvement into the organisation. The participants that specifically related to the theme of *Top Dogs*, was participant 1 (The founder), Participant 2 (Animal Behaviourist) and Participant 4 (Testimonial of her son's interaction with Top Dogs)

#### 5.1.2 Theme 2: Sharing the knowledge and understanding of AAT with the handler and therapy dog

Research has shown that AAT has several benefits for the human and the dog involved in the animal-assisted therapy process. According to Chandler (2012), the presence of a dog or animal can create a meaningful multisensory experience for the client, including tactile, auditory, visual, kinaesthetic and olfactory stimulation. Through this interaction, the client can communicate on a much deeper level. Fine (2006) states that the benefit of AAT is that the animal can encourage a cause-and-effect motion of behaviour. This was supported by Participant 2 response, as she observed how the interaction between dog and human resulted in the person becoming chirpier, happier, and showing an overall improvement in their mood and mental wellbeing. It has been proven that a dog provides comfort for a person, just through its presence as the dog always responds honestly and immediately to a pleasurable or aversive stimulus (Fine, 2006). It was noted that the therapist or dog handler can share in the affection

shown by the dog to the client. This creates a warm and comfortable environment for all (Chandler, 2012). In this particular case study, a young man was involved in a traumatic motor accident that left him in a severely critical state. Through the help and support of a multidisciplinary team, the treatment goal was to work towards a more satisfying and resourceful life than what he was experiencing after the accident. *Top Dogs* was involved with this patient and assisted alongside other professionals to support his needs. Research has proven that a human being's emotional, spiritual and physical being can benefit from others' connection and is designed to thrive through relationships (Chandler, 2012). This connection allowed for optimal growth and healing to occur through animal-assisted therapy and the interaction between Tim (pseudonym) and the therapy dog. Other allied health professionals would also have had an impactful contribution to Tim's progress.

### **5.1.3 Theme 3: Sharing the knowledge and understanding of the formation of the human-animal bond.**

According to Odendaal (1992), through the human-animal bond connection, there are emotional advantages when humans relate to animals. Another motivation shows the effectiveness and value of a human-animal bond. This was supported by Participant 2's comment. She stated that just having a connection with a dog lowers blood pressure, releases endorphins, and leaves you with an overall positive and happier state. She believed that if your bond with a dog is solid, the dog will feel the same way about you. Walsh (2009) supports this thought as he found that people who actively interact with animals exemplify a substantial capacity for compassion, empathy and love (Walsh, 2009). According to Participant 1, dogs can make someone else's life better in one way or another; this participant pointed out how a therapy dog offers these positive benefits to anyone that comes into contact with the dog. In light of participant 1's comment, it is evident that just the presence of a dog can bring about a more positive experience for the individual and the handler. This study aims to encourage future research to not only focus on the general effects of AAT, such as the benefits it brings from the human-animal bond, but to take this further and explore the exact changes that occur for the client, during a therapeutic session. In this case, the researcher wishes to advocate for the merge of AAT and psychotherapy, that would require qualified psychologists to be trained as an expert in AAT.

The history of human and animal relationships started more than 50 000 years ago (Braje, 2011). It is believed that there are three stages that best describe the historical influence of the human-animal bond. According to Bulliet (2005), the predomestic stage involved the hunter-gatherer's

period, which held a belief that there was little difference between hunter-gathers and animals (Bulliet, 2005). The second stage was a domestic era that included the belief that there was a difference between human and animal superiority. Lastly, the post domestic era propagated the idea that there is minimal direct experience between human and animal (Hosey & Melfi, Human-animal interactions, relationships and bonds: a review and analysis of the literature, 2014). This brought rise to ambiguities in how individuals portray animals, as some may perceive them to be lovable, an object of wonder, threats, or even victims. Thus, it brings about a paradoxical understanding, relation, and management of animals in our culture (Hosey & Melfi, Human-animal interactions, relationships and bonds: a review and analysis of the literature, 2014).

Evidence has shown that human beings have an emotional need to connect with animals and that it is not just a physical dependence that creates this bond. Satisfaction on an aesthetic, cognitive, spiritual, and emotional level is of great importance for both animals and humans (Hosey & Melfi, Human-animal interactions, relationships and bonds: a review and analysis of the literature, 2014). It was only in the 1970s that scientific research focused on human-animal interaction. Although this was distinguished as anthrozoology initially, this research has become multidisciplinary. As seen in Chapter 2, a chemical reaction occurs when the human-animal bond is facilitated. Participant 2 stated that human-animal interaction lowers blood pressure and releases endorphins. She added that it occurs for both the dog and the human because of the bond that has been formed.

In comparing the information obtained from the interviews and existing literature, animal-assisted intervention and the human-animal bond have merged themes throughout the literature. There are two aspects to this topic; one provides the necessary understanding and groundwork for how the interaction with animals affects humans. The other aspect focuses on providing practical applications of this knowledge (Hosey & Melfi, Human-animal interactions, relationships and bonds: a review and analysis of the literature, 2014). Both physiological and psychological benefits occur from the beneficial effects on the human-animal bond. In line with the participants' views, evidence from the literature indicates that these benefits could include a reduction in stress levels due to the reduction of cortisol levels, lower heart rate and blood pressure, improvement in physical and mental health, improvements in social attention, bodily movement, social behaviour, interpersonal interactions, mood regulation and management of stress, fears and anxiety (Barker & Wolen, 2008).

Furthermore, literature has shown that a dog can have as a stress-buffering effect of interaction, as the dog can provide non-critical social support. This effect was evident throughout the interviews as the participants stated similar experiences that they either had or observed. This was strongly agreed on by Participant 1. When the oxytocin system is activated through any form of sensory stimulation, the interaction between animal and human and the positive relationships facilitate a wide range of benefits (Barker & Wolen, 2008).

#### **5.1.4 Theme 4: Sharing the knowledge and understanding of learned helplessness.**

The findings derived from the interviews were consistent with those underscored in existing literature, as all four participants showed little understanding of the concept *learned helplessness*. As previously mentioned, *learned helplessness* is a condition that presents in people who show discouragement and despair in evaluation situations (Ganz & Ganz, 1988). The participants stated that this was a relatively new concept to them, and initially they needed an explanation of it. In current literature there seems to be a limited range of discourse that supports the findings of learned helplessness. However, a substantial amount of this is linked to depression. (Seligman, 1972). Seligman (1972) anticipated that the concept learned *helplessness* could act as a model for applied social sciences, such as reactive depression in humans (Gatchel, Paulus, & Maples, 1975). Initially, learned helplessness was defined as an "impaired instrumental response that follows an inescapable aversive event" (Feinberg, Miller, Weiss, Steigleder, & Lombardo, 1982, p. 275). This has been observed in both animals and humans across a variety of environmental conditions. Seligman reported that the learned helplessness phenomenon is intricately linked to the learning of non-contingency between the act of responding and reinforcement. This is essential; otherwise, the individual cannot gain control over the aversive event presented (Feinberg et al., 1982). The researchers assumed that the case study patient would have experienced learned helplessness due to the traumatic aversive event. In this situation, the event was out of Tim's (pseudonym) control, and AAT was used to assist him in relearning fundamental functions. Consistent support was provided not only by the multidisciplinary team that worked with him but also by his family. His mother is a firm believer that a child will believe what you say to him; in this case, it was imperative that Tim consistently heard motivational words to support him optimally. Participant 1 stated that when a dog is put in the situation, an individual naturally starts working with the dog. This is where AAT can provide beneficial effects for individuals as they do the exercises without realising it. An example that was provided by one of the participants was that often *Top Dogs* would assist in rehabilitation centres where the patient finds it difficult to move an arm;

however, when you ask a patient to brush the dog, the patient ends up strengthening muscles, and through the brushing motion, overcomes the obstacle.

### **5.1.5 Theme 5: South African context and introducing AAT as a psychological modality.**

In all the extracts that emerged from the interviews, there was a strong consensus of education being one of South Africa's most significant challenges relating to AAT. All the participants felt a strong need for further education in this field and in the general management of animals. One of the participants stated a need for providing scientific evidence for people to believe that AAT can be used as a psychological modality. In the South African context, we cannot ignore the fact that there is a historical background to the use of dogs and the associated fear. As discussed in Chapter 2, dogs were used in the apartheid era to control black people, which had an everlasting impact (ENCA, 2017).

The fear of animals is very apparent in the South African context. Many people consider dogs to be vicious, where as some people respect them because they protect people (Jalongo, Astorino, & Bomboy, 2004). It is also possible that an individual may have had a bad experience with an animal, and her relationship with the animal is compromised, and fear is developed (Jolongo et al., 2004). A portion of the South African population is considered to be scared of dogs based on South Africa's history of racial segregation. Historically, in South Africa that police dogs were part of the apartheid government's weapons used to attack and control black people (ENCA, 2017).

Participant 1 provided an example of when she used her therapy dog to assist a child with her fear of dogs. Cognitive conditioning and CBT assisted the child in overcoming her fear. The child had direct contact with the feared stimulus. The handler worked with the child's core belief (fear) and her dysfunctional assumption (all dogs are the same), and the negative automatic thoughts that she had of dogs. The handler was able to modify these thoughts to become more functional and realistic. Educating this young girl and using classical conditioning assisted in the positive outcome that was achieved.

## **5.2 CONCLUSION**

This chapter discussed the findings of the current study through the use of extracts from the interviews that were conducted. The themes that emerged through the findings were discussed and compared to the literature review that was presented in Chapter 2.

These themes in summary highlighted that Top Dogs was the foundation for this study as they are one of the first South African based organisations to introduce AAT. The bond that exists between human and animal is a powerful one, and this connection can bring rise to a more positive outcome and have physiological, emotional, and mental benefits to those involved. AAT can be implemented in various settings to assist with an array of illnesses or conditions, such as learned helplessness.

The following chapter provides the conclusion and recommendations for further study. The various contributions to this research study and the possible limitations are discussed and reflected on.

## CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

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### 6.1 INTRODUCTION

This chapter presents the concluding remarks and findings of the study in relation to the research questions that guided the research. The possible contributions of the study as well as the challenges that the researcher faced during the research process are discussed. Finally, the researcher presents possible recommendations for future training, practice and further research; she concludes with final comments.

### 6.2 OVERVIEW

A qualitative research approach was used as it aims to understand a phenomenon, it gives meaning to a context and allows the researcher to appreciate the significance of the participants' experience (Merriam, 2009). The researcher used a purposive sampling technique as it required rich information to be obtained from the participants' own experience in relation to the research topic. Furthermore, a snowball sampling technique was used as the researcher was initially recommended to contact *Top Dogs* via her dog trainer who had heard about *Top Dogs* organisation. The researcher was brought into contact with one of the Kwa-Zulu Natal branch executive members who happened to be the former founder of *Top Dogs*. The researcher was fortunate to be able to attend an orientation programme that encouraged her to immerse herself fully in the organisation and gain an in-depth view of how *Top Dogs* operates. Unfortunately, this was the last physical form of contact between the researcher and the organisation, due to COVID-19. Once *Top Dogs* had given the researcher permission to be involved in such a study, the organisation recommended one of its success stories to request whether a mother and her son would be willing to share their story. *Top Dogs* provided the researcher with contact details of an animal behaviourist who was involved in the *Top Dogs* training and evaluation process. Consequently, four participants were identified and were given information that pertained to the research study, the risks and benefits; they were asked for their consent to participate in the study. All four participants gave consent and were eager and willing to participate in the study.

Due to the COVID-19 research regulations an online interview process was employed. The researcher regarded this as a smooth transition to an online platform as the initial data collection stage entailed in-depth interviewing. The researcher administered non-directive, non-structured

and open-ended questions to the participants to gain a better understanding of their lived experience and association with AAT and the *Top Dogs* organisation.

The data was collected and analysed carefully per the study's aims and objectives. Particular focus was directed to determine what the role of the human-animal bond in Animal Assisted Therapy is, as well to mental health and learned helplessness. The researcher remained aware of the fact that the study was based on a single case study; therefore, it is very limiting and provides only one case of evidence. Overall, the study adopted a phenomenological case study approach as it provided insight into the experience of all the participants. The researcher felt that although it was a singular case study, it still provided evidence that demonstrated that Animal Assisted Therapy can be used as a psychological therapeutic modality.

The six stages of Braun and Clark's (2013) thematic analysis were used as this approach aims to identify and describe the important and obvious themes, as well as non-obvious ones derived from the data. The researcher believed that this approach allowed for high levels of flexibility and clarity on the phenomenon being researched; she was able to engage with the data on a deeper level during the data analysis stage, as each interview was transcribed. The stages of familiarising oneself with the data, coding, searching for themes, reviewing the themes, defining and naming the themes, and then the final write-up were all a part of the thematic approach, which was applied throughout the process. Coding was used to help arrange the data appropriately and assist in the organisation of the relevant information to ensure that only important insight was obtained or drawn from the interviews. Five primary themes were identified and sub-themes emerged from these. Throughout the process, the researcher remained transparent and was conscious of how the data was collected, analysed and interpreted. It was important for the researcher to be self-reflective and mindful of her own preconceptions, biases, relationship dynamics and personal passion for the chosen topic.

Credibility, transformability, dependability and confirmability were adhered to throughout the process as the researcher observed strict criteria of trustworthiness. The researcher used triangulation to ensure that the study remained authentic, accurate and true to what was being researched. She used different sources of data, methods, theories and research domains to find suitable references and information that pertained to the research study (Ghafouri & Ofoghi, 2016). Transformability was considered so that the reader would be able to draw adequate and interpretive conclusions as to whether the findings presented in this study are coherent with other contexts derived from different sources. The online interviews were conducted via Zoom,

and the researcher was able to create an audio recording of the interviews to ensure that the data collection process was logical, traceable and well documented. This ensured that the researcher applied the dependability principle (Ghafouri & Ofoghi, 2016). Each audio recording was kept in a password protected electronic folder to ensure that the research adhered to confidentiality, non-maleficence, privacy and anonymity (Wassenaar, 2006). The audio recordings of the interviews were erased once the audio files had been transcribed accurately. Lastly the researcher applied the conformability principle that required that the researcher ensured that all the findings were derived from the data itself, and not from the researcher's own understanding of the given topic. The researcher remained transparent throughout the process and ensured that the well-being of the participants was guaranteed.

The researcher was able to deduce that there are substantial benefits for animal-assisted therapy to be applied within a therapeutic setting. AAT can be used successfully to help clients or patients regarding their physical, mental and emotional well-being. A strong human-animal bond is needed to reach this outcome and there is evidence that shows that AAT can be used as a psychological tool within a therapeutic context.

### **6.3 POSSIBLE CONTRIBUTIONS OF THE STUDY**

The main contribution of the research is the particular focus on the concept of *learned helplessness*. Much existing literature is not specific to a counselling or therapeutic domain, so as a current student psychologist in the field of Educational Psychology, this dissertation should contribute to and bring a more particular focus on the psychology domain. Furthermore, the researcher felt that much research focuses primarily on AAT or the human-animal bond; limited research relates AAT to learned helplessness. This study set out to reduce this gap and make a contribution to the existing literature that shows a positive relationship between AAT and the impact of the human-animal bond.

### **6.4 CHALLENGES AND LIMITATIONS**

The challenges experienced by the researcher included the interview process, as this had to be transferred to an online platform, given the COVID-19 pandemic. The researcher was fortunate to continue with her research as the data collection process initially entailed an interview process. No physical contact between the participants and the researcher was required. The researcher had hoped to observe the interaction with *Top Dogs* and the implementation of AAT in person. However, due to the pandemic, *Top Dogs* was not operating, and no visits were planned for the year due to the physical contact and spread of COVID-19.

Upon reflection, the researcher was grateful that she chose an in-depth interview as the means of data collection as it allowed the researcher to gather as much information as she could, and allowed for accessibility, despite the interference of COVID-19. However, a limitation of having to move the interviews to an online platform was that the researcher was unable to read the body language of the participants.

At times, the researcher had to repeat the questions a few times due to connection errors. Although this was not a huge concern, if the interviews were conducted in person, this may have benefited the study. The researcher was also not able to engage in the AAT process as she had wished to do so, due to the COVID-19 regulations.

The researcher also felt that not all the participants understood the term learned helplessness, and this could have impacted the study's findings as they needed clarity on this term. The researcher found that sometimes the questions were too broad, and she needed to use probing questions that brought the focus back to the initial question. In future, the researcher will ideally shorten the questions so that they are more precise and to the point.

The researcher also reflected on the fact that there was a lot of common ground surrounding the responses from the different participants, despite each interview having separate questions, specific to that individual and their background.

Furthermore, if there had been more time and money, the study could have been extended to include multiple organisations advocating AAT. However, the current study has provided adequate insight to recommend future studies on AAT as psychological therapy.

## **6.5 RECOMMENDATIONS**

### **6.5.1 Recommendations for training**

AAT is a widely known concept overseas; yet there seems to be limited knowledge of the phenomenon in South Africa. *Top Dogs* based its foundation on the knowledge provided by organisations and contacts abroad, such as *Delta Therapy Dogs*. There is a definite need for creating more awareness and training regarding AAT in South Africa as there is little information on the phenomenon. AAT-accredited courses are offered by overseas universities; the researcher hopes that through creating more awareness of AAT, the demand to bring this training to South Africa will be met.

### **6.5.2 Recommendations for practice**

It is recommended that psychologists who have a passion for animals, who are looking for alternative therapeutic tools or techniques or share the belief that introducing AAT is in a client's best interest, should investigate introducing it into their work. This should increase and spread the knowledge associated with AAT and help advocate this approach as a psychological modality. Training to become an AAT practitioner is imperative and would-be therapists need to enrol in accredited courses that will equip them with the necessary knowledge in this field. Individuals who want to participate in Animal Assisted Activities, education programmes or Animal Assisted Therapy can contact *Top Dogs* should they wish to be involved in the organisation.

### **6.5.3 Recommendations for further research**

This study demonstrates the therapeutic benefits that animals, particularly dogs, bring to the counselling context and provided a real-life story that proves dogs can facilitate and contribute towards therapy as they possess unique characteristics that can assist humans in positive change in cognition and behaviour. However, there is a need for more empirical research to be implemented and the researcher recommends that further research be undertaken in the following areas:

- ❖ Exploring other organisations that use therapy dogs and other animals to assist in physical and mental well-being.
- ❖ Comparing information from overseas organisations, such as *Delta Therapy Dogs* in Australia, to that of South African ones.
- ❖ Specifying areas of need in which an alternative approach, such as AAT, can be utilised to explore more positive outcomes for conditions such as learned helplessness.
- ❖ Examining the connection between the human-animal bond and Animal Assisted Therapy (AAT).
- ❖ Broadening the knowledge and awareness of Animal Assisted Therapy in Counselling (AAT-C).

## **6.6 CONCLUDING REMARKS**

This dissertation explored the concept of Animal Assisted Therapy using therapy dogs, and the beneficial effects of this approach. It highlighted how animal-assisted therapy can be used to help facilitate healing of learned helplessness, and in doing so, assist as a therapeutic tool. The dissertation concludes that there is room to advocate this approach in the South African context, because there is ample opportunity for the exploration and expansion and growth of the psychological use of AAT in South Africa.

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## APPENDIX A: TURN IT IN REPORT

| Masters Project                                |  |              |                |
|--|--|--------------|----------------|
| ORIGINALITY REPORT                             |  |              |                |
| 8%   | 6%   | 2%           | 1%             |
| SIMILARITY INDEX                               | INTERNET SOURCES   | PUBLICATIONS | STUDENT PAPERS |
| PRIMARY SOURCES                                |  |              |                |
| 1  | <a href="http://www.uj.ac.za">www.uj.ac.za</a><br>Internet Source  |              | 1%             |
| 2  | James A. Serpell. "Animal-assisted interventions in historical perspective",<br>Handbook on Animal-Assisted Therapy, 2010<br>Publication |              | <1%            |
| 3  | <a href="http://researchspace.ukzn.ac.za">researchspace.ukzn.ac.za</a><br>Internet Source  |              | <1%            |
| 4  | <a href="http://repository.up.ac.za">repository.up.ac.za</a><br>Internet Source  |              | <1%            |
| 5  | Submitted to Cranfield University<br>Student Paper   |              | <1%            |
| 6  | "The Psychology of the Human-Animal Bond",<br>Springer Science and Business Media LLC,<br>2011<br>Publication                            |              | <1%            |
| 7  | <a href="http://hdl.handle.net">hdl.handle.net</a><br>Internet Source  |              | <1%            |
| <a href="http://mafiadoc.com">mafiadoc.com</a> |  |              |                |

## APPENDIX B: LETTER TO GATEKEEPER

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### Letter to Gate Holder

Dear Top Dogs Organisation,

As you may be aware, I am currently completing my Master's in Educational Psychology at the University of Kwa-Zulu Natal, Pietermaritzburg. As part of the course, we are required to complete a research project on any given topic. My project title is "*A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness*".

I understand that the organisation has a direct interest with the approach of Animal Assisted Therapy (AAT), Animal Assisted Activities (AAA) and Animal Educational Programmes. I would like to request your permission to partake in my research project and by doing so, allowing the organisation to become a very big part of my research. I have had previous communication with Top Dogs organisation in the past as I wish to train my dog as a Therapy Dog in the foreseeable future. I am aware that Top Dogs is currently the biggest volunteer-based organisation in South Africa and I believe that I will obtain a wealth of knowledge by aligning myself and my research with this organisation.

In order to gain further knowledge on the topic, I have decided to conduct four interviews, with four different participants, as this will be an avenue into gaining a more in depth understanding of the following research question "*How does the human-animal bond of animal assisted therapy (AAT) play a role in mental health and learned helplessness?*"

The process requires an individual interview that will take approximately **30-60 minutes** to complete. This will provide me with detailed information in the understanding of the above mentioned topic. My goal is to conclude whether utilizing AAT in a therapeutic setting, would be a beneficial psychological modality for Educational Psychologists based on the findings I have gathered from my research process. I hope that this will be beneficial in furthering the development of additional studies regarding the topic of AAT as well as bringing more recognition to Top Dogs Organisation. I also hope to provide a rich-detailed research project that elicits the advantages of AAT in helping people heal, through having a therapy dog present in a variety of contexts.

As indicated by the University of Kwa-Zulu Natal, Faculty of Educational Psychology, the approximate sample size will remain small consisting of four participants, each undergoing an individual interview of various questions. This data will be analysed as a qualitative research methodology. I plan on interviewing the following people from the organisation:

1. [REDACTED] – Founder of Top Dogs
2. [REDACTED] – Animal behaviourist
3. A Top Dog Case Study – interview individual/family member

Furthermore, an additional interview will be from an external

4. External professional dog trainer

Once the data has been collected and analysed, those who participated in the study, as well as Top Dogs organisation, may have access to the feedback and summary of my findings on request.

Please do not hesitate to ask me any further questions regarding my research project and topic.

Please indicate whether you will be willing to partake in my research study below and by doing so be the gate-holder for my research to commence.

[REDACTED] give permission to stand as the gate holder and partake in this research project. It is deemed necessary for the researcher to directly contact the above-mentioned people as well as be provided with a confidential success story, in order to best support the researcher with the required information to further her knowledge and the development of her study.

Please provide the necessary details as a gatekeeper:

**Full name:** \_\_\_\_\_

**Position in organization:** KZN Area Coordinator

**Contact details:**

**c:** \_\_\_\_\_

**e:** \_\_\_\_\_@ipdoojs.co.za

**Signature:** \_\_\_\_\_

**Date:** 06 04 2020

Thank you for taking your time to read this and I am excited to be a part of this journey with you.

Best regards,  
Genna Hewitson  
0720459307  
[220024141@stu.ukzn.ac.za](mailto:220024141@stu.ukzn.ac.za)  
[gennahewitson@gmail.com](mailto:gennahewitson@gmail.com)

# APPENDIX C: ETHICAL CLEARANCE



05 June 2020

**Miss Genna Patricia Hewitson (220024141)**  
School of Applied Human Sciences  
Pietermaritzburg Campus

Dear Miss Hewitson,

**Protocol reference number:** HSSREC/00001205/2020

**Project title:** A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness

**Degree:** Masters

## Approval Notification – Expedited Application

This letter serves to notify you that your application received on 26 March 2020 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

**Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.**

This approval is valid until 10 June 2021.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/ms

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Humanities & Social Sciences Research Ethics Committee  
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Tel: +27 31 260 8350 / 4557 / 3587  
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

**INSPIRING GREATNESS**

## APPENDIX D: LETTER TO PARTICIPANTS

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Dear Participant,

As you are aware, I am currently completing my Master's in Educational Psychology at the University of Kwa-Zulu Natal, Pietermaritzburg. As part of the course, we are required to complete a research project on any given topic. My project title is "*A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness*". I understand that you have a very close connection and direct interest with the approach of Animal Assisted Therapy and I would greatly appreciate it if you would part take in my research study

In order to gain further knowledge on the topic, I have decided to conduct four interviews, with four different participants, as this will be an avenue into gaining a more in depth understanding of the following research question "*How does the human-animal bond of animal assisted therapy (AAT) play a role in mental health and learned helplessness?*"

The process requires an **individual** interview that will take approximately **30-60 minutes** to complete. In light of the COVID-19 Pandemic, this will now revert to being **online**, using one of the following online platforms to conduct the interview: ZOOM, Skype, or WhatsApp Video Call. This will provide me with detailed information into the understanding of the above mentioned topic. My goal is to conclude whether utilizing AAT in a therapeutic setting, would be a beneficial psychological modality for Educational Psychologists. I hope that this will be beneficial in furthering the development of further studies regarding the topic of AAT as well as bringing more recognition to Top Dogs organisation. I also hope to provide a rich-detailed research project that elicits the advantages of AAT in helping people heal, through having a therapy dog present.

As indicated by the University of Kwa-Zulu Natal, Faculty of Educational Psychology, the approximate sample size will remain small consisting of four participants, each undergoing an individual interview of various questions This data will be analyzed as a qualitative research methodology. Thus, in order to ensure a fair and consistent approach, I would like to request your agreement to partake in my research study

Once the data has been collected and analyzed, those who participated in the study will have access to the feedback and summary of my findings on request.

Please do not hesitate to ask me any further questions regarding my research project and topic. I have provided you with an information sheet that will further outline the confidentiality and anonymity rules and obligations.

Please indicate whether you will be willing to partake in my research study below and by doing so equipping me with the knowledge to further gain an understand of *How does the human-animal bond of animal assisted therapy (AAT) play a role in mental health and learned helplessness, through the lens of Top Dogs organisation?*

I, \_\_\_\_\_, would like to par take in this research project and I am willing to complete a 30-60 minute individual interview to provide the researcher with the required information to further her knowledge and the development of her study.

Please see the attached consent form regarding your agreement to partake in my research study. Please return it to me as soon possible.

Thank you for taking your time to read this and I am excited to be a part of this journey with you.

Best regards,  
Genna Hewitson

## APPENDIX E: INFORMED CONSENT

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### UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

#### APPLICATION FOR ETHICS APPROVAL For research with human participants

##### Information Sheet and Consent to Participate in Research

Date: 19/06/2020

Good day,

My name is Genna Hewitson from the University of Kwa-Zulu Natal, Pietermaritzburg. I am currently completing my Master's in Social Sciences (Educational Psychology). As part of the course, we are required to complete a research project on any given topic, under supervision. My chosen topic for my research is *A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness*.

You are being invited to consider participating in a study that involves research on Animal Assisted Therapy (AAT) through an organization called 'Top Dogs'. The aim and purpose of this research is to understand *How does the human-animal bond of animal-assisted therapy (AAT) play a role in mental health and learned helplessness?* Furthermore, the purpose of this study would be to establish the efficiency and benefits of AAT and if it could be introduced into the South African context as a psychological modality in counselling.

The study is expected to involve four individual interviews, on four different participants. I will be looking at interviewing the founder of Top Dogs, an animal behaviorist, a dog trainer and gather a testimonial from a patient's family member who has experienced such services of Top Dogs during treatment. It will involve the following procedures of a scheduled, individual interview, approximately 30-60 minutes long. The duration of your participation, if you choose to enroll and remain in the study, is expected to be only over the time period around scheduling an interview and conducting the interview.

There are no foreseen potential risks if you were to partake in this study. Confidentiality and anatomy will be kept at all times. However, if any questions stem an emotional response or trigger, counselling will be provided by the CFC (Child Family Center) on the University of KwaZulu-Natal, Pietermaritzburg campus. Furthermore, counselling will be provided by Family Life Center (FAMSA) in Johannesburg. In order to make arrangements at the CFC or FAMSA, please contact myself or contact the CFC directly on 033 260 5166 or Family Life Center on 011 788 4784.

In light of the COVID-19 Pandemic, please be aware that we may have to revert to an online platform, such as ZOOM, Skype, or WhatsApp Video Call, to interview the participants. I do not foresee any potential problems with this alternative route. The process of gathering the consent will remain the same, as well as the procedure for the interview process, however it will now be being online using one of the above mentioned platforms.

I hope that the study will create awareness of AAT and AAT-C. Furthermore, I hope it will link the influential factors that arise with the beneficial effects of the human-animal bond and learnt helplessness.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSSREC/00001205/2020).

In the event of any problems or concerns/questions you may contact the researcher at 220024141@stu.ukzn.ac.za or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

### **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

#### **Informed consent:**

I recognize that participants are not capable of consent unless “informed”. I have, therefore, disclosed the nature of the research, the aims, the duration, the risks and benefits, the nature of interventions throughout the study, compensations where appropriate, researcher details, and details of the ethical review process. Where appropriate, communities, employers, departments and other instances are also part of the informed consent process.

#### **Confidentiality:**

Every effort will be made to protect (guarantee) your confidentiality and privacy. I will not use your name or any information that would allow you to be identified. In addition, all data collected will be anonymous and only the researcher and the allocated supervisor will have access to the data that will be securely stored for no longer than 5 years after publication of research reports, or papers. Thereafter, all collected data will be destroyed by the use of a shredder for paper documentation and any voice recorders’ data will be erased. You must, however, be aware that there is always the risk of group or cohort identification in research reports, but your personal identity will always remain confidential. You must also be aware that if information you have provided is requested by legal authorities I may be required to comply.

#### **Participation and Withdrawal:**

Your participation in this study is voluntary. You may withdraw your consent to participate in the project at any time during the project. If you decide to withdraw, there will be no consequences to you. Your decision whether or not to be part of the study will not affect your continuing access to any services that might be part of this study, or any other benefit to which you would be normally entitled to.

#### **Future interest and Feedback:**

You may contact me (see below) at any time during or after the study for additional information, or if you have questions related to the findings of the study.

Genna Hewitson  
E: [220024141@stu.ukzn.ac.za](mailto:220024141@stu.ukzn.ac.za) or  
[gennahewitson@gmail.com](mailto:gennahewitson@gmail.com)  
C: 0720459307

---

**CONSENT (Tick as required)**

- I (Name) \_\_\_\_\_ have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).
- I understand the purpose and procedures of the study.
- I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.
- I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.
- If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 0720459307 or [gennahewitson@gmail.com](mailto:gennahewitson@gmail.com)

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus  
Govan Mbeki Building  
Private Bag X 54001  
Durban  
4000  
KwaZulu-Natal, SOUTH AFRICA  
Tel: 27 31 2604557 - Fax: 27 31 2604609  
Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Additional consent, where applicable  
I hereby provide consent to:

|  |          |
|--|----------|
| Audio-record my interview / focus group discussion | YES / NO |
| Video-record my interview / focus group discussion | YES / NO |
| Use of my photographs for research purposes        | YES / NO |

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness  
(Where applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator  
(Where applicable)**

\_\_\_\_\_  
**Date**

## APPENDIX F: PSYCOSOCIAL SUPPORT LETTERS

### Letter to Family Life Centre for psychological support services

Dear Family Life Centre,

I am currently completing my Master's in Educational Psychology at the University of Kwa-Zulu Natal, Pietermaritzburg. As part of the course, we are required to complete a research project on any given topic. My project title is "*A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness*". I would like to please put in place an agreement with Family Life Centre, to provide provisional counselling sessions for any of my participants who wish to undergo counselling if they experience any emotional triggers when being a part of the research study. I, as the researcher, will compensate 2 counselling sessions per participant who wishes to take up this offer. I will inform the participants that they can contact me directly to set up these sessions at Family Life Centre or that they can directly contact the center. Once ethical consideration has been approved, I will provide you with the necessary information if they wish to seek psychological support.

In light of the COVID-19 Pandemic, information will also be given to the participants explaining that if they wish to undergo psychosocial support after the interview process, there is a possibility that this will revert to an online platform.

Please will you kindly confirm if you would be happy to see potential participants from this research project, on the basis that I cover the cost of their first two counselling sessions. Furthermore, can you please provide me with the necessary paperwork and documentations to confirm your agreement in this process.

*Family Life Centre hereby provides consent to allow the researcher, Genna Hewitson, to inform participants that they can seek psychological support through Family Life Centre if they wish to do so on the basis that they experienced an emotional trigger by partaking in the research study:*

\_\_\_\_\_  
Signature of Family Life Centre

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(Where applicable)

\_\_\_\_\_  
Date

If you have any further questions or concerns, please do not hesitate to contact me on the following:

E: [220024141@stu.ukzn.ac.za](mailto:220024141@stu.ukzn.ac.za)

[gennahewitson@gmail.com](mailto:gennahewitson@gmail.com)

C: 0720459307

\_\_\_\_\_  
Signature of Researcher

11/05/2020

\_\_\_\_\_  
Date

11/05/2020

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Best regards,

Genna Hewitson

## Email communication with Family Life Centre (FAMSA)

**From:** Genna Hewitson <gennahewitson@gmail.com>  
**Sent:** Thursday, 02 April 2020 1:33 PM  
**To:** intake@familylife.co.za  
**Subject:** Agreement letter for research - psycho-social support

Dear to whom it may concern,

I hope you are well and keeping safe during this difficult time.

I would just like to find out if you would be able to assist me/pass this email on to someone who I could have direct contact with. I apologise in advance if this seems insensitive during this time.

I am currently completing my masters in Educational Psychology and I have to complete a research project. I am looking at finding an organisation who would be happy to sign the below agreement to accommodate my participants if they wish to seek psych-social support after partaking in my research. This will be compensated at my own expense and I will be in contact with you to set a session up/discuss payment procedure if my participant wishes to take this offer up.

The below document explains the research project information. Please do not hesitate to contact me if you have any further questions.

Kindest regards,

Genna Hewitson  
0720459307

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### Did you get my email

**Family Life Intake** <Intake@familylife.co.za>  
To: Genna Hewitson <gennahewitson@gmail.com>

Fri, Apr 3, 2020 at 12:32 PM

Dear Genna

Did you receive my email with regard to The Family Life Centre being willing to assist you. We are not able to print out and sign during lockdown. However we will be able to accomplish all that once we have access to our printers and scanners.

Kind regards

---

### Did you get my email

**Genna Hewitson** <gennahewitson@gmail.com>  
To: Family Life Intake <Intake@familylife.co.za>

Fri, Apr 3, 2020 at 12:59 PM

Hi there,

Thank you so much for the prompt response. I do not seem to have that previous email, but thank you for following up and informing me. This is great news to hear that Family Life will be happy to assist - thank you. Is there anyway that you/management would be able to attach a electronic signature? I am just in need of this document for the ethics committee but if that is not a possibility, they will hopefully understand. I will follow up with you when lockdown has ended.

Thanks once again and take care,

Kind regards,  
Genna  
[Quoted text hidden]

---

### Did you get my email

**Family Life Intake** <Intake@familylife.co.za>  
To: Genna Hewitson <gennahewitson@gmail.com>  
Cc: Pam Gillingham <pamgillingham@gmail.com>

Fri, Apr 3, 2020 at 3:00 PM

Perfect, thank you. Please advise the committee that we have only basic access to technology. When the lockdown was announced we did not have much time to think beyond how we could continue to provide our services throughout this period.

[Quoted text hidden]

17 April 2020

Letter to CFC for psychological support services

Dear Child and Family Centre (CFC)

I am currently completing my Master's in Educational Psychology at the University of Kwa-Zulu Natal, Pietermaritzburg. As part of the course, we are required to complete a research project on any given topic. My project title is "*A case study of Animal Assisted Therapy (AAT): Facilitating healing for learned helplessness*". I would like to put in place an agreement with the CFC, to provide provisional counselling sessions for my participants who may wish to undergo counselling should they experience any emotional triggers as a result of being a part of this research study. I, as the researcher, will compensate 2 counselling sessions per participant who wishes to pursue counselling. I will inform the participants that they may contact me directly to set up these sessions at the CFC or that they may directly contact the center. Once ethical approval has been provided, I will provide the necessary information should they wish to enquire psychological support.

In light of the COVID-19 Pandemic, I am aware that I may have to revert to an online platform, such as ZOOM, Skype, or Whatsapp Video Call, to interview the participants. I do not foresee any potential problems with this alternative route as the data collection was always based on an interview process. The process of gathering the consent will remain the same, except there will be adjustments to the details in the consent letter, explaining the procedure for the interview process now being online. Information will also be given to the participants explaining that if they wish to undergo psychosocial support after the interview process, there is also a possibility that this will also revert to an online platform.

Please will you kindly confirm if you would be happy to see potential participants from this research project, on the basis that I cover the cost of their first two counselling sessions. Furthermore, can you please provide me with the necessary paperwork and documentations to confirm your agreement in this process.

If you have any further questions or concerns, please do not hesitate to contact me on the following:


E: [220024141@stu.ukzn.ac.za](mailto:220024141@stu.ukzn.ac.za)

[gennahewitson@gmail.com](mailto:gennahewitson@gmail.com)

C: 0720459307

Best regards,

Genna Hewitson

  
\_\_\_\_\_  
Signature of Researcher

28/04/2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Supervisor

28/04/2020  
\_\_\_\_\_  
Date

## APPENDIX G: INTERVIEW QUESTIONS

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### Interview Questions: Participant 1

(*Founder of Top Dogs*)

- 1) How long have you been involved in *Top Dogs* organisation?
- 2) Where is *Top Dogs* situated?
- 3) How is *Top Dogs* managed?
- 4) What are the initiatives behind *Top Dogs* organisation?
- 5) How did you develop the program of *Top Dogs*?
- 6) What is your understanding of the human-animal bond?
- 7) Can you please explain the different programs and activities that *Top Dogs* is involved with?
- 8) How do you decide on which therapy dog is used during the different programme implementations?
- 9) What does the training progress include for the training of the therapy dogs?
- 10) On what grounds did you base your decision on, that you wanted to introduce AAT into the South African context?
- 11) In your opinion, does this approach of AAT benefit mental illness?
- 12) What are the different socio-economic environments that *Top Dogs* is involved in?
- 13) How do you organise your AAT visits?
- 14) Have you ever had reported incidents of patients showing signs of fear from the dogs? How do you deal with this?
- 15) What are some of the unsuccessful stories of your *Top Dogs* visits? Why was this the case?
- 16) What are some of the organisation's success stories of using AAT? Please expand on this
- 17) What is your understanding of learnt behaviour?
- 18) In your view, how can AAT assist in healing learnt behaviour?
- 19) Do you believe there is room for introducing AAT as a psychological modality?
- 20) Do you think AAT can have a beneficial break through within the South African context, specifically within counselling?
- 21) What challenges do you foresee with AAT and introducing it as a psychological modality within South Africa?
- 22) In your experience, what are the key elements in managing an organisation like *Top Dogs*?
- 23) What are some long term goals that *Top Dogs* hopes to achieve?

## Interview Questions: Participant 2

### *Animal Behaviourist*

- 1) How long have you been involved in *Top Dogs* organisation?
- 2) What training qualifications do you have?
- 3) How many years' experience do you have dealing with animals and particularly dogs?
- 4) How did you become involved in the *Top Dogs* organisation?
- 5) Please share your story of how you became an animal behaviourist?
- 6) What does the training of becoming an animal behaviourist consist of?
- 7) What is your understanding of a therapy dog?
- 8) How can a therapy dog assist people?
- 9) What are the core elements that you look for when training or evaluating dogs to become a therapy dog?
- 10) Do the dogs need to enrol in a standard training programme before becoming a therapy dog?
- 11) Why would a dog not be able to qualify as a therapy dog, during an evaluation?
- 12) In your opinion, does this approach of AAT benefit mental illness?
- 13) What is your understanding of the human-animal bond?
- 14) What are the benefits of having a human-animal bond, on both the people and the animal (namely a dog)?
- 15) Are there any consequences to having a human-animal bond? If so, what are these?
- 16) What are some of the goals you hope to achieve with being associated with Top Dogs?
- 17) In your experience, what are the key factors of a human-animal bond?
- 18) What is your understanding of learned helplessness?
- 19) Do you believe Animal Assisted Therapy can assist with learned helplessness, within a South African context?
- 20) What challenges do you foresee with AAT and introducing it as a psychological modality within South Africa?
- 21) Please share an experience in which you witnessed both a beneficial and non-beneficial relationship with a human-animal bond?

## Interview Questions: Participant 3

### *Qualified Dog Trainer*

- 1) What is your current qualification?
- 2) How many years of experience do you have dealing with pets?
- 3) What is your story behind becoming a dog trainer?
- 4) What common mistakes do you see pet owners make while training their pet?
- 5) How do you handle aggressive or unfriendly dogs?
- 6) Do you believe all dogs can be therapy dogs?
- 7) What would be the criteria that you look for in a dog to make the dog a successful candidate?
- 8) Tell me about some unsuccessful times when training an animal?
- 9) What is your understanding of Animal Assisted Therapy? (AAT)
- 10) What is your understanding of Animal Assisted Activities?
- 11) What is your understanding of Animal Educational Programmes?
- 12) What is your understanding of a human-animal bond?
- 13) What are the key factors of a human-animal bond?
- 14) What organisations do you know implement AAT programs?
- 15) Have you heard of *Top Dogs*? If yes, please can you expand on this?
- 16) What is your understanding of mental well-being?
- 17) Do you believe animals can assist with the healing of mental health? If so, why?
- 18) What is your understanding of learned helplessness?
- 19) Do you believe that there is room to introduce AAT in South Africa as a psychological modality?
- 20) If yes, why?

## Interview Questions: Participant 4

### *Confidential Case Study*

- 1) What is your association with *Top Dogs*?
- 2) What is your son's story with *Top Dogs*?
- 3) What is your understanding of Animal Assisted Therapy?
- 4) Do you believe that AAT has had a beneficial influence on your son?
- 5) How would you define the term learned helplessness?
- 6) Based on that definition, do you believe your son portrayed this at all?
- 7) How did AAT help your son through learned helplessness?
- 8) How was he introduced to the *Top Dogs* organisation? Was it during a therapy session or did the organization approach the patients first.
- 9) Please explain his personal experience with *Top Dogs*?
- 10) During your son's involvement with *Top Dogs*, what helped him the best?
- 11) Do you know what the hardest part was for him having been involved with *Top Dogs*?
- 12) Can you please give me the benefits of his experience, even if it has stemmed into long term benefits now, with *Top Dogs*?
- 13) Did he encounter any disadvantages? If so, what were they?
- 14) Is there anything that you would change in regard to *Top Dogs*, and their implementation of such programs, what would it be?
- 15) What would you commend *Top Dogs* for?
- 16) As a bystander, what were the positives and negatives that you observed from your son being involved with an animal assisted therapy approach, during his treatment process?

## APPENDIX H: EXTRACTS FROM INTERVIEWS

| CODING                             | PARTICIPANT 1  | PARTICIPANT 2   | PARTICIPANT 3   | PARTICIPANT 4  |
|------------------------------------|--|---|---|--|
| <b>Benefit – Dog General (BDG)</b> | "if you've got dogs in your life, you know what, what benefits they are to us and when you've got a dog who will give those benefits to other people as well, it's so rewarding to be able to take your dog along and make someone's life, someone's life better in one way or another" (P. 4) | "show emotions towards something that is not a person. Um and a therapy dog they just bring about a sense of calm, and um and I don't know, calm, silence just a want-ness" (p. 4)                      | "I mean we love dogs, we had dogs, but we never realize how rewarding it could be' (p. 3)   | "it would just bring a big smile" (p. 8)   |
|                                    | "And in many cases the dogs could achieve things that they hadn't been able to because of the different way that we can actually use the dogs? (pg10)  | "I do think that it does unlock something it just allows people you know something that's been taken away because of human error and you bringing in someone that can't talk that is just there" (p. 6) | "self satisfaction. Gratification when you see the other people being so well with dogs, and it's worked for them and that is the magic that makes it happen." (p. 3) | "He was always happy to see them." (p. 10)   |
|                                    | x <sup>5</sup>   | "They are very sensitive to our emotions" (p. 7)  | "Dogs have learned to work with people and work and do what people want." (p. 4)  | "And the residents just love the dogs so, you know, it's just so far reaching" (p. 11) |
|                                    | x  | "they are very loyal, they're very trusting" (p. 7)   | "dogs can also be used to diagnose problems ,find problems. (p. 4)  | X  |
|                                    | x  | "lower the blood pressure, releases endorphins to give you that happy feeling and it does exactly the same for the dog" (p. 7)  | "I hear now that border coolies, uh Golden retrievers and Labradors can identify Covid... a lot of dogs can identify cancers and find them on the body" (p. 4)        | x  |
|                                    | x  | x   | "be a comfort for each other" (p. 5)  | x  |

<sup>5</sup> X referring to no additional extracts for the particular participant

| <b>CODING</b>                      | <b>PARTICIPANT 1</b>  | <b>PARTICIPANT 2</b>                                   | <b>PARTICIPANT 3</b>   | <b>PARTICIPANT 4</b>   |
|------------------------------------|---|--|--|--|
| <b>Benefit – Dog General (BDG)</b> |   | x  | "the support that the dog or human gives each other, the love that they share by comforting and helping each other" (p. 8)   | x  |
|                                    | x   | X  | "and the dogs passing on good vibrations" (p. 10)  | x  |
|                                    | x   |  | "they became advocate for both of our problems" (p. 11)  | x  |
|                                    | x   |  | "they fulfil a need that sometimes as people we don't even communicate properly with each other." (p. 11)  | x  |
| <b>Benefit Dog + Adult (BDA)</b>   | "We've um, done um, physical movement, so we get them um, maybe if it's a stroke, one side of the body is affected more than other. So we get them brushing the dog and stroking the dog and scratching the dog, which is all movement and we get them doing it with one hand, then both hands and then they tried to do with their hand that is badly affected and they don't realise that they actually are doing the exercises" (p. 5) | "and he actually touched the dog and he smiled "(p. 5) | "I think a lot of the comfort that the dogs give us or the animals give us, you know without even knowing it, people that are having nervous breakdowns, the dogs almost absorb their pain and make them able to manage better" (p. 6) | "the dogs would have helped coming from a point of view of him holding a ball or holding a treat for them or something like that" (p. 5) |
|                                    | "encourage them to talk" (p. 5)   | "just lifts the spirit" (p. 5)                         | "that animals are able to assist people with nervous, nervous disorders and probably more if you think back to my comments earlier about the cancer and the covid-19 detection" (p. 7)   | "really traumatic experience they will relate better to an animal than they will to a human" (p. 5)                                      |

| CODING                           | PARTICIPANT 1  | PARTICIPANT 2  | PARTICIPANT 3   | PARTICIPANT 4   |
|----------------------------------|--|--|---|---|
| <b>Benefit Dog + Adult (BDA)</b> | <p>"he could string a sentence together, he wrote a poem and owed it to Thandi, on the computer, one finger. He could do puzzles. He could throw the balls for the dogs, he could bat a ball, and he, they used the dogs , to get him to suck through a straw. They would get him to blow kisses to the dogs. Ummm, so as I say, they use the dogs in so many different ways and that was one of the ways that they got him to be able to drink through a straw. He, he was actually standing the last time I saw him" (p. 17)</p> | <p>"physically and mentally disabled people and the smiles that you get , you know , it just brings a whole different, a new perspective on, you know, even on my life seeing this" (p. 5)</p> | <p>"Because the dogs and animals know how to get comfort out of people. They have, it's a natural thing and I actually believe that some of the dogs pheromones pass through into the human system and help act like a tranquilizer" (p. 7)</p> | <p>"And he use to laugh throwing the balls, you know, so it didn't just extend to hand movement in Tim's case, it was the encouragement in using these facial muscles" (p. 8)</p> |
|                                  | <p>x</p>   | <p>"to just touch that dog, can bring so much joy and I think that's what a therapy dog is all about, you know just just to make people feel better" (p. 5)</p>                                | <p>"the pheromones or tranquilizers that dogs can supply or a comfort that the dogs supply, has a definite healing effect" (p. 7)</p>   | <p>"I think it has a huge emotional element as well with the laughing and the smiles" (p. 8)</p>  |
|                                  | <p>x</p>   | <p>"to these people: they feel better ; they are chirpier ; they are happier ; they move better, um they start speaking" (p. 10)</p>   | <p>"I'm sure they could comfort somebody with brain cancer, um some people with nervous disorders or psychological issues could be greatly helped by a dog therapy" (p.10)</p>  | <p>"if people have had a very traumatic experience, they might relate better to an animal than to a human" (p. 12)</p>  |
|                                  | <p>x</p>   | <p>x</p>   | <p>"comfort, empathy, and love. The dog gives back" (p.10)</p>  | <p>"he was more willing to cooperate with the therapists" (p. 12)</p>   |

| CODING                             | PARTICIPANT 1   | PARTICIPANT 2  | PARTICIPANT 3 | PARTICIPANT 4  |
|------------------------------------|---|--|---------------|--|
| <b>Benefit – Dog + Child (BDC)</b> | <p>"We came up with the idea of making uniforms for the dogs. So the dogs would dress up in the court official uniforms and they would then stand at each station in the court. So the magistrate would be up there on the bench. And at the side of each of the dogs, there was one of the children dressed up and they were doing role play" (p.12)</p> | <p>"I've had my child psychologist trying to get her over her fear of dogs and just because Mary's told her because of Thandi and Maya she has come straight out of the car and interacted with both of them". So that is a personal experience of children getting over their fears." (p. 16)</p> | <p>x</p>      | <p>"it has a calming effect and especially on autistic children." (p. 7)</p> |
|                                    | <p>"We found that the dogs worked in two ways. Because they were also calming the child who was reading from the Script. So you very often have the child uh reading and the dog at the side and ended up stroking the dog so that they were getting those calming benefits from the dog, while they were reading the scary scripts" (p. 12)</p>          | <p>"She use to use him as a walking frame. He would walk slowly, while she toddled along on the side on the side of him. and he made sure she did fall over" (p. 21)</p>   | <p>x</p>      | <p>x</p>   |

| CODING                             | PARTICIPANT 1   | PARTICIPANT 2 | PARTICIPANT 3 | PARTICIPANT 4 |
|------------------------------------|---|---------------|---------------|---------------|
| <b>Benefit – Dog + Child (BDC)</b> | <p>"when they are in court, the roles of the court officials, they can then associate with a friendly dog. So particularly, the magistrate, is the boss, so they, they, anybody that is the boss is quite scary. So if they think of the magistrate as being a particular dog in that scenario when they get to court, it is far less scary and particularly, the court orderly is also scary. A lot of children are not comfortable with police officers. But instead of seeing the police officer standing there they can see an Irish Wolfhound, dressed up as a police officer in their mind" (p. 12)</p> | x             | x             | x             |
|                                    | <p>"So they would say, this is Pepper dressed up, and today she is the magistrate and they would say what the magistrate's job was. And then they would go around the different dogs and the different roles. And then they would go back and say to the children, 'now what's peppers job today' and the children would associate that with what the magistrate does, so in that way we found that the dogs were helpful in that way" (p. 13)</p>  | x             | x             | x             |

| CODING | PARTICIPANT 1   | PARTICIPANT 2 | PARTICIPANT 3 | PARTICIPANT 4 |
|--------|---|---------------|---------------|---------------|
|        | <p>"We will let the children take the dogs for a walk... which gives them the chance that if there's something bothering them that they will tell the dog about what is bothering them" (p. 14)</p>   | x             | x             | x             |
|        | <p>"It has been proven that in a counselling situation whether it is informal like that or whether it's formal with the counsellor, the American's have tests on everything, they have proved the associate with the dog and the people there are at the back of their minds so the interactions between them and the dogs, so they will share their worries with the dog, that they probably won't share with a person because a person is scary and the dog isn't. And then in that way , if you are telling the dog that something was happening maybe at home that they are frightened of or worried about, that we could pass that information on to the teachers and they can pass it on to the social workers etc. so they are all sorts of different ways that we can use them without it being a specific program" (p. 15)</p> | x             | x             | x             |

| CODING | PARTICIPANT 1  | PARTICIPANT 2 | PARTICIPANT 3 | PARTICIPANT 4 |
|--------|--|---------------|---------------|---------------|
|        | <p>"we've had a hundred percent success rate with getting children who were scared to actually interact with all of them and have smiles on their faces" (p. 6)</p>  | x             | x             | x             |
|        | <p>Thandi was good at that because she was small, she was fluffy, and she would talk to them and tell them not to be afraid. and that, that use to work and also she had an African name, so that worked well with African adults particularly (p. 11)</p>   | x             | x             | x             |
|        | <p>"after a while she said Thandi you can come out now but I'm going to stay over there, so can Thandi stay over here. So I took Thandi out of the crate and we stayed by the crate and Mary went to sat on the other side of the room. And then gradually she came closer and she came closer and then she was, she was stroking her" (p. 16)</p> | x             | x             | x             |

| CODING  | PARTICIPANT 1   | PARTICIPANT 2   | PARTICIPANT 3   | PARTICIPANT 4  |
|---|---|---|---|--|
| <b>Animal Assisted Education Program (AAEP)</b> | <p>"we tell them that they are reading to the dog and they are telling the dogs story and we use the dogs and so many different ways we very often find the children can read the words but they don't always understand what they are reading. So for instance we will say, "I don't think fluffy here understood that, what you just read to her. Can you explain to her what it means" and then we can find out if they are actually understanding what they are reading or whether they are just reading the words that are written down there" (p. 14)</p> | <p>"can help teach little guys to read" (p. 4)</p>  | <p>"the dogs needs education and so do the people and if we can use the dogs to educate people - hallelujah!!" (p. 8)</p> | <p>"And he just loves Tim, he's really a people dog and give him half a chance and I think he would climb on top of Tim" (p. 10)</p> |
|   | <p>x</p>  | <p>"you know there's a lot of places that are out there, that do work with children so for instance, where by guys all come from CLAW, Community Law Animal Welfare, on a Saturday, they are in urban deep, in an old mining hostel. And they actually work with the children, you know the kids go there on a Saturday and they learn to read; the work on computers; they're all learn how to treat the dogs; feed the dogs; walk the dogs; they work with dogs in the facilities." (p. 11)</p> | <p>x</p>  | <p>x</p>   |

| CODING  | PARTICIPANT 1   | PARTICIPANT 2   | PARTICIPANT 3  | PARTICIPANT 4  |
|---|---|---|--|--|
| <b>Animal Assisted Education Program (AAEP)</b> | <p>"the dogs are either just sitting close but they get that contact and it's the contact that works on all their stress hormones, lowering them in their body and the good hormones increasing so they are getting all those scientific benefits even though they don't realise it. The calming, it's it's a very non-threatening , non-judgemental way of helping them with their reading" (p. 14)</p>  | <p>x</p>  | <p>x</p>   | <p>x</p>   |
| <b>Bond between human + animal (HAB)</b>        | <p>"Well, if you've got dogs in your life, you know what, what benefits they are to us and when you've got a dog who will give those benefits to other people as well, it's so rewarding to be able to take your dog along and make someone's life better in one way or another depending on what programme that we are using. So there, there is so much scientific research on the benefits in interacting with animals and we feel that ourselves, so it's great when you have a potential therapy dog that will give those benefits to anyone that they come in contact with." (p. 4)</p> | <p>"um they are very bonded with us. I mean we have domesticated them. They are very sensitive to our emotions. Umm I think the bond is very strong and as social animals and evolving as social animals, we kind of fall into that category. Um, and also from a dog's perspective they are very loyal, they're very trusting and if I give my dog over here, I mean a little clap, uh, you know what, she will come back. The bond is so strong and I think people who go into therapy work, the bond that they have with their own dog is very strong, it has to be. In order for that dog to actually perform, there has to be a strong bond." (p. 7)</p> | <p>"is the support that the dog or human gives each other, the love that they share by comforting and helping each other" (p. 8)</p> | <p>"So your human interaction and then my neighbour's dogs, we would take him out into the street. My neighbour would let their big Doberman out and Tim would have a game with him in the wheelchair around the circle, because we stay on a circle. So Um ya, you know , you have to have interaction with humans and animals" (p. 10)</p> |

| CODING                                   | PARTICIPANT 1 | PARTICIPANT 2   | PARTICIPANT 3  | PARTICIPANT 4   |
|--|---------------|---|--|---|
| <b>Bond between human + animal (HAB)</b> | x             | <p>"If your bond with your dog is very strong, the dog will feel the same way. So it has, it's it's... so the dogs blood pressure is the same, hormones get released and the dog also starts to feel very good. Also you know, from a science point of view, they have proven that benefits both but also owning a dog just gives, i don't know, uuh it just gives you a sense of responsibility, maybe, well with my dogs, I run with them, my bond is very strong. You know, it makes you feel good" (p. 7)</p> | <p>"because they are educated, they know where and how they must operate" (p. 8)</p> | <p>"We also have other friends who have a dog called Abigail and she will also just jump on Tim and sit on him when we go and visit." (p. 10)</p> |
|  | x             | <p>"I have found that I kind of rely on them and I think a lot of people do especially people who are alone" (p. 7)</p>   | <p>"Love and empathy" (p. 8)</p>   | x   |
|  | x             | <p>"that bond is so strong and it's so central for that feeling of wellbeing and sense of purpose and being needed. You know, it gives meaning to life, actually" (p. 7)</p>  | x  | x   |
|  | xx            | <p>"a lot of research has been done in what happens emotionally when you lose a pet. It can be and sometimes even often worse than losing a human friend , or family member because that bond can be that strong" (p. 8)</p>  | x  | x   |

| CODING                                   | PARTICIPANT 1 | PARTICIPANT 2   | PARTICIPANT 3 | PARTICIPANT 4 |
|--|---------------|---|---------------|---------------|
| <b>Bond between human + animal (HAB)</b> | x             | <p>"But once you have that bond and when it is broken, it just plays quite heavily on your emotions. It can and like I say, for some people losing a pet is worse than actually losing a human" (p. 8)</p>  | x             | x             |
|  | x             | <p>"So I think you know that bond or, is not that strong. I mean you going there for an hour and although they do form a rapport the dogs. It is something to look forward to it's something that they would miss if it didn't happen again. Um, you know so I don't think it is the same kind of bond between an owner and their dog." (p. 8)</p>  | x             | x             |
|  | x             | <p>"Trust, trust, trust. The dog must trust you, you must trust your dog. And with that goes, your dog must trust that you are going to be there, you are going to feed him or her, you are going to be responsible, you are going to protect that dog, the trust, the dog must know that in your hands, he will feel safe. And you know loyalty, and I think trust is a big thing if you have that trust your dog can trust you with anything." (p. 9)</p> | x             | x             |

| CODING                                   | PARTICIPANT 1 | PARTICIPANT 2   | PARTICIPANT 3 | PARTICIPANT 4 |
|--|---------------|---|---------------|---------------|
| <b>Bond between human + animal (HAB)</b> | x             | "on the training side with the training school, I've just seen some of most amazing work that that happens, or the most amazing bond that was formed is when people come in with a problem dog"   | x             | x             |
|  | x             | "The way I see it is if you are willing to put in the time and the money, it means that you are willing to have a bond with the dog or already have a bond with the dog, or wanting to improve your bond with the dog." (p. 12)   | x             | x             |
|  | x             | "And for the people who come to Top Dogs or to come to training, who want to be involved, they come to improve that bond. Which is always good to see." (p. 12)   | x             | x             |
|  | x             | "and I think working with Top Dogs and you know if you have a dog and you can take out, your bond is already very good. You going to appreciate your dog, you going to love your dog more, trust your dog more, so working with things like Top Dogs, and going to agility competitions or whatever, your bond will actually grow." (p. 12) | x             | x             |

| CODING                           | PARTICIPANT 1  | PARTICIPANT 2  | PARTICIPANT 3                               | PARTICIPANT 4  |
|----------------------------------|--|--|---|--|
| <b>Learned helplessness (LP)</b> | <p>"that's why one of the things I admired about him is, because he always had that will, to improve to go with whatever program was suggested to him and he always puts a hundred percent of himself into it. So, he adjusted to the helplessness that he had encountered, and he worked to improve all those aspects that he had lost in his life. So it was more as to what had happened to him and he had to work around it" (p. 19)</p>                           | <p>"You know, if you have somebody and from personal experience, that you know they can get up and do something, but they don't. They rely on other people to do it for them, so it works for humans and animals" (p. 9)</p>   | <p>"I must learn to be helpless" (pg10)</p> | <p>"he's had to relearn everything, arm function and leg function is still no 100%, ummm so, so I am also a firm believer in you know, for instance, if you keep telling a child they're stupid they would eventually grow up believing they are" (p. 9)</p> |
|                                  | <p>"when something is difficult, we doing it for a person, it's human nature that we will put less effort in overtime, but like I shared with the old man, when you put a dog in that situation, they're working for the dog, and they don't realise that they are actually doing the exercises and putting in extra effort into whatever they are doing so, we, we are the ones that can't think of ways. The dogs are always there, the dogs always are willing"</p> | <p>"if you're going into a place where that person, say for instance, is marginally paralyzed, they kind of are accept that they cannot do stuff. But they accepted for example my right hand doesn't work there for what should I do. And I think then, they can just to let them stroke the dog or give the dog a treat can certainly help. Take the dog for a walk so that when you thought that you couldn't or you weren't willing to try, to move your right hand. Now you can because you have a dog and the dog can help you with that" (p. 9)</p> | <p>x</p>                                    | <p>"I don't really believe in a learned helplessness state" (p. 5)</p>   |

| CODING                            | PARTICIPANT 1   | PARTICIPANT 2  | PARTICIPANT 3   | PARTICIPANT 4  |
|-----------------------------------|---|--|---|--|
| <b>Learned helplessness (LP)</b>  | x   | x  | x   | "the dogs would have helped coming from a point of view of him holding a ball or holding a treat for them or something like that" (p. 6)   |
| <b>South Africa Context (SAC)</b> | "I've learnt a lot from what other people do and I've put them into practice. And then other people expand on what they know, yeah it involves. So it's, we probably do things very differently now as to what we did 12 years ago, but it's all a learning process, because particularly in this country, we are not being using the dogs that long" (p. 20) | "with all things new, it is all about education... education, education, education! You know, we need to educate people in the fact that that's difference can help because it is very new in this country and you know, we are a little bit behind in terms of these things, so we need to get out there, we need to actually educate people" (p. 10) | "Factor in a small dog that's calm, you know that's can, cannot make the person feel threatened because obviously the feel threatened before they start so yeah" (p.12) | "Yeah, I definitely think so. I definitely think so. Umm you know, like I said, if people have had a very traumatic experience, they might relate better to an animal than to a human. So um ya, from every aspect." (p. 12) |
|                                   | "I don't think we will have as many challenges because people now know about the benefits of therapy dogs and if they don't, I assume we can educate them" (p. 22)  | "So it could be about education and as soon as we educate people, as in this does work, put the Science behind it - people will believe something if they're Science behind it. Look up the Science, find the science" (p. 10)   | x   | x  |
|                                   | "So I don't think it will be that much of a challenge getting people interested as it was 16 years ago, when I was trying to find the initial visits because it's more well-known and I've got references now." (p. 22)   | "we need to educate people, on the science behind all of this' (p. 10)   | x   | x  |

| CODING                             | PARTICIPANT 1  | PARTICIPANT 2   | PARTICIPANT 3  | PARTICIPANT 4  |
|------------------------------------|--|---|--|--|
| <b>South Africa Context (SAC)</b>  | x  | "obviously in our black Communities there is a lot of fear um, of the dogs, and it doesn't only have to be black, I mean I deal with quite a few white children who are scared of dogs" (p. 10)   | x  | x  |
|                                    | x  | "But I think, yes that would be in South Africa, once again education. You know we need to educate the people that this is not to be feared. Um, so which is why we need such sound dogs. To make sure that the dog sound so that if we have a child who is really scared, they do not get shy. You know in our country, in the townships, we really need the education" (p. 10)                                    | x  | x  |
| <b>Psychological modality (PM)</b> | "the Americans have proved that when somebody is talking to an animal, they are more open, they are more responsive and, they push the person to the back of the mind, so if they're working in a room and it's a psychologist and there's a handler and there's a dog the interaction is between the patient and the dog and the American's have proven that they will open up to the dog, a lot more openly than they will to a person | "So you see, with all things new, it is all about education... education, education, education! You know, we need to educate people in the fact that that's difference can help because it is very new in this country and you know, we are a little bit behind in terms of these things, so we need to get out there, we need to actually educate people. Umm, speak to the hospitals, speak to the psychologists, | "Because they fulfil a need that sometimes as people we don't even communicate properly with each other. And you know, if you can't communicate with your yourselves, how the heck you can communicate with your dog. And so you need the dog to come break that bond and soften you up with you up a bit. So ya there definitely is a need. Absolutely" (p. 11) | "Yeah, I definitely think so. I definitely think so. Umm you know, like I said, if people have had a very traumatic experience, they might relate better to an animal than to a human. So um ya, from every aspect." (p. 12) |

|                                    |  |   |   |   |
|------------------------------------|--|---|---|---|
|                                    | there is always that richness to tell  | Speak to the psychiatrist but I don't know if that will help, but more on the   |   |   |
| <b>Psychological modality (PM)</b> | them a story to a person, but that it is not there when they are telling a story to a dog. Obviously, they've got to be animal orientated people for it to work. It won't work on someone that's blanked off to the idea of working with a dog. But if they are open to working with an animal the American and all their research have proved that they are more open with a dog in the room" (p. 19) | counselling and psychology side of things, ummm, you know, speak to the nursing co. So it could be about education and as soon as we educate people, as in this does work, put the Science behind it - people will believe something if they're Science behind it. Look up the Science, find the Science, go into this nursing home with these dogs, scientifically this is what happens um, to these people: they feel better ; they are chirpier ; they are happier ; they move better, um they start speaking but ya, we need to educate people, on the Science behind all of this." (p. 10) | x | x |
|                                    | "I'm sure that being a dog there then the atmosphere would have been a lot more relaxed" (p. 20)   | x   | x | x |
|                                    | "I mean it might not be a dog there might be more open to a rabbit or a guinea pig, put something furry there, definitely has an impact on the atmosphere within the room, whatever the situation is." (p. 21)   | x   | x | x |

## APPENDIX I: TRANSCRIPTS

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*Please note that this is just a sample of the analysed transcript of the individual interviews. The complete transcript is included on a zipped folder attached to the electronic submission of this dissertation.*

### **Transcription of individual interviews**

Interview one  
Participant one – Founder of Top Dogs  
Interviewee: Participant 1  
Date: 26 June 2020  
Time period 1:23:54  
Time scheduled: 14:00 – 15:30  
Interviewer: Genna Hewitson (Researcher)

#### **Key:**

Participant 1: P1\*

Researcher: G

*\*The true identity of participant has been hidden due to the ethical obligations to keep personal identification confidential.*

*Before audio-recording and zoom session commenced, consent was obtained to record the interview.*

191 P1: You cannot train a therapy dog, a therapy dog is born, it is not made because the main thing  
192 we are looking for in a therapy dog is temperament, the willingness to interact with strangers  
193 and that they are either born with or they are not. So that's why we do the evaluation to um see  
194 what strengths and weaknesses the dogs have and the handler. Because the handler has to be  
195 proactive rather than reactive, so when we do the evaluation, we evaluate the handler and the  
196 dog as a team. But there has got to be willingness on the dogs part, yes we need basic obedience  
197 so yes we like them to have done it, at least a basic obedience course but that is not the criteria  
198 - their temperament is a criteria. And if and which is why we follow the evaluation with six,  
199 what we call the probation visits. To assess what the dog is enjoying or not enjoying, whether  
200 they really are suitable because their evaluation takes place usually out on a field, either a sports  
201 field or training school or whatever and you can't evaluate how they are going to react when  
202 they get into a facility and there are so many different things that they might not have been in  
203 touch with in the facility and then we need grounding to make sure that they are actually  
204 enjoying it and that is when we do find out what they do enjoy. Do they enjoy interacting with  
205 children, do they enjoy going around a frail care facility, or do they want something more active  
206 to do. Do they enjoy co corporation program, do they enjoy reading with a child, so all the  
207 things we assess when they are actually on probation and then the handler is advised. But if, if  
208 the dog doesn't like a particular situation the handler is advised to avoid that and stick to one  
209 of the other programs that we do.

210 G: Okay

211 P1: So it's all about assessing what is good for the dog and what the handler enjoys doing with  
212 their dog

213 G: Definitely, ok very interesting and on what grounds did you base your decision that you  
214 wanted to introduce AAT into a South African context?

215 P1: Well we started off with as I say with Animal Assisted Activities because, way back in  
216 2004 when I start it originally, very few people had heard about therapy dogs and in South  
217 Africa, dogs are, in a lot of people's minds, just there for security, to be kept in the garden,  
218 and not to interact with. So actually, getting people to actually, um allow us into their facility  
219 initially, was one of the difficulties. Over the years as people have heard about therapy dogs,  
220 that is getting easier.