Animal Facilitated Therapy for the Young and Elderly

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Historically, animals have played many roles to improve the well-being of people through companionship, work, sport, and food. Currently, the trend has been to use animals therapeutically to improve the physical and emotional health of people. There are a variety of terms defining this type of therapy, but the most accurate and inclusive is Animal Facilitated Therapy (AFT). Because animals can help all of us to maintain our mental and physical equilibrium, wide-spread AFT programs have been developed for the physically handicapped, deaf, blind, emotionally ill, elderly, and medically ill, as well as for those who don't have such special needs. The purpose of this paper is to review the overall benefits of animal therapy, concentrating mainly on program development and the benefits of therapy for children and older members of our society.

Evidence shows that single, widowed, and divorced people have a higher disease rate and die earlier than married people. The positive effects of pets are not only seen in socially isolated people, but are independent of marital status and access to social support. For example, a study done by Erika Friedman showed that a one-year survival rate of patients after discharge from a coronary care unit was statistically higher for those that owned pets. Extensive data included all variables with pets being the single most common factor of surviving patients.2 Michael McCulloch, a psychiatrist, studied physical illnesses resulting in deep emotional depression with all the patients owning at least one pet. Evidence showed that pet companionship increased the owners' self-esteem and desire to communicate with others. According to the owners themselves, the pets

improved their morale, made them feel needed, made them laugh, and decreased their feelings of insecurity and rejection.

Katcher and Friedman (1980) delineated seven major ways companion animals have beneficial effects on their owners. The first of these is companionship. Companionship has the capacity to reduce the frequency of serious disease and to prolong life.³ Pets diminish the aspects of isolation and loneliness that can be experienced by single, widowed, divorced, and home-bound people.

The responsibility of care for the pet is another benefit that has shown positive effects on preservation of health. When people feel useless, at any age, they retreat from social contacts and tend to aggravate their own isolation and loneliness. A feeling of uselessness often leads to depression and loss of self-esteem which can increase the probability of disease and death; caring for another may possibly facilitate a pattern of psychoendocrine organization that can result in a greater resistance to disease. Pets can stimulate the same kind of care response that children or adults evoke.

Another important benefit is having a living being to touch and fondle. Contact comfort is important in normal development of infants and children who may even die if the deprivation is severe enough.5 Touch is also an important means of affection in the young and in older adults. It has been demonstrated that touching has a powerful influence on the central nervous system, acting in part by decreasing sympathetic arousal. Thus, touch can act as an anti-anxiety or relaxing agent to decrease the probability of progression of hypertension, stroke, coronary artery disease, and diabetes which are all increased by the presence of consistent emotional arousal.3 Pets can be an important source of contact comfort for adults and children, especially since it has been shown

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that even speech interaction between people can result in an increase in blood pressure. Therefore, a speechless type of a companion may lead to a more relaxed atmosphere not provided by human companions who demand to talk.⁶

A fourth benefit of pet animals is that they provide something to keep one busy. Americans believe it is important to keep busy. When people retire or children leave home there is a lack of meaningful activity and a feeling of uselessness and depression. Keeping busy has an important positive effect on longevity. The presence of an animal makes demands on an owner, providing the stimulus to remain active and to feel needed.

Pets can also be a focus of attention. Psychological experimentation has shown that a focus of attention is comforting.³ It draws attention away from private, painful thoughts and directs it towards the outside world. A focus of attention can be an important means of reducing emotional excitement.

Exercise is another important benefit. A dog can provide the motivation and stimulus for regular, repetitive exercise. An added benefit is increased social contact since it is easier to meet and talk to others when out walking.

Safety is the seventh important psychological benefit. Fear of being hurt is often significant in people, especially in the elderly who may have a decreased ability to shop, meet friends, and receive medical care because of their fear of being hurt. Fear can increase the frequency of depression and make a person feel trapped and lonely. Any factor that decreases fear and depression will have a direct beneficial effect on health.⁷ A pet can decrease fear and increase willingness to move about freely. Animal companionship is not the solution for every person, and it is necessary that diversity of opinions, attitudes, and experiences of individuals in regard to animals be respected.

It has been shown that close contact with pet animals is associated with superior health status. Results of studies indicate that living with pet animals is significantly associated with better morale, and to a lesser degree is associated with better physical and mental health, more social resources, and more internal levels of control. With this in mind it is easy to see how people of all ages could benefit from the companionship of an animal.

Pets can play an important role in the emotional and physical development of a child. Since a pet can be a constant source of love, companionship, and responsibility, there can be a smooth transition from childhood to adolescent to young adult.⁷ The crucial period for development of emotional disorders is before the age of two, because during this time the child may undergo traumatic events which he is unable to understand, and he is unable to verbalize his fears.⁵

During the first six months, the child is completely dependent on and emotional development is begun by the physical contact with a "constant someone" who will support him in time of stress. The child learns to relate through body activity, and if this activity meets no response, retardation of psychologic and physiologic functions can occur. A child needs some agent that is soft, cuddly, yielding, and always present when needed. A specially selected pet can serve this need. From six months to a year the child develops the sense of fear and feeling of insecurity and anxiety, especially when left by his mother or if food is unavailable when he is hungry. If at this point a child is cared for by constantly changing and noncaring people, he can become unhappy, which may manifest itself in later adult years as severe depression. A bridge of safety or a transitional object is needed to serve as a source of security. What could lessen a child's fears more than a warm cuddly pet who is always there?

From one to two years of age the child must learn to give up the bottle and to be toilet trained. Severe anxiety develops when the child fails to meet the expectations of his parents; this is where a pet can play a role in nonjudgmental acceptance to lessen and avoid emotional difficulties later on.

At two to seven years, a child thinks the world revolves around him, that everything is alive and has feelings like his, and that everything is absolute with no gradations. Through a pet the child learns to accept ambivalence. For example, if a pet does something wrong, the child sees his parents accept it even though they may scold and punish, thus alleviating the child's fear of rejection. Also, at this point in time the child leaves the family orbit and begins to explore the environment around him. A pet can be an emotional supporter when the child is rebuffed by his peers or feels anxious and insecure. The pet becomes less psychologically important as the child grows emotionally and begins to increase his interactions and development of close personal relationships with people.

A child views himself as good or bad depending upon how "important others" in his life see him. A self-concept of being a desirable person can be developed through successful handling of a pet.⁵ A pet can also toughen an ego, since a child may have to give up some things in order to take care of the pet. This enhances his ability to handle unpleasant situations and learn to cope with anxiety. If this much benefit can be derived for a normal healthy child, think of the benefits that can be received by emotionally disturbed and chronically ill children.

For emotionally disturbed children, pets can serve as a cotherapist to a psychologist. Many children fear strange adults and surroundings. Through the use of pets, movement can be made from artificial surroundings to a more familiar and relaxing atmosphere such as the park or home. At first the child may associate with only the pet, talking and relating through him. As therapy continues, the therapist may eventually be included and become as important as the pet. The third step is when the need for the pet disappears and the child can deal directly with the therapist. Growth towards maturity is seen when the child can share food with the pet. With the pet as an ally, the child can explore human relationships with the help of the therapist and find the experience not frustrating or painful, but satisfying and strengthening, thus changing his personality to become more open.7 Not all disturbed children can benefit from animal therapy. Psychologists must use their own professional judgment as to the selection of the specific animal and whether the relationship can result in positive benefits.

Long-term illnesses can be devastating for a child; an ill child may rapidly learn to distrust adults because he associates pain with them. In such circumstances a child may learn to internalize pain and fear by rationalizing that he is being punished for being bad, which drains body strength making it unavailable for healing. Also, a child in severe pain and immobilized for extended periods can become autistic. A pet incorporated into the child's life can serve as a link to reality and as an outlet for repressed anxieties, fear, frustration and pain.

Pets can play a crucial role in a child's emotional development. With an estimated ten percent of all children in the United States needing psychiatric help, this could be a major benefit in aborting these mental illnesses, since a pet can decrease alienation and fill the constant need for contact, comfort, and companionship.

Elderly people, like children, also need comforting. With the growing population of people over 65 years old, pets could become a practical choice for that extra needed companionship and love. It is anticipated that in fifty years there will be more than fifty million people over the age of 65 in the United States. Currently, one-fifth of the population over 65 is over 80 years of age; by the turn of the century it will total six million.7 This means that a greater share of the national health budget, effort, and resources will have to go to meet elderly needs. Cost-saving strategies for human health care will have to be integrated, since it is logical to assume that with increasing age there is an increasing demand for health care. Research suggests that companion animals may permit the elderly to live independently in their own home longer, experience better health, and decrease their dependence on drugs.7 In the next few years, more studies need to be done to determine if animals can contribute to a decrease in costs of health care and to find methods to implement programs of AFT into

Cost benefits are not the only advantage of AFT for elderly people, and most likely not the primary reason for its development. Many newly retired people suffer from loss of identity as their active career roles diminish and community ties decrease. As if on perpetual vacation, the retired person has no established responsibilities to others to provide him with a daily schedule. Slowly, as one day melts into the next, disorganization of life may occur which can lead to disorientation. Institutionalization may further enhance loss of identity as depression, loss of self-esteem, and uselessness overcome an individual. In these instances pets can help the elderly adapt to changes in status and accept new roles. Pets offer no competition to their owner, can lead into new interests, and stimulate movement out into the environment to walk and talk with others. "A pet can provide a boundless measure of love and unqualified approval. Many elderly and lonely people have discovered that pets satisfy vital emotional needs. They find that they can hold onto a world of reality, of cares, of human toil and sacrifice, and of intense emotional relationships by caring for an animal. Their concepts of themselves as worthwhile persons can be re-

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stored, even enhanced by assurance that pets they care for love them in return."

Even with family members close by, the elderly person can still feel unloved, unwanted, and lonely, which can rapidly worsen as friends become ill and die, or when the individual slips and fractures a bone or suffers a heart attack. At this time the individual is forced to realize that he is not what he was before and begins to worry if he will ever get better. Worrying and fear can produce psychosomatic symptoms which can rapidly increase depression of an individual. Frightened that something else will happen, the elderly individual may confine himself and shut out any contacts with the outside world. Pets can provide an incentive for the person to start doing things again, can help restore and maintain muscle strength, tone, and coordination, as well as provide emotional support because the pet loves and needs him.8

The psychosocial structure of nursing homes may produce a vicious cycle of debilitation, social degradation, and dehumanization for the individual. Many homes are a closed social group with a low staff-resident ratio, regimented routine, mass-oriented living with little privacy, and a loss of a sense of purpose. There may be a failure to furnish residents with feelings of being loved, needed, respected, and touched. Studies done on placement of dogs in nursing homes showed that they offered positive forms of nonverbal communication such as love, tactile comfort, dependence, child-like play, and stress reduction and rejuvenation.7 There was improved morale and sense of community among the residents as well as increased exercise. The pets made residents more aware of their surroundings and more responsive and communicative regarding their needs. A more home-like atmosphere was created by allowing the caregivers to share in the humor and playfulness of the dogs. This helped to lighten the atmosphere and to increase staff contact with patients both verbally and physically, preventing the institutions from becoming monotonous for the caregivers, staff, and residents.

Social action may be needed to promote utilization of pets among aged, since there is a lack of support resulting from cultural bias that pets are more appropriate for children than adults. Programs are needed for social reeducation that pets are beneficial for all ages of people.

Numerous programs and methods of intro-

duction and maintenance of pets have been developed to promote AFT. There are four main types of interactions available for therapy programs. First, there is the individual companion in which an animal is placed with a single person on a full-time basis. Secondly, there is the part-time companion which is still a one-onone relationship but in which the animal is left for short periods of time and the responsibility of the animal is someone else's. Another form is the "mascot" or group pet which resides in a therapeutic setting and is companion to all the residents. Lastly, there is the living environment method in which interaction with animals is considered part of the community of living things such as a work farm where livestock, horses, rabbits, poultry, dogs, and cats reside. Data collected in nursing homes and care facilities have shown that health care facility administrators prefer a visiting animal program while administrators for supervised living facilities prefer the use of resident "mascot" animals.

Efforts are underway in some communities to offer comprehensive services to help promote and establish animal therapy programs for education in schools and for individual and community needs. Also included is a referral system which enables people to obtain specially trained animals to meet specific needs. One such program is the People Pet Partnership Council at Washington State University College of Veterinary Medicine and Community Agencies. The program provides a variety of services which involve education of school children, use of AFT, promotion of pets and companion programs, a pet referral system, establishment of a clearing house on pet programs and resources, and a consultant group for people-pet problems. Another program (from Pennsylvania State University) is People and Animals Coming Together. This program emphasizes follow-up care of placement animals and provides services to assist the elderly to continue owning pets. The Pet-A-Care Program in San Francisco is another program which provides veterinary pet care at minimum costs for people over 65 years of age. The program also provides house calls to the elderly.

There are a variety of progams available because each person's needs are a little different. By being more broad-based, these programs can diversify as much as is needed for each individual. What really decides the outcome of

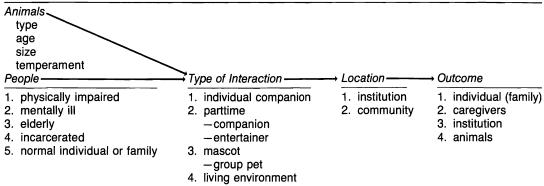
the program, though, is the owner's attachment to animals; this is the most important variable mediating an animal's influence on health and morale. As observations of their interactions takes place, measures of how owners feel about their pets can be made. These measurements can satisfactorily predict how effective an animal's presence will be on the health and well-being of his owner. Therefore, in order to study the way animals affect people, it is necessary to understand the interactions between people and their pets, style of interaction, location of interaction, and needs of the individuals. One such model has been developed to help associate the type of pet needed to meet the individuals' need and personality (Figure 1).

Once the type of animal has been matched to an individual or institution, it is necessary to summarize the known benefits and problems of an AFT program with those who are going to be involved or who are implementing the program. There are three main benefits which can be used to measure the effects of an AFT program.7 The first benefit is psychological, seen as a positive affective state, affiliation, humor, play, improvement of self-esteem, a need to be needed, independence, increased motivation, education, sense of achievement, and stimulus to be active. The second benefit is social, seen as a catalyst effect or "social lubricant," social cohesion, cooperative play/sports, and an increased cooperation with caregivers. The final benefit is physical, where positive signs are recovery from illness, coping with illness, and neuromuscular rehabilitation. The end results for the institutionalized program should be an improved community image and a more humane treatment environment. Society no

longer regards adequate treatment and maintenance of ill people as just being clean, dry, and fed. There are now guidelines for appraisal of quality of life. Through the use of pets, there can be a definite improvement on morale and sense of well-being to help increase the quality of life for an individual.⁷

There are also some negative effects of AFT, but with the use of common sense most pitfalls can be alleviated. A few things to watch out for are: 1) Mismatching of individual needs to an animal – proper research must be done on each case. 2) Appropriate timing is critical; the individual must be in the right "spirit" to be able to accept an animal. Pets must be introduced when they would be most appreciated. The patient's physical condition must be stable enough to permit contact with the pet on a consistent basis. 3) Injuries such as bites, scratches, allergies, and transmissible diseases all can be alleviated or minimized with proper immunizations and health care, as well as orientation and guidelines for the caregivers.10 Most of these problems are caused by inappropriate handling, poor animal selection, and inadequate supervision. Cost of an AFT program within an institution is probably one of the most negative aspects. More time and money are required for the extra sanitation and maintenance that are needed for the pets. As people are becoming more aware of the benefits of AFT, there has been an increasing public support for the programs. Volunteers can be used extensively in all aspects of AFT which helps make people more aware and cuts costs. Along with local involvement, state and federal level participation are also needed. The state of Minnesota was one of the first to become involved by the passage, on April 23,

AFT MODEL®



1979, of a state law concerning pets in care facilities."

"Facilities for institutional care of human beings, licensed under Minnesota statutes 1978 sec. 144.50 may keep pet animals on premises subject to reasonable rules as to care, type, and maintenance of pets."

Decisions to have pets are up to the facilities. The Health Department rules place restrictions to protect the health, safety, comfort, treatment, and well-being of human residents and to assure that pets will not pose health hazards. Rules are: 1) Restrictions where pets may be allowed. Pets are excluded from food services and clean linen storages. 2) Facilities are responsible for maintenance of sanitary conditions where pets are allowed, maintenance of good animal health, and insurance that pets are not nuisances to the residents. 3) Keeping of pets not found free of potentially communicable human-animal diseases will be prohibited. A federal law has also been enacted prohibiting discrimination against pet owners in housing projects that receive public funds. State, federal, and local government personnel were encouraged to participate in the First International Conference on Human/Companion Bond, which voted to submit a resolution to keep the elderly and their pets together to the 1981 White House Conference on Ageing.8

After government and community authorities have been convinced to become involved in AFT programs, there are certain strategies to follow in order to assure success within the program.¹² 1) Involve the public, private agencies, and individuals. 2) Offer direction to those who want to promote or assist in bringing animals to the elderly. 3) Provide low-cost care. 4) There should be short-term minimal cost for animals whose owner is hospitalized. It has been shown that the more important a pet is in a person's life, the more health benefits (such as reduced probability of illness and decreased physiological consequences of stress) the person may derive. The bond is so strong in some instances that the pet can significantly affect willingness to be hospitalized and time of hospitalization.7 Even when seriously ill, pet owners may express concern and interest for their pets, which helps motivate them in the long run, but also causes difficulties at the immediate time of illness. It is important to identify pet owners and let them know of the emergency pet caretakers that are available. Awareness of pet-related problems by hospital

staff and doctors would alleviate anxieties of pet owners and could improve patients' attitudes towards hospitalization. 5) Volunteers or veterinarians may make house calls to bring animals to veterinary hospitals. 6) There should be foster home replacement for pets after their owners die so that elderly persons will not refuse to have animals because of fear that they will die before their pets. 7) Make responsible pet ownership mandatory in housing units. These strategies are constructed to help set up and aid programs in obtaining the maximum benefits out of Animal Facilitated Therapy.

It has been shown that people of all ages can benefit from pet ownership. We must bring into focus the fact that animals are a part of normal experiences for children, adults, and families and must not be exclusively identified with the handicapped. Through programs of pet therapy, relief of human suffering may be furthered. It is our obligation to explore every available avenue for their use.

References

- 1. Levinson B: The Tie That Binds. *Norden News* 57(1):20-28, 1982.
- McCulloch WF: The Human-Animal Bond in the Public Health Curriculum. JAVMA 183:12, 1983.
- 3. Brodie JD: Health Benefits of Owning Pet Animals. Veterinary Record 109:197-199, 1981.
- 4. Corson S, Levinson B: Potential Health Value of Pet Ownership. *California Vet* 36(7):9-13, 1982.
- Levinson B: Pets, Child Development and Mental Illness. JAVMA 157(11):1759-1766, 1970.
- Friedman E, Katcher A, Lynch J, Thomas S: Animal Companions and One Year Survival of Patients After Discharge From Coronary Care Unit. *California Vet* 36(8):37-50, 1982.
- Beck A, Katcher A (eds.): Companion Animals and Human Health. Philadelphia, University of Pennsylvania Press, 1983.
- 8. Holden C: Human-Animal Relationship Under Scrutiny. Science USA 214:418-420, 1981.
- McCulloch M: Animal Facilitated Therapy: Overview and Future Direction. *California Vet* 36(8)13-24, 1982.
- Cass J, Fogle B: Interrelations Between People and Pets. Springfield, Illinois, 1981.
- Corson S, Corson E: Companion Animals as Bonding Catalysts in Geriatric Institutions. *Interrelations Between People and Pets.* Springfield, Illinois, 1981.
- Van Leeuwen J: A Child Psychiatrist's Perspective On Children and Their Companions. *Interrelations Between People and Pets*. Springfield, Illinois, USA, 1981.
- Rhoades J, Selby L: Attitudes of the Public Towards Dogs and Cats as Companion Animals. *Journal of Small Animal Practice* 22(3):129-137, 1981.
- 14. Faircloth JC: The Emotional Importance of Pets. Veterinary Economics 22(11):44-45, 1981.
- 15. Wallin P: Pets and Mental Health. Gaines Veterinary Symposium 28:8-12, 1978.
- Orts K: Pet Therapy and Extended-Care Facilities. VM/SAC 78(7):1078-1080, 1983.