

A therapy beyond[†]

A. S. Reid*

Royal College of Surgeons in Ireland, Dublin, Ireland

There is an increasing recognition of the positive impact of trained animals, in particular dogs, in therapeutic settings. For the frail aged with cognitive impairment in high care settings, for children in hospital undergoing painful or prolonged treatments, for individuals suffering mental illness, or coping with physical or cognitive disabilities there is a growing body of experience and evidence of the value of therapy dogs. This paper gives fictitious case examples, based on the author's experiences in hospitals and nursing homes. These, together with research outcomes of controlled interventions with therapy dogs, illustrate the comforting and calming effect on vulnerable residents and inpatients, and their impact in reducing agitation, aggression, depression and loneliness. The paper calls for further studies of this economical and effective form of therapy.

Accepted 5 October 2016

Key words: Autism, children in hospital, dementia, pet therapy, therapy dogs.

A therapy beyond

Wednesday was always a good day. On Wednesdays, I would finish lectures early, go home to pick up Millie and drive to a local nursing home for people with neurodegenerative disorders. It was the same every week; past reception where I would get a mint and she a biscuit, into the activities room which was inevitably empty and up the lift to the locked ward. The doors of the elevator would open and, more often than not, Dennis would be there shouting at the spectre of his late wife, frozen in his memory, demanding she let him go to the pub. Then he would see Millie, kneel down and for the first time since he had woken, the nurses told me, become quiet. He would talk to her in a hushed voice and she would listen. He would caress her soft ears and scratch her belly; she would bury her head in his chest as if to remind him that the pub was not the only place where he could find solace and memories of a life past.

Millie was my Labrador. She was as sweet as she was dopey, but knew an expensive pair of Italian leather shoes when she found (and destroyed) them. Throughout my undergraduate degree, and before I started medical school, I trained her to be a therapy dog. This was no easy task, requiring regular veterinary screening and weekly training sessions for a year before a final assessment. During one training session, actors weaved among the dogs with walking sticks and

Zimmer frames to gauge their reactions. Millie had bigger plans; she had spotted an unattended handbag in the corner. Sitting on the other side of the room, I was not allowed to have any contact with her. I watched helplessly as she gently and systematically removed the entire contents of the handbag and began consuming a sandwich, pen and several loose receipts. It was moments like those when I wondered if Millie's career had ended before it had even begun.

Remarkably, she graduated and took me with her to visit nursing homes and a children's hospital in my home town on a weekly basis. Although she was a boisterous, overly enthusiastic handful in day-to-day life, she was careful, observant and remarkably intuitive when we entered the doors of these institutions. She had a certain *joie de vivre* that only a creature with no understanding of mortality can. This was infectious for patients, families and staff alike. When we entered a ward, nurses would put down their notes and walk over, children would drop their toys, some would get out of bed and come running towards her with open arms, and teams on ward rounds would take a moment from intense conversations to greet her. Her demeanour was one of equanimity whatever the provocation.

Although most people greeted Millie with great pleasure, Mary, one of the long-term residents in the neurodegenerative wing of the nursing home, did not. She would throw her bowl of cereal at Millie every time we walked past on our visit. Unfortunately for Mary, this only served to increase Millie's fondness for her. She would contentedly spend the remainder of the visit eating the chunks of cornflakes off her paws with cereal dripping from her face. Every week she made a beeline for Mary and her cereal. But one afternoon, Mary had

[†] The names and clinical details of patients contained in this perspective piece are fictional although based on previous experiences.

* Address for correspondence: A. S. Reid, Medical Student, Royal College of Surgeons in Ireland, P.O. Box 290, Rozelle, NSW 2039, Australia.

(Email: ameliareid@rcsi.ie)

yet to arrive. Millie went to her chair and sniffed it. She checked under it and behind it. Seconds later, another resident yelled out from behind us ‘eh Millie, is this what you’re looking for?’ and hurled a full bowl of Weetabix across the room.

Dogs and humans have a unique relationship – and it is one for which our understanding is still evolving. Gone are the days when their only job was to herd sheep, protect the flocks, keep us warm or fetch a slain duck from a lake. We now train dogs to be the eyes for people with no sight, to smell cancer before it is detected by humans, to provide emotional support for people with disabilities and alert carers and sufferers to impending epileptic seizures. Scientists are still largely unable to explain how they do this but one thing is clear; they have a special and often profound relationship with humans.

For those suffering mental illness, particularly, animals can provide a comforting and therapeutic effect. Sometimes it is merely to keep them company, provide sensory stimulation and encourage daily exercise. Increasingly however, it includes emotional support and social interaction for people with autism, and increased physical and psychological wellbeing for patients more generally (Cherniack & Cherniack, 2014). There have been encouraging results in studies examining the role of animals to aid children with Autism Spectrum Disorder, suggesting that animals ‘seem to possess a unique capacity to serve as an emotional bridge in specific therapeutic contexts and to act as social catalysts’ (Berry *et al.* 2013). There is sound evidence that the use of animals for psychiatric inpatients decreases symptoms of depression and anxiety and helps patients cope with anger and loneliness (Rossetti & King, 2010).

A case-controlled trial carried out in 2013 in Berlin examined agitation, aggression, depression and behavioural symptoms in 75 patients with a mini-mental state examination (MMSE) score of <25. Patients spent 45 minutes a week over 10 weeks with trained therapy dogs. In the intervention group, symptoms stabilised, whereas in the control group, symptoms of agitation or aggression and depression significantly increased. Although symptoms were not ameliorated in the intervention group, they did stabilise over the duration of therapy and observation period thereafter (Majić *et al.* 2013).

More research is needed into this area, particularly into the physiological mechanisms behind the positive effects animals have on humans. Studies have shown that oxytocin is released when humans interact with animals, particularly when it is their own pet, and through the pleasant tactile experience of the physical interaction with them (Rossetti & King, 2010). The importance of this experience was one I witnessed on a particularly memorable day in the Children’s Hospital.

One young patient, Charlie, was well known to myself and Millie. He was 4 years old and had sustained a traumatic brain injury some months before rendering him, amongst other things, quadriplegic. His room was elaborately decorated – a sign I quickly understood to mean he was not going home anytime soon. As part of his lengthy rehabilitation, he was placed on a tilt-table every day. Charlie intensely disliked this therapy and would cry inconsolably, whereas it was in progress. The staff knew of his fondness for Millie and one day asked whether she could be with Charlie during his therapy. When Millie walked into the room Charlie saw her and stopped crying. He asked for his hand to be placed on Millie’s head and quietly said, ‘that’s better’. From that day forward, every Wednesday at three o’clock was tilt-table therapy with Charlie; and at the strict instructions of a 4-year old, it did not begin until Millie arrived.

Undoubtedly, for some staff having an animal in a health care institution presents an unwelcome impediment to the accustomed routine. Even for people who do not feel a particularly strong connection to animals, seeing a four legged creature walk through the doors of a ward was certainly novel and curious. But in institutions fraught with worry, pain and sadness, replete with a sense of urgency and impeding tragedy, seeing another species can, if only momentarily, transport us to a different place.

Millie emulated the qualities most doctors and nurses strive for; kindness, no judgement, a listening ear, the comfort of touch and patience. She had no medical skills, a limited intellect and no technical proficiency at all, but for this she could be forgiven. She was able to connect with patients on a level that most health professionals – or simply fellow humans – aspire to but rarely achieve, and the results speak for themselves. So although this is a field of therapy that – like many current treatments for mental health – we are still striving to understand and refine, it can have profound effects on certain groups of vulnerable people. And in an industry where we often struggle to find adequate, economical treatments with minimal side effects, something as simple as looking beyond our own species might provide us with an inexpensive but effective treatment.

Acknowledgements

The author is grateful to Professor Mary Cannon (Royal College of Surgeons in Ireland) for her support and Dr John Lyne for his guidance and editing

Financial Support

This research received no specific grant from any funding agency or from commercial or not-for-profit sectors.

Conflicts of Interest

None.

Ethical Standards

The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval for publication of this perspective piece was not required by their local REC.

References

Berry A, Borgi M, Francia N, Alleva E, Cirulli F (2013). Use of assistance and therapy dogs for children with autism spectrum disorders: a critical review of the current evidence.

The Journal of Alternative and Complementary Medicine **19**, 73–80.

Majić T, Gutzmann H, Heinz A, Lang UE, Rapp MA (2013). Animal-assisted therapy and agitation and depression in nursing home residents with dementia: a matched case–control trial. *The American Journal of Geriatric Psychiatry* **21**, 1052–1059.

Cherniack EP, Cherniack AR (2014). The benefit of pets and animal-assisted therapy to the health of older individuals. *Current Gerontology and Geriatrics Research* **2014**, 1–9, article ID 623203.

Rossetti J, King C (2010). Use of animal-assisted therapy with psychiatric patients: a literature review. *Journal of Psychosocial Nursing and Mental Health Services* **48**, 44–48.