THERAPY DOGS AND THE DISSOCIATIVE PATIENT: PRELIMINARY OBSERVATIONS

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ABSTRACT

Although pets have long been acknowledged as morale boosters, little work has been done with trained animals and dissociative patients. This paper documents dog/patient interactions in four different settings: support group, individual therapy with the patient's dog, individual therapy with the therapist's dog, and group dog obedience class. In each of these settings, the presence of the dog or dogs proved to be highly useful for both the patients and the therapist.

INTRODUCTION

In the last few years there has been an increasing awareness of the health benefits of pet ownership and interaction. Friedmann (in Burke, 1992) found heart patients survival rates one year later were higher for patients with pets in their homes. A three-year study of 5,741 people conducted at the Baker Medical Research Institute, Melbourne, Australia, found that pet owners had lower systolic blood pressure readings as well as lower triglyceride and cholesterol levels than those without pets. (Anderson, Reid, & Jennings, 1992; see also *Does Pet Ownership Reduce Your Risk for Heart Disease?* [1993]) Fish tanks are becoming a more common fixture in doctors' waiting rooms. Some doctors have found their patients needed less medication after watching fish in a tank (Cohen, 1991; Niego, 1992). In addition, numerous studies of nursing homes and other institutional settings have confirmed the morale building effect of visits by animals. (Burke, 1992; Niego, 1992).

No scientific data were found on literature review that address the impact of pets on the dissociative patient. The following information, although clearly anecdotal, suggests a strong need for additional research in this area, not merely because of the benefit of pets to dissociative patients but because they may offer an equally powerful benefit to the therapists of such patients.

BACKGROUND

This research began on a purely ad hoc basis between a handler interested in pet therapy on the one hand and a therapist willing to consider the potential benefits of the use of a trained animal on the other. It began with the introduction of the handler's obedience-trained dog, under the handler's control, into an established support group for survivors of childhood trauma, most of whom had been diagnosed with various dissociative disorders. The next step was the use of one patient's dog during the patient's own individual therapy sessions. The third phase was the therapist's acquisition of a dog to be trained and used if possible as a therapy facilitator. The fourth phase was a group dog training session led by the handler and participated in by the therapist with her dog and a variety of patients with their own dogs. In each of these settings, the presence of the dog or dogs proved to be highly useful for both patients and the therapist.

The Handler

Over the years the handler had taken her animals to visit a variety of populations, from nursing home patients to preschools. The animals had to deal with wheelchairs, walkers, assorted intravenous and catheter apparatus, noise, and floods of odors. Prior to the incidents related herein, the handler had conducted dog training classes for several years, had trained and shown one of her own dogs through two American Kennel Club obedience titles, and had served on the board of directors of Support Dogs, Inc., an organization which trains service dogs to assist the physically handicapped.

Based on these experiences, the handler determined to acquire a dog specifically with the idea of training her as an obedience dog who could be used for such visits. The handler confined her search to standard poodles since they are generally intelligent, interactive, and non-shedding (thus avoiding some allergy problems).

Puppy Temperament Testing

The systematic and objective temperament testing of puppies was developed in the 1920s and 1930s by the Fortunate Fields project in Switzerland to evaluate German shepherd

dogs for assorted tasks, including leading the blind. Breeding programs were developed in conjunction with the puppy testing (Monks of New Skete, 1991). Drs. John Fuller and John Paul Scott further investigated canine development and temperament testing at the Roscoe B. Jackson Memorial Laboratory, Animal Behavior Division, in Bar Harbor, Maine (Pfaffenberg, 1982). In the 1940s Clarence Pfaffenberg set out to find the perfect dog for Guide Dogs for the Blind, Inc. Guide dog trainers discovered that many dogs were "flunking out" of the program because of limited intelligence and inability to handle the stress and variability of the situations in which they were expected to perform. A number of dogs failed because they did not take responsibility for their masters in dangerous situations. They lacked the self-confidence to disobey at appropriate times. (Socialization with people at a critical developmental stage remedied this problem.) Failure often did not occur until many months had been spent in not only housing the dogs, but also in training them. In 1946, Guide Dogs for the Blind, Inc., put one hundred nine dogs in training, but only nine became Guide dogs. Some reliable way to screen puppies was needed before substantial time and effort were invested in individual animals who ultimately would fail to qualify. By 1957, 94% of puppies placed in training graduated as Guide dogs. This was a result of selective breeding, puppy temperament tests, and early socialization (Pfaffenberg, 1982). A similar approach was adopted by Support Dogs, Inc. to decrease the failure rate of dogs in training.

Other dog trainers were seeing families and their pets which were temperamentally unsuited for each other. For example, apartment dwelling workaholics were buying high energy sporting dogs who reacted to hours of loneliness and inactivity by developing behavior problems. In the 1970s animal psychologist William Campbell wrote the "Bible" of canine behavior, *Behavior Problems in Dogs*, primarily for veterinarians and other trainers. In it he included a section entitled "Behavior test for puppy selection" (Campbell, 1975). One of the more readily accessible and easily administered off-shoots of Campbell's test was developed by Rutherford and Neil for the puppy-buying public (Rutherford & Neil, 1981). Their tests rate responses on a continuum in each of six areas: attraction to people (come), attitude towards social activities (stroking), desire to stay in a social environment (following), acceptance of human dominance (restraint), concentration and desire to please (retrieving), and pain tolerance and forgiveness/physical sensitivity (toe pinch) (Rutherford & Neil, 1981).

The Handler's Dog

The handler tested five litters of standard poodle puppies using the Rutherford and Neil (1981) test. Of that group, one litter had three puppies who tested within the parameters for which the handler was looking, but the handler's traveling schedule and the age of the puppies made a satisfactory match questionable. However, the handler contacted the breeder of the litter which had tested so well and explained for what she was looking. The handler and breeder remained in contact and when Lucy's litter was born, the breeder pre-screened the litter and then invited the handler to test those puppies. Lucy and a brother both tested within the acceptable parameters, in the mid-range in each of the categories. (The male was slightly more submissive on the restraint test.) Both were natural retrievers, and noticed but did not seem frightened by strange, loud noises coming from an adjoining yard. Lucy was selected at eight weeks of age.

Socialization involved exposing the puppy to a variety of experiences with people, animals, new places, sounds, and smells, with enough predictability to make the experiences positive for the puppy. The household that Lucy lived in as a puppy included an aged and infirm dog, a mellow but aging cat, a caged rabbit, and two small children. She was also introduced to horses and other dogs. Lucy learned basic obedience exercises at home and then went to a community dog obedience class. She was entered in fun matches and obedience trials, visited grade school classrooms, and went to school regularly to pick up the children. She also accompanied the handler on errands to the bank, post office, library, etc.

Lucy has passed the American Kennel Club's Canine Good Citizen Test which covers various common activities and situations including meeting people and animals, walking through noisy crowds, and responding to basic control commands. She has been temperament tested by her veterinarian using the Delta Society's test which includes rating the dog's response to such stimuli as metal pans being dropped (*Pet Partners Volunteer Training Manual*, 1991). The handler and Lucy have been certified by the Delta Society as a Pet Partner Team. Animal/handler teams are certified for two year time periods which may be renewed. Lucy has her Companion Dog obedience titled issued by the American Kennel Club.

The result of all this is a dog who is temperamentally secure enough to handle new and unusual situations, who has confidence in her handler, and who has encountered enough different situations so that she is not likely to be surprised by much. The handler in turn has confidence in her dog, can predict her reaction to many situations, and even can "listen" to the dog and what she is trying to communicate about the person(s) to whom she is exposed.

PHASE ONE: THE SUPPORT GROUP

At the handler's suggestion, for a period of approximately one year, Lucy attended a support group consisting of survivors of childhood trauma with dissociative disorders ranging from post-traumatic stress disorder (PTSD) to multiple personality disorder (MPD), now known as dissociative iden-

tity disorder (DID). The patients were at various stages of therapy. The group consisted of women ranging in age from the late twenties to fifty. Fifteen individuals were members of the group, but on any given evening there were usually eight to ten present.

The results of Lucy's participation were intriguing to both the therapist and the handler. She proved a calming influence when calm was needed, alerted the therapist to patients in distress before the therapist was aware of it, provided patients with the reassurance that they had their own guard dog present at the sessions, and apparently deliberately facilitated communication and interaction among the group members.

Prior to Lucy's attendance at the first such session, the group was asked if anyone objected to the presence of the dog with the understanding that the dog would be removed if anyone did. All members agreed to allow the dog to attend. At the earliest available occasion, the handler demonstrated Lucy's response to voice and leash controls in an effort to reassure patients in the least fearful of the dog.

For the first few meetings (held at one week intervals), the dog was kept on leash and stayed by the handler. Members of the group who wanted to interact with the dog were given the opportunity to do so at breaks. As the group members became more comfortable with the dog, Lucy was allowed to visit members at leash length, with the handler watching but not interfering.

Not all responses to the dog were initially positive. Some alternate personalities ("alters") were afraid of the dog, and this seemed to be particularly true of some of the child alters. The handler brought dog biscuits and at breaks and other appropriate times, some of these child alters were encouraged but not forced to touch the dog and give her a dog biscuit. Over a period of a few weeks, the child alters became much more comfortable with Lucy. Lucy demonstrated an awareness of switching of alters — often before the therapist was — but was not upset by it, and accepted whatever alter was present.

Over a period of months, the group became so comfortable with Lucy that her arrival at group was heralded with a chorus of "Hi, Lucy" while the handler was virtually ignored. By this point, Lucy was allowed to wander the room dragging her leash, or sometimes with the leash removed to eliminate the dog getting tangled in feet, legs, etc. During some sessions, Lucy would stretch out and virtually ignore the group activity. On other occasions, Lucy would "work" the room, going to sit next to one person and then another as the need arose. Moreover, different patients would call to her, sometimes with nothing more than body language, if they felt the need for her presence, and Lucy proved adept at reading such signals. Interestingly, Lucy seemed to need the presence of the handler to remain secure in the setting. Leaving Lucy in the control of another person while the handler left the room, however briefly, tended to agitate Lucy. Therefore, Lucy stayed with the handler and left the room whenever the handler did.

PHASE TWO: INDIVIDUAL THERAPY

Pleased by the sensitivity of Lucy as demonstrated in the group setting, one of the patients and the therapist agreed to include the patient's dog in some of the patient's own individual sessions. Again, the results proved remarkable. The dog reflected the condition of the patient rapidly and directly, giving the therapist advance cues to facilitate the session. Even though the patient had been in therapy for some time, the presence of her dog gave her an increased sense of security and safety, making access to traumatic material easier.

The therapist was able to gain a clearer view of the patient's internal system by noting the interaction between dog and patient. The dog also served as an access point into the system. The dog proved particularly effective at grounding the patient in the here-and-now, easing both abreactive sessions and the transition back to normal functioning. Even the mere fact that the patient knew she had to care for more than just herself by the end of session (i.e., had to get the dog home safely as well as herself) assisted the process.

For those situations in which the dog involved is that of the patient, the therapist can utilize the owner-pet relationship to help read the patient and her concerns. Among other things, a sensitivity to the issue of who is seen as protecting whom can give the therapist a starting point in how the internal system is structured. For example, the dog may be one alter's equal and partner in activity; another alter may rely on the dog for protection; yet another may actively protect the dog from any perceived threat. Since many dissociative patients have difficulty verbalizing, this added source of information for system mapping can greatly aid and expedite the therapist's understanding. Creative therapists may find they have amazingly resourceful allies in their patient's pets.

Some patients use their pets as litmus tests for whom to trust. Sometimes they demonstrate a magical quality of thought in relying on the dog's intuition. Nonetheless, the possibility that learning to "read" the dog may mitigate vulnerability to the "sitting duck syndrome" described by Kluft (1990) is an intriguing area for further study.

PHASE III: THE THERAPIST'S DOG

After noting the benefits of a patient's dog's participation in one patient's individual therapy sessions, the therapist acquired her own dog in an effort to determine if the effects were transferable from a single animal/patient pair to therapy sessions in general with an animal known best to the therapist.

The therapist chose, with the handler's assistance, a male standard poodle named Jean-Luc. He was acquired from an animal foundation at approximately two years of age. He was

immediately temperament tested. He accepted petting from the therapist, her husband, and the handler (stroking). He did not object to having his feet, mouth, and tail handled (physical sensitivity). He remained relaxed when his front feet were lifted off the ground (restraint). He followed the handler when she moved away from him (following). He came to the handler when invited to do so (come). In general, he appeared to be a somewhat shy but people-oriented dog, an assessment confirmed by the foundation staff.

Once removed from the shelter he was given lots of attention and socialized as much as possible, mostly with adults. He also spent a week in the handler's household where he was exposed to children, the dog Lucy, mentioned before, and additional companion animals. He adapted readily and with no show of aggressiveness.

Jean-Luc attended individual therapy sessions with the therapist. His mere presence seemed to be reassuring to the clients, even though he spent a lot of his time asleep under the table. Jean-Luc also recognized switches in alters and even appeared to enjoy some more than others (especially child alters who shared treats with him).

Jean-Luc often facilitated communication with alters. His gentle acceptance reinforced the therapist's stance of nonjudgmental empathy. Fearful clients sometimes felt more secure with the "guard dog" to protect them, despite the fact that Jean-Luc's greatest defensive behavior was to quietly stand between the therapist and any perceived threat.

For some patients, Jean-Luc was a grounding facilitator and helped them reenter the here-and-now after abreactive or very emotional sessions. He was seen, heard, felt, and smelled in the here-and-now and his behavior was in response to current activity. Thus interacting with Jean-Luc helped the patient make the transition from session to real world.

Jean-Luc appeared to have been an abuse victim himself. He exhibited fear/submissive behavior around most men, leading the handler and therapist to believe he had been abused by a man at some point. Jean-Luc also appeared to be triggered more at home than away from home so that his "work" environment was not distressing to him. Consistent handling has attenuated a great deal of this response pattern. Explaining Jean-Luc's behavior and its relation to his likely experience helped some patients recognize similar patterns in themselves in a non-threatening way. When stated in terms of Jean-Luc, the concept could be introduced without eliciting a full defense response in the patient.

Occasionally, a client would act inappropriately towards the dog. On these occasions the client was instructed about acceptable behavior and the dog was removed. When the client was able to behave appropriately (usually at some future session), then the dog was re-introduced to the sessions. Thus the presence of the dog was used as a positive reinforcement for desired behavior.

Perhaps the greatest surprise in Jean-Luc's participation in individual sessions was the increased level of comfort and security he provided for the therapist. First of all, he served as another set of eyes and ears with skills in reading body language that often surpassed those of the therapist. He was aware, at times before anyone else in the room, of an impending or actual personality shift.

It is acknowledged that working with dissociative patients is exhausting, counter-transference issues can become complex, and the materials communicated by the patient can be traumatic to the therapist. Jean-Luc's owner-therapist reported that especially for abreactive and intensely emotional work, the dog's presence was a comfort to her. Being able to reach over and touch Jean-Luc helped the therapist stay grounded and helped minimize the traumatic impact of the material on the therapist. Thus, the therapist was able to remain more composed and less personally affected by what she saw and heard.

PHASE FOUR: GROUP DOG TRAINING SESSIONS

Again encouraged by the usefulness of both Lucy and Jean-Luc, the handler and therapist agreed to conduct group dog obedience training sessions for those dissociative patients who owned their own dogs and wanted to train them in basic exercises.

The Participants

They ran a several-week program during which the handler taught basic dog obedience to a small group consisting of three clients, the therapist, and four dogs (one client did not have a dog at that time but attended anyway). Each client who had her own dog brought it to the group trainings. All participants were women between the ages of 30 and 50 and the three clients were diagnosed with MPD. All were in therapy with the therapist and had been in treatment for at least one year.

The dogs had all been acquired as puppies about two months of age except for the therapist's dog who, as noted, was adopted from a shelter at approximately age two years. The dogs ranged in age from two to ten years old; three were females and one male. There were two standard poodles, one chow, and one cockapoo.

The classes were held in a large living room at the home of the owner of the chow. The household also contained several cats who roamed in and out at will. At least three of the dogs lived in households with cats and none seemed upset by a cat passing through.

The Class

Basic obedience exercises were taught: come, sit, down, stay, and heel (in a somewhat modified form). The format of the classes was explanation, demonstration, and practice. Some of the MPD patients had several alters attend, some concurrently and some sequentially. Because of this some additional repetition was necessary.

During the exercises, the dogs responded to switches of alters in a variety of ways. One dog would do all sorts of tricks for one alter (when told to "repent" she would howl mournfully) but would totally ignore commands from another alter. All participants noted that the dogs were more aware of their owners' switching than either the handler or the therapist. were Moreover, the mood of the predominant personality was reflected in the behavior of the dog. In one case, as a particular personality felt more and more hostile, her dog became more aggressive towards the other dogs.

The joint training sessions also helped the clients gain confidence in their dogs and in their ability to teach their dogs. For example, one alter of the owner of the cockapoo had little confidence in her dog's ability to learn and her own ability to teach the dog. On one occasion, the therapist brought rawhide treats for each dog. The handler said they could have them during a break but that the dogs had to work for them. Each dog was told to "come" and "sit" and then handed a treat. The first dog was the therapist's dog, who immediately complied with the commands. Next the therapist called the handler's dog, who also immediately complied. At that point, the cockapoo — having watched the first two dogs act in a particular way and receive a treat — ran over to the therapist, sat in front of her and waited for her treat, all without a word being spoken. Several minutes later the owner appeared to be having difficulty getting the dog to understand the concept of "sit-stay" and voiced the conclusion that "she's not smart enough to learn this." When reminded that the dog had learned by example how to get a treat, the owner was willing to try the exercise again and with better success.

One client reported that she noted that her dog had an immediate alert reaction to the word "fuck" regardless of usage, intonation or voice volume. The client became aware that the dog would jump up and stare intently at her on hearing the word. If the client were angry, the dog would run and hide. If the client cried, the dog would lick her face.

Yet another side effect was reported to the handler one evening after class. One client confided that seeing the therapist have difficulty in getting her dog to do the exercises had given one of the client's less-confident alters the courage to come out in individual sessions. Prior to that, the alter had viewed the therapist as too perfect to possibly understand her difficulties. The therapist's ineptitude with her own dog and her ability to laugh at her mistakes and try again both served as a model of appropriate behavior for the patients and as a means of letting the patients view the therapist as human and therefore accessible.

CONSIDERATIONS FOR FUTURE RESEARCH

Although the anecdotal material related above suggests a great value to the use of dogs in facilitating therapy in the dissociative patient population, several caveats are essential.

First and foremost, the author does not recommend that every dissociative patient acquire a dog. To the contrary, adding the burden of an animal could prove counterproductive for many patients (and dogs). Nonetheless, for some dissociative patients, inclusion of a dog may prove a major turning point. Dogs require care and routine, yet are highly adaptable. The routine of feeding, grooming, and walking a dog can become one of the major structures in a patient's day. In addition, the time spent outside with the dog is an opportunity for interaction and casual contact with friendly people. By the same token, a large dog can be seen as a deterrent to would-be perpetrators. The decision whether or not to recommend an animal to a patient thus is highly fact- and situation-sensitive. On the other hand, acquisition of a dog by therapists specializing in such treatment would obviate the difficulties patients may encounter and ensure that the dogs involved in such work were more useful to the therapist.

Second, not all dogs are intellectually and emotionally suited to work with groups of any kind, let alone the potentially volatile population of dissociative patients. From the hander's point of view (and the therapist at this point may be the handler), each situation requires a certain confidence in the animal and its behavior. The handler must be able to control the animal, both for the animal's safety and that of the patients. In particularly volatile situations it is advisable to have one person prepared to deal with the patient while another is free to handle the dog, especially if the dog has an abuse history.

In order to achieve that level of control and confidence, the handler must thoroughly know the animal involved and have a good rapport with it. This involves temperament testing, socialization, and training. Two major flaws in visiting programs from animal shelters are that most of the animals in the shelters have not been adequately health-and temperament-screened and the handlers are not sufficiently familiar with any particular animal to know how well it can cope (Need for Standards, 1990; Niego, 1992). Because most of these programs have been created on an ad hoc basis in their own setting, no uniform approach has developed to such activities.

In order to provide some sort of standardization groups have formed to certify handler/pet pairs to make such visits. One of the more stringent certifications is issued by the Delta Society headquartered at 289 Perimeter Road East, Renton, Washington, 98055-1329. The Delta Society also tries to educate the handlers by producing a training manual with guidelines and helpful hints for a variety of situations. These include techniques such as speaking to people at their eye level (rather than towering over someone in bed or wheelchair) and some listening skills, as well as emphasizing the responsibility of the handler to protect the animal. Handlers are also informed of procedures regarding zoonotic disease transmission and a variety of situations, from "acci-

dents" in the facility to injury (*Pet Partners Volunteer Training Manual*, 1991; see also Niego, 1992).

CONCLUSION

While none of the anecdotal material related above can be relied upon with scientific certainty, there is sufficient basis from the scope of activities in which the dogs have been involved to warrant careful consideration of further research into this aspect of pet therapy. Both Lucy and Jean-Luc have successfully worked in hospital settings on rehabilitation and skilled nursing wards. Lucy is part of a group that works with psychiatric patients (though not specifically dissociative ones) and the dogs appear to readily adapt to various protocols at the different facilities. As the dogs gain experience, each seems to find its own niche. Furthermore, the dogs approach their work with great enthusiasm. It would seem a shame to overlook a powerful technique in treating dissociative disorders just as the incidence of such disorders is being more widely recognized. ■

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