

EXPLORING THE USE OF ANIMAL-ASSISTED THERAPY IN EDUCATIONAL PSYCHOLOGY

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EXPLORING THE USE OF ANIMAL-ASSISTED THERAPY IN EDUCATIONAL PSYCHOLOGY

by

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SUPERVISOR:
Dr. Carien Lubbe-De Beer

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*“There is no psychiatrist in the world like a puppy licking your face”
Ben Williams*



This dissertation is dedicated to my parents,
Kallie and Marinda Scholtz,
I love you very much.
Thank you for everything...

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DECLARATION OF AUTHENTICITY

I, Suné Scholtz (student number 27320635), declares that:

**Exploring the use of animal-assisted therapy
in Educational Psychology**

is my own work and that all references appear in the reference list.

Suné Scholtz

Date



SUMMARY

EXPLORING THE USE OF ANIMAL-ASSISTED THERAPY IN EDUCATIONAL PSYCHOLOGY

by

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Department: Educational Psychology
Degree: MEd (Educational Psychology)

The purpose of this study was to explore the use of Animal-Assisted Therapy in Educational Psychology. An empirical study of limited extent was undertaken, which was qualitative by nature and conducted from an interpretivist paradigm. I made use of a therapeutic case, which served as an in-depth case study. Visual data, creative expression, interviews, narrative expression and field notes were employed as data-gathering methods. Data were analysed by means of document analysis. A young boy of 14 years, with whom I have previously worked as a therapist, was the participant in the study.

The findings of the study were, firstly that the use of AAT could enable the attainment of goals in therapy. Implementing AAT as a therapeutic tool provided motivation for participation in therapy from the participant. Secondly the use of an animal (dog) in the therapeutic process promoted the formation of a personal, caring, and emotional relationship with the primary participant. Thirdly, psychological benefits in the use of AAT were revealed by this study, namely the opportunity to promote socialisation, self-esteem, communication, interaction and participation in therapy. Fourthly AAT had a value in working with a socio-economically vulnerable child, addressing several of the needs identified in order to enhance the well-being of the child.





LIST OF KEY CONCEPTS

- 🐾 Animal-Assisted Therapy
- 🐾 Therapeutic technique
- 🐾 Therapy
- 🐾 Child
- 🐾 Socio-economically vulnerable child
- 🐾 Case study
- 🐾 Educational Psychology
- 🐾 Interpretivism
- 🐾 Qualitative research



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CHAPTER 1

OVERVIEW AND RATIONALE

*“A dog can express more with his tail in seconds
than his owner can express with his tongue in hours”*

~ Author Unknown

1.1 INTRODUCTION AND RATIONALE

The use of Animal-Assisted Therapy (AAT) is increasing throughout the world (Chandler, 2005). Hettema (2002) notes that this specific intervention takes place within environments such as prisons, nursing homes, homes for the disabled and in childcare settings. Trained professionals or volunteers go through a process to train their animal (e.g. a dog, cat, rabbit, horse, etc.) in order to enable the animal to work with people in a calm, and non-threatening manner. This has had a great effect on people of all ages. Chandler (2005) mentions that therapy animals are unconditionally accepting and non-judgemental, indicating that they would accept a person unconditionally, not passing judgement as humans might do. Fine (2006) indicated that animals promote rapport in a therapeutic relationship.

Odendaal (1992, in Hettema, 2002), maintains that there are two motivations for human-animal interaction. He mentions that the first is to elicit emotional advantages and the second is the utility value to humankind. The latter refers to working animals, security animals and sport and recreation. In this study I will however focus on the first reason, by investigating how AAT can be used as a therapeutic tool in Educational Psychology.

AAT has not been widely researched, since it is a relatively new field, especially in South Africa, I found that there was a shortcoming in literature, on AAT for children. *“The field of animal-assisted interventions currently lacks a unified, widely accepted, or empirically supported theoretical framework for explaining how and why relationships between humans and animals are potentially therapeutic”* (Kruger & Serpell, 2006:25). This implies that there may currently be a shortcoming in the literature on AAT. This shortcoming is even greater when looking at the local South African literature as this concept is only starting to take root in South Africa. I feel that by conducting this study I will be contributing to research in this field in a South African context.

During 2008 I started to observe AAT during visits to a nearby hospital, and found that the patients were much more positive, lively, and it seemed that they had temporarily forgotten about their pain. Fine (2006) found that interaction with animals lightens the mood and increases smiling and laughter. Adults and children enjoyed the company of the therapy dogs, while they could stroke them, or feed them with biscuits. I therefore began to wonder, whether it was possible that bringing animals into the therapy process might add value to the therapy process?

As I wondered about this, I decided to equip myself and my dog through completing an informal training program in AAT. While working with a client in a therapeutic setting, I started using my dog as the therapeutic medium. After completing the therapy I found myself reflecting on the therapy process, thus deciding that I would like to use this specific case as the basis of my research study.

As a Master's student in Educational Psychology, I would like to research the possibility of using AAT as a therapeutic technique in therapy for a child. Chandler (2005) mentions that in a recent study, adolescent girls were greatly impacted in positive ways through using equine-assisted therapy as horses are better known in Equestrian therapy. I would like to explore the application of an animal which I think is not that well known in Educational Psychology, namely a dog. I believe that children would feel more at ease when in the company of a dog, which will not judge them, does not ask questions, and only lives for the present. Melson and Fine (2006:211) note that animals "*slip under the radar of human defence mechanisms*" which will help underlying issues to be made known to the therapist. Children might find it easier to project their feelings onto the dog, and tell the dog "secrets" they would not normally tell a therapist, a technique which can be referred to as projection. Thompson and Henderson (2007:82) define projection as "*attributing one's own characteristics to others or to things in the external world*".

Many researchers note that there seems to be a natural affinity for a human and a pet to form a relationship with one another, even if the person is not the animal's owner (Chandler 2005, Netting, Wilson and New, 1987, Lloyd, 1991). She further mentions that this natural affinity is what fosters such quick rapport and empathy between the client and the therapy pet. I agree with Chandler, and I feel that this may contribute to gaining the client's trust, since the client may trust the therapy animal well before the client trusts the therapist. As a result of this the client may observe the bond between the therapist and the therapy animal, thus experiencing that the therapy animal trusts the therapist, thus allowing the client to trust the therapist as well. Chandler (2005) mentions that the relationship between a therapy

animal and a client is not meant to be a substitute for the relationship between the human therapist and the client.

Although one might argue that the bond between the therapy animal and the client might be too strong, and thus difficult to terminate, Chandler (2005) mentions that the relationship can easily be terminated, although grief issues will have to be addressed. In line with Chandler's view (2005), I agree that the therapy animal may serve as a transitional object onto which clients can project their feelings and subjective experiences. This might help clients to deal with the problems they face in their life in that the therapist and client may help the therapy pet to address their problem, thus working indirectly and non-threateningly on the client's problems. This may be one way in which therapy animals could contribute to the therapeutic process.

There are numerous benefits to incorporating therapy animals in the therapy process. Chandler (2005) mentions that these benefits benefit the therapy animal, the client as well as the human therapist. These benefits are able to influence the therapy process, thus making it a positive experience for all concerned.

1.2 STATEMENT OF PURPOSE

The purpose of my study is to explore and describe AAT in order to establish how it can be used as a therapeutic technique in Educational Psychology. Furthermore I am specifically exploring the value of AAT in working with a socio-economically disadvantaged child. I aim at exploring AAT, by using a dog as the therapeutic medium.

1.3 RESEARCH QUESTIONS

1.3.1 PRIMARY RESEARCH QUESTION

The study will be guided by the following primary research question: **How can Animal-Assisted Therapy be used as a therapeutic technique in Educational Psychology?**

1.3.2 SECONDARY RESEARCH QUESTIONS

- What is the value (or not), of Animal Assisted Therapy in Educational Psychology?
- What is the value (or not) of Animal Assisted Therapy, in working with a social-economically disadvantaged child?

- What is known about Animal Assisted Therapy in Educational Psychology?

1.4 ASSUMPTIONS

I approach this study with the following assumptions in mind:

- AAT can be used effectively as a therapeutic tool in Educational Psychology.
- AAT will allow the child to feel more at ease, comfortable and accepted within the therapeutic session.
- AAT, using a dog as medium, is currently not well known in the field of Educational Psychology.
- AAT would be effective when used with a social-economically disadvantaged child.

1.5 CONCEPT CLARIFICATION

To ensure a clear understanding of the process, I will subsequently provide definitions of the following terms:

1.5.1 ANIMAL-ASSISTED THERAPY

Kruger and Serpell (2006, 24) defines AAT as a goal-directed intervention, in which an animal that meets specific criteria is part of the treatment process. They mention that AAT is delivered by a health/human service professional with specialised expertise and within their scope of practice. Specific goals and objectives are included for the AAT, as well as measuring progress (Kruger & Serpell, 2006:24).

1.5.2 THERAPEUTIC TECHNIQUE

The goal of psychotherapy is described as the facilitation of remediation, adjustment and therapy, as well as the application of a formal and specialised process between two parties, focussing on cognitive, affective and/or behavioural functions of clients (George & Cristiani, 1986 in Van Niekerk & Prins, 2001:159). Nystul (2003 in Thompson & Henderson, 2007:23) mentions that psychotherapy involves examining unconscious processes.

A therapeutic technique can be defined as a technique used to address conscious and unconscious processes. Through the implementation of several strategies, the client is supported to deal with such processes. Intervention may also be included in this definition, as the therapist will use these techniques to intervene in the child's life. Intervention can be

seen as taking action to help or change a situation in the child's life (Donald, Lazarus & Lolwana, 2004). As there are many different therapeutic techniques, one may assume that an eclectic approach to therapy will be followed throughout this study.

1.5.3 CHILD

Van Niekerk (1986) views the child as a human being and a person. Anthropology views the child as open, with possibilities, intentional, *dasein* (child steps outside himself, and rises above himself) and a being of meaning. As a person the child gives meaning to affective, cognitive and normative levels of functioning.

1.5.4 SOCIO-ECONOMICALLY VULNERABLE CHILD

Socio-economically vulnerable children may include children in society that grow up in poverty or near poverty. Pianta and Walsh (1996) maintain that vulnerable children may be seen as children at risk of developing emotional and social difficulties due to the effect of maltreatment, poverty, HIV/AIDS, death or chronic illness of primary caregivers, homelessness, poor housing, lack of adequate health care and neighbourhood violence. UNICEF (2005) describes vulnerable children as being "*deprived of their first line of protection – their parents*" by means of detainment, prolonged hospitalisation, separation of parents, death or runaway behaviour. "*Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses*" (UNICEF, 2005). These children may often have to deal with malnutrition, physical and psychological trauma and illness.

1.6 PARADIGMATIC PERSPECTIVE

In this section I provide a brief overview of my selected paradigm for this study. A detailed presentation of my selected paradigm, research design and methodology can be found in Chapter 3.

For the purpose of this study, I followed a qualitative methodological approach, which was epistemologically anchored in Interpretivism. The Interpretivist paradigm suits the purpose of my study, as my focus would be to explore the use and value (or not) of AAT within a therapeutic setting with a child, I had worked with prior to the study, using a dog as therapeutic medium. I would thus look at the case study I will be using, taking into consideration the participant as well as his mother's experience of the intervention.

According to Interpretivists, reality is socially constructed. The reality for this study would be constructed from the point of view that there is not one single reality/truth. Instead reality/truth is constructed through the opinions and the perceptions of the participants. By exploring the participants' perception of meaning, I would be able to improve the comprehension of my study, also examining the social world and its construction of reality. The interpretivist paradigm enabled the process of understanding the use and value (or not) of AAT in the field of Educational Psychology, measured against what therapy is, and also to what can be found in theories regarding therapy in Educational Psychology.

1.7 RESEARCH DESIGN AND METHODOLOGY: A BRIEF OVERVIEW

I employed an intrinsic case study design for this study, focussing on the aim of gaining a better understanding of the individual case. De Vos, Strydom, Fouché and Delport (2005) mention that the case study is focused not on understanding the issue, however rather describing the case being studied.

I aim at exploring the use of AAT as a therapeutic tool in Educational Psychology, using a case I had previously worked on in the role of a therapist, making use of visual data, creative expression and field notes. In addition I will also return to the participant following termination of therapy, a year and a half prior to this study. I will make use of an informal interview, narrative expression, as well as creative expression to demonstrate his experiences of the therapy process. I will also conduct an informal interview with the participant's mother in order to gain an understanding of her experience regarding the therapy process, its effect and sustainability.

Following my data gathering, I will conduct data analysis through the use of document analysis. I will analyse letters, drawings, paintings and photographs found in the therapeutic case file. Punch (2005) described the use of documentary data for social research as a 'rich' process. It is mentioned that one should take the context in which documents have been written, into consideration, as they may be deprived from their real meaning in isolation from their social context (Punch, 2005). In conjunction with the use of document analysis, the interview that I conducted with the participant's mother and the participant was used in order to verify the themes identified by the document analysis.

1.8 ETHICAL CONSIDERATIONS

In conducting this study I adhered to the professional ethical code for psychologists, as formulated by the Health Professions Council of South Africa (HPCSA), as well as the Ethics and Research statement provided by the Faculty of Education of the University of Pretoria. I developed a consent form that ensured the participants' confidentiality (Appendix A).

This research study does not entail exposing participants to obvious physical risks or harmful activities. On a psychological level I remain mindful that this is a vulnerable child. I will therefore be careful not to cause any harm, also to establish a caring relationship without compromising my research findings.

The rights of the animal were protected by preventing hunger, thirst, malnutrition, fear, distress, physical or thermal discomfort, pain, injury, disease, and also allowing the animal to express normal patterns of behaviour. I addressed these aspects as I am both the researcher and the owner of the dog. This was done through personal knowledge gained by the training of the dog, as well as observing the dog during the therapeutic sessions.

The research ethical guidelines I adhered to, will be discussed in more detail in Chapter 3.

1.9 RIGOUR OF THE STUDY

I strove to produce findings that were believable and convincing, also presenting negative or inconsistent findings, in order to add to the rigour of the study. I aimed to enhance trustworthiness by making use of observations and field notes, during the entire research process, also using concrete data in the form of photographs, recordings and drawings by the participant. I strove to base the findings on the outcomes of the participants' involvement and on the conditions of the research, and not on my (or others') biases, motivations or perspectives. I strove to provide reliability and credibility throughout the entire research process. I provide more detailed descriptions of the measures that I included in order to enhance rigour in Chapter 3.

1.10 LAYOUT OF THE STUDY

CHAPTER 1: Overview and Rationale

Chapter 1 will provide a general overview of the study, including an introduction to and rationale for the study. The chapter will also contain the research problem, research questions, purpose of the research and definition of concepts.

CHAPTER 2: Conceptual Framework / Literature Review

This chapter will outline the conceptual framework for the study by providing a literature exploration with regard to information on AAT and relevant psychological theories.

CHAPTER 3: Research Design and Methodology

The third chapter will describe the research process in-depth, including the research design and methodology that was followed in the study.

Chapter 4: Research Results

Chapter 4 reports on the results of the study. It discusses the use of AAT as a therapeutic technique.

Chapter 5: Conclusion and Recommendations

In Chapter 5 the researcher will summarise the results of the study and will present conclusions drawn from the study. Limitations and recommendations for additional research will also be discussed.

1.11 CONCLUSION

In this Chapter I presented a general overview of my research problem, as well as the rationale for this study. I stated the purpose of my study and briefly introduced my selected research design and methodology. I defined the key concepts in order to better orientate the reader regarding the meanings that I ascribe to these concepts.

In Chapter 2 I explore relevant literature on AAT, Educational Psychology and socio-economically vulnerable children. Based on the conceptual framework provided in the next Chapter, I planned and conducted my study, which I describe in chapter 3.

---oOo---

CHAPTER 2

CONCEPTUAL FRAMEWORK / LITERATURE REVIEW

*“Animals are such agreeable friends –
they ask no questions, they pass no criticisms”
George Elliot, in Chandler, 2005:26*

2.1 INTRODUCTION

In this chapter I explore the main themes derived from the literature applicable to my study. I start by discussing the field of Educational Psychology and the role of therapy, after which I will define a socio-economically vulnerable child. I will then explore Animal-Assisted Therapy, focusing on defining this as well its benefits and implications. The chapter concludes with a conceptual framework for this study, linking relevant theoretical approaches in Educational psychology with Animal-Assisted Therapy. Although there are a significant amount of research and knowledge regarding therapy, it is however beyond the scope of this dissertation to discuss therapy in detail.

2.2 THERAPY FROM AN EDUCATIONAL PSYCHOLOGICAL VIEWPOINT

Educational psychology can be defined as the study of development, learning, motivation, education, assessment and related matters influencing teaching and education (Elliott, 2000). According to the Health Professions Council of South Africa, educational psychologists assess, diagnose and intervene in order to facilitate the psychological adjustment and development of children and adolescents within the contexts of family, school, social or peer groups and communities (HPCSA). The field of Educational Psychology provides various methods of assessment, as well as therapeutic interventions, according to the individual need of the child or family. A therapeutic technique can be defined as a technique used to address conscious and unconscious processes. Through the implementation of several strategies, the client is supported to deal with such processes. Intervention may also be included in this definition, as the therapist will use these techniques to intervene in the child's life. Intervention can be seen as taking action to help or change a situation in the child's life (Donald, Lazarus & Lolwana, 2004).

2.2.1 THE PERSONAL WORLD AND DEVELOPMENT OF A CHILD

As my research focuses on a therapeutic intervention with a child, I deemed it necessary to explain how I view a child from an educational psychological perspective. Van Niekerk (1986:110) describes children as Dasein, indicating that while the child is a being in the world, they also give meaning to the world through their personalities. Van Niekerk (1986:110) mentions that the child gives meaning to the surrounding realities through affective, cognitive and normative levels. The therapist would have to determine how each child sees the world from his/her unique perspective.

He further postulates that some meanings would be universal for all persons, gained from human meanings and social influences. Furthermore, the therapist would thus have to understand the meaning to a child, as well as the extent to which he/she understands the contents of life and values (Van Niekerk, 1986). I agree with Van Niekerk's explanation of the anthropological view of a child, and throughout my interaction with a child the above characteristics are kept in mind.

2.2.2 DEFINING PEDOTHERAPY

In the light of the above, Van Niekerk (1986) makes a plea for distinguishing child psychotherapy from conventional psychotherapy and he uses the concept of pedotherapy. Pedotherapy differs from conventional psychotherapy in the following ways:

- Pedotherapy is specifically designed for helping children, in that a child will not be treated as a mini-adult, but as a child.
- Pedotherapy is anthropologically founded.
- The child and parents are part of the helping process, as the child does not exist in isolation.
- Pedotherapy is highly structured. Preparation is done prior to the therapy concerning the time, place, goal, content and strategies used.
- Pedotherapy is goal-directed.

Van Niekerk (1986) mentioned that the two-sided situation of parent and child becomes a triangular one when the pedotherapist intervenes. The therapist helps to neutralise a stressful situation for both parent and child by building a bridge of communication between them (Van Niekerk, 1986). It needs to be noted that there are several approaches to both pedotherapy and psychotherapy.

2.2.3 THE THERAPEUTIC PROCESS

Geldard and Geldard (2002) propose the following model (p.13) for the therapy process. I prefer their structured outline as I see the process of child therapy as one that actively involves both the therapist and the child. It starts off with a child needing guidance and support in dealing with a specific issue in his/her life. The therapist invites the child to tell his/her story, allowing insight into the problem, and also provides the child with coping mechanisms to deal with the difficulty being faced. These coping mechanisms may involve certain skills or behaviours acquired through therapy.

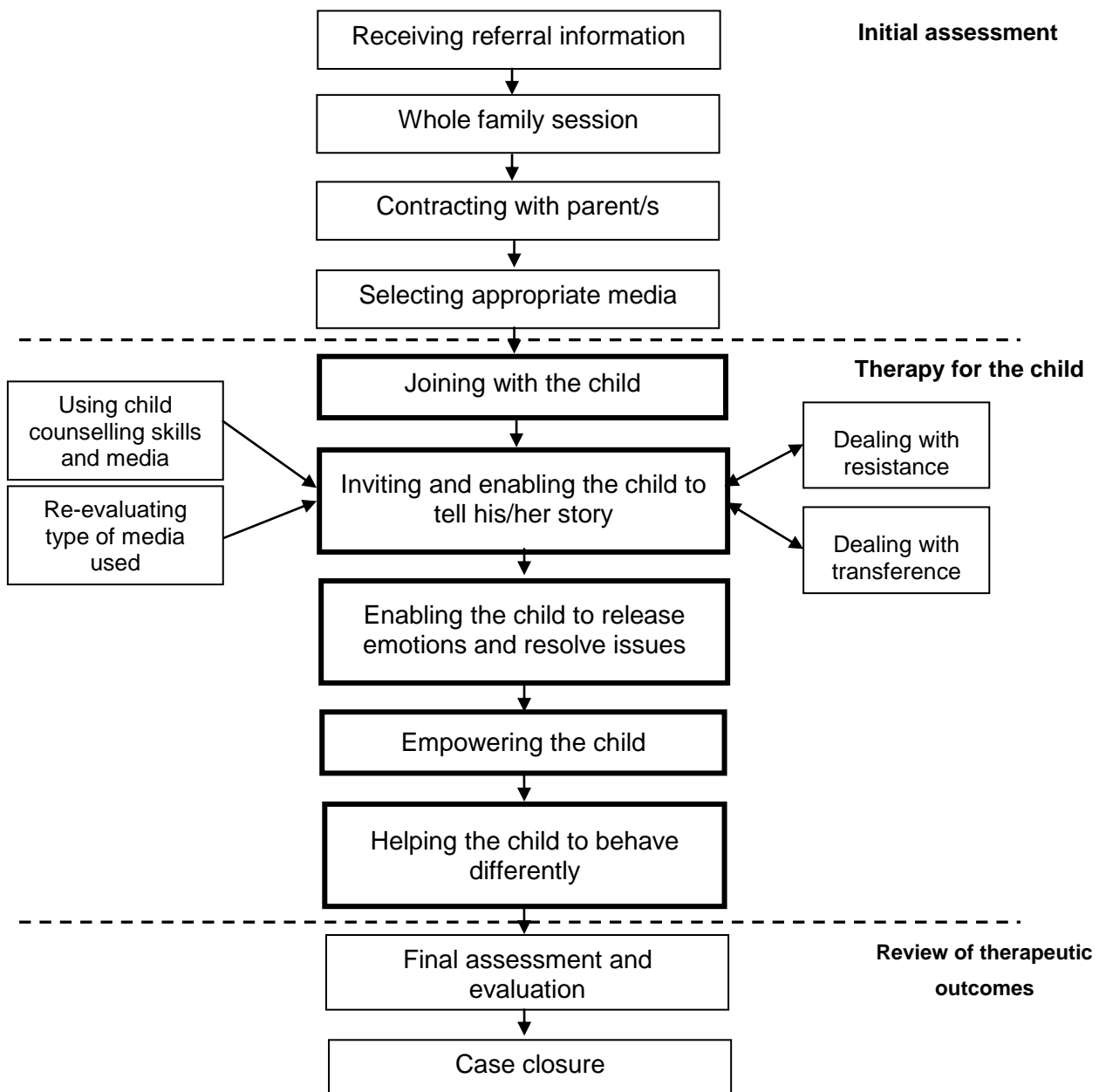


FIGURE 2.1: The therapeutic process (adapted from Geldard & Geldard, 2002:43)

Working with an individual client within his systemic context is always a unique process, and the above outline needs to be adapted to suit the client's needs. However, in my opinion the framework provides guidelines and a structure that facilitates clear goals and objectives for a predictable process. Although this study is focused on a child, I view the child within a system.

There is a depth of knowledge in terms of the variety and applicability of different psychological theories, and it is not the purpose of this study to review them all. What I have done is to provide a synopsis of theories relevant to the specific case that I explored, integrated with the focus of my study namely Animal-Assisted Therapy. Please refer to section 2.5, the conceptual framework of this study.

2.3 SOCIO-ECONOMICALLY VULNERABLE CHILD

This section explores a socio-economically vulnerable child, since that the participant in this study can be regarded as such a child. Although this study focuses mainly on one child, I do see the child within a system, and therefore I work from a systematic viewpoint. Social context includes all areas a person occupies in the social system as a whole, which includes the physical place in which the person lives/works, the language(s) used by the person, the person's family, relationships with the local and broader community, as well as the position that the person fulfils in the broader society (Donald *et al.*, 2004). A person's position is defined according to his/her power, socio-economic status, access to resources, as well as his/her values, beliefs, perceptions, and ways of understanding (Donald *et al.*, 2004:3).

Socio-economically vulnerable children may include children in a society who grow up in poverty or nearpoverty. Pianta and Walsh (1996) maintain that vulnerable children may be seen as children at risk of developing emotional and social difficulties due to the effect of maltreatment, poverty, HIV/AIDS, death or chronic illness of primary caregivers, homelessness, poor housing, lack of adequate health care and neighbourhood violence. UNICEF (2005) describes vulnerable children as being "*deprived of their first line of protection – their parents*" by means of detainment, prolonged hospitalisation, separation for parents, death or runaway behaviour. "*Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses*" (UNICEF, 2005). I also found that these children may often have to deal with malnutrition, physical and psychological trauma and illness.

Several of these factors impacted on the child that participated in this study. Apart from running away from home, he was also subject to poverty, separation from both his parents and neighbourhood violence. Smart (2003) found that various countries in Africa had similar descriptions of vulnerable children: children living on the street, child labourers, child-headed households, children being sexually exploited, children being neglected, children born to single mothers, children whose parents are terminally ill, children in foster care, those who are in conflict with the law, and children with disabilities. Kukard (2006) mentions that often it is found that the vulnerable child's basic rights are being denied. On a social level vulnerable children are characterised by relationship difficulties, the challenge of trusting people, becoming inappropriately attached to strangers, also finding the management of change challenging (Kukard, 2006:17). She further mentions that on an emotional level, vulnerable children often experiences anxiety, sadness, depression, and stress. Kukard (2006) states that vulnerable children may experience difficulty on a scholastic level, as well as in adhering to discipline from their caregivers.

2.4 ANIMAL-ASSISTED THERAPY

In the following paragraphs I explore Animal-Assisted Therapy (AAT) by defining it, looking at the benefits of AAT as well as the applicability within the therapeutic setting in Educational Psychology. This might add to the literature for AAT, as it is still quite a new field of research.

2.4.1 DEFINING ANIMAL-ASSISTED THERAPY

Many researchers note that there seems to be a natural affinity for a human and a pet to form a relationship with one another, even if the person is not the animal's owner (Chandler 2005, Netting, Wilson and New, 1987, Lloyd, 1991). Odendaal (1992, in Hetteema, 2002), maintains that there are two motivations for human-animal interaction. He mentions that the first is to elicit emotional advantages and the second is the utility value to humankind. Last-mentioned refers to working animals, security animals and sport and recreation. In this study I focused on the first reason, by exploring the use of AAT as a therapeutic tool in Educational Psychology.

Three categories of human–animal association provide physiological benefits to individuals: people explicitly looking at or observing animals or pictures of animals; people being in the presence of animals but not interacting with them; and people touching or interacting with them (Friedmann *et al.*, 2000, in Jalango, Astorino & Bomboy, 2004). In this section I will focus on people touching or interacting with an animal. In the literature, I found that many

different animals could be used for the purpose of Animal-Assisted Therapy (AAT), such as dogs, cats, horses, rabbits, birds, llamas, and potbellied pigs (Sprague, 1999). For the purpose of this study a dog will be used.

According to definitions developed by the Delta Society (Delta Society, 2009), therapy with an animal can be divided into two broad types, Animal Assisted Activities (AAA) and Animal-Assisted Therapy (AAT). I found that AAA can easily be confused with AAT. AAA is a less formal human-animal interaction, and is mostly used for social visits with a therapy animal (Chandler, 2005). AAT is defined as a “*goal-directed intervention*” in which an animal that meets specified criteria is a part of the treatment process delivered by a health/human service professional (Kruger & Serpell, 2006, Tedeschi, Fitchett & Molidor, 2006, Anderson, 2004, Odendaal, 2002 & Hettema, 2002). The Delta Society further mentions that AAT is scheduled at regular intervals and that notes on the client’s progress are taken after each session (Delta Society, 2009). In this study my focus will be on AAT and not on AAA.

Nimer and Lundahl (2007:225 in Friesen, 2010:264) define AAT as the deliberate inclusion of an animal in therapy where use of the animal is aimed at accomplishing predefined outcomes, believed to be difficult to achieve without the animal. In my opinion this indicates that the use of the animal in AAT can be seen as intentional and that the animal may help the therapist to achieve certain challenging outcomes with more ease. They also mentioned that some outcomes can be best addressed through the use of an animal in therapy (Nimer & Lundahl, 2007:225 in Friesen, 2010:264).

Nimer and Lundahl (2007) mentioned that animals seem to have a natural affinity to create a relationship (bond) with people, thus leaning to the possibility of AAT being beneficial. Chandler (2005:5) stated that this natural tendency fosters quick rapport and empathy between the child and the animal. Urick and Anderson (2003:92) mentioned that all humans have basic psychological needs, such as being loved, respected, useful, needed, accepted, and trusted. They indicated that an animal may fulfil these needs by filling certain roles in the client’s life, such as companion, friend, servant, dependant, admirer, confidante, scapegoat, mirror, trustee, and defender. In my opinion an animal may thus provide a very important bond between the person and animal within the therapy setting.

In the literature I found that the use of AAT is growing throughout the world (Chandler, 2005). Hettema (2002) notes that this specific intervention takes place within environments such as prisons, nursing homes, homes for the disabled and in childcare settings. It is said that persons making use of AAT must have proper training and credentials for their professional

practice (Chandler, 2005:5). Trained professionals or volunteers go through a process to train their animal (e.g. a dog, cat, rabbit, horse, etc.) to enable the animal to work with people in a calm, and non-threatening manner. Chandler (2005) mentions that therapy animals are unconditionally accepting and non-judgemental, indicating that they would accept a person unconditionally, not passing judgements as humans might do. Fine (2006) indicated that animals promote rapport in a therapeutic relationship.

Jalango *et al.* (2004:10) mention that therapy dogs provide a unique form of support to children's learning, physical health, and emotional wellbeing, which may not have been possible through interaction and intervention with the therapist alone (Friesen, 2010). Friesen (2010,265) stated that a unique form of support indicates that through incorporating a dog into the therapy setting, interaction between a child and adult may become possible when human attempts alone prove to be inadequate. This implies that AAT may provide more possibilities in therapy for both the child (client), as well as the therapist.

2.4.2 BENEFITS AND CONSIDERATIONS IN THE USE OF ANIMAL-ASSISTED THERAPY

Risley-Curtiss (2010) mentions that both professional and popular literature, provides evidence of the positive effects that animals can have on humans. Dashnaw-Stiles (2001 in Nimer & Lundahl, 2007) stated that every study investigating AAT showed positive outcomes. This implies that AAT has several advantages in different areas such as physical, social and psychological advantages when used in health care facilities (Peterson, 1999, in Jalango *et al.*, 2004).

Sprague (1999:4) stated that AAT was designed to promote improvement in human physical, social, emotional, and/or cognitive functioning. Berget and Braastad (2008) mentioned that animals could be beneficial to humans as they were part of nature. One can stroke them and they serve as social companions.

2.4.2.1 Benefits of an animal as an aid to the therapist

AAT is considered an aid (adjunct) to existing therapy by Chandler (2005:5), indicating that AAT is not seen as a stand-alone treatment (Nimer & Lundahl, 2007), allowing the therapist to include the animal in any type of therapy he/she chooses or already implements with the client. Chandler (2005:5) mentioned that AAT can be directive or nondirective in its approach. This allows the therapist not only to use the AAT according to what best suits his/her own personal style, but also to what would best suit the client, either directly or indirectly. Nimer and Lundahl (2007) mentioned that AAT can be applied to all ages across

the lifespan. Sprague (1999) mentions that AAT can be provided in a variety of settings and may be applied in both group and individual settings. I will discuss the benefits of AAT as an aid for the therapist in the following subsections.

a) The presence of an animal fosters a relaxed, safe and comfortable environment within the therapeutic setting

Having an animal in an office creates a homely atmosphere, making the therapist more approachable to the child, and thus decreasing the child's (client's) initial reservations regarding entering therapy (Urichuk & Anderson, 2003:42 & Fine, 2006:171). Furthermore the child's feelings of being under examination are forgotten, and they also dismisses tension (Schaifer, 1999:419, Fine, 2006:173 & Nimer & Lundahl, 2007:226), indicating that a therapy animal (dog) decreases some tension, creates a warm and inviting atmosphere, also shifts the client's attention from being worried to being more calm and relaxed (Chandler, 2005:7).

Schaifer (1999:416) mentions that children do not seek out the therapist, therefore they will not likely be aware of their own need for help or support from a therapist. Consequently the therapist should ensure that he/she creates a sense of comfort and safety within the therapeutic setting. Fine (2006:171) mentioned that the presence of an animal provides a sense of comfort to the client, as well as a sense of safety (Chandler, 2005:7).

b) Facilitating therapeutic relationship building, trust and disclosures

Studies found that, when used in therapy, animals can act as social ice-breakers (McNicholas & Collins, 2006:65), facilitating the relationship between the child and therapist (Friesen, 2010:265, Chandler, 2005:7 & Fine, 2006:171). Urichuk and Anderson (2003:42) indicated that an animal present in therapy may facilitate communication between the therapist and client. According to Fine (2006:173) a gentle animal helps the client to view the therapist in a more endearing manner. This may create an initial situation of trust between the child (client) and animal, which may later be transferred to the professional (Tedeschi *et al.*, 2006:62). According to Covert *et al.* (1985 in Urichuk & Anderson, 2003:52) studies have proved that children tend to confide in their pets when they have problems, indicating the value of an animal to a child. This may be that the animal characteristically does not judge or deceive, seek attention and interaction, displaying that it is vulnerable, much like the client in the therapeutic setting (Chandler, 2005:6).

Many researchers found that a therapist, who conducts therapy with an animal present, may appear less threatening to the child (client), which may in turn cause the child (client) to be more willing to disclose information, revealing him or herself (Reichert, 1998, Kruger *et al.*,

2004 & Beck *et al.*, 1986 in Fine, 2006:420, Urichuk & Anderson, 2003:12 & Hoelscher & Garat, 1993 in Fine, 2006). Tedeschi *et al.* (2006:62) stated that an AAT animal serves as a non-threatening partner in the therapy process, especially for individuals who may have had negative experiences in their interactions with others. Schaifer (1999:419) found that the presence of an animal is particularly helpful when children are not cooperative. Tedeschi *et al.* (2006:62) mentioned that animals can often reach people when human relationships may be difficult, indicating that the presence of an animal may be useful, especially when the child feels unsafe or trusts the therapist. Fine (2006:173) found that children were more cooperative at times when a dog was present in the therapy setting.

c) Experiencing support and acceptance

Chandler (2005:7) stated that the child (client) may experience comfort and support from the presence of the animal in therapy, even though the support may be temporary. Soloman (1981 in Reichert, 1998:178) maintains that the child receives value from the dog that offers love and reassurance without criticism. This may cause the child to experience the animal as “*unconditionally accepting and non-judgemental*” (Chandler, 2005:6).

Research found that often children tend to play with their pets when feeling stressed (Covert *et al.*, 1985 in Urichuk & Anderson, 2003:52). This supports the above findings that animals provide children (clients) with support and acceptance.

d) Expression through working indirectly via the animal as a medium

Urichuk and Anderson (2003) mention that numerous people did more easily express their feelings, issues and fears indirectly than directly. They further state that these people may find it helpful to express their thoughts through a companion animal (Urichuk & Anderson, 2003:114). Mayes (1998 in Urichuk & Anderson, 2003:115) stated that when one uses an animal in such a way, it may cause less risk to that person, although the therapist’s acceptance and validation would still be beneficial. This, as previously mentioned, indicates that the animal functions as an aid (Reichert, 1998) to the therapist and does not replace the value of the therapist.

Reichert (1998) mentions that the child may see the animal as a role-model or teacher, which may then result in the animal serving as a bridge between the child and the social worker (Reichert, 1998:184). The child would thus convey his or her feelings through the animal, making it more indirect, rather than communicating directly with the social worker. Although this was applied within the social worker context, one may assume it can apply to Educational Psychology context as well. The therapist might also use the dog as a tool

through which he/she can communicate with the child. The therapist would then simply act as the agent, relaying the message between the child and animal (Schaifer, 1999:420). This would enable the child to communicate to the therapist, using the dog as medium, and thus not feeling threatened or exposed. Prothmann *et al.* (2006 in Friesen, 2010:265) maintains that the dog's enthusiasm to interact with the child may provide the stimulus for the child's own social interaction and behaviour. Chandler (2005:6) stated that animals make good transitional beings as they move and show intentional behaviour, unlike a stuffed toy. She further states that although soft toys provide a soft touch, animals are capable of giving affection, as well as seeking attention from the child, not contradicting any attributes projected onto them (Katcher, 2000b:468 in Chandler, 2005:6).

There are various manners in which a therapist may use the animal (dog) as a medium through which one may work indirectly. Flom (2005:470) mentioned that children's own feelings become easier to acknowledge when one relates them to those of an animal's, such as in the case of projection. Projection entails the child projecting his/her feelings onto another person or object, allowing the child to express uncomfortable and unacceptable feelings (Geldard & Geldard, 2002:109). Therapists may relate the animal's behaviour to the child's, which can provide insight and empathy for the child (Flom, 2005:470), allowing the child to deal with these emotions in a safe and indirect manner.

Through the promotion of projection, one may make use of storytelling as well, which Reichert (1998:184) describes as being beneficial to the therapeutic process. Urichuk and Anderson (2003:115) mentioned that individuals may benefit from hearing stories of the animal's experiences that are parallel to their own issues.

As a result of a child's ability to identify with characters and themes so powerfully, Reichert (1998:182) mentions that they can easily relate to a story, making unconscious connections to conflict. Using a story may thus help a child to identify with a character, leading to the resolution of his or her problems. An animal may for example assist the child in acting out the role, also serving as a means of projection and support (Reichert, 1998:182). One may base the story indirectly on the dog, ensuring that it is similar to the child's life and issues. The child would thus be listening to a story about the dog's life, not his or her own, resulting in identification with the story and possible conflict resolution.

e) Allowing behaviour inappropriate for a professional

Due to the society we live in and the need to adhere to certain ethical standards, physical contact is seen as highly controversial in mental health professions, such as Educational Psychology (Allan, 2008:185). Urichuk and Anderson (2003:60) argued that animals were in

the position to display emotions and behaviours that may not be professionally appropriate for mental health therapists, allowing clients to experience “*the warmth and security of a dog*”. Through interaction with animals the clients are able to experience physical and emotional contact, such as a dog sitting next to them or on their lap (Urichuk & Anderson, 2003:60).

f) Innate nature of the dog

Urichuk and Anderson (2003:12) mentioned that animals are far more than ‘*tools*’ in therapy. Nimer and Lundahl (2007) describe a good therapy animal, as one that would seek attention and affection from the child. Chandler (2005:6) mentions that animals make good ‘*transitional beings*’ as they show intentional behaviour. She described animals as being more like a person than a stuffed toy, due to their movement and interaction with the child. Incorporating animals within the therapeutic setting may result in an atmosphere that may be independently therapeutic, assisting clients in accepting interventions more easily (Nimer & Lundahl, 2007:226 & Urichuk & Anderson, 2003:120).

According to Urichuk and Anderson (2003), the Person Centered counselling approach requires three conditions for therapeutic growth to occur, namely genuineness, unconditional positive regard and empathy. McIntosh (2002 in Urichuk & Anderson, 2003:112) states that animals provide these emotions freely without restraint or judgement, indicating the effect animals may have on the therapeutic session.

2.4.2.2 Physiological Benefits of Animal-Assisted Therapy

Flom (2005:469) states that studies have shown the beneficial effect of animals on the health and adjustment of individuals, including children. Katcher, Friedmann, Beck and Lynch (1983 in Jalango *et al.*, 2004:9) mention that physiological measures such as a reduction in heart rate, lowered blood pressure, and other observable signs of anxiety, reveal that interacting with a dog can moderate stress. Research has found that even brief exposure to a dog tends to lower blood pressure (Somervill, Swanson, Robertson & MacLin, 2009:117). Jalango *et al.* (2004:9) found that research supports the argument that the presence of a calm, attentive dog tends to reduce stress more than that of an adult or a supportive friend. Friesen (2010:266) maintains that children feel less anxiety when interacting with therapy dogs. These findings may indicate that the therapy animal reduces the child’s anxiety, especially in stressful situations (Shiloh, Sorek & Terkel, 2003).

Many researchers maintain that several researchers confirm a reduction of attention-deficit/hyperactivity disorder symptoms where animals are involved (Kogan, Granger, Fitchett, Helmer, & Young, 1999; Voelker, 1995 in Flom, 2005:470). This indicates the calming and relaxing effect an animal may have in the therapeutic setting with a child.

2.4.2.3 Psychological Benefits of Animal-Assisted Therapy

Research found that AAT affects a person psychologically in several ways. Fontaine (2001 in Jalango *et al.*, 2004) reported a decline in feelings of loneliness, increased feelings of psychological well-being, better quality of life, less stress and anxiety, and an increase in motivation. Flom (2005:469) mentioned findings such as self-control, responsibility, a sense of belonging, reduced anxiety, increased responsibility, improved mood, enhancement of the psychotherapy process, and reduction in problem behaviours. Heiman (1965 in Sable, 1995:335) saw pets as helping to maintain psychological equilibrium. In this section the psychological benefits will be discussed according to the following subsections: social benefits, self-esteem benefits and the effect on emotional and behavioural difficulties.

a) Socialisation benefits

Many researchers found that using an animal in therapy enhances social support and social interactions (Shiloh *et al.*, 2003, Tedeschi *et al.*, 2006, Friedmann & Tsai, 2006 in Walsh, 2009, Brodie & Biley, 1999 in Nimer & Lundahl, 2007, Berget & Braastad, 2008:326, Kaminski, Pellino & Wish, 2002). McIntosh (2002 in Urichuk & Anderson, 2003) mentions that children may often turn to animals for social support due to the animal's unconditional acceptance and being non-judgemental. Urichuk and Anderson (2003) maintain that young children and some adults see animals as peers. This may promote the interaction between people and animals, indicating the importance of AAT. Walsh (2009) found that with the use of AAT, children become more involved within their environment in a non-threatening manner. Tedeschi *et al.* (2006:70) noted that the inclusion of animals in the context of school and nonschool activities, increased children's contributions and socialisations.

Urichuk and Anderson (2003:79) are of the opinion that when people are taught to be kind to animals and to treat them with respect, they in turn, will learn to be kind and respect other people. AAT may thus be used to assist with socialisation but also in the acquiring of social skills. Urichuk and Anderson (2003:79) found that speech and communication skills can be improved through working with an animal. This could be achieved through getting the child to talk and interact with the animal, such as giving a command or saying its name aloud. Mallon

(1994) and Voelker (1995) in Flom (2005:470) state that decreased aggression and improved social skills were found with children participating in animal-assisted programs.

b) Self-esteem benefits

Self concept refers the individual's concept of who they are and what they are capable of. It also includes whether they feel positive or negative about their own abilities. Self-esteem can be seen as part of self-concept and entails the individual's perception regarding their own abilities. Kaminski, Pellino and Wish (2002) maintain that AAT provides a person with self-esteem as well as some independence.

Higher levels of self-esteem have been found in children, who have regular contact with animals (Urichuk & Anderson, 2003:69). It was also found that clients, who lack control and self-esteem in their lives may benefit from AAT (Urichuk & Anderson, 2003). The client may be asked to let the animal perform obedience tricks through giving certain commands. This in turn will allow the client to experience some control, as well as the possibility of an increase in self-esteem.

Urichuk and Anderson (2003) mentioned that animals provide positive regard, do not discriminate against people, are non-judgemental and do not play psychological games with people, which makes them ideal for increasing a person's self-esteem. They also mentioned that the animals "*love you for who you are inside*", which may portray unconditional acceptance from the animal to the child. Reichert (1998:177) found that due to the animal being non-judgemental, it may enhance the child's self-esteem, also promoting the expression of feelings. Walsh (2009) found that the animal contributes to a child's self-esteem through being a 'friend' to the child. Tedeschi *et al.* (2006) maintains that an increase in self-esteem is regularly reported in children working with animals.

c) Emotional and behavioural benefits

It needs to be noted that due to overlapping data, this section can be integrated with Section 2.4.2.1, which involves the benefits of the animal as an aid to the therapist. Some people in therapy may often find it difficult to trust a person enough to form a deeper relationship with them. I am of the opinion that this may be due to their previous experiences of people or situations which might have had a negative effect on them. Flom (2005) found that some children who had difficulty with forming attachments in their lives, found acceptance from the therapist's pet, as well as giving affection to it. Urichuk and Anderson (2003:21) support Flom's findings in that they found that an animal can be a safe "*living*" thing people can bond with. Giving affection to or receiving affection from an animal can thus be seen as beneficial

to people (Urichuk & Anderson, 2003:51). They also mentioned that people may experience predictable interactions from the animal, which may result in the person gaining self-knowledge as well as knowledge about others.

AAT have proved to be useful, even for students that seemed to be very difficult to reach (Kogan *et al.*, 1999 & Mallon, 1994 in Flom, 2005). These students may be difficult to reach due to certain influences in their life which may have caused them to be cautious of revealing their emotions or feelings to others. Tedeschi *et al.* (2006:69) found that by working with an animal, the child is allowed more control, allowing him/her to feel unconditionally accepted by a living being. It was also found that by interacting with an animal, nurturing and caring for the animal, a child may be allowed to experience a mutual relationship where love, affection and touch are expressed in a non-threatening manner, within healthy boundaries (Tedeschi *et al.* (2006:69).

According to Nebbe (1994 in Urichuk & Anderson, 2003:76) a persons' own needs of nurturance are being fulfilled when they nurture "*another living being*". AAT places the child in this unique situation where he/she may act as the nurturer. Urichuk and Anderson (2003) note that the joint giving and receiving of affection are valuable to the human-animal bond. They further mention that through the act of giving, one may feel more worthwhile. They also stated that it seems to be easier to give to an animal than to another person. The mutual relationship of giving and receiving may result in the child feeling a sense of accomplishment and pride, which can enhance their life (Urichuk & Anderson, 2003).

Research found that animals are able to fulfil a variety of emotional needs (Tedeschi *et al.*, 2006), such as being a source of consistency, providing security as well as emotional stability, while feelings of loneliness and isolation are decreased (Shiloh *et al.*, 2003). Sable (1995:335) is of the opinion that the presence of pets increases feelings of happiness, security and self-worth, while decreasing feelings of loneliness and isolation. Having an animal present during therapy was also found to assist clients in dealing with excessive behaviours and emotions (Urichuk & Anderson, 2003:60). Fine (2000 in Urichuk & Anderson, 2003:60) stated that animals seem to regulate the emotional climate of a room.

Various people, especially children, may find it challenging to express their emotions. This might be due to their past experiences which may have indicated to them that others do not regard their feelings as important (Urichuk & Anderson, 2003). They further state that studies indicated that animals may be a source of emotional support for children (Urichuk & Anderson, 2003:61). Animals may help children to express various emotions ranging from laughter to unhappiness during therapeutic sessions (Urichuk & Anderson, 2003). Urichuk

and Anderson (2003) mention various authors who have found that animals often ensure that comical and/or playful situations in therapy take place, and that laughter and joy can be therapeutic, as they are known to reduce stress and to positively impact a person's quality of life, even if just for a moment (McCulloch, 1984, Cousins, 1989 and Fine, 2000 in Urichuk and Anderson, 2003).

Nebbe (1994 in Urichuk & Anderson, 2003:66) mentioned that the presence of an animal may stir empathy in a child if the therapist portrays being sensitive and caring towards the animal's needs. Animals may even display empathy towards a client (Urichuk & Anderson, 2003) during therapy sessions touching on emotional issues for a client (child). This may be demonstrated by a dog lying beside a child, placing his head in a child's lap or licking the child's hand when they are crying.

d) Academic benefits of Animal-Assisted Therapy

It seems that animal-assisted activities can be utilised in the classroom setting, resulting in an increase in motivation for students to complete their work (Nebbe, 2003 in Jalango *et al.*, 2004). Friesen (2010) found that children's general perception of therapy dogs are that they are neutral and non-judgemental, resulting in the children feeling safe and more relaxed in their environment. Anderson and Olson (2006 in Walsh, 2009:262) mentioned that dogs have been found to contribute to elementary school students' overall emotional stability.

e) Considerations in the use of Animal-Assisted Therapy

The animal to be used for therapy's characteristics is very important and emphasised by George (1998 in Reichert, 1998:180). Like people, animals, dogs for the purpose of this study, tend to have certain personality types that define them. That is why one needs to ensure that you use the right kind of dog for AAT. Chandler (2005:28) indicated some criteria for the selection of a therapy dog:

"The canine counsellor must have the right temperament for therapy work. It must be affectionate, friendly, and sociable with persons of all ages and ethnicities and both genders. It must tolerate high levels of noise and activity. The dog must not be aggressive towards other dogs and it is most helpful if the dog is friendly towards other dogs as well. The dog must be relatively calm. It is imperative that the dog be obedient and easy to control. A therapy dog needs to be comfortable with travelling in a car. It must be comfortable away from home when visiting unfamiliar places and greeting unfamiliar persons. And most important, the dog needs to have a fairly good tolerance for stress" (Chandler, 2005:26).

Reichert (1998:180) is of the opinion that although AAT is useful for many children, it is not appropriate for all children. Some children may have a history of aggression, violence or abuse towards other children or animals. They should thus not be involved with AAT, as one needs to consider the dog's wellbeing and safety as well. The use of dogs may even be seen as crossing certain cultural barriers, such as in the case of some cultures in the Middle East or South East Asia, where dogs are regarded as unclean or as a general nuisance (Jalango *et al.*, 2004:13). One should thus be aware of the child's cultural beliefs and values, when planning to use AAT.

Chandler (2005:6) describes the 'connection' between the child and the animal as "*situational and characteristic*". She mentioned that pet owners form a permanent attachment to the therapy animal, whereas with a client it is "*less about an attachment and more about trust and affiliation*". In order to terminate therapy with a client, a therapist should prepare the child in advance, as well as address some grief issues. Chandler (2005) mentioned that the termination of AAT may be easily terminated, as the child would not have as strong a relationship with the animal as the therapist or owner of the dog.

2.5 CONCEPTUAL FRAMEWORK: CONNECTING EDUCATIONAL PSYCHOLOGY THEORY AND ANIMAL-ASSISTED THERAPY

Kruger and Serpell (2006:25) stated that the field of Animal-Assisted interventions currently lacks a theoretical framework that is unified, widely accepted and empirically supported, explaining how and why relationships between humans and animals may be therapeutic. Although there may be examples regarding the benefits of AAT, one needs to be aware that there is limited empirical research proving the effectiveness of AAT. Voelker (1995 in Fine, 2006:168) noted that "*the biggest challenge facing advocates of AAT can be summed up in two words: 'prove it'*". This is a very powerful statement indicating the challenge I am facing in finding theoretical evidence as a basis for AAT.

In an attempt to find theories in Educational Psychology on which AAT can be based for this study, I will be making use of an eclectic approach. Van Niekerk (2003:6) mentions that different theories may be used to mutually influence one another, giving it an eclectic character (Van Niekerk, 2003:11). He further mentions that most personality theories are eclectic which may be seen as a systematic combination of bits and pieces of different existing theories (Van Niekerk, 2003:46). The aim for this section would thus not be to discuss each chosen theory in depth, but rather to refer briefly to what is most representative (Van Niekerk, 2003:6) within each theory for the purpose of AAT. The theories' view of

psychotherapy, as well as how AAT can be incorporated within these theories will be explored.

To allow for a better understanding of the eclectic approach used, Figure 2.2 provides a visual representation of my conceptual framework for this study. After presenting Figure 2.2, I will discuss my conceptual framework regarding the individual theories chosen.

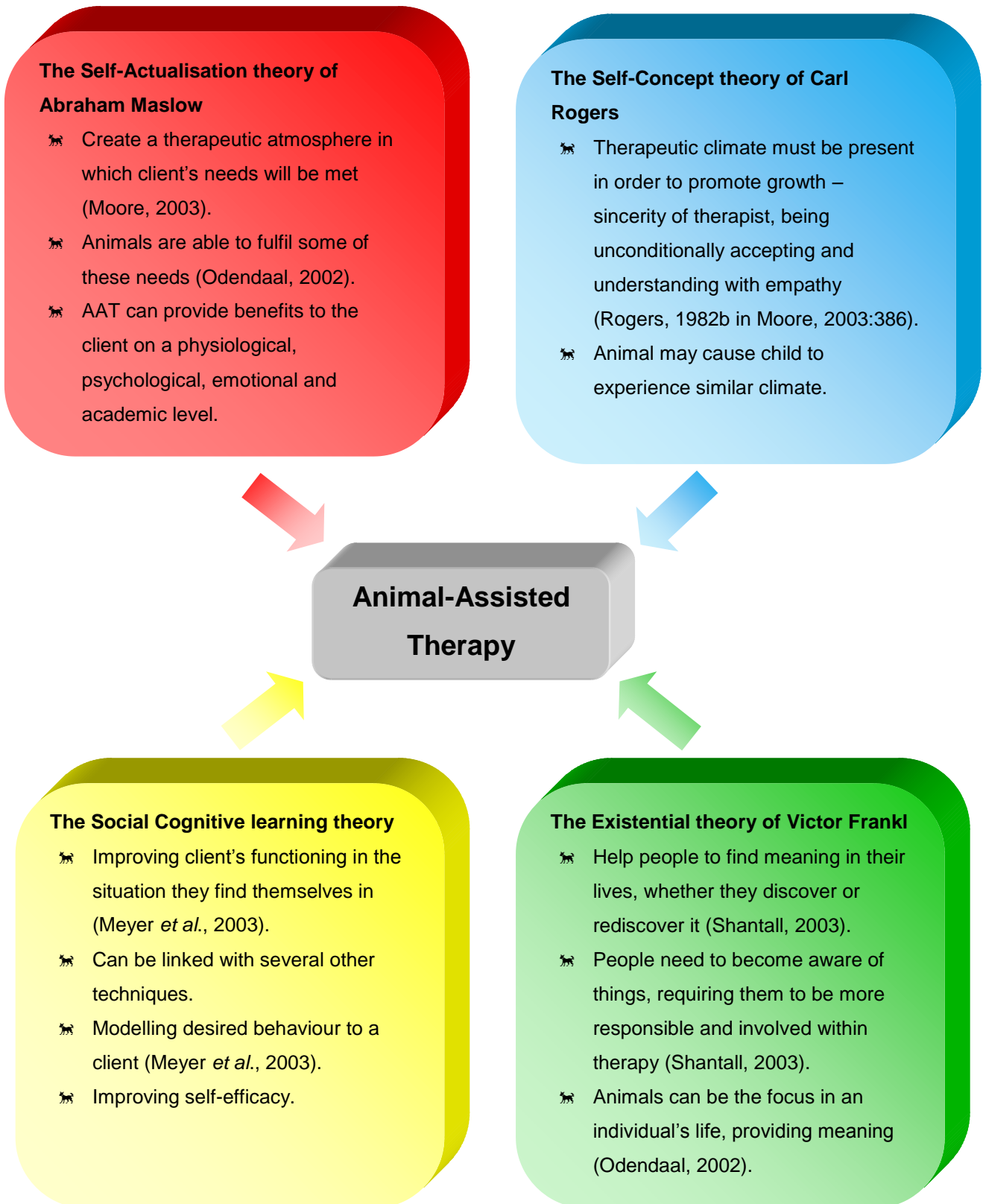


FIGURE 2.2: Conceptual Framework for this study

2.5.1 THE SELF-ACTUALISATION THEORY OF ABRAHAM MASLOW

Moore (2003) described Maslow's view of the world as optimistic. Maslow believed that self-actualisation is the motive that underlies all behaviour (Moore, 2003). He believed that human behaviour could be explained through certain needs that need to be gratified (Figure 2.3). According to Maslow's hierarchy people will not be motivated by higher-order needs, unless their lower-order needs are met (Louw & Edwards, 1998:812).

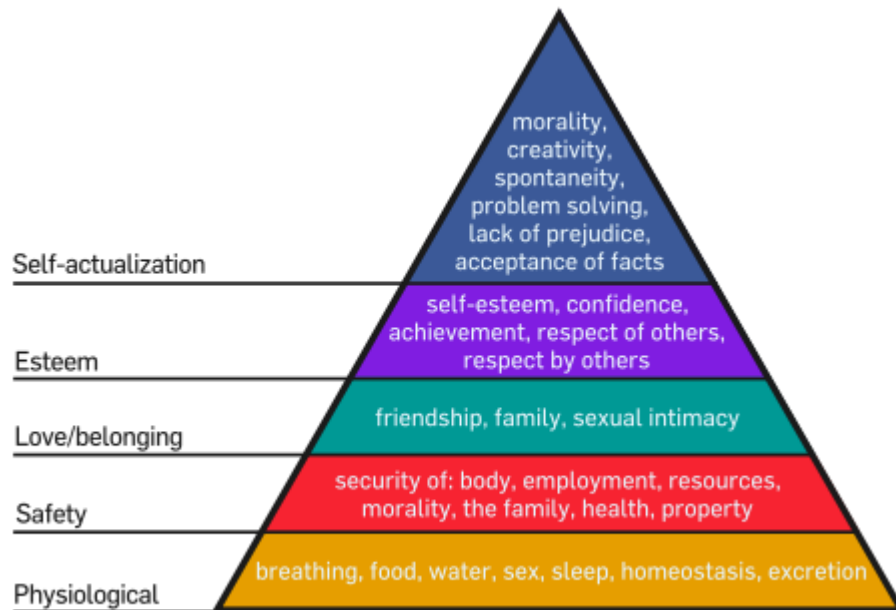


FIGURE 2.3: Maslow's hierarchy of needs (Wikipedia, 2010)

Maslow did not propose a unique therapeutic approach to therapy. However he did comment on the role played by the therapist, as well as the atmosphere which is needed within the therapeutic context (Moore, 2003), which I regard as an important part of psychotherapy within AAT. Maslow (1970) mentioned that it is important for the therapist to create a therapeutic relationship in which the client's basic needs will be met in order for the client to realise his/her true potential. These basic needs are security, love and regard (Moore, 2003). Maslow views the therapist as a facilitator, and with this I agree. He does not stipulate how the therapist should achieve his/her goals, as long as they create an atmosphere in which the client can flourish and grow (Moore, 2003).

Odendaal (2002) maintains that animals will be able to fulfil some of the needs stipulated by Maslow as they provide motives for growth. As discussed previously, AAT can provide benefits to the client on a physiological, psychological, emotional and academic level. One

may thus assume that the physiological, safety, love/belonging and esteem needs on Maslow's hierarchy will be met, leading to self-actualisation of the client.

2.5.2 THE SELF-CONCEPT THEORY OF CARL ROGERS

Rogers' fundamental view of the person is humanistic-phenomenological (Moore, 2003:362), viewing the individual as a whole. Individuals are thus not only active role players, but they could also be trusted to follow a positive course to reach their full potential (Moore, 2003). Rogers believed that people should not be given advice. They should rather learn naturally to solve their problems in their own manner (Louw & Edwards, 1997).

Regarding psychotherapy the client needs to take responsibility for his/her own change. Louw and Edwards (1997:17) notes that the therapist should provide understanding and respect, relating to the client in an honest and genuine manner. The therapist thus acts as facilitator, creating a climate of positive regard, warmth and empathy, allowing the client freedom for change (Moore, 2003).

According to Rogers (1982b in Moore, 2003:386) the therapeutic climate must include three elements in order to promote growth. The first element involves sincerity/congruence of the therapist, the second requires the therapist's attitude of unconditional acceptance/caring and the third element involves that the therapist should understand with empathy (Rogers, 1982b in Moore, 2003:386). In a therapy session with an animal (dog) aid to the therapist, the child may experience a similar experience to the therapeutic climate Moore (2003:386) described. The dog seems to be non-judgemental and does not discriminate (Urichuk & Anderson, 2003), which may lead to the client's (child) experiencing the therapist and dog as sincere and accepting the child unconditionally. Reichert (1998:177) found that due to the animal being non-judgemental, it may enhance the child's self-esteem and promote the expression of feelings. Through involving a dog in therapy, Urichuk and Anderson (2003:60) mentions that clients get to experience the warmth and security of a dog. The dog may seem to portray that he/she is caring about the child or listening to the child, by placing its head on the child's lap or sitting next to him/her during the therapy. The child might also observe the relationship between the therapist and the dog, which may cause the child to feel that the therapist can be trusted as the dog trusts the therapist.

2.5.3 THE EXISTENTIAL THEORY OF VICTOR FRANKL

Frankl called his own approach to psychotherapy, logotherapy. He defined logotherapy as a “*psychotherapy which not only recognises man’s spirit, but actually starts from it*” (Shantall, 2003:452). The goal of logotherapy is to help people find meaning in their lives, whether they discover it or rediscover it (Shantall, 2003).

Shantall (2003:452) mentioned that core of logotherapy is to challenge people to become aware of things which will require them to be responsible, also demanding their love, care and involvement. It was also mentioned that logotherapy is not problem-centred but rather meaning-centred (Shantall, 2003:452).

Odendaal (2002) mentioned that the main focus of the client should be directed at something outside him/herself that provides meaning to his/her life. He was of the opinion that companion animals can be such a focus for individuals (Odendaal, 2002:26). Through working indirectly with the animal (dog), one may shift the client’s (child) attention to something outside themselves, giving meaning to their life. Working indirectly may require the therapist to use storytelling as a technique, telling a story about the dog with a similar theme to that the child is dealing with at that moment. This would ensure that the child is able to focus on something outside him/herself, also finding meaning through the dog’s experience and way of dealing with the issue.

2.5.4 THE SOCIAL COGNITIVE LEARNING THEORY

The social learning theory explains human behaviour in terms of a continuous reciprocal interaction between cognitive, behavioural and environmental determinants (Bandura, 1977:vii). Although the social cognitive theory agrees with behaviourism in that behaviour is learnt, I did come across several differences between the two theories. Behaviourism entails facilitating the child to change his/her own behaviour, in order to better suit his/her needs (Thompson & Henderson, 2007:244). Through the use of specific techniques, addressing both internal and external factors, the behaviour change can be addressed by behaviourism (Thompson & Henderson, 2007:244). Social cognitive theory regards learning through observation as the most important method of learning, and does not regard reinforcement essential for learning (Meyer *et al.*, 2003:290).

Meyer *et al.* (2003:314) describes the purpose of therapy in the social cognitive learning theory as improving clients’ functioning in the type of situation that they find problematic.

Therapists thus aim at teaching clients more effective cognitive styles, also improving their self-efficacy (Meyer *et al.*, 2003:314). It is mentioned by Meyer *et al.* (2003) that this type of therapy can be linked with various other techniques, which made me wonder about the applicability of the social cognitive theory in AAT.

The perception of wanting clients to learn appropriate behaviours through observation is found to be common in the literature on Animal-Assisted interventions (Fine, 2000; Rice *et al.*, 1973; Taylor, 2001; Vidrine *et al.*, 2002 in Kruger & Serpell, 2006). This can be referred to as modelling, a form of therapy in social cognitive learning theories (Meyer *et al.*, 2003:314). Modelling entails demonstrating desired behaviour to a client and it can be applied in various ways (Meyer *et al.*, 2003:314). It is mentioned by Meyer *et al.* (2003) that the model can play the role of someone who is learning the desired behaviour, not acting as the expert. By using this form of therapy, I do believe one can incorporate AAT within the social cognitive learning approach. Bandura (1977) mentioned that modelling involves behaviour from television, magazines, other people and books, thus allowing for a variety of mediums to portray the desired behaviour. It made me wonder why one may not make use of a dog in therapy to model the desired behaviour.

Meyer *et al.* (2003) found that using a model in a manner in which the model needs to learn behaviour, is very effective due to the client feeling he/she can identify with the model, also providing the client with the steps to learn the desired behaviour. The therapist may thus apply the dog to model certain behaviour, allowing the child to identify with the dog, the situation, as well as learning the behaviour in a non-threatening manner. Various researchers found that one may enhance the effectiveness of modelling through combining it with direct reinforcement by using the method of “*participant modelling*” (Bower & Hildegard, 1981:466; Hall *et al.*, 1985:547; Liebert & Spiegler, 1982:517 in Meyer *et al.*, 2003:315). Participant modelling firstly requires the client to observe the model performing the desired behaviour, then secondly encouraged to reproduce the behaviour and lastly, is rewarded when he/she does perform the desired behaviour (Meyer *et al.*, 2003:315). AAT may be used to model certain behaviour a child needs to acquire and when the child produces the desired behaviour the therapist may react positively by praising the child when he/she does carry out the desired behaviour. The dog may also provide positive feedback to the child, by wagging his tail or licking the child’s hand, thus also reinforcing social skills (see Section 2.4.2.3.1). Brooks (2001) and Nebbe (1991) in Kruger and Serpell (2006:32) mention that another benefit of Animal-Assisted interventions is to help people learn appropriate social interactions, as well as the effects and causes of their behaviour. This correlates with the social cognitive theory’s belief that behaviour is learnt by observation.

Self-efficacy is another aspect of the social cognitive theory that appears to be relevant in the use of AAT. Thomas (2005:156) defines children's self-efficacy as the amount of confidence they have in their power to make things happen. Allen (2000 in Kruger & Serpell, 2006:32) describes self-efficacy as a person's ability to perform behaviours that will create desired outcomes. In my opinion AAT may greatly assist in enhancing self-efficacy as the animal may react positively towards the child, also enhancing the child's self-esteem, providing support and acceptance (see Sections 2.4.2.1.5 and 2.4.2.3.2).

2.6 CONCLUSION

This chapter provided a literature review regarding *therapeutic techniques in Educational Psychology, for socio-economically vulnerable children, AAT, as well as a conceptual framework for AAT.*

In the next chapter I will discuss the research design and methodology used for this empirical study based on the theoretical background of this chapter.

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CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

*“Dogs are not our whole life, but
they make our lives whole”
~ Roger Caras*

3.1 INTRODUCTION

In the previous chapter I provided a broad literature review, which could state valuable background information to the reader of this study. In it I explored Animal-Assisted Therapy (AAT), therapeutic techniques, Educational Psychology as well as a (socio-economically) vulnerable child’s challenges.

In this chapter I discuss my research design and methodology used in the study. I will also discuss the ethical considerations, as well as the quality criteria I adhered to.

3.2 PARADIGMATIC PERSPECTIVE

For the purpose of this study I followed a qualitative approach, anchored in an Interpretivist paradigm.

3.2.1 META-THEORETICAL PARADIGM

According to Nieuwenhuis (2007) a paradigm is a set of assumptions or beliefs about important aspects of reality which result in a specific world view – it addresses fundamental assumptions, such as beliefs about the nature of reality (ontology), the relationship between us and what we know (epistemology), and also assumptions about methodologies. Lincoln and Guba (1985) mention that paradigms represent what we think about the world, and therefore they cannot necessarily be proven. Our actions are thus linked to our paradigms, and cannot be performed without thinking about them. This may indicate that paradigms may be the ‘glasses’ through which one looks at the world and reality, and therefore they have a subjective meaning. As I used qualitative research and was personally involved in the research, the process would be a subjective experience for me as researcher.

Interpretivism foregrounds the meaning that individuals or communities assign to their experiences (Jansen, 2007). Jansen (2007) mentions that intersubjective meanings are crucial to achieving understanding and meaning. Interpretivism maintains that no universal objective truth exists, but rather that there are multiple realities as experienced subjectively by individuals. Behaviour is constituted by social conventions and therefore interpretation (interpretivism) is required to enhance understanding of it. Jansen (2007) stated that no distinction is made between subject (researcher) and object (event being studied). Leedy and Ormrod (2005) mentioned that interpretivism entails that the qualitative researcher makes an interpretation of what he/she sees, hears and understands.

Nieuwenhuis (2007) mentions that the interpretivist perspective is based on a set of five assumptions. Firstly he states that human life can only be understood from within, indicating that interpretivism focuses on people's subjective experiences, on how they construct their world and how they interact with one another. Secondly social life is clearly a human product. Interpretivists assume that reality is not objectively determined, but socially constructed (Husserl, 1965 in Nieuwenhuis, 2007). Thirdly the human mind is the purposive source or origin of meaning - meaning that through exploring how people develop meaning, one can improve comprehension as a whole. Fourthly human behaviour is affected by knowledge of the social world. Interpretivism implies that there are multiple realities of phenomena and that these realities can be different across time and space. These realities are influenced by social experiences, and thus assist in the making of research decisions. Lastly the social world does not exist independently of human knowledge.

These five assumptions can be applied to my study, as my focus would be to explore the value (or not) of AAT within a therapeutic setting with a child, I worked with prior to the study. I would thus look at the case study I will be using, taking into consideration the participant as well as his mother's experience of the intervention. According to Interpretivists reality is socially constructed. The reality for this study would be constructed from the point of view that there is not one single reality/truth. Instead reality/truth is constructed through the opinions and the perceptions of the participants. Through exploring the participants' perception of meaning, I would be able to improve the comprehension of my study and also explore the social world and its construction of reality.

The following table is adapted from Terre Blanche and Durrheim (2002), and indicates the ontology, epistemology and methodology of the interpretative paradigm:

	ONTOLOGY	EPISTEMOLOGY	METHODOLOGY
INTERPRETIVE	Internal reality of subjective experience	Empathetic Observer Intersubjectivity	Interactional Interpretative Qualitative

(Adapted from: Terre Blanche & Durrheim, 2002:6)

This paradigm implies that not everyone constructs or experiences reality in the same way, and that the experiences of individuals are unique and valued. In terms of this study it explored the use of AAT as a therapeutic technique by using a dog as the therapeutic medium. The interpretivist paradigm enabled the process of understanding the value (or not) of AAT in the field of Educational Psychology, measured against what therapy is, and also what can be found in theories regarding therapy in Educational Psychology.

3.2.2 METHODOLOGICAL PARADIGM

This study was conducted from a qualitative approach. Denzin and Lincoln (1994, in Struwig & Stead, 2001) state that qualitative research can be viewed as interdisciplinary, multiparadigmatic and multimethod. Qualitative research is concerned with the subjective experiences of participants, creating descriptions, and thus moves closer to the individual's point of view. I have thus chosen a qualitative methodological approach based on my paradigm and the nature of my research question, due to the belief that it would be most appropriate for my research as I wanted to gain insight into one of my therapeutic cases.

My study originate from events that occurred in the participant's natural environment, a distinct characteristic of qualitative research (Creswell, 2009). It is also mentioned that qualitative research gathers data from multiple sources, correlating with my study as I used interviews, narrative letters, drawings and photographs. Another characteristic is that the qualitative researcher is the primary instrument for data gathering and analysis (Merriam, 1998:7). I was the main source of data gathering and analysis throughout the entire study.

Throughout the research process I continually kept in mind the information obtained through Document Analysis, while trying to understand the process. This allowed me greater knowledge and understanding of the participants. As a result of wanting to acquire a better

understanding of the whole process, I made use of predetermined questions in my semistructured interviews.

One needs to take into consideration that I have worked with this case in the role of a therapist prior to this study, applying the AAT in the role of a therapist, not researcher. I then had to take the case documentation, photos and notes, through the use of document analysis, to obtain a better understanding of the process. I primarily employed an inductive research strategy, which builds abstractions, concepts, hypotheses or theories, rather than testing existing theory (Merriam, 1998). As I undertook my study, I found that there was a lack of literature and theory concerning AAT.

3.3 RESEARCH DESIGN

According to Nieuwenhuis (2007:70) the research design can be described as “a plan or strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents, the data-gathering techniques to be used and the data analysis. The choice of research design is thus based on the assumptions of the researcher, research skills and research practices, and influences the way in which she or he collects data.”

In this research I employed a case study research design. A case study is an in-depth exploration of a bounded system based on extensive data gathering (Creswell, 2002). In this instance the bounded system compromised a case file of an individual child in a therapeutic context, using a specific therapeutic technique. It cannot be denied that he is embedded within a system (mother, place of safety, etc.). The need for case studies arises from a desire to understand complex social phenomena, and a case study allows an investigation to retain the holistic and meaningful characteristics of real-life events (Yin, 2003).

Cohen, Manion and Morrison (2006) describe a case study as an example of real people in real situations, which will enable readers to understand principles more clearly than simply presenting them with the theories. Case studies can establish cause and effect (Cohen, Manion & Morrison, 2000), thus enabling me, as researcher, to identify the effects of using Animal-Assisted Therapy as a therapeutic technique.

De Vos, Strydom, Fouché and Delpont (2005) refer to three types of case study: the intrinsic case study, the instrumental case study and the collective case study. The intrinsic case study was used in this research design, focussing on the aim of gaining a better understanding of the individual case. De Vos, Strydom, Fouché and Delpont (2005) mention

that the case study is focused not on understanding the issue, but rather on describing the case being studied.

Some of the strengths and advantages of case studies are that they are concerned with rich and vibrant descriptions of events relevant to the case, also providing the events in a chronological order, enabling the reader to make sense out of them. The focus is more on individual characters, which would be suited for this study, because it would be on a specific case through using Animal-Assisted Therapy as a therapeutic technique when working with an individual child. A case study also highlights specific events, ensuring that the events which are relevant to this case will be focused on (Cohen, Manion & Morrision, 2006). As researcher I was involved in the case, enabling a more accurate description of the research and the data collected.

The disadvantages of a case study include that the results may not be generalised (Terre Blanche & Durrheim, 1999) as they will only apply to the specific case on which this study is focussing. It needs to be mentioned that it is not the aim of interpretivist studies to generalise results. The aims of my qualitative study were rather to provide a detailed description of events and the participant's perceptions of the therapeutic technique used. Cohen, Manion and Morrision (2006) mention another potential limitation may be cross-checking the data, as some of the data may be selective, biased, personal and subjective. Interpretivism requires multiple perspectives / views on data. However I addressed this through collecting data using various methods such as drawings, interviews, field notes, reflections, photographs and observations. I will ensure that the descriptions be thorough and detailed from both my perspective as researcher, as well as the participants'. Lastly this type of research design is prone to problems of observer bias, as the researcher will be closely involved in the research process. As both therapist and researcher, I aimed at being objective through my role as researcher. Although challenging, I addressed observer bias through continuously reflecting on my stance, beliefs, actions and perceptions. This was done through continuous reflections on the research process, as well as discussions with my supervisor.

3.4 RESEARCH METHODOLOGY

I subsequently discuss the methodology that I used throughout this study, according to the following subsections.

3.4.1 SELECTION OF PARTICIPANTS AND SELECTION PROCEDURES

Qualitative research implies using methods and approaches which are person-centred, implying that the person's opinion and view are important in qualitative research.

I made use of purposeful selection for this specific therapeutic case, as I selected a case to analyse and explore, on which I had previously worked in the role of therapist. As mentioned before, I have worked in a therapeutic setting and met a young man (age 14) who was referred to me. I started to work with him, using several techniques to help him to communicate and interact with me and his environment; however none seemed adequate. As a result of this I decided to try a different approach in the form of Animal-Assisted Therapy. I found that he reacted positively towards it, as he had a chance to communicate indirectly through a dog. Therefore I was able to develop a detailed understanding of the case, which provided useful information, and this could also help others to learn more about Animal-Assisted Therapy, and how to use it as a therapeutic tool in Educational Psychology.

3.4.2 DATA-GATHERING TECHNIQUES

The qualitative data gathering techniques which are used in this study are based on the data emerging from the therapeutic case, which entails the following:

3.4.2.1 Part 1: Document analysis of the case

a) Visual data

Visual data in the form of photographs and pictures drawn by the participant were used. The potential value of photographs in data analysis lies in the fact that some scenes from the therapy setting could be documented, offering information regarding the emotions, activities and gestures shown by the primary participant (Berg, 1998). Using photographs also allowed me as researcher to revisit the therapy sessions when analysing the documents (Bogdan & Biklen, 2003).

b) Creative expression

During the therapy sessions the participant was given the opportunity to engage in creative expression in order to express his experiences and feelings during the sessions. Various materials were used. The researcher was present during these activities as I was the therapist. Thus this afforded me a more detailed understanding of the way in which the participant expressed himself. Geldard and Geldard (2005) found that the use of clay, drawing and painting promotes the expression of emotions, as well as enabling the child to get in touch with them.

c) Field notes

After each session I wrote a reflective account of my experience of the process. It included my own thoughts and feelings as well as my observations.

3.4.2.2 Part 2: Subjective experience of participants

I returned to the participants, as researcher, in order to gain a better understanding of their experience regarding the Animal Assisted Therapy. I met with the participants, following an absence of a year and a half, after the termination of the therapy. We had an informal interview and made use of narrative expression as well as creative expression to demonstrate his experience of the therapy process. I had an informal interview with the participant's mother, to gain an understanding of her experience regarding the therapy process, its effect and sustainability.

3.4.3 DATA ANALYSIS

Qualitative data analysis is an ongoing process of bringing order, structure and meaning to the mass of collected data (De Vos in De Vos, Strydom, Fouché & Delpont, 2005). Patton (2002 in De Vos, Strydom, Fouché & Delpont, 2005) states that qualitative analysis transforms data into findings. This involves reducing the raw material, taking out significant data, identifying patterns, as well as constructing a framework for communicating the core of what the data reveal. It is mentioned that it is not an orderly task and that it involves searching for general statements regarding relationships among data.

I made use of Document Analysis to analyse part one of the data collected, namely to analyse the therapeutic/clinical case. Denzin and Lincoln (2005) mention that document analysis refers to the procedures involved in analysing and interpreting data from the examination of documents relevant to the study. I made use of the letters, drawings,

paintings and photographs that were in the therapeutic case file as already mentioned. Punch (2005) described the use of documentary data for social research as a ‘rich’ process. It is mentioned that one should take the context in which documents have been written, into consideration, as they may be deprived of their real meaning in isolation from their social context (Punch, 2005). Chapter 4 will provide a comprehensive descriptive account of the sessions. The use of photographs, pictures and letters, will provide an audit trail of the process in the case study. Analysis of the data from the case study is presented in Chapter 5. The analysis will be driven by the questions “so what” and “what does this mean”.

In conjunction with the use of document analysis, the interview that I conducted with the participant’s mother and himself was used to verify the themes identified through the document analysis.

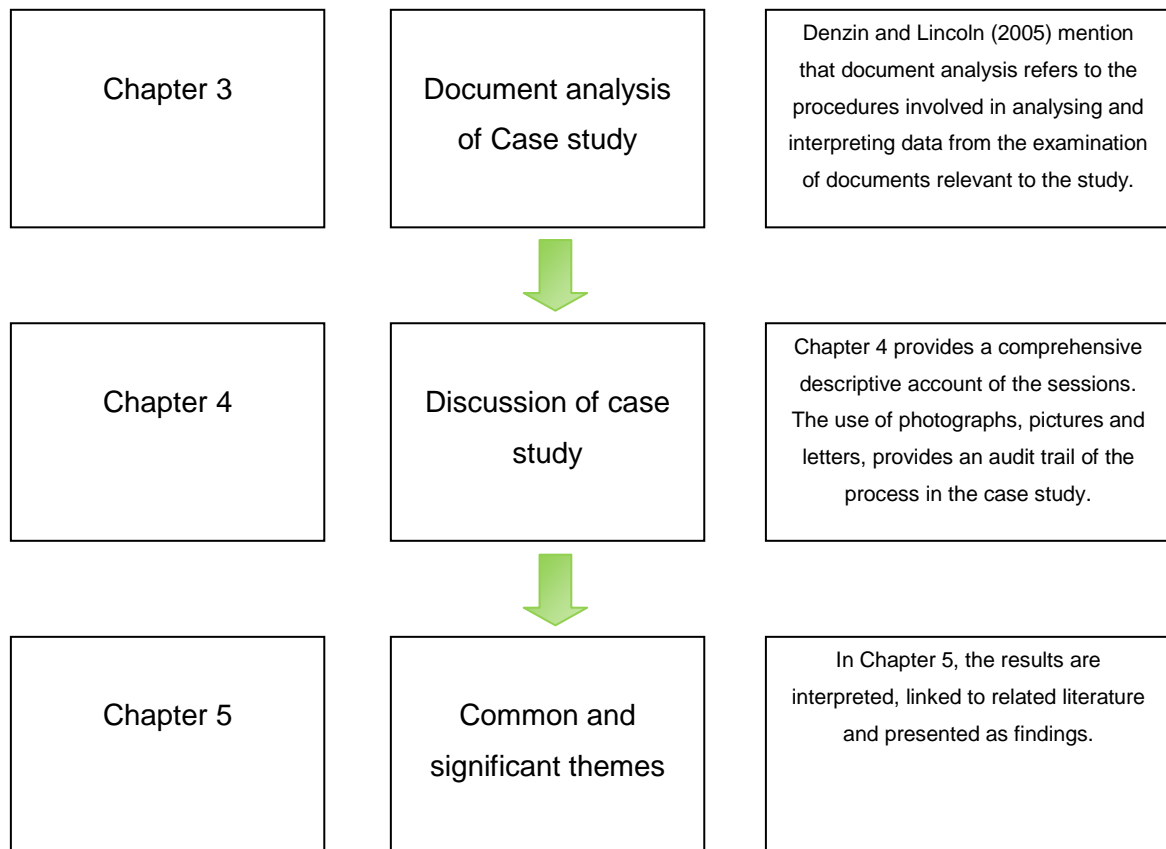


Figure 3.1: Summary of data analysis strategies

3.5 ROLE OF THE RESEARCHER

The researcher's subjectivity plays an important role during qualitative studies, and the researcher is seen as an instrument in the process (Cohen, Manion & Morrison, 2000). As the researcher I was part of all the aspects concerning the study, since I adhered to the ethical standards, as firstly stipulated by the Faculty of Education at the University of Pretoria, and secondly by the *Health Professions Council of South Africa (HPCSA)*.

As I used a case I had worked on as a therapist, I had to shift roles from being a therapist to one being a researcher. Through the role of therapist, I ensured that I created a warm and friendly environment, addressing the needs of both the participant and the animal used. Doing research required a shift towards being more objective. Through meticulous reflection in a research diary and critical discussions with "outsider" people such as my supervisor and critical readers, I hoped to have scrutinised my role during the research process. As the researcher, I continually submitted to the ethical codes that included informing the participant and his mother about the research and what was to be expected of them. This required that I had to explain my role as researcher to the participant as he had only known me as a therapist prior to the research. As the participant had a low verbal score on the intelligence scale, I used very short sentences to explain the research to him. I made use of examples to explain to him how my role had changed from the one I had found myself in previously.

3.6 MEASURES TO ENHANCE THE RIGOUR OF THIS STUDY

The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985:290). During this study I attempted to adhere to the following quality criteria in order to establish trustworthiness:

3.6.1 CREDIBILITY

De Vos, *et al.* (2005:346), refer to credibility as an alternative to internal validity, the goal being to "demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described". It is also mentioned that validity would be the strength of a study which would explore or describe a process such as AAT. An in-depth description showing the complexities of variables and interactions will be so embedded with data derived from the setting that it cannot help but be valid (De Vos, 2005:346). Chapter 3 provides a detailed explanation of the research process, whereas Chapter 4 provides the results obtained in this study.

3.6.2 TRANSFERABILITY

Lincoln and Guba propose this as the alternative to external validity or generalisability (De Vos, 2005:346). This implies the study's ability to be applicable to other settings or populations. De Vos *et al.* (2005) noted that this may be problematic due to the nature of qualitative research. I did however apply crystallisation techniques which helped to improve transferability for this study. Maree and Van der Westhuizen (2007) mentioned that crystallisation refers to validating the results of the study by using multiple methods of data gathering and analysis. I made use of the case file for document analysis, where after I, in order to verify my findings, had semistructured interviews with the participant and his mother. I do feel that this study is transferable to psychologists, as animals may support and assist clients in a variety of difficulties.

3.6.3 DEPENDABILITY

De Vos *et al.* (2005) describe dependability as an alternative to reliability. It is expected that when using the same methods on the same subject that the results would be the same. However unique to qualitative research this may not be possible as each case study and situation can be described as unique. However qualitative research can attempt replication in generating, refining, comparing and validating constructs (Cohen, Manion & Morrison, 2000). Dependability in this study involves that another researcher may take the documents used in this study, analyse them and obtain similar results as the ones I obtained in Chapter 4. Therefore, to ensure this, I used explicit steps in Chapter 4, explaining the analysis of the documents used in this study.

3.6.4 AUTHENTICITY AND CONFIRMABILITY

According to Cohen, Manion and Morrison (2006:108) there are several prevailing types of internal validity, one of which is the authenticity of the data, which can be seen as "the ability of the research to report a situation through the eyes of the participants". Seale (1999:468) mentions that authenticity is "demonstrated if researchers can show that they have represented a range of different realities ("fairness")". "Research should also help members develop "more sophisticated" understandings of the phenomenon being studied ("ontological authenticity"), be shown to have helped members appreciate the viewpoints of people other than themselves ("educative authenticity"), to have stimulated some form of action ("catalytic authenticity"), and to have empowered members to act ("tactical authenticity")" (Seale, 1999:468). In an attempt to adhere to this criterion, I had to be aware of my own perspectives and opinions, also appreciating the perspectives and opinions of the participant and his

mother in this study. I had to ensure that I was fair and thorough at all times, taking the participant and his mother's multiple perspectives, multiple interests and multiple realities into account (Patton, 2002). I therefore aimed at reporting a range of different realities throughout this study, to ensure that one takes into account all realities which might have had an influence on this investigation.

Qualitative research presumes that the researcher brings a unique view to the study.

"Confirmability refers to the degree to which the results could be confirmed or corroborated by others" (Trochim, 2006:n.p.). Trochim (2006) mentions that there are several strategies for enhancing confirmability. He mentioned that the researcher can document the procedures for checking and rechecking the data continuously throughout the study. Trochim (2006:n.p.) suggested that another "researcher can actively search for and describe negative instances that contradict prior observations". Afterwards the researcher can conduct a *data audit* (Trochim, 2006) that would examine the data gathering and analysis procedures, as well as the possibility of the researcher being biased. To apply this I ensured that I had regular discussions with my supervisor regarding the analysis of the documents, as well as the results I obtained. In addition I was constantly aware of my own biases, perceptions and opinions throughout this study.

3.7 ETHICAL CONSIDERATIONS

I indicate the ethical considerations that I adhered to by referring to four categories, namely informed consent, safety in participation, trust and confidentiality and the use of visual data.

3.7.1 INFORMED CONSENT

I started working in a therapeutic setting with the participant prior to the research. As I completed the therapeutic sessions, I reflected on the therapeutic techniques used (Animal-Assisted Therapy) in the case of a socio-economically vulnerable child.

This process indicated that I had collected the data for this investigation prior to the research. I therefore had to obtain informed consent in order to ask if whether I could use this therapeutic case for research purposes. As the child is under-age, he gave his assent and the mother gave consent. As the researcher, I presented the participant and his mother with letters of consent in which the research process is described. I explained the purpose of the research and the interview and follow-up conversation with him that would be conducted, also reading the letter of consent to them and allowing time for questions from the participant

and his mother. As stated in Chapter 2, I have done several readings, also consulting in regular discussions with my supervisor in order to create increased awareness and be more mindful of vulnerable children.

The research involved data that were obtained using a dog in AAT with the participant during an early stage in therapy. More specifically the data involved a book made by the participant in therapy, containing letters, drawings, paintings and photos. It was required that an informed consent form from the University of Pretoria's Animal Use and Care Committee had to be completed by the owner of the dog. I am both the owner of the dog and researcher in this study. This explained the process involved, as well as the possible risks in the therapeutic process concerning the animal.

3.7.2 SAFETY IN PARTICIPATION

This research study does not entail exposing participants to obvious physical risks or harmful activities. On a psychological level I remain mindful that this is a vulnerable child. I will therefore attempt not to cause any harm and also establish a caring relationship without compromising my research findings.

The rights of the animal were protected through preventing hunger, thirst, malnutrition, fear, distress, physical or thermal discomfort, pain, injury, disease, and also allowing the animal to express normal patterns of behaviour. I addressed these matters as I was both the researcher and the owner of the dog. This was done through personal knowledge gained through training the dog, as well as observing the animal during the therapeutic sessions.

Animal-Assisted Therapy had several specifications to which I had to adhere. The dog should have the right temperament, be friendly, affectionate and social with all ages and ethnicities, as well as any gender (Chandler, 2005). The dog should also tolerate high levels of noise and activity, be relatively calm, obedient and easy to control. Chandler (2005) also mentions that the dog should be comfortable in travelling in a car, visiting unfamiliar places, and also able to tolerate stress. As part of the preparation for using my dog in Animal-Assisted Therapy, as well as to learn to be aware of my dog's needs, I worked through a program with an animal behaviourist.

3.7.3 TRUST

The participant was not exposed to any acts of deception or betrayal. The researcher strove towards an honest and mutual trustworthy relationship with the participant.

3.7.4 CONFIDENTIALITY AND USE OF VISUAL DATA

The former-mentioned consent form made provision for permission to take and display photographs of the participants. The wish of a participant to refuse the use of his/her photographs was respected. Mechanisms such as placing a bar over the participant's eyes in the photos, as well as covering his name in the letters and drawings were negotiated.

3.8 CONCLUSION

In this chapter I discussed my selected paradigmatic approach. I described and explained the research design and methods that I employed for collecting and analysing data. I explained ethical considerations and elaborated on the quality criteria that I strove to reach in order to enhance the trustworthiness of this study.

In the following chapter I present the results that I obtained in this study. Thereafter I interpret my results with reference to relevant literature, and explain the findings that I obtained in Chapter 5.

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CHAPTER 4

RESULTS OF THE STUDY

*“One reason a dog can be such a comfort when you're feeling blue
is that he doesn't try to find out why”
Author Unknown*

4.1 INTRODUCTION

In Chapter 3 I explained my research design and the methodological choices I have made, I explained the ethical implications of my study, as well as the quality criteria I strove to adhere to. Throughout the chapter, I continually kept my research question and the purpose of my study in mind.

Throughout this chapter I will discuss my findings and results of the study, using photographs, drawings, letters and interviews.

4.2 OVERVIEW OF THE RESEARCH PROCESS

Firstly I will commence by providing specific information regarding the participant, *Brandon Smith (*pseudonym used to protect identity of participant). Appendix B contains a more detailed description regarding the background information and the factual information on the case. Thereafter I will present and discuss the results and findings of this study.

4.2.1 MY JOURNEY WITH BRANDON

At the time of my study Brandon was 14 years old and in Grade 6. I met him at a Place of Safety in an urban setting. He was assigned to me via the University of Pretoria for an Educational Psychological assessment and therapy afterwards.

He was in the place of safety due to behavioural difficulties at home and refusing to attend school. According to reports, he left his home very early every morning and only returned late at night, without attending school. One may assume that he experienced traumatic circumstances in that he was admitted to the place of safety by his mother, a benzine bomb exploded in his face, his father was arrested and sent to prison, he refused to attend school and no one knew where he was during the days when he did not attend school. A previous

therapist mentioned that she could not work with him, due to him not showing any respect towards her and not wanting to interact with her. I thus had a limited perspective of Brandon and was not sure how he would react to me, as another professional person trying to interact with him.

I met Brandon on 14 May 2008. As I prepared myself for the assessment, I assumed that Brandon might be a difficult child to assess, taking into account his (previous) interactions with his previous therapist. The child I met in the assessment room was very different from the one I expected to meet. Brandon sat in front of me, looking down at his lap, hands folded on it. He seemed to be a very shy boy who did not talk much, only responding with simple yes or no answers. Brandon wore a sweatshirt top with a hood, which was pulled over his head, covering some of his face. He avoided eye contact with me during most of the assessment.

As part of my role in the multidisciplinary team I wanted to determine Brandon's level of potential in order to plan the best intervention for him, given the limited circumstances. The university was allowed to perform a cognitive assessment, as well as alternative assessment strategies. I found it challenging to establish good rapport with Brandon, as he did not seem to be very open towards interaction with me. I did not find him disrespectful at any time during the assessment; he was very polite towards me. I tried to be very friendly, warm and open to him, not forcing him into any activity. I did not want him to feel threatened as I assumed he was uncomfortable and most probably very scared during the assessment, considering his past experiences. Brandon obtained a very low score in the Senior South African Intellectual Scale-Revised (SSAIS-R) for cognitive functioning (his verbal score was Cognitively Handicapped, whereas his Non-verbal score was Borderline). Although the test results indicated that Brandon's overall intellectual functioning was at a Cognitively Handicapped level, one may question the reliability of the results against the background of the emotional state he found himself in at the time. Brandon's achievements in the test may have been negatively influenced by the unstable emotional state he was in at that time, indicating that his verbal and global intellectual capacity may have been higher (by as much as 10 to 15 points) than what he had scored.

Following my assessment with Brandon, I had to determine specific aims for my therapy from the needs identified in the assessment. "Explicit aims refer to the immediate aims for the particular session. These aims are determined by analyzing those life contents to which the child attributes inadequate meaning" (Van Niekerk, 1986:162). As I was able to perform both

emotional and cognitive assessments on Brandon, I had a good idea of some of the challenges Brandon was dealing with. The table of meaning can be found in Appendix B.

The following themes emerged during the assessment which needed to be addressed in therapy:

- Improve Brandon's self-confidence and self-worth.
- Improve his self-acceptance.
- Improve his trust in others.
- Support him in experiencing success.
- Improve school attendance and participation.
- Improve social skills.
- Improve his relationship with his mother.

I will now discuss my therapy with Brandon in two phases. The first being Sessions 1 – 3, using Sandplay therapy. The second will include Sessions 4 to 12, in which I made use of the dog (Morkie) in the therapy. I will provide a brief description of the therapy used in Sessions 1 – 3, whereafter I will elaborate from Session 4 onwards.

4.2.2 SESSIONS 1 – 3

I decided on starting Sandplay therapy with Brandon as I felt he would not respond verbally to me and sandplay therapy was non-threatening. "Symbols speak for the inner, energy-laden pictures of the human being which, when they are manifested, continue to influence the development of man" (Kalff, 2003:6). This indicated that symbolic meaning to objects has a deeper meaning that can be expected. Sandplay toys can thus carry meaning for Brandon, in which he can construct his world, find meanings for the challenges he faces and express himself emotionally.

"The details and composition of the pictures give the therapist an indication of the path to follow in the treatment. Frequently the initial picture provides information on the situation. Hidden in the symbols it may contain the path to the goal of the realization of the Self" (Kalff, 2003:9). Sandplay is thus a manner in which the child can express his inner feelings in a visual manner. Often the child may not be aware of the problem and just plays out how he/she "feels". I found this method of therapy suitable for Brandon as he did not trust me at first and found it challenging to communicate his emotions. Kalff (2003) mentions that sandplay influences the child unconsciously, leading to personal growth.

During his sandplay sessions with me Brandon did not make a lot of eye-contact. He also frequently shrugged when I asked him something, not answering most of the questions regarding his sandplay. Themes that were identified during the sandplay in Sessions 1 to 3 included:

- A need for growth
- A need for support and protection
- He saw his home environment as important, although he also indicated conflict within the home environment
- Need for love and to be cared for
- Need to escape from his current reality / to change it
- Aggression
- He felt trapped
- Religion was very important to him
- Need for acceptance
- Received support from a source
- Need for stability
- Conflict with mother
- Tried to shut out conflict

During Session 3 I experienced Brandon as more positive. Although he did not interact with me more than before, he had a more positive sandplay session. I felt sandplay might have helped Brandon to grow more at ease with the therapy setting. I found that Brandon was much more at ease when working indirectly. This is because he would shrug when asked why he placed a figurine at a certain point. However when asked what the 'person' in the sandbox is doing and where he is going, Brandon would respond with a short answer.

At the end of Session 3 I had a feeling of unease regarding my therapy with Brandon. The reason for this was because he still did not make much eye-contact, still wore his hood over his eyes. He answered the bare minimum and he did not make any attempt to establish a relationship with me. I felt as if I had reached a dead end in therapy, not getting into a deeper relationship as expected when therapy continues with a client.

I read about Animal-Assisted Therapy and was immediately very interested in this, very unfamiliar type of therapy. I decided to use my dog, as I thought I might take up this type of therapy. In preparing for this, I had to specifically train my dog (Morkie) to obey certain commands. With the help of Animal behaviourists, I started to train Morkie for this specific

task. It was very challenging as I had to train her to respond to hand-signals, as well as vocal commands. This would have ensured that I had more control over her in the therapy setting. The training also required that I had to prepare Morkie for unpredictable settings and desensitise her up to a certain extent. I had to ensure that she had the right personality type, in order to be able to carry out therapy with me and not be traumatised herself. Literature disclosed that using an animal in a therapy setting calms the client, makes them feel unconditional acceptance from the animal and will most probably make them feel at ease in the presence of the animal.

As I felt Morkie was on a level to start interacting with a child, I decided to take her with me in my next session (Session 4) with Brandon. I did not plan to use her in my therapy session with Brandon. Instead I was hoping that she would get more exposure to a child that is calm and gentle, and also that she would get used to the therapy setting.

4.3 PROCESS OF THE CASE STUDY

I will now discuss each therapy Session from session 4 onwards in order to identify the themes met by the use of Animal-Assisted Therapy.

4.3.1 SESSION 4

I decided to take my dog with me to Session 4. Brandon sat in the chair opposite me, looking down with the hood over his face. The dog (Morkie) then went up to him, stood up against him with her paws and looked up at him. He looked down at her and gave a very broad smile. That was the first time Brandon had smiled a very broad smile.

During the start of the session Brandon told me that the social worker could not tell him whether he would be seeing me again or not. This was a very positive sign to me, because firstly Brandon had enquired about me, showing that our sessions did mean something to him and secondly, he spoke to me, something he rarely did. Brandon had another sandplay session and built an overall more positive picture than in the previous weeks. There was no indication of negative aspects in the sandbox and projected ways of coping with the difficulties he was dealing with. He did not answer my questions regarding the sandplay, but only shrugged.

4.3.2 SESSION 5

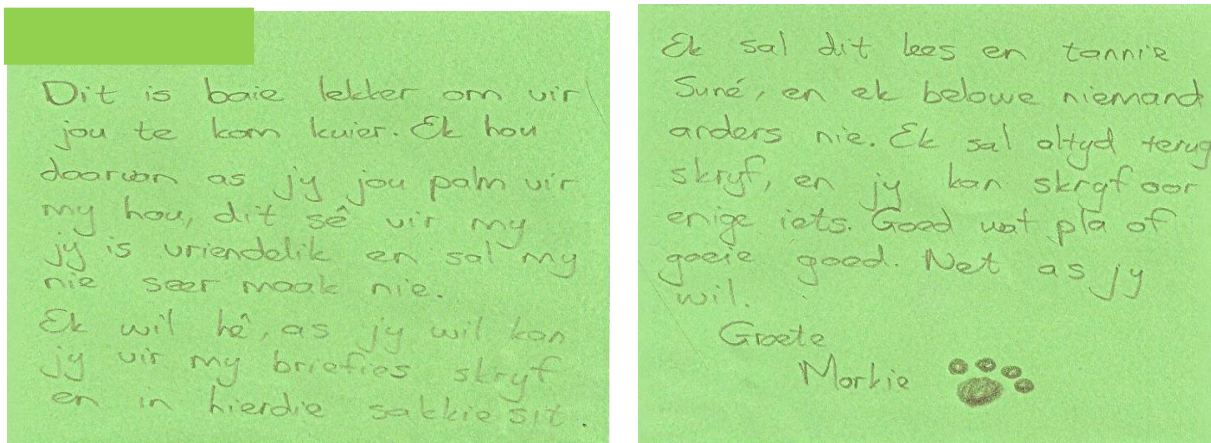
I decided to take Morkie with me for Session 5. I suggested that Brandon greet Morkie by holding his palm out towards her. I told him that this would indicate that he was friendly, wanted to be friends with her and would not hurt her. He immediately related to this, as he was very cautious of people as well and may have understood that she might be cautious towards others. Through doing this, Brandon probably learnt a way of socialising and reaching out to others.

We continued with the sandplay therapy. Afterwards, I pretended that Morkie wanted to know about what he had built in the sandbox. I put the questions to Morkie, still directing them in an indirect manner towards Brandon and he answered them. This could have been because it was the dog 'asking' the questions or also have been that Brandon started to trust Morkie and feel more at ease, feeling that she accepted him unconditionally. Although I cannot prove or measure whether he experienced that Morkie accepted him unconditionally, I can only assume that he may feel that she does not judge him and only lives for the here-and-now.

During the session I told Brandon a story about Morkie being bullied by another dog at the dog school she attends. I told him that it got so bad that Morkie started to run away from dog school in order not to attend, consequently she was going to a special lady that helped her in the same way I am currently working with Brandon. I told him that it was helping Morkie a lot and that she really enjoyed her time with the lady. The reason I used this story was because Brandon had had some bad experiences in the past with people as well, for example the Benzine bomb incident. I assumed that he would relate to the story, as Brandon found it difficult to trust people, which may have been what Morkie was dealing with at that time. I used the examples of 'running away from school' and 'going to a nice lady for help' in my story, in order to facilitate Brandon's relating to Morkie's circumstances as they were much the same as his own. Geldard and Geldard (2005) mentions that through using a story in the manner in which I did, one separates the child's identity from the problem. I also hoped to facilitate a more trusting relationship with Brandon, in that he could see I was in a helping role and that Morkie trusted me.

I decided to write a letter to Brandon from Morkie. The reason for this was because I knew Brandon found it challenging to communicate through the use of verbal language. As he smiled at Morkie and reacted positively towards her presence, I felt he might react positively towards communicating with her. I trained Morkie to travel in a travelling case, which she was

trained to open and close on her own. I also used a special ‘secret’ pencil case, with a photo of a dog like Morkie on it, to place the letter to Brandon in it. I then hid the pencil case under Morkie’s blanket in her travelling case, which created a more confidential atmosphere between Brandon and her. Brandon smiled at Morkie, when I mentioned that she had written a letter to him. He listened very quietly as I read the letter to him. I gave Brandon the option of writing back to Morkie, without any pressure from me. He responded with a letter indicating that he would like to communicate with Morkie and that writing a letter was less direct than speaking directly to someone.

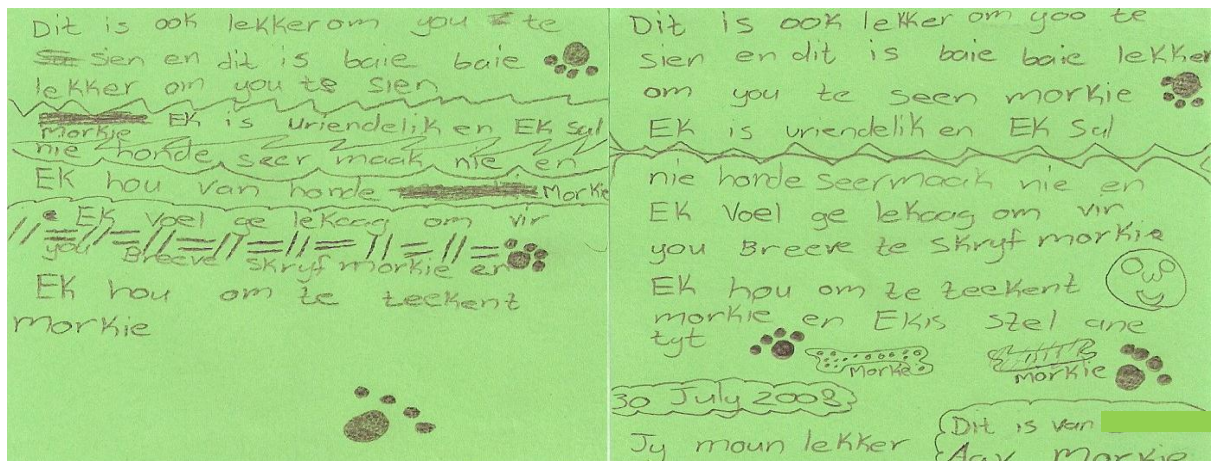


Brandon

It is very nice to visit you. I like it when you hold your palm out towards me. That tells me that you are friendly and that you will not hurt me. I want you to, if you want to, write me letters, which you can place in this little bag. Sune and I will read it, and no one else. I will always write back to you and you can write about anything. Things that upset you or happy things. Only if you want to.

Regards
Morkie

FIGURE 4.1: The letter from Morkie to Brandon



It is nice to see you and it is very very nice to see you. I am friendly and I will not hurt dogs and I like dogs Morkie. I feel happy to write you letters Morkie and I like to draw Morkie. It is nice to see you as well Morkie and it is very very nice to see you Morkie. I will not hurt dogs and I feel happy to write you letters Morkie. I like to draw Morkie, I will at another time Morkie.

This is from Brandon

To Morkie

FIGURE 4.2: Brandon's response to Morkie's letter

Brandon wrote that he liked to draw and that he would like to draw for Morkie. This allowed me, as therapist, to get to know Brandon better. It also showed me that Brandon had some personal insight into his own assets and interests. Although he did not direct the letter towards me, using Morkie in therapy assisted me to reach this insight, which I feel I may not have acquired without the help of Morkie.

Brandon reassured Morkie that he would not hurt her. This may have been an indication of Brandon's social skills. His perception that others might feel threatened by him or it may have been that he needed to feel protected and safe, thus projecting his feelings/fears onto Morkie. Morkie's presence facilitated Brandon's expression through the medium of a letter because he directed the letter to Morkie. He also interacted more with me, as the therapist, through answering questions. I do feel that Brandon started to develop a trust in Morkie because of the dog's openness towards him, unconditional acceptance and willingness to interact with Brandon.

4.3.3 SESSION 6

I had to go to Brandon's room to get him for therapy for Session 6. As he saw me, he greeted me and looked down at the floor, without a smile. I told him that I had brought Morkie with and he responded with a very big smile on his face. This nonverbal gesture might indicate that he was excited about Morkie being there and that she might serve as a motivational tool for therapy with Brandon. He did not wear his sweatshirt with the top. This was the first time he had not worn it. Perhaps Brandon was not prepared for therapy. However he may also have experienced a sense of safety, security, trust and acceptance in the therapy room with Morkie and me. The reason why I assume this is because Brandon clearly felt at ease with Morkie because he smiled at her, allowed her on his lap and constantly touched her. He might also relate to Morkie, due to the stories I told him about her in the previous session. In the therapy room, I placed Morkie's chair next to Brandon's as we read her letter to Brandon.

She was very excited to sit next to him. Some of the reasons why Brandon was placed in the Place of Safety included behavioural difficulties, low self-esteem and also a negative attitude towards his mother and other adults. Interacting with Morkie may have influenced Brandon to feel more positive, accepted and may have raised his self-esteem, in that someone wanted to be with him.

As we started with Morkie in therapy, I gave Brandon a big scrapbook in which we were going to paste all the letters, drawings and paintings. We discussed the possibility of taking a photo of Brandon and Morkie, in order to paste it in their book. Brandon liked the idea and we took the photo. Figures 4.3 and 4.4 were taken in Session 5 when Brandon wrote his first letter to Morkie. She quietly sat next to him. He continued to hide his face and turned his back towards me, with no interaction towards me. However he did look at Morkie every now and then. Figure 4.5 was taken in Session 6, one week after interaction with Morkie started. Brandon is clearly happier in this picture, showing a more relaxed posture. He felt more at ease, safe and trusting in this situation.



FIGURE 4.3: Brandon's posture in Session 5



FIGURE 4.4: Brandon's posture in Session 5



FIGURE 4.5: Brandon's posture in Session 6

Brandon held out his palm towards Morkie, resulting in her licking it. I responded by telling Brandon that Morkie could see he was friendly by doing that. This indicated that Brandon had acquired social skills towards Morkie, confirming that when you reach out to someone in a calm way, you will be treated similarly in return. I confirmed this action because I felt that might help to promote Brandon's social skills when he heard about it from me. It might also have improved our relationship, as he received positive confirmation from me. This may have increased Brandon's self-esteem because it had a positive effect on a person to be praised for what one was doing. With the action of holding out his palm towards Morkie, he received immediate positive feedback not only verbally from me, but also in a gesture from Morkie, licking his palm.

Dear Brandon

Thank you for your letter last week! I can see that you went through a lot of trouble, because the letter looks very nice. Thank you for the bones you drew me.

I'm glad that you are friendly to me and that you write letters to me. I also like to write back to you.

I drew a picture of me, for you. You did say that you like drawing.

Brandon you are a good friend to me, which is why I want to tell you a secret. Do you remember we told you that I was in a dog school and that a bullterrier bullied me? Well, they also teased me. My tail is very long and it curls, and it doesn't look like the other dogs' tails. All the other dogs' tails are straight or short, it is only mine that is different and you know what, sometimes I feel shy.

But do you know what I've learnt, the best thing ever! I learnt that even though my tail looks different, Suné and you will still like me and love me! So even though I'm different, it does not matter, I am still special to you. Did something like this happen to you Brandon?

Do you know what? I'll ask Suné if we can draw, paint or play with clay today! You like it, and I would like to see what you can draw like. If you want to you can draw/paint me a picture of anything you want. We can do what we want today. What do you think about the idea?

I hope you write back to me Brandon, it is very special to me!

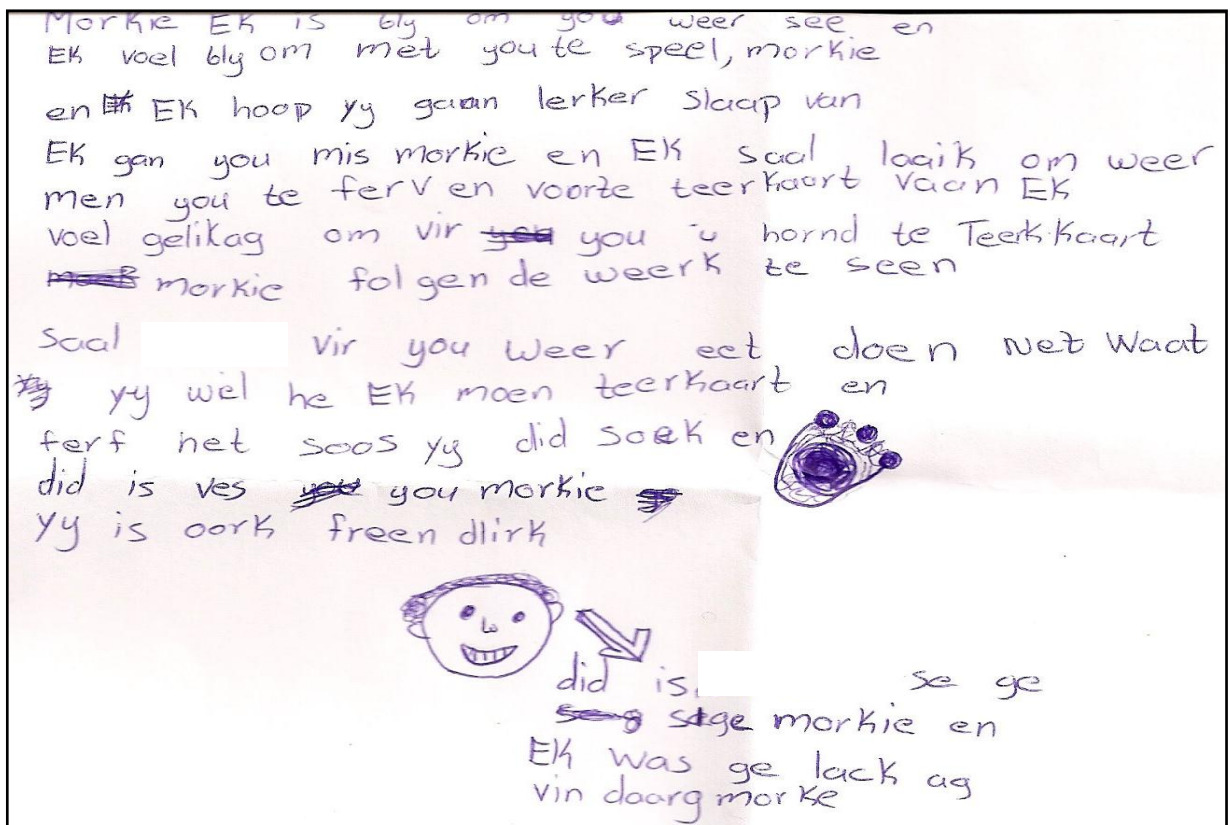
Regards
Morkie

FIGURE 4.6: Morkie's letter to Brandon



FIGURE 4.7: The drawing from Morkie regarding her tail that is different

I used a story and drawing (Figure 4.7) of Morkie in this letter, demonstrating her tail and her being different from the other dogs. The reason for this was because I hoped that Brandon would relate to this story, as he had experienced a similar incident with the Benzine bomb and scars on his face and hands. Through the assessment I did find several indications of low-self esteem and he felt very strongly about not attending school in his neighbourhood. I assumed that this may have been due to low self-esteem and being teased at school. I intended to start equipping Brandon with the coping skills to cope with the situation of being teased; also making him aware of the fact that he was not the only one being teased. Morkie was teased as well. The reason why I told him in the letter that he could make the decision about what they wanted to do, was to make the process of decision making easier for him, also hoping that in the long-run it would increase his self-esteem.




Morkie I am happy to see you again and I feel happy to play with you, Morkie and I hope you will sleep nicely.
I am going to miss you Morkie and I would like to paint with you again and to draw for you.
I felt happy to draw a dog for you Morkie. Next week see again.
Brandon will do just what you want me to draw and paint, just as you want it and that is for you Morkie.
You are also friendly.  This is Brandon's face Morkie and I was happy today Morkie.

FIGURE 4.8: Brandon's letter to Morkie

Brandon wrote a letter in return to Morkie. Again he used words to describe his feelings, indicating that writing letters to Morkie was a way in which he could express himself. He told Morkie that he would like to see her again, that he would do anything for her and that he would like to paint with her again. This was a clear indication of Brandon's feelings towards Morkie. He wanted to do things with her. He also wanted to please her, indicating that she was very important in his life at the moment. He increased his awareness of social skills in that he noticed Morkie was friendly towards him and that he would need to be friendly in return for their friendship to develop. He gave an indication that he would like to express himself through sensory media again, thus proving that emotional expression was taking place both in art and his letters to Morkie. The friendly face he drew on his picture was a good indication of how he felt at that time. Morkie's presence made him feel more positive, happy and made him smile.

Brandon firstly painted a picture of Morkie (Figure 4.9), followed by a painting of their names (Figure 4.10). Morkie was central to both pictures, indicating the important role she was fulfilling in his life. He may have experienced trust towards her.



FIGURE 4.9: Brandon's painting



FIGURE 4.10: Brandon's painting

Brandon found it challenging to make choices regarding the activity he would like to start with. I told him that he should ask Morkie what she would like to do, thus transferring the pressure from Brandon to Morkie. He responded by telling me what Morkie would have liked to do. This assisted Brandon to communicate with me by means of a dog. It may also have supported him in making a decision or choice. I feel using the dog in making his choices or communicating with me might empower Brandon to a certain extent which may lead to an increase in self-esteem over time. I started using Morkie in order to interact with Brandon. I

did this by guessing what Morkie thinks he is drawing or building with clay. Brandon enjoyed this very much and frequently smiled or corrected Morkie. This allowed me, as therapist, to interact with Brandon as well. He sensed that Morkie trusted me, thus allowing himself to trust Morkie as well. He also gained self-confidence in interacting with both Morkie and me as we praised him for his effort and beautiful pictures.

During the session I gave Brandon a pack of chips which Morkie liked very much as well. He commanded Morkie to 'sit' and to 'jump' on her chair, which she did. Brandon enjoyed this very much. This may have increased his self-confidence as he was now in charge and Morkie had listened to him. He was very proud of himself.

As therapist I experienced a change in Brandon's attitude towards me as well. He gradually started to make more eye-contact with me, smiled and frequently spoke to me, answering my questions. He also made decisions for himself, whilst before (assessment and beginning of sessions) he refused to make any decision for himself. I do feel that Morkie's presence contributed to this, although Brandon may have become more at ease with me, I also believe that Morkie assisted him in this process.

Although Brandon started to become attached to Morkie, I did manage to keep a balance between this. I will elaborate on this during the sessions that follow.

4.3.4 SESSION 7

I had to go to the boys' dormitories to fetch Brandon for therapy today. As we walked among the children back to the therapy room, Brandon placed his hood over his head and once in the therapy room, he immediately removed it. This indicated that Brandon did not feel at ease or comfortable around the others in the place of safety. In the therapy room, he smiled very broadly when he saw Morkie in the room. This may indicate that Brandon felt more comfortable and safe in the therapy room with us, as he removed his hood.

I tried to give Brandon more responsibility during our sessions through asking him to pour some water into Morkie's bowl and also giving him more options as to what he would like to do during our session. I hoped that this would make him feel more empowered and showed him that I trusted him enough to ask him to do things in the sessions for me.

As Brandon still had contact with his mother, the possibility existed that he would be able to go home one weekend for a visit. I had to start preparing Brandon for both the visit, as well

as coping with the fact that he would have to part with Morkie at some time, as he was busy developing a very close bond with the dog. I feared that it might be very traumatic for him, as Morkie was starting to be a very good friend to him, also supporting him in many ways. To address this I told Brandon in Session 7 that Morkie was also just staying with me; like he was at the place of safety and that she had to go and visit her mother at the dog school in two weeks time, thus missing Session 9 with Brandon. I mentioned that Morkie felt scared and that there were negative friends and bullies. I sketched much the same scenario than what Brandon was exposed to at his home. At first I feared that Brandon might react negatively towards this news. However I feel he handled it very well. The reason why I say this is because Brandon nodded and said that he understood. He might have accepted it more easily because he was in a similar situation and understood that one had to visit one's mother at some time.

Brandon communicated more spontaneously during our session, through using Morkie as a medium. When I put a question to them (Morkie and Brandon), he bowed down to her, listened at her mouth and then responded with an answer about what they would like to do. I still made use of Morkie as the medium, as Brandon responded positively towards her and I felt that it served as a protective barrier through which he could start communicating.

At one time when Brandon thought I did not see him, as I looked down, he pulled Morkie's chair, which was right next to his chair, a bit closer to him. This showed me that Brandon might enjoy the physical closeness of someone he regarded as a friend. I was very pleased to see this as I felt that Brandon started slowly to show more interaction than before.

In the letter from Morkie to Brandon I started to validate what he was telling me in his letters. I assumed that through doing this, I might have reinforced and encouraged him to communicate his feelings more often. I also included ways in which he could have given expression to his feelings, in order to support him into doing this and also to start preparing him for the skills I would still like to have addressed in therapy with him.



Dear Brandon

Thank you for my letter, I really liked it!

I like it when you tell me that you are happy. It is a nice feeling to be able to tell others how you feel and I think it is important to tell other people how you feel.

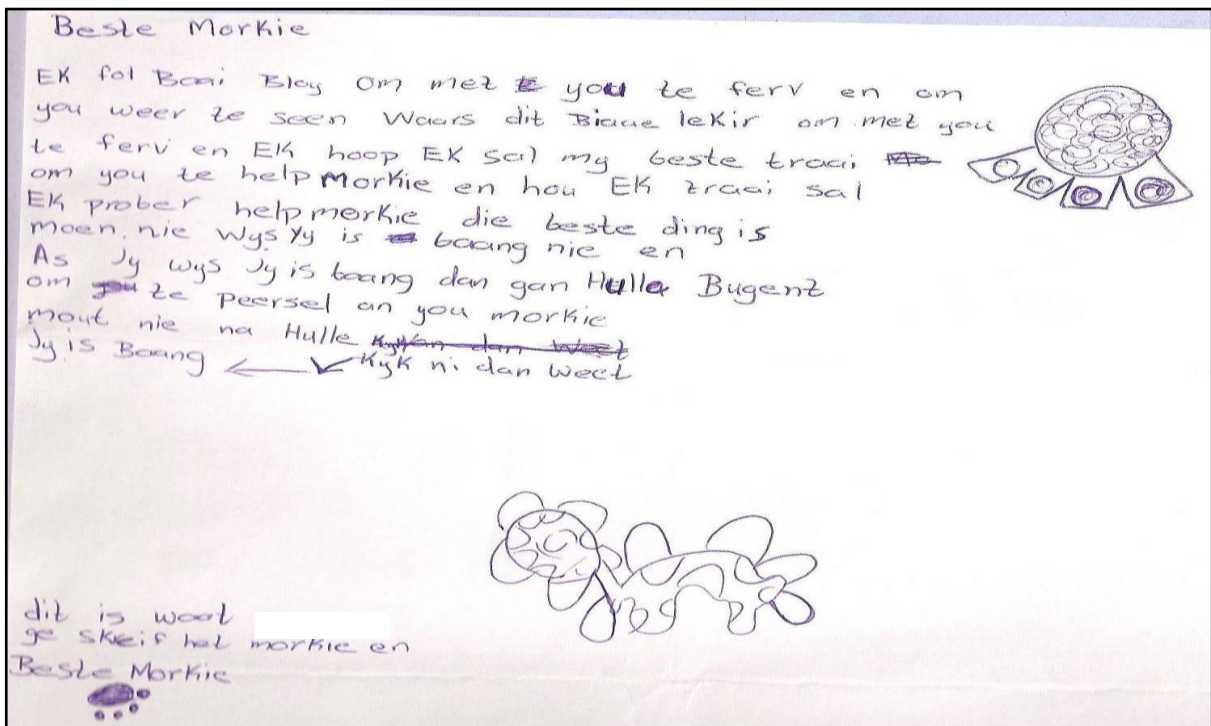
Do you know what? Do you remember I told you that children teased me last week, and that I sometimes felt a little bit alone? Well, do you know what I did to make it better?

I talked to people, like Suné, other grown-ups and some of my friends. I told them how I felt. Sometimes it felt as if I can't talk, then I wrote a letter or drew a picture, which always made me feel better.

Last time you wrote to me that you like to paint! We can paint and play clay again; I really liked it as well. And we can make something we want as well; you can help me decide because you paint really nicely.

Regards
Morkie

FIGURE 4.11: Morkie's letter to Brandon



Best Morkie

I feel very happy to paint with you and to see you again. It was very nice painting with you and I hope, I will try my best to help you Morkie. The best thing is to not show that you are scared and if you show that you are scared, then they will begin to tease you Morkie. Do not look at them because then they will know you are scared.

This is what Brandon wrote and best Morkie.

FIGURE 4.12: Brandon's letter to Morkie

I feel Brandon's response to Morkie's letter may have shown a great deal about what he was dealing with at that time. I feel that Brandon associated with the letter in that he gave Morkie personal advice in dealing with being scared when there were other people around.

Brandon's response to Morkie's letter was more directed at what I told him in the beginning of the session, than when Morkie wrote to him. I told him that Morkie was scared and that she might get to deal with bullying or being teased again. This may indicate that Brandon identified with Morkie's situation, because of the similar situation he experienced himself.

I asked Brandon beforehand how he thought we could help Morkie and he replied that he did not know. He then attempted to help Morkie in the letter he wrote to her, which may indicate that he was more at ease with communicating by means of letters and not verbally. He advised Morkie to not show others that she was scared, as this might lead to more teasing. Through saying this Brandon might be revealing why he was wearing his hood. He might have done this to protect himself from being teased and also trying to hide the fact that he was scared. I do feel that Brandon might have trusted Morkie in order to write this to her, because it can be seen as personal advice from him. Her presence may have caused Brandon to feel that he wanted to help her, as he might be experiencing support from her in some ways. It is important to take note that Brandon was giving new meaning to the situation through helping Morkie (others).

We concluded the session by playing games with Morkie. Brandon had to give certain commands to Morkie, which would make her do certain tricks. This required Brandon to speak louder than he usually did, also using a bit more authority in commanding her. He did command her and Morkie reacted positively towards this. I trained Morkie in understanding both verbal and non-verbal commands. Thus I could show her the command and she would have responded in the correct manner, leaving Brandon feeling that she was listening to him. This might have made him feel more important as Morkie was listening to him. I assumed that he did not get many chances to voice his opinion when others might listen to him and now he was in a situation where Morkie listened to what he was saying. I told Brandon to respond with 'good dog' every time Morkie obeyed his command. The reason for this was to show Brandon how to praise or give positive feedback if someone behaved in a manner that he liked.

As I walked to the car, Brandon carried Morkie's travel case and as he left to go back to his dormitory, he once again pulled his hood over his head. This may have been because he was going back to where the children were, which might also have been that he felt safer in having the hood over his head. This was ascertained in a previous session as well (see Section 4.3.4).

4.3.5 SESSION 8

When I arrived at the Place of Safety, I feared that that day might be more negative for Brandon, as he was not going to see Morkie the following week. I went down to call him for therapy and I saw him playing soccer with the other children, with his hood down, smiling as he saw me. This was a very positive sign to me, as Brandon participated in a social, group activity. This may have been because he was adapting to the Place of Safety. However it might also have been that he started to deal with some of the emotional issues in his life, thus making him feel more comfortable emotionally as well as socially.

During Session 8 Brandon seemed to be more open towards me. He looked me in the eye when he greeted me, smiled at me, chatted to me and also answered Morkie's questions. This might have been due to Brandon growing more trusting towards me. However it might also have been that due to Morkie trusting me, he might have felt that he could trust me as well. Brandon mentioned to Morkie (questions were directed indirectly through Morkie) that he did not feel excited about seeing his mother and that she made him feel sad. At the time Morkie climbed into Brandon's lap and stood up against his chest, while Brandon was patting him. I used that opportunity and told Brandon that Morkie cared and would like to know why his mother had made him sad, however he did not want to tell me. He did mention that he would tell Morkie in his letter. Through this I had the opportunity to work indirectly through Morkie as a medium. Brandon mentioned that he would tell Morkie about the reason for his feelings through a letter. This might indicate that Brandon may have felt trust towards Morkie, as he probably did not feel safe enough to tell me out aloud. However he may have trusted Morkie enough to share his feelings with her.

I took two photographs of Morkie and Brandon during the previous session. They were quite similar, except that one indicated the scars on his face (Benzine bomb incident) and the other one did not. I gave Brandon the option to choose which one he would like to paste in their book, expecting that he would choose the one where the scars were not apparent. However he chose both. This may have been an indication that he had started to accept the scars in his face, which may be a sign of a higher self-esteem. This may have been caused through interaction with Morkie and that she did not see the scars in his face. He may have felt accepted by this 'friend', in that she was always happy to see him and agreed with most of what he was saying. As therapist, I might have had an impact on his positive attitude as well. He might have experienced that I did not judge him and that I accepted him for what he was. Brandon helped me to paste the photographs in his book, providing advice as to where we should paste him. He spoke more freely and when I asked him where I should paste it, he

gave me an answer which may have indicated that he felt more at ease to voice his opinion or that he felt important enough or part of the activity.

Brandon seemed to be happy and at ease in the photographs with Morkie.



FIGURE 4.13: Pictures pasted in Brandon's book

The activity I planned for Session 8 involved helping Morkie to cope. I decided to ask for Brandon's help and to work indirectly so that he would be helping Morkie to cope, thus indirectly helping himself. It involved sorting twelve cards, each with a particular activity indicated, into two categories. One that involved "Good things to do" and the other using "Less good things to do". This would provide positive alternatives to Brandon (or Morkie) when they felt lonely, scared or pressured. Brandon and I started sorting the cards. He gave his opinion on each of the cards, thus communicating with me directly. The one technique which he wanted to include in the "Good things to do", was 'To hide in your house' because Brandon felt that others would then know something was wrong. I used Morkie to facilitate this, as I understood Brandon's point of view. However I did not want him to isolate himself even more. Morkie thus had a point of view that you might feel lonely. So we resolved the situation through including it in the "Less good things to do" and entering Brandon's reason with it in the block. Brandon's opinion thus mattered enough to be written down, which might have indicated to him that he was important in our sessions. He also pasted the pictures in a very creative manner, indicating that he might feel confident enough to be creative. Using Morkie as a medium through which I could work, supported me a great deal, as I had the opportunity to be less direct, however still facilitating the session from a very non-threatening (Morkie) position for Brandon.



FIGURE 4.14: Coping Cards: Good things to do and less good things I can do

During free-expression I gave Brandon a few options to choose from. He fell silent and I immediately fell silent as well, giving him time and space to decide. Brandon responded after a while, telling me that he would like to paint in their book. I was very glad that he had made this decision by himself. I did not use Morkie to help Brandon to make this decision. He made it by himself. I do feel that due to Morkie's presence in the session, as well as previous sessions, Brandon may have obtained the skills to make a decision for himself. He may have realised that he was able to do it and thus gained the necessary confidence to voice his opinion.

Dear Brandon

Thank you for my letter! Thank you for saying that you would try to help me. I already feel better.

Suné said that you will be making something that would help me today, which I will be able to take with me when I go visit my mommy. It will then help me when I feel lonely or when I do not know how to talk to the other kids and when they tease me, it will tell me what to do. I will be able to look at it and know what to do.

I will write you a letter that you can read next week when I'm not here. Suné said that the two of you will be doing something fun. So I'm wondering what you are going to do.

You must enjoy your week and I will see you when I get back from my mommy.

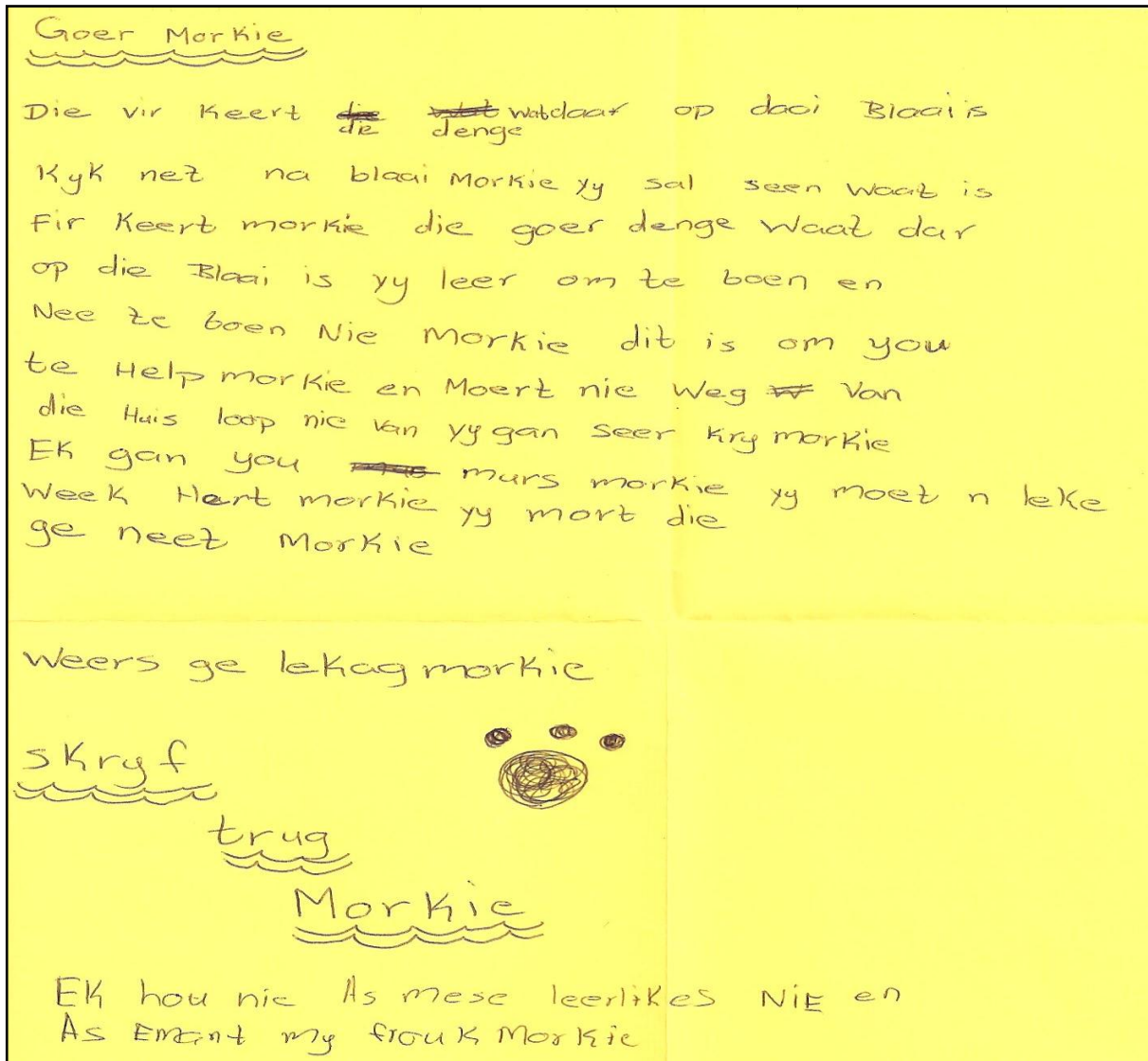
Regards
Morkie

FIGURE 4.15: Morkie's letter to Brandon

Brandon replied to Morkie's letter and gave her advice as to the good and bad things on the cards we made. He wrote that she would know what was right and what was wrong. He mentioned that she should learn how to do those things and that there would help her. This may indicate that Brandon believed in the cards and may have made them his own, as I had hoped he would. He told Morkie to 'be happy', which might be his own desire or it might also be that he would like Morkie to have a very positive experience. He did not yet include the reason for being sad on account of his mother.

After our session I took Brandon outside and allowed him to walk Morkie to the nearest park. As we walked out into the street, Brandon immediately pulled his hood over his head, indicating that he did not yet feel very secure and safe outside the Place of Safety. Brandon enjoyed walking with Morkie on a lead and frequently smiled at her. At the park he enjoyed the swings. I feel this whole experience may have shown Brandon that I trust him, taking him out of the Place of Safety. Walking Morkie on a lead, provided more control and power to Brandon, which may have made him feel proud of being able to walk her, also providing some self-confidence as Morkie listened to him and responded to his commands.

As we walked back to the Place of Safety, Brandon mentioned that he did not include the reason for him being sad in his letter and that he would like to add it to the letter. Brandon added that he did not like it when others were rude to him, or when they swore at him. This may have been his perception of conflict between his mother and himself. The fact that he wanted to share this with Morkie may have indicated that Brandon trusted Morkie enough to reveal this to her or that he found communicating with someone about it a positive experience.



Good Morkie

The wrong things on the page, just look as that page and you will know what is wrong Morkie. The good things on the page you need to learn to do and not to do Morkie. It is to help you Morkie and do not run away from home because you will get hurt Morkie.

I will miss you Morkie, you must have a nice week Morkie. You must enjoy it Morkie.

Be happy Morkie.

Write

back

Morkie

I don't like it if someone is rude to me and when someone swears at me Morkie. } Added in after the session has ended. Brandon remembered that he did not tell Morkie why his mother made him sad.

FIGURE 4.16: Brandon's letter to Morkie

As we were at the car, the other therapist approached us, whereupon Brandon greeted her spontaneously. This was the first time he had greeted her on his own. All the previous times

she had to greet him first. This might be an indication that Brandon had acquired some social skills in dealing with Morkie. In previous sessions I frequently encouraged Brandon to greet Morkie first and he always had a positive reaction from Morkie in that she would have licked his hand or wagged her tail. This experience may have encouraged Brandon to greet the other therapist. It may also have provided him with the skills to be able to greet someone or might have even given him the confidence to be able to greet her first. The other possibility may be that Brandon was more at ease after seeing her for a couple of weeks, thus being more familiar with her.

4.3.6 SESSION 9

This was the first session Morkie did not attend therapy with me since we started. I feared that Brandon might regress back to speaking very little to me. Brandon smiled when he saw me and was very excited as he saw the envelope that Morkie had sent him.

Dear Brandon

I'm visiting my mommy this week! How was your weekend? I heard you mommy came to visit you?

I'm doing well. I use my cards that you made me, often. Then I know what to do when I'm lonely or when someone is rude to me. I still can't do everything right, but I'm really trying!

I sent you an envelope with special things in it. I included a book in it, which you should read with Suné. It is my best story ever! It teaches you to be brave and shows you that you can be brave, even when others are rude to you.

I've got another idea of what you can do! You can build something after the story, using clay, that will remind you to be brave. Then I can look at it when I arrive home after the weekend. It can help me to remember to be brace, just as our cards did last week.

I hope you've got a nice day and that you enjoy it! Thank you for your letter last week. I don't like it either if someone is rude to me or swears at me. It also makes me sad sometimes.

Regards

Morkie

FIGURE 4.17: Morkie's letter to Brandon

Through the letter Morkie validated what Brandon had told him in the previous session. However I also told Brandon about the activities planned for that day and that they helped Morkie. The reason for this was to prepare Brandon for it, but also to work indirectly in some way. If I felt that I might get Brandon more involved in the therapy if he knew Morkie had agreed with the therapy and book to be read.

The story was called 'Benjamin Hobbelperd' by Paula Geldenhuys and involved a rocking horse that believed he had to be purple to be brave. He was bullied by the other toys and never had to courage to tell them to stop, or what he wanted out of life. He thus went on a

journey and tried to become purple, only realising that being brave is something you have got inside of yourself. The reason why I chose this specific book was because I felt that Brandon would benefit from it as the situation described in the book was much the same as his own. It also matched Morkie's situation, with which I assumed Brandon identified.

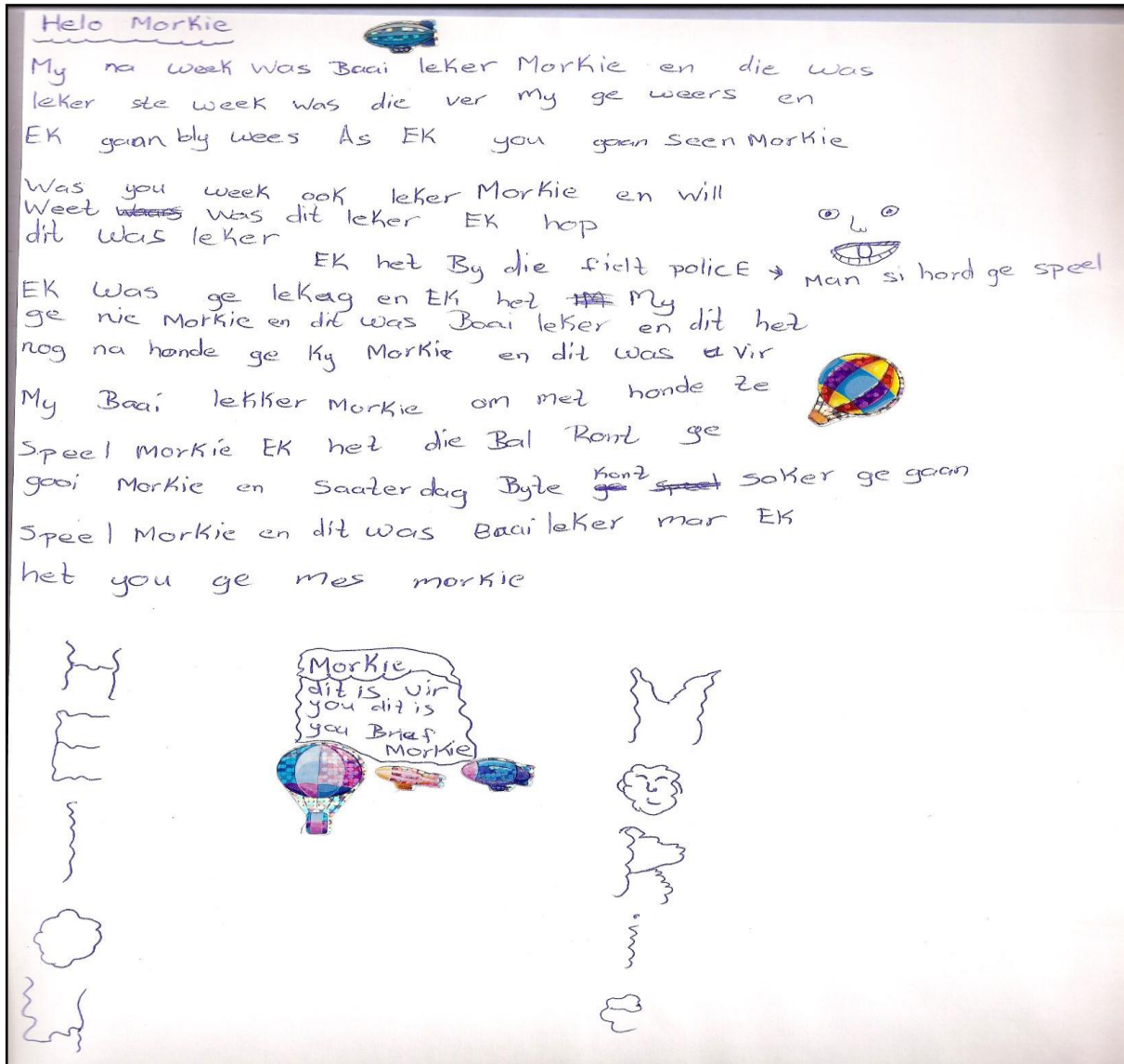
Brandon enjoyed the story and made a purple horse out of clay (Figure 4.16). Afterwards he had time for free expression and again he chose to paint (Figure 4.17), as he genuinely seemed to enjoy it. He started out painting the rocking horse. However he found it difficult to paint and changed it into a table. This may have indicated that Brandon had acquired coping skills, which might allow him to adapt to changing circumstances. This might have been encouraged during interaction with Morkie, although it might also have been that Brandon had started to believe in himself, thus allowing him to take more chances. He also included a smiley face in his picture, which may indicate a positive attitude from Brandon. Therapy could now entail other techniques that needed less reliance on Morkie by Brandon. As he participated in them one could see this too as a positive sign.



FIGURE 4.18: Brandon's purple horse made from clay



FIGURE 4.19: Brandon's painting



Helo Morkie

My weekend was very nice Morkie and it was the nicest week for me. I will be happy to see you again Morkie.

Was your week nice as well Morkie? I want to know if it was nice, I hope it was nice.

I went to play with the "Field Policeman's" dog. I was happy and I enjoyed myself Morkie and it was very nice. I could look after dogs Morkie and it was very nice for me to play with them Morkie. I threw the ball Morkie and Saturday I played soccer outside.

Morkie it was very nice and fun, but I missed you Morkie.

H	M	Morkie this is for you
E	☺	it is your letter Morkie.
L	R	
O	I	
U	E	

FIGURE 4.20: Brandon's letter to Morkie

Brandon's letter to Morkie involved questions directed towards Morkie, which may have indicated social skills in that Brandon was simulating a conversation with Morkie. This may indicate that he saw Morkie as a trusted friend, since he seemed to be genuinely interested in how Morkie was doing. Brandon indicated that he played soccer and also played with the policeman's dog. This was a very positive sign to me, as Brandon had reached out to someone else, as well as interacted with that person. This may be a sign of socialisation, which Brandon could have acquired through interaction with Morkie. He might also have developed more self-confidence to interact with others.

Brandon told me that the Place of Safety had contacted his mother and that they agreed that he was allowed to go home every second weekend. Brandon, telling me, this indicates that he is showing social skills towards me, interacting with me.



FIGURE 4.21: Brandon's posture change from Session 6 (left) to session 9 (right)

Brandon's posture changed from Session 6 to 9, in that he did not wear his hood over his head anymore and that he seemed to be more relaxed. He started using a table in the room and did not go into the far corner where the chairs were stacked to write a letter. Although he still turned his back on me when writing, I do feel that there was a positive change in his posture. He may have still felt he had to protect what he was writing. However he did not feel that he had to hide anymore and that he may have felt safer as he did not use his hood anymore. Morkie may have facilitated some of the changes, as she may have shown Brandon that she trusted me. Thus Brandon might have felt that he was able to trust me as well. He may also have grown more comfortable in the therapy setting.

4.3.7 SESSION 10

Brandon spent the weekend with his mother, as did Morkie, according to Brandon. Brandon told me about his weekend. He told me that he took his coping cards with him during the weekend, that he had looked at them and that he felt that they had worked. He also wrote this in his letter to Morkie. This may be an indication that through working indirectly and helping Morkie we may have provided Brandon with coping skills as well. Although we made the cards for Morkie, and to support Morkie in going home, Brandon acquired the skills needed in a non-threatening manner. He also indicated that he felt the coping cards would help him. Thus he made them his own, indicating that I had managed to achieve my goal to reach Brandon through working indirectly using Morkie as medium.

I focused on putting more questions to Brandon, which he answered without Morkie's help. He did not need to 'talk' through her as much as before. He now interacted with me more regularly and started to have short conversations with me during our sessions. I do feel that Morkie's presence had helped Brandon to reach this point as she never criticised him, always listened to him and she was a safe medium through which he could have expressed himself without feeling exposed. This may have contributed to Brandon's self-confidence in the long run as he may have started to believe in himself a little more.

Brandon got the chance to draw a picture and he drew a dog in the rain. Although the dog got wet and was in the rain, he also drew a bowl of dog food, indicating care for the dog, as well as a dog kennel, which indicated protection for the dog. This may show that although Brandon still felt that the situation was negative, he may also have experienced support and caring from external sources. He may have chosen to draw a dog, as he may have identified strongly with Morkie, which again may have shown that Morkie's presence made it easier for Brandon to express himself. Even through his drawings he chose to draw a dog instead of a person.



FIGURE 4.22: Brandon's drawing of a dog in the rain

Dear Brandon

Thank you very much for my letter that you wrote. Guess what, it went really well with my mommy and the dog school! At first I was scared, and I didn't know what to do but then I remembered something! You made me those nice cards to look at which would show me the good and less good things to do. I then looked at my cards and guess what, when I wanted to sit alone somewhere and not talk to anyone, I saw that you pasted it with the less good things to do. Then I thought for a while, because you said those things would help me, so I then drew a picture and then went to play some ball. I also wrote a letter to my mommy and she understood how I felt. It really worked, you were right Brandon!

I think we should look at the cards once more today! Then I want to hear everything about what you and Suné did last week!

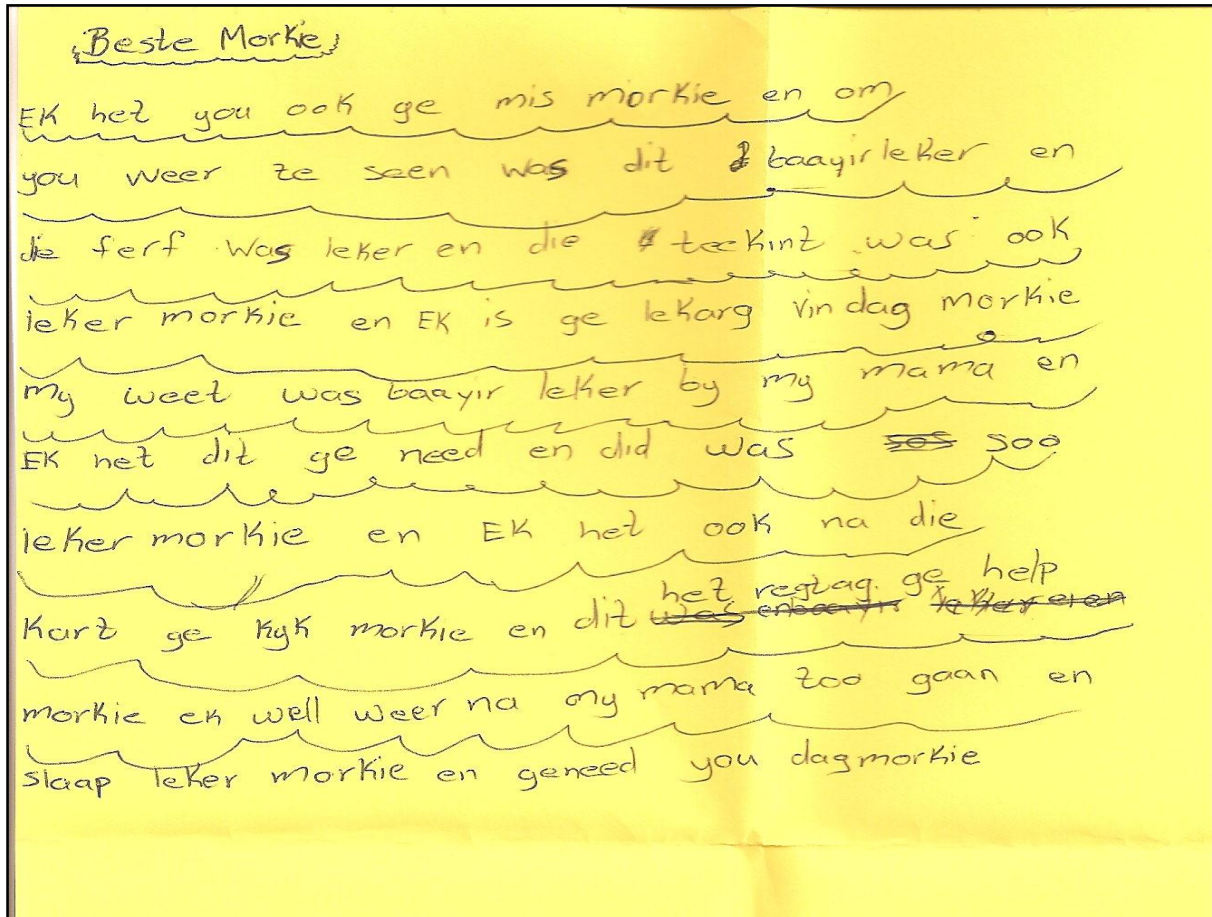
You wrote to me that you played with the policeman's dog! I am really happy about that and I think it was very brave of you to do that. You are like that rocking horse in our story and I think the dog liked it very much. I am also happy that you played soccer with the other children. It is a good thing and I saw it on our cards as well, you are doing good things Brandon.

I hope your weekend was nice? Suné told me that you might have visited your mommy? Was it nice?

Regards

Morkie

FIGURE 4.23: Morkie's letter to Brandon



Dear Morkie
I missed you as well and to see you again is very nice and the paint was nice and the drawing was also nice Morkie and I am happy today Morkie.
My week was very nice with my mommy and I enjoyed it and it was soo nice(fun) Morkie and I also looked at the cards Morkie and it really helped Morkie. I want to go to my mommy again and sleep nicely Morkie and enjoy your day Morkie

FIGURE 4.24: Brandon's letter to Morkie

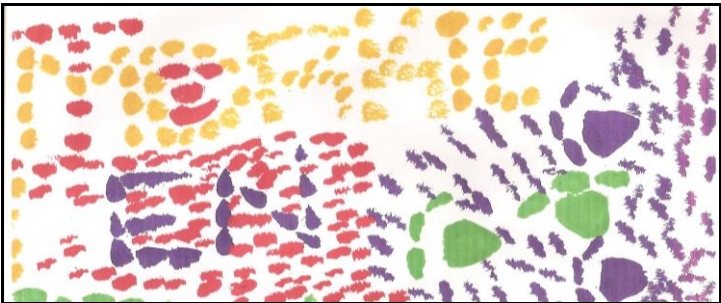


FIGURE 4.25: Brandon's painting of their names (in order to protect the identity of the participant, I had to remove half of the drawing)

Brandon painted a picture of their names. This may indicate that Brandon saw Morkie as an important part of his life in that he could experience support, friendship and acceptance from Morkie.



FIGURE 4.26: Morkie's interaction with Brandon during therapy

As Morkie is quite a small dog, I could use her to interact with Brandon in several ways. In the above photographs they 'painted' a picture. As one can see she sat next to him, also on the table, showing interest in what he was painting. This may have made Brandon feel important in that she was interested in him.

4.3.8 SESSION 11

Brandon was in a Place of Safety and the social workers I spoke to, told me that they did not know how long Brandon would have to stay there. They mentioned that he could be removed at any day or time and be placed in either another care facility or back in his mother's care. I thus had to start preparing Brandon for the possibility of moving, also to be able to cope with something unpredictable. I told Brandon in our previous session that both Morkie and I would be seeing him the following week. I then arrived without Morkie and pretended to be upset. I told Brandon that Morkie was planning to come with me to see Brandon but that the dog school suddenly arrived at our home, saying that Morkie had to go to her mother earlier this week. I explained to Brandon that Morkie was shocked, surprised and that everything happened very quickly. I told him that I had to place Morkie in her travel case and had to let the dog school take her to her mother without Morkie really knowing what was happening.

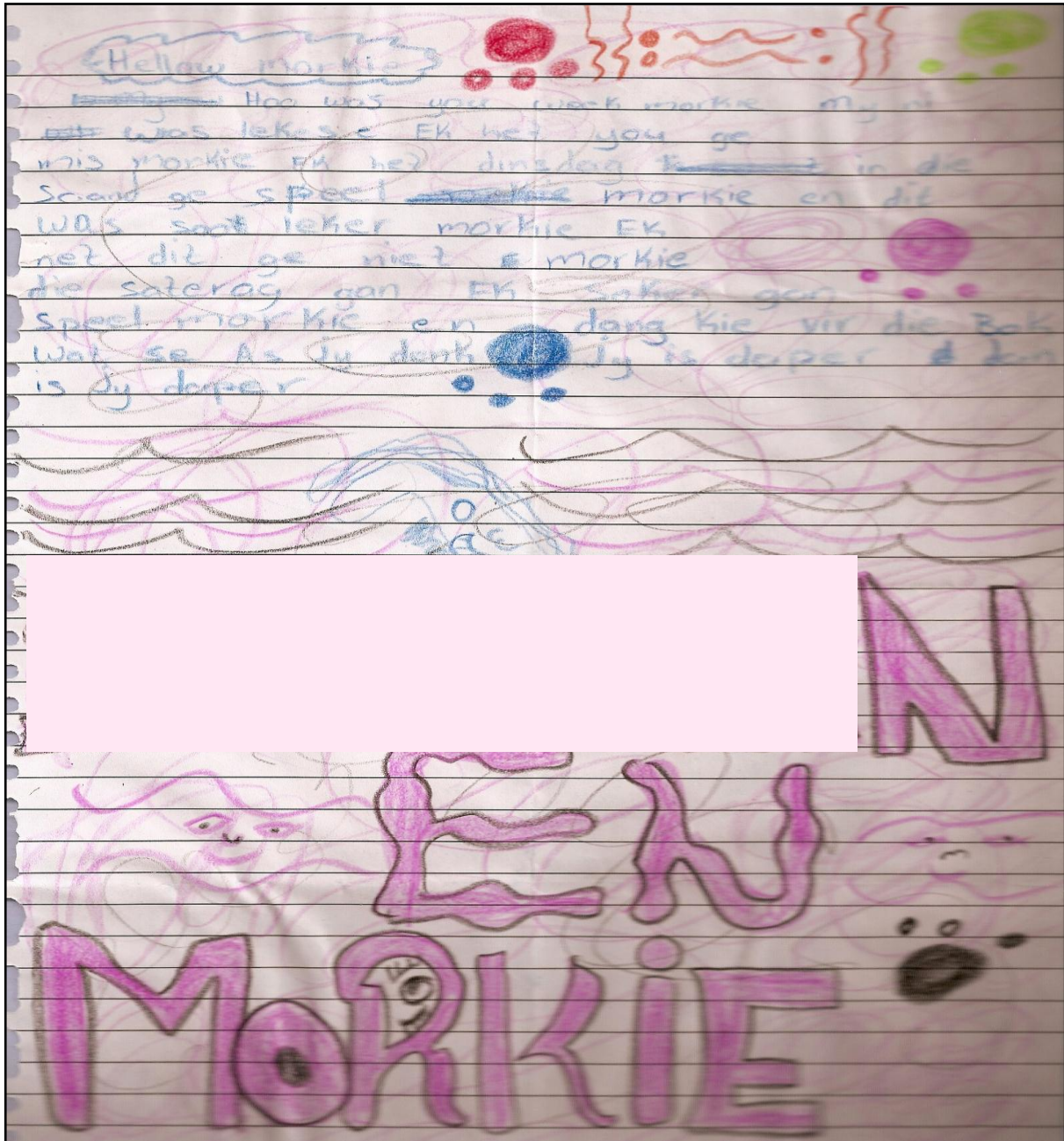
Brandon reacted very calmly to this and when I asked him what he thought Morkie felt or was going to do, he calmly told me that Morkie should look at her cards. He mentioned that she would then know what to do and that the cards would work. He was very certain of this and the whole scenario did not seem to upset Brandon at all. This indicated that Brandon had acquired coping skills throughout the therapy. He reacted very calmly towards this and immediately referred back to the coping cards, indicating that he had made them his own and truly believed in them. This may be an indication of how Brandon would have reacted if he had been in the same situation, as he may have associated with Morkie, indicating that through working indirectly with Morkie, he may have acquired the skills needed to cope with his own situation.

I gave Brandon a chance to do some sandplay again. He built a very positive scene with no negative or bad animals in cages. He built bridges with a white gate on the other side, which could serve as solutions or coping skills Brandon had acquired during the therapy. As I asked Brandon questions about his sandplay scene and he was able to answer all my questions. During our previous sandplay session, Brandon refused to answer my questions directly and only answered them when I asked them indirectly via Morkie. This may be an indication that

Brandon had acquired the necessary communication skills, self-confidence and trust in both himself and me, in the therapy with Morkie.



FIGURE 4.27: Brandon's sandplay



Hallow Morkie

How was your week Morkie, mine was fun. I missed you Morkie. Tuesday I played in the sand Morkie and it was soo nice Morkie. I enjoyed it Morkie.

This Saturday I am going to go play soccer Morkie.

Thank you for the book that says if you think you are brave, then you are.

FIGURE 4.28: Brandon's letter to Morkie

Brandon's letter was very positive during this session, although he may have been shocked by the story I told him of Morkie. I gave him a copy of the book we had read in a previous session and wrote "If you think you are brave, then you are" in it, in order to repeat the main

idea in the book. Brandon noticed this and thanked Morkie for it, showing that he might have appreciated it.

During Session 11 Brandon came to sit opposite me to write his letter to Morkie. Usually he turned his back on me, or went to a table far away from me. This gesture may indicate that Brandon had developed trust, was comfortable with me and may have felt more open to communicate with me.



FIGURE 4.29: Brandon writing a letter to Morkie

4.3.9 SESSION 12

When I saw Brandon in Session 12, he had an earring in his ear, which he apparently had received over the weekend from his mother. Brandon spoke to me from the beginning of the session without being shy. We played a game in which we addressed peer group pressure, smoking, drugs, abuse, conflict, etc. Brandon mentioned that he was not involved with any of the abovementioned and that he felt very strongly about drugs and alcohol being wrong. Brandon identified support networks in his life which included his mother, his older brother, some of his friends and their neighbours. He did mention that some of his friends had had a negative influence on him and that he had ended their friendship, as he felt that they were going to get into trouble. Brandon also showed good sportsmanship and how to deal with aggression on the soccer field. He mentioned that one should not be aggressive, that you should enjoy the game and walk away if someone was aggressive.

I used this board game in the beginning of the year to assess Brandon. He answered very few of my questions and did not reveal any personal information regarding himself. I used the same board game in this session, but with different questions. It was a remarkable difference from the one during the assessment. Brandon now made eye-contact and he answered all the questions using sentences. He even elaborated on some answers. He seemed to have gained self-confidence in himself and in dealing with others. Brandon mentioned that he had written to his mother during the weekend to tell her how he felt, which was an indication that Brandon was applying the coping skills we were working on.

During my assessment of Brandon in March, 2008 I asked him to draw a picture for me of a person in the rain (Figure 4.29). The person he drew had very short arms, which came out of the sides of his body, indicating limited movement and helplessness. The person's feet were pointing in opposite directions, also limiting movement. He was covered in rain, getting wet, with a very small umbrella, indicating limited coping mechanisms. In Session 12 I asked him to draw me a picture of himself (Figure 4.30) and it was an overall positive picture. In his second picture he drew the person with very big arms, broad shoulders and hands with fingers. His feet were pointing in the same direction, indicating more movement. Brandon also drew flowers (roses, one with thorns, the other one with leaves), which may be seen as an indication of hope and happiness. He used bright colours to decorate the page around the person, indicating a positive attitude. There was a very big difference between the two pictures, indicating personal growth for Brandon.

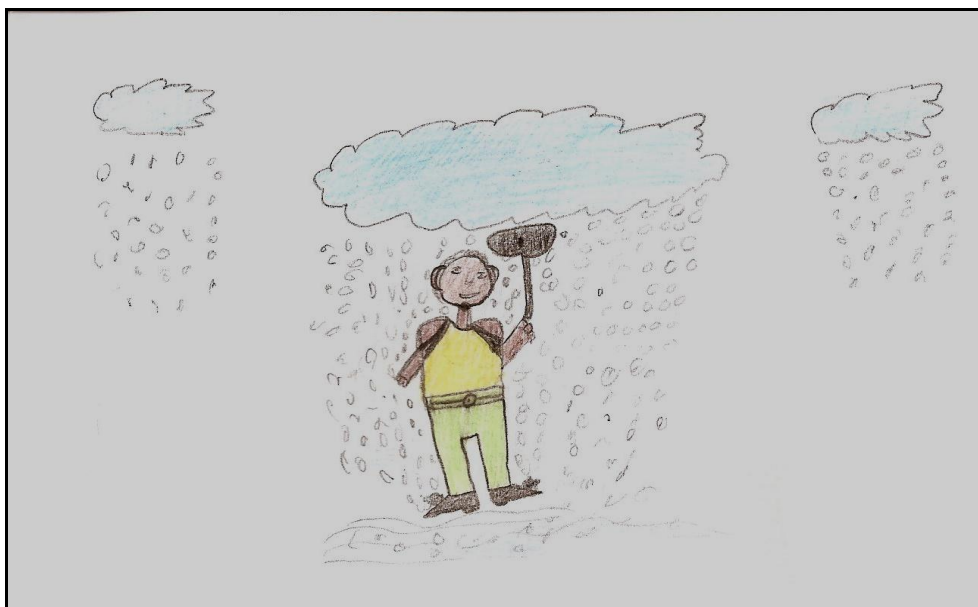


FIGURE 4.30: Brandon's drawing of a person in the rain in March 2008



FIGURE 4.31: Brandon's drawing of a person in the rain in September 2008

In my (Morkie's) letter to Brandon, I made sure to reinforce the coping skills we had been using in therapy the past few weeks. The reason for this was to reinforce its worth and importance to Brandon.

Dear Brandon

How was your week? Mine was very different, I'm sure Suné told you. I wanted to come and visit you, but suddenly the dog school came and told me I had to go to my mom and the dog school for the weekend. I did not know about it and was shocked. I did not know what to do and I felt scared. I also did not know where they were taking me.

Do you know what helped me? I remembered the story of the rocking horse and that if you think you are brave, then you are brave. I then thought, now you need to be brave Morkie! I drew a picture of how I felt and when I got angry, I went outside to kick a ball. It luckily got better, as my mom came to pick me up, I was happy about that. You were right Brandon, the coping cards helped me! You are very brave to also do the things on the cards, you made me happy!

Next week is holiday, I will go to my mommy, but I will also stay with Suné for a while. Where are you going?

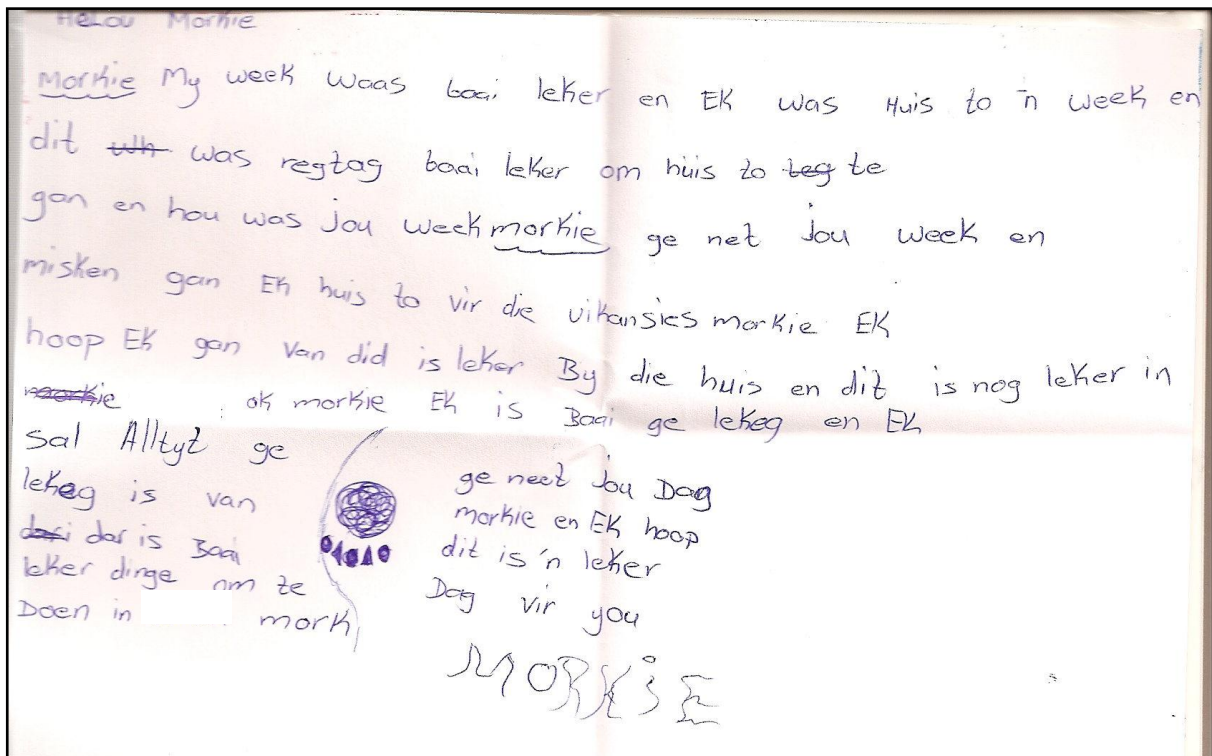
Thank you for my letter that you wrote. I am proud of you playing soccer with the other children. I am also glad that you are brave like the rocking horse.

Brandon, I will not be seeing you during the holidays, but I want you to enjoy it very much.

Morkie

FIGURE 4.32: Morkie's letter to Brandon

Brandon's letter to Morkie was very positive as he indicated that he was very happy, also that he was adapting to the place of safety. He mentioned that he enjoyed it there, which may indicate that he established a social network in the Place of Safety through using the social skills he had acquired.



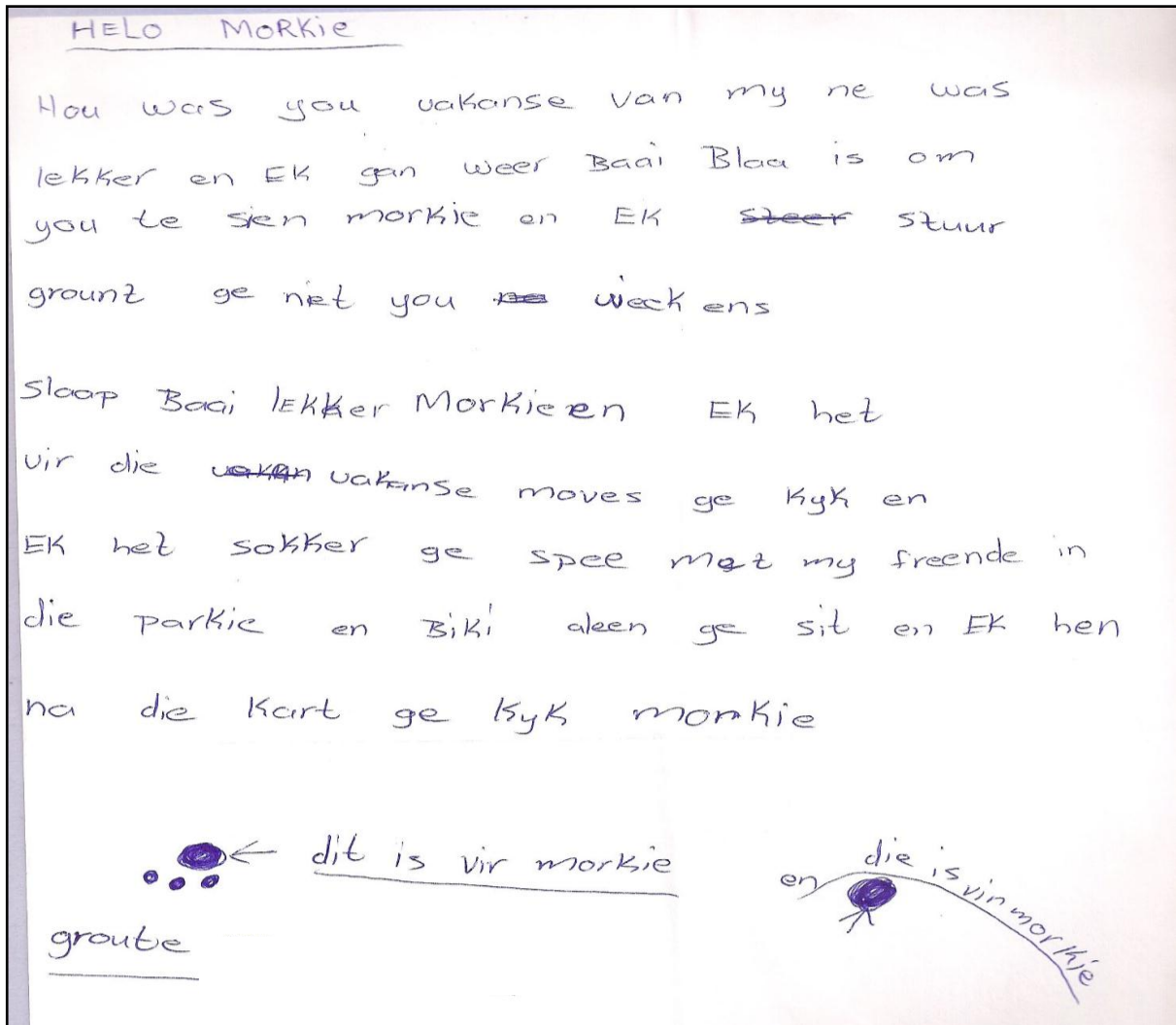
Helou Morkie
 Morkie my week was very nice. I went home for a week and it really was nice to go home. How was your week Morkie?
 Enjoy your week and maybe I will be going home for the weekend Morkie. I hope I can go, as it is nice.
 It is still nice in _____(place of safety), I am very happy and I will always be happy because there are lots of fun things
 to do in _____(place of safety) Mork.
 Enjoy your day Morkie and I hope it is a nice day for you Morkie.

FIGURE 4.33: Brandon's letter to Morkie

4.3.10 SESSION 13 (AFTER THE HOLIDAYS)

This was second-last session of formal therapy. In the past Brandon enjoyed it when Morkie stood up on his lap, with his paws against Brandon's chest. He would then stroke Morkie for 5 to 10 minutes like that, enjoying Morkie's attention. During this session, Morkie jumped up on his lap again and did the same. However Brandon's reaction to this was very different than before. He sighed and then told me that "Morkie is a bit too much". This may have indicated that Brandon was not in need of emotional support from Morkie anymore. He may

have acquired the necessary skills needed to cope and did not need Morkie's support so much anymore. He also did not use Morkie as a projection medium anymore, nor did he hesitate to talk directly to me. Brandon seemed to have grown more independent of Morkie.



Hello Morkie

How was your holiday, because mine was very nice and I will be very happy to see you again Morkie. I'm sending my regards and enjoy your week Morkie and sleep well Morkie.

I watched movies during the holidays and played soccer with my friends in the park. I sat alone for a little while and looked at my cards Morkie.

Regards Brandon

FIGURE 4.34: Brandon's letter to Morkie

Through Brandon's letter one can assume that he used the coping skills at home, which indicated he not only used them straight after the therapy sessions but he also remembered them and used them during his holiday time at home.



FIGURE 4.35: One of the last photos of Brandon and Morkie

In the above photograph one can observe Brandon's positive attitude of being happy and more open towards me as a therapist.

4.3.11 MEETING BRANDON ON 16 JUNE 2010

I saw Brandon on the 16th of June after a year and a half. He was in another place of safety due to negative influences from peers, theft and the misuse of alcohol. During this session with Brandon I went back as a researcher and not as a therapist, looking at Brandon's experience of working with Morkie as well as the sustainability of the therapy.

As Brandon found it challenging to give verbal expression to his thoughts and feelings, I asked him to draw me a picture of how he felt before Morkie had joined our therapy and after she had joined the therapy (Figure 4.37). He used red paint for the 'before' picture, painting a face that seemed to be unhappy. Brandon used green paint for the 'after' face, painting a happy, smiling face. He may have used red as he dealt with anger before the intervention and green as a calmer colour. This exercise may indicate that Brandon had experienced a change through the intervention with Morkie, leading to him to be happier. This correlates with the emotion faces (Figure 4.38) Brandon used. He had a choice between several different faces, each indicating a different emotion. I asked Brandon to identify how he felt

before Morkie came into the therapy process and how he felt afterwards. He indicated much the same faces as the ones he had painted.

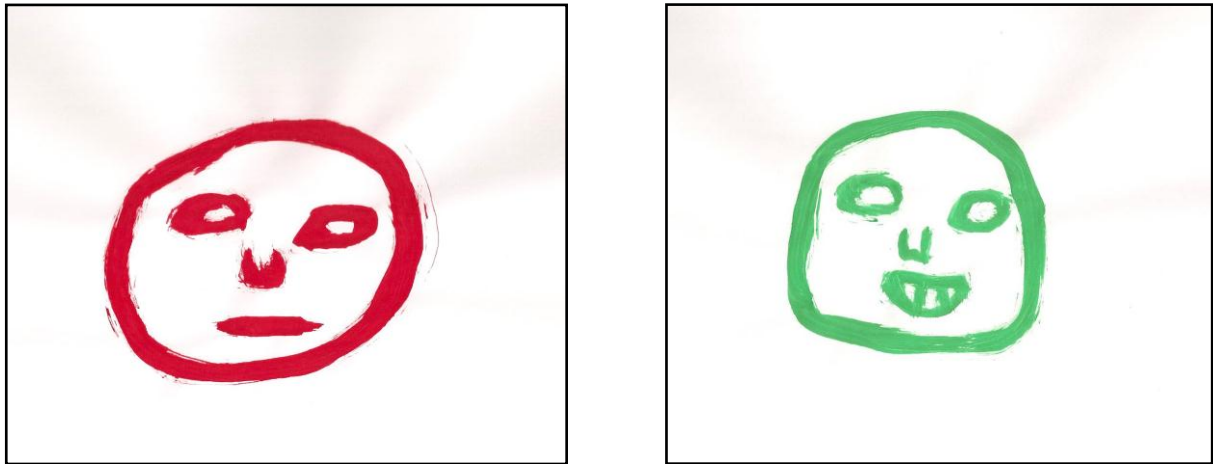


FIGURE 4.36: Brandon's drawing of his feelings before (left) and after (right) intervention with Morkie



FIGURE 4.37: Brandon's choice of emotions before (left) and after (right) intervention with Morkie

I decided to make use of a “How do I feel?” scale, in order to provide more visual stimuli to Brandon. He had to indicate how he felt before, as well as how he felt after the intervention with Morkie. He had a choice of using the numerical scale or the faces and colours. Brandon indicated that he was at a 5/6 before intervention and that he had moved to a 1 after intervention with Morkie. This again correlates with the above activities I asked him to complete.

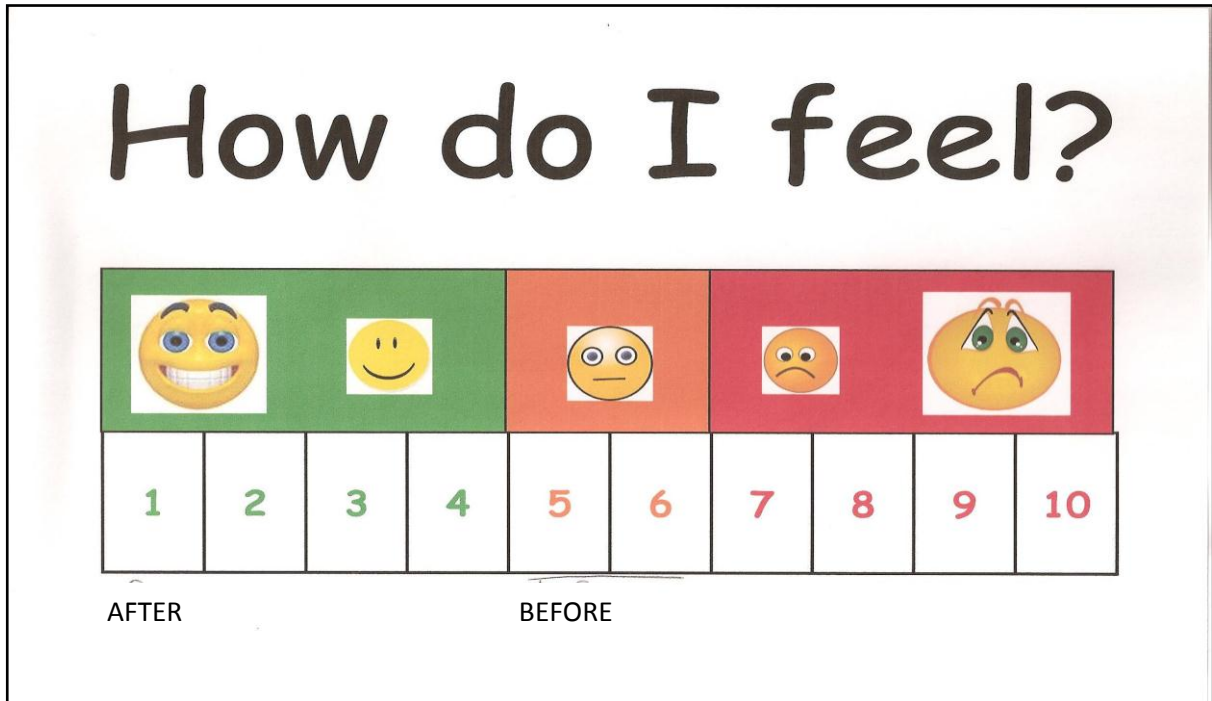


FIGURE 4.38: Brandon’s feelings before and after intervention with Morkie

Questions to Brandon

1. How did you feel when Morkie arrived at Tutela?
 It was very nice for me. Because I learned a lot of things. We worked together, she made me feel better.

2. Was it different when Morkie was with Suné, than when Suné was alone? What was different?
 When you came with Morkie, were the times when I felt more. Morkie was there, wrote letters, painted and we worked together.

3. Do you think Morkie helped you?
 Yes, because the time when you weren’t there was the time when I felt very unhappy. When you were there, I was happy.

4. Did you think about the Coping cards that we made?
 I’ve still got it. I did think about it before my problems started. I thought about them till May 2010, then my problems started.

5. Did you make friends?
 Yes, but they were new friends from outside. Morkie and I spoke about how to make friends and that helped me.

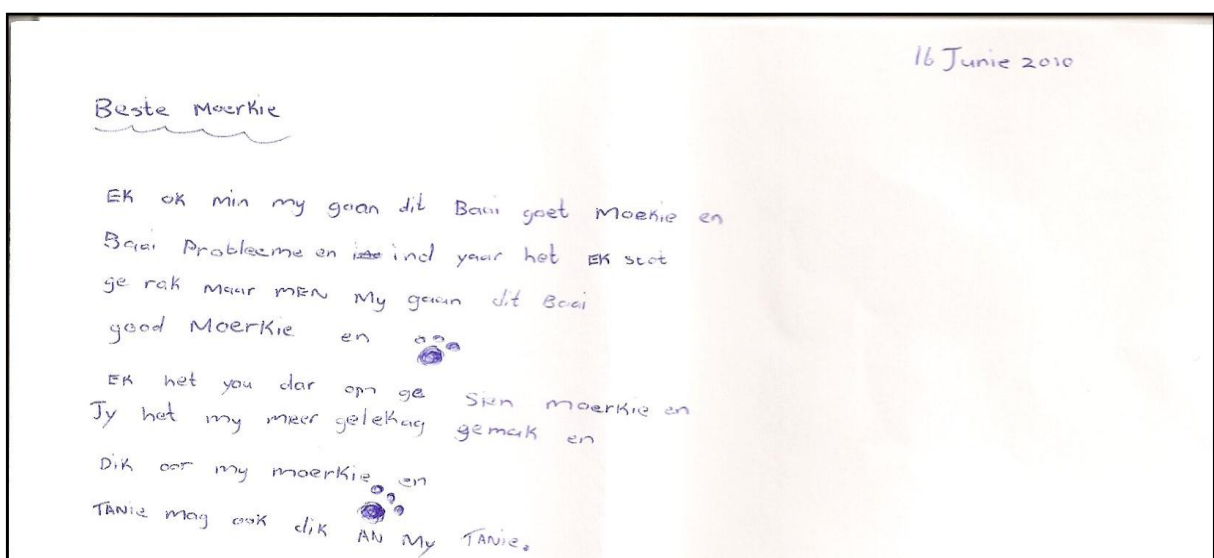
FIGURE 4.39: Questions Brandon answered verbally

Through the questions (Figure 4.40) Brandon indicated that he had had a positive experience with Morkie and that she had made him feel better. He mentioned that the times when I brought Morkie to the intervention were the times when he ‘felt more’. This may be that he had the opportunity to express himself through interaction with her. However it might also be

that he felt safe and accepted in the intervention. Throughout Brandon's answers it was clear that 'working together' was very important to him. He frequently indicated that they drew, painted and worked together. This may be because Brandon may have experienced acceptance, belonging and friendship from Morkie, something that he may not have had at that time from an outside source. On the question of whether Brandon felt that Morkie had helped him, he mentioned that he felt very unhappy at the time when Morkie was not there, but very happy when she was. This may indicate the change Brandon felt through the intervention with Morkie.

Brandon mentioned that he remembered the intervention till May 2010, indicating that there might have been some sustainability for the intervention. He mentioned that he still had the Coping cards and that he used them until May 2010. He also mentioned that he remembered the letters he had written to Morkie, that he had thought about them frequently and that he had learned a lot from her letters. This may show that the intervention had some sustainability because Brandon indicated that he still had some of the resources and that he thought about them frequently. He mentioned to me that Morkie was his friend and that he trusted her which may indicate the friendship, acceptance and trust that had been between them.

As we arrived in the office where I could see Brandon, he asked me whether he could write a letter to Morkie again. This indicated to me that he had the desire to communicate with someone and also the need for emotional expression by means of a letter. He told Morkie that Morkie had made him happier and that Morkie should think of him. This may indicate that Brandon was currently going through a difficult time and would like to receive support from Morkie again, indicating that Morkie had made a difference in his life.



Best Morkie 16 June 2010

I'm okay and I'm doing very well Morkie. I've got a lot of problems and in this year I got naughty, but I am very well Morkie.

I saw you Morkie and you made me happier Morkie. Think of me Morkie and Sune can think of me too.

Sune

FIGURE 4.40: Brandon's letter to Morkie

4.3.12 MEETING BRANDON'S MOTHER

Brandon's mother mentioned that during the intervention she noticed a very big change in his attitude, manners, self-confidence and in her relationship with him as well. She mentioned that he chose friends with a positive influence and that he was more supportive towards her as well. According to his mother, Brandon enjoyed intervention with Morkie in that he told her that Morkie cared for him, spoke to him and that I cared for him as well. He also mentioned that he could talk to me.

She mentioned that the effects of the intervention lasted till December 2009, indicating some sustainability, although Brandon mentioned that it had lasted five months longer. She did mention that if there had not been intervention, Brandon might have fallen under negative influences long before December 2009. His mother mentioned she felt good about knowing that Brandon had received some additional support.

4.4 CONCLUSION

In this chapter I presented the process of the use of AAT in a case study that relied on photographs, letters, drawings and interviews with the participants.

In the following chapter I will interpret my results, linking them to related literature and presenting them as findings. I will also discuss my findings according to my secondary research questions discussed in Chapter 1. Through this I will come to a conclusion and recommendations regarding my study.

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CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

“The great pleasure of a dog is that you may make a fool of yourself with him and not only will he not scold you, but he will make a fool of himself too”.

Samuel Butler, Notebooks, 1912

5.1 INTRODUCTION

In Chapter 4, I reported on the process of my study. I commenced this chapter by reporting on the research process in terms of an overview of the process and my “journey” with the research participant. Then I presented the results of my study by means of document analysis. In this chapter I firstly provide a brief overview of the previous chapters. I subsequently provide a discussion regarding my findings throughout this study. Subsequently I come to final conclusions, and indicate the limitations and possible contribution of this study. I conclude by formulating recommendations for training, practice and future research.

5.2 OVERVIEW OF THE PREVIOUS CHAPTERS

Chapter 1 served the purpose of orientating the reader regarding the study and what to expect in the dissertation. I informed the reader on the nature of my study and presented an overview of the rationale for undertaking it. I stated the purpose of the study and formulated the primary and secondary research questions. I then discussed the assumptions that I had made at the onset of the study. I also briefly defined the concepts underlying the study, namely *Animal-Assisted Therapy*, *therapeutic technique* and *a socio-economically vulnerable child*, in order to better orientate the reader with the meanings that I ascribed to these concepts within the study. I briefly introduced my paradigmatic perspective from which my study took its stance, and clarified my research design, data collection and documentation methods, data analysis and interpretation strategies. I also provided the reader with a brief overview of what was to follow in Chapters 2 to 5.

As this study was informed by literature on *Animal-Assisted Therapy*, *therapeutic technique* and *a socio-economically vulnerable child*, I explored existing literature related to these topics in **Chapter 2**, in order to establish the theory of the study. I commenced this chapter by defining *therapeutic techniques in Educational Psychology*, focusing on the *child’s world*

and development, Pedotherapy and the process of child therapy. I then discussed the *socio-economically vulnerable child.* Thereafter I defined *Animal-Assisted Therapy* also focusing on *the benefits and considerations in the use of Animal-Assisted Therapy.* I concluded Chapter 2 by presenting my *Conceptual Framework,* describing the link between *Educational psychology theory and Animal-Assisted Therapy.*

In **Chapter 3** I explained how I had planned and conducted my empirical study. I commenced this chapter by discussing the qualitative approach anchored in an Interpretivist paradigm as the paradigmatic perspective underlying my study. I described the research methodology that I had implemented in terms of my selected research design, namely an intrinsic case study design. For the purpose of this study I selected a case on which I had previously worked, as therapist. I identified the secondary participant (significant other in the primary participant's life) based on her knowledge and understanding of the functioning of the primary participant. I then discussed the data collection and documentation strategies that I had employed, namely document analysis using visual data, creative expression, field notes and informal interviews. I discussed the manner in which I had used document analysis, as well as my attempts to enhance the rigour of the study. I concluded the chapter by explaining the ethical principles that I adhered to in planning and undertaking my study.

In **Chapter 4** I reported on the results of my study. I commenced this chapter by reporting on the research process in terms of an overview of the process and my "journey" with the research participant. Then I presented the results of my study by means of document analysis.

In the next section I interpret and discuss the findings of my study according to the research questions formulated in Chapter 1.

5.3 FINDINGS OF THE STUDY

This section provides a discussion summarising the results of this study in comparison with the available literature. This will be done according to themes and subheadings identified during the process of this study.

5.3.1 FINDINGS REGARDING THE USE AND VALUE (OR NOT) OF ANIMAL-ASSISTED THERAPY IN EDUCATIONAL PSYCHOLOGY?

AAT is defined as a '*goal-directed intervention*' in which an animal that meets specified criteria is part of the treatment process delivered by a health/human service professional (Kruger & Serpell, 2006, Tedeschi, Fitchett & Molidor, 2006, Anderson, 2004, Odendaal, 2002 & Hettema, 2002). AAT as a *goal-directed intervention*, indicates that the therapist is focused on achieving certain goals within the therapy, thus AAT is not merely an unplanned activity. According to the literature in Chapter 2 (see Section 2.4.2.1) there are various ways in which AAT can be used within a therapeutic context in Educational Psychology. In this section the use and value of Animal-Assisted Therapy in Educational Psychology will be discussed.

5.3.1.1 Making the therapist more approachable to the child

When I met Brandon for the first time in therapy, he seemed to be a very shy boy who did not talk much, only responding with simple yes or no answers. He sat in front of me, looking down at his lap, hands folded on it. Brandon always wore a sweatshirt top with a hood, which was pulled over his head, covering half his face. During the session he avoided eye-contact with me, nor did he answer any questions regarding the sandplay therapy, which indicated that he may have felt uncomfortable with me, and did not trust me at that time. It continued in this manner for the duration of 4 sessions (see Section 4.2). During the 4th session, I took along my therapy dog, Morkie (see Section 4.3.1). Although Brandon did not yet interact with me, he smiled at Morkie as she stood up against his legs, looking up at him.

Several researchers found that having an animal present in the therapy setting, makes the therapist less threatening and more approachable, also decreasing the client's initial reservations regarding entering therapy, and results in the client being more willing to reveal him/herself (Urlichuk & Anderson, 2003 & Fine, 2006). After a few weeks of therapy with Morkie, Brandon seemed to be more open towards me. He looked me in the eye when he greeted me, smiled at me, chatted to me and also answered questions directed indirectly

from Morkie (see Section 4.3.5). Schaifer (1999) mentioned that the threatening feeling that the child was under examination was forgotten when an animal was included in the therapy. This indicates that the therapy dog decreases some tension, creating an inviting atmosphere, also shifting the client's attention from being worried to being calmer and relaxed. Fine (2006:173) maintains that the "*dog served to reduce the initial tension and assisted in developing an atmosphere of warmth*".

During previous sessions Brandon used to turn his back on me when writing a letter to Morkie. During Session 11 (see Section 4.3.8 and Figure 4.38) Brandon came to sit opposite me to write his letter to Morkie. This gesture may indicate that Brandon had developed trust, was comfortable with me and may have felt more able to communicate with me. Urichuk and Anderson (2003:12) found that animals promote therapeutic disclosures and enhance therapeutic progress. This may indicate that Morkie's presence in the therapeutic setting not only enhanced therapeutic progress, but also made Brandon feel more relaxed about me as a therapist.

At first, Brandon answered very few of my questions and did not reveal any personal information regarding himself (see Section 4.3.9). As therapy with Morkie progressed he started to make more eye-contact and conversation with me as the therapist. According to Urichuk and Anderson (2003) The Person Centered Counselling approach requires three conditions for therapeutic growth to occur, namely genuineness, unconditional positive regard and empathy. "*Animals provide these emotions freely and without judgment, in a manner that human counsellors can only strive to achieve*" (McIntosh, 2002 in Urichuk & Anderson, 2003:112). This indicates the enormous effect of an animal within the therapeutic setting.

5.3.1.2 Facilitating creating a relationship with the child

Friesen (2010) and Chandler (2005) mentioned that including a dog in therapy may facilitate the relationship between the child and therapist, indicating that by using a dog, the therapist may be assisted in establishing a relationship with the client. Using Morkie in therapy gave me the opportunity to develop a deeper relationship with Brandon. I believe Morkie not only served as a motivational tool for therapy (see Section 4.3.3), but also improved our relationship in several ways. I had the opportunity to interact with Brandon through the medium of the dog (see Section 4.3.3), which may have been less threatening to him, also allowing me to provide him with positive feedback and affirmation from me. Using Morkie, I

gave Brandon some responsibility in helping to care for her (see Section 4.3.4), indicating that I trusted him.

Fine (2006) mentioned that an animal's presence allows the client a sense of comfort, which in turn promotes rapport in the relationship between therapist and client. As therapy progressed I noticed that Brandon slowly started to interact with me on a more regular basis (see Section 4.3.2). At first Brandon only communicated with me through answering questions directed indirectly through Morkie (see Section 4.5.3). However as time moved on, he made more eye contact, smiled at me, spoke to me and also started to answer questions directed directly to him from me (see Sections 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.9 and Figure 4.38). Tedeschi *et al.* (2006) supports my findings in that it is mentioned that when the client creates an initial trust connection with the animal, it may be transferred to the professional at a later stage. As a result of this one may conclude that an animal (dog) may assist a therapist in creating a relationship with a child (client). Fine (2006) mentioned that a gentle animal helps the client to view the therapist in a more endearing manner. The child may notice that the dog, which he/she trusts, has a good relationship with the therapist, which may cause the child to trust the therapist at a later stage as well. I do feel that this too, may be one of the reasons Morkie facilitated establishing a good relationship between Brandon and myself.

5.3.1.3 Uncooperative children

Tedeschi *et al.* (2006:62) mentioned that "*animals can often reach people when human relationships may be difficult*". This was found in this study, seeing that Brandon did not seem eager to interact with me in therapy for the first couple of sessions (see Sections 4.2.1, 4.2.2 and 4.3.1). Several times throughout the study, especially during the initial sessions, Brandon seemed unmoved when he saw me. However at the mention of Morkie visiting him as well; he would smile (see Sections 4.3.1 and 4.3.3). This non-verbal gesture could indicate that he was excited about Morkie being there and that she might serve as a motivational tool for therapy with him.

This shows that the presence of an animal may be useful, especially when the child does not feel safe or mistrusts the therapist. The animal (dog) may form a relationship with the child, as the dog would not pose a threat to the child. "*The presence of a companion animal is particularly helpful when children are not cooperative*" (Schaifer, 1999:419). Fine (2006:173) found that children were more "*relaxed and seemed more cooperative*" at times when he had a dog with him for a visit. Brandon seemed to be more cooperative in that he started to

participate in the sessions by answering questions, talking and even allowing me to take photos of him and Morkie (see Section 4.3.2 and onwards).

5.3.1.4 Using the dog to communicate with a child

Urichuk and Anderson (2003) mentioned that an animal as co-therapist may facilitate communication. During therapy with Brandon I used Morkie to communicate with him in several ways. Firstly, I pretended that Morkie could speak or that I could hear her if you listened closely enough (see Sections 4.3.2 and 4.3.3). I simply acted as the agent, “*relaying the message to the dog or the child*”, carefully stating that “Morkie says....” (Schaifer, 1999:420). This enabled Brandon to communicate with me, using Morkie as medium, and thus not feeling threatened or exposed. This gave Brandon the opportunity to communicate, although it still provided him with a barrier, as it was ‘Morkie’ speaking or telling us something, not him. He frequently made choices or told me things from his personal life (see Section 4.3.5) by using Morkie as a medium. After some time Brandon started communicating directly with me. However I do not feel that I would have been able to achieve this, in such a positive manner without the assistance of Morkie in therapy.

Secondly I made use of letters between Brandon and Morkie (see Section 4.3.2 and onwards). Brandon reacted very positively towards this in that he wrote back to Morkie. He had found a way to communicate and this resulted in one of the main manners in which we communicated by using letters and Morkie. Brandon expressed his feelings, fears, likes and dislikes in these letters to Morkie. “*Studies have shown that children regularly confide in their pets when they have a problem, and play with their pet when feeling stressed*” (Covert *et al.*, 1985 in Urichuk & Anderson, 2003:52). Although it was found that children confide in their pets, one may assume that they trusted the animal, and also felt safe and relaxed in its presence. Berget and Braastad (2008) mentioned that animals may serve as mediators of enhanced conversation skills among people, which may then reveal information which could have been blocked previously (Hoelscher and Garat, 1993 in Fine, 2006).

As I went back as researcher to meet with Brandon (see Section 4.3.11), he asked me whether he could write a letter to Morkie, indicating the power this manner of communication held for him. Both his mother and Brandon mentioned to me that he felt he could talk to Morkie, as well as to me (4.3.11 and 4.3.12), proving that Morkie had assisted Brandon in communicating.

5.3.1.5 Working indirectly, using a dog as medium

Working indirectly through Morkie proved to be very useful in therapy with Brandon. I started using Morkie indirectly (see Section 4.3.2) in order that he communicate with me. I felt that working indirectly was non-threatening, especially since he was not keen on establishing a relationship with me and had been through traumatic circumstances. Urichuk and Anderson (2003) mention that numerous people would more easily express their feelings, issues and fears indirectly than directly. This may be because they feel safer and that they do not need to deal with the feelings or issues, someone else needed to. Brandon thus had the opportunity to help Morkie with her issues, while indirectly dealing with his own.

In asking questions through Morkie, Brandon started to answer them, whereas previously he only used yes or no answers (see Sections 4.2.2 and 4.3.2). This may have been because it was the dog 'asking' the questions or it may also have been that Brandon started to trust Morkie and feel more at ease, feeling that she accepted him unconditionally. Although I cannot prove or measure whether he experienced that Morkie accepted him unconditionally, I can only assume that he felt that she did not judge him and only lived for the here-and-now.

Reichert (1998) mentions that the role of the animal is to lower the child's anxiety and to support the child in disclosing and expressing feelings. The child would thus convey his or her feelings through the animal, making them more indirect, rather than communicating them directly. As therapy progressed Brandon seemed to apply the techniques we had used for Morkie, to himself (see Sections 4.3.5, 4.3.7 and 4.3.8), indicating that I had managed to achieve my goal to reach Brandon through working indirectly using Morkie as medium. He acquired the skills needed to cope with his situation in a manner that was not threatening to him and which also allowed him to interact in the therapy process.

5.3.1.6 Projection and Storytelling

Urichuk and Anderson (2003) found that individuals may benefit from hearing stories of the animal's experiences that are similar to their own issues. During therapy I made use of storytelling and projection in order to work more indirectly with Brandon (see Sections 4.3.2, 4.3.3, 4.3.4, 4.3.5 and 4.3.6). I ensured that the story was about Morkie, but that it was based on similar events in Brandon's life. We made use of projection in order to find solutions for Morkie, transferring the pressure from Brandon, causing him to be more actively involved (see Sections 4.3.5, 4.3.6 and 4.3.8). Brandon identified strongly with this and frequently gave Morkie advice, also using some of the advice for himself. *"By promoting projection and*

identification of the child's feelings, storytelling with the animal can be beneficial to the therapeutic process" (Reichert, 1998:184).

I also used Morkie to prepare Brandon for situations that he might need to deal with in the future (see Section 4.3.8), asking him how we could help or support Morkie. This technique was successful because Brandon suggested the use of a coping mechanism we had developed for Morkie in a previous session, indicating that he too had acquired the coping skills through the therapy. This may have been an indication of how Brandon would have reacted if he was in the same situation as he may have associated with Morkie, indicating that through working indirectly with the dog, he may have acquired the skills needed to cope with his situation. Reichert (1998) mentioned that *"because a child's ability to identify with characters and themes is so powerful, the child can easily relate to a story and make unconscious connections to heroes and conflicts"*. Using a story may thus help a child to identify with a character, leading to the resolution of his or her problems.

Children's own feelings become easier to acknowledge when one relates them to those of an animal (Flom, 2005). Brandon also made use of projection, as he projected some of his wishes and feelings onto Morkie (see Section 4.3.8). As therapy progressed, Brandon started to grow more independent of Morkie. He did not need to use Morkie as a projection medium anymore (see Section 4.3.10), nor did he hesitate to talk directly to me. This was proof to me that using projection and storytelling in conjunction with an animal, the client dealt with his issues in a safe, indirect manner, also leading him to be more independent.

5.3.1.7 Displaying emotions and behaviours that may not be deemed professionally appropriate for an Educational Psychologist

Allan (2008) mentioned that physical contact between a client and a therapist is a high-risk activity. This may be why animals are in the unique position to display emotions and behaviours that may not be deemed appropriate for mental health therapists (Urichuk & Anderson, 2003). Due to the society we live in and the need to adhere to certain ethical standards, mental health professionals may avoid physical contact with their clients. Urichuk and Anderson (2003) mentioned that contact with animals is a safe way in which the individual is able to experience the physical and emotional benefits of touch.

Urichuk and Anderson (2003:60) mention that clients get to experience *"the warmth and security of a dog"*. During our sessions I frequently used Morkie as a substitute for physical touch with Brandon. During most of my therapy sessions, Brandon would start off by patting Morkie, just giving her some love and attention. This was very important to Brandon and one

could see that he cherished the physical contact from Morkie. I honestly feel that a person cannot provide the same type of physical contact, love and attention as the dog provided.

Morkie frequently went up to Brandon and looked at him, indicating that she was interested in him (see Section 4.3.1), always causing him to smile. Using Morkie also provided me with the opportunity to use her in activities Brandon was involved in, such as painting or drawing. She frequently climbed onto the table, sitting next to Brandon as he was painting (see Section 4.3.7), giving him the impression that they were doing the activity together and also that she was interested in him and what he was doing.

Brandon enjoyed this physical interaction as he frequently touched her (see Sections 4.3.1 and 4.3.3), allowed her on his lap (see Sections 4.3.3 and 4.3.5) and pulled Morkie's chair closer to his own (see Section 4.3.4), indicating that he longed for the physical closeness between Morkie and himself.

5.3.1.8 Dog seeks attention from child, showing intentional behaviour

Nimer and Lundahl (2007) describe a 'good' therapy animal, as one that would seek attention and affection from the child. It was found that animals intentionally show certain behaviour (Chandler, 2005) but more importantly, they never contradict the attributes projected onto them in words (Katcher, 2000b:468 in Chandler, 2005:6). This may cause the child to experience the animal as "unconditionally accepting and non-judgemental" (Chandler, 2005:6). Morkie sought attention from Brandon frequently in that she intentionally would have walked up to Brandon, standing up against him, and looked at him (see Section 4.3.1). Brandon enjoyed this very much and even on Morkie's first day in therapy, he greeted her with a smile when she did this. As mentioned previously, she also climbed on the table while Brandon was busy working (see Section 4.3.7), which may have made him feel important.

Soloman (1981 in Reichert, 1998:178) maintains that the child receives a certain value from the dog that offers love and reassurance, without criticising the child. During a specific session, Brandon revealed that he was sad as a result of something his mother had done. Morkie immediately sensed that he was sad and climbed onto his lap (see Section 4.3.5). This gave me the opportunity to tell Brandon that Morkie cared, thus causing him to feel special and important.

5.3.1.9 Physiological benefits

Several studies have shown the beneficial effects of animals on both the health and adjustment of children (Flom, 2005). Physiological measures such as a reduction in heart rate, lower blood pressure and other observable signs of a decrease in anxiety, reveal that interacting with a dog can moderate stress (Katcher, Friedmann, Beck, & Lynch, 1983 in Jalango *et al.*, 2004:9). During therapy Brandon changed his posture to being more relaxed (see Sections 4.3.3 and 4.3.6, also Figure 4.21). Jalango *et al.* (2004) found that research supports the argument that the presence of an animal tends to reduce stress. They also found that the presence of a calm dog moderates the stress responses more than the presence of an adult or supportive friend (Jalango *et al.*, 2004:9). Friesen (2010) maintains that children “*feel less anxiety when interacting with therapy dogs*” (Friesen, 2010:266). These findings may indicate that the therapy animal reduces the child’s anxiety, especially in stressful situations (Shiloh, Sorek & Terkel, 2003). Brandon may have experienced a sense of safety and security, reducing his anxiety, and causing him to feel more at ease, safe and trusting.

5.3.1.10 Socialisation

Many researchers found that using an animal in therapy enhances social support and social interactions (Shiloh *et al.*, 2003, Tedeschi *et al.*, 2006, Friedmann & Tsai, 2006 in Walsh, 2009, Brodie & Biley, 1999 in Nimer & Lundahl, 2007 & Kaminski, Pellino & Wish, 2002). McIntosh (2002 in Urichuk & Anderson, 2003) mentions that children may often turn to animals for social support, on account of the animal’s unconditional acceptance of the child and being non-judgemental towards him/her. During this study several social skills were addressed by using a dog in the therapy of the participant. Brandon obtained some specific skills in socialisation. As therapy started, I told Brandon that he should hold out his palm towards Morkie in order for him to indicate that he was friendly, wanted to be friends and would not hurt her (see Section 4.3.2 and 4.3.3). This may have been a basic gesture towards a dog; however it had a much deeper meaning. Indirectly Brandon had the opportunity to reach out to someone as a social gesture, thus practising what it would be like going up to someone and greeting them. Although this may have involved only a dog, it is symbolic and I was hoping that it would facilitate further social interaction towards others in the future. Urichuk and Anderson (2003) maintain that young children and some adults see animals as peers. This may promote the interaction between people and animals, indicating the importance of AAT. During the following session (see Section 4.3.3), Brandon held out his palm to Morkie immediately. He not only received immediate positive feedback from

Morkie coming towards him, but also verbal affirmation from me, affirming that when you reach out to someone in a calm way, you will be treated in the same way in return.

Urichuk and Anderson (2003:79) found that “*personal development, such as speech and communication skills*”, can be improved through working with an animal. This could be achieved by getting the child to talk and interact with the animal, for example giving a command or saying the animal’s name aloud. Apart from the physical gesture, I also used Morkie to get Brandon to communicate with another person, or animal in this case; as I told him to respond with ‘good dog’ every time Morkie did something he was satisfied with (see Section 4.3.3). This modelled the behaviour one uses to interact with another person by giving positive feedback to the person. This may also have provided Brandon with the opportunity to socialise with someone through using a verbal expression, as he did not, at that time, socialise as much with me. As time passed, Brandon started to interact with me more than he had done before (see Section 4.3.5), looking me in the eye, smiling at me and speaking to me. He did however still need Morkie in order to answer questions indirectly. However all that changed in the following sessions (see Sections 4.3.7, 4.3.8 and 4.3.9). Brandon had started to answer my questions directly, without hesitation, indicating that Morkie had facilitated the process of him feeling competent enough to interact in a social manner. I do feel that Morkie’s presence helped Brandon to reach this point as she never criticised him, always listened to him and she was a safe medium through which he could have expressed himself without feeling exposed. As mentioned before, Brandon was quite hesitant to interact or socialise with others. However after some time in therapy, he started to greet one of the other therapists out of his own free will (see Section 4.3.5), whereas previously she had had to greet him first. This indicates that therapy with Morkie had facilitated Brandon’s socialisation skills.

Urichuk and Anderson (2003) found that when people are taught to be kind to animals and to treat them with respect, they also learn to be kind and to respect other people. AAT may thus be used to assist in socialisation but also in acquiring social skills. Brandon started to direct questions towards Morkie through his letters to her (see Section 4.3.6), which may have indicated social skills in that Brandon was stimulating a conversation with Morkie. He increased his awareness of social skills in that he noticed Morkie was friendly towards him and that he would need to be friendly in return for their friendship to develop (see Section 4.3.3). Brandon also started to use words to describe his feelings, indicating that communicating with Morkie had increased his ability to express his feelings (see Section 4.3.3), as well as establish social networks in the Place of Safety (see Section 4.3.9). Walsh (2009) found that with the use of AAT children become more involved within their

environment in a non-threatening manner. Tedeschi *et al.* (2006:70) found that through integrating animals, children's socialisation skills were increased, contributing to their ability to participate in school and non-school social activities.

5.3.1.11 Self-esteem, self-confidence and personal empowerment

Research found that children, who have regular contact with animals, have higher levels of self-esteem (Urichuk & Anderson, 2003). Interacting with Morkie may have influenced Brandon to feel more positive, accepted and may have raised his self-esteem, in that someone wanted to be with him (see Section 4.3.3). Urichuk and Anderson (2003) mentioned that animals provide positive regard, do not discriminate against people, are non-judgemental and not play psychological games with people, which makes them ideal for increasing a person's self-esteem. They also mentioned that the animal "*loves you for who you are inside*", which may portray unconditional acceptance from the animal to the child. Using Morkie in therapy allowed me to praise Brandon for his actions and interactions with her (see Section 4.3.3), which might also have increased his self-esteem.

Urichuk and Anderson (2003) found that clients, who lack control and self-esteem in their lives, may benefit from AAT. Brandon was asked to give Morkie certain commands in order for her to perform obedience tricks (see Section 4.3.4). This required Brandon to speak louder than he usually did, also using a little more authority in commanding her. This in turn allowed Brandon to experience some control as well as the possibility of increasing his self-esteem. Using a dog in therapy gave me the opportunity to provide Brandon with more responsibility during our sessions. He had to pour water into Morkie's bowl, as well as choose an activity to start with during therapy. Although he usually chose an activity that Morkie would like to do, he made use of projection, thus still choosing what he wanted to do. Another manner in which AAT provided Brandon with more control and power was walking Morkie on a lead to the nearest park (see Section 4.3.5), which may have made him feel proud of being able to walk her. This also provided some self-confidence as Morkie listened to him and responded to his commands. These actions and responsibilities may have empowered Brandon to a certain extent, also allowing the opportunity for me to demonstrate that I entrusted Brandon with these tasks, ultimately leading to an increase in his self-esteem and self-confidence. Tedeschi *et al.* (2006:69) found that through working with an animal the child is allowed the opportunity to "*gain more control and feel unconditionally accepted by a living being*".

Reichert (1998) found that due to the animal being non-judgemental, the child's self-esteem and expression of feeling may be promoted. As therapy with Brandon and Morkie progressed, I noticed that he started to be more creative in his work (see Section 4.3.5), indicating that he may have felt more confident to try out new things.

Walsh (2009) maintains that the animal contributes to a child's self-esteem by being a 'friend' to the child. Through interactions with Morkie, Brandon may have felt accepted as well as important, which could lead to an increase in self-esteem. Brandon also started to develop more confidence in interaction with me as well as with others (see Sections 4.3.5, 4.3.6, 4.3.7, 4.3.8 and 4.3.9). As Morkie never criticised Brandon, he may have felt safe enough to start interacting with others, which may be an indication of an increase in self-confidence and self-esteem. Tedeschi *et al.* (2006) maintain that self-esteem is regularly reported in children working with animals. It was further mentioned that "*interacting with, nurturing and caring for an animal can, in turn, allow a child the opportunity to experience a reciprocal relationship where love, affection and touch are expressed with healthy boundaries and in a nonthreatening way*" (Tedeschi *et al.* (2006:69).

5.3.1.12 Emotional and behavioural difficulties

Flom (2005) found that, children who had difficulty making attachments in their lives, found acceptance in the therapist's pet, as well as giving affection to it. Through this study I feel that Brandon found acceptance through interaction with Morkie, also benefitting from giving affection to and receiving affection from Morkie (Urichuk & Anderson, 2003). Interacting with Morkie had influenced Brandon to feel more positive and accepted, in that someone wanted to be with him (see Sections 4.3.2, 4.3.3 and 4.3.11). Although I cannot prove or measure whether he experienced that Morkie accepted him unconditionally, I can only assume that he may felt she did not judge him and only lived for the here-and-now. Brandon made use of art to express himself, using bright colours to paint their names and a smiley face (see Sections 4.3.6 and 4.3.7), indicating a positive attitude from Brandon, as well as friendship, acceptance and support.

Sable (1995) maintains that feelings of happiness, security and self-worth are increased by the presence of a pet, whereas feelings of loneliness and isolation are decreased. A week after the therapy of Morkie had commenced, Brandon was clearly happier in the photo taken (see Section 4.3.3 and Figure 4.5), showing a more relaxed posture. He felt more at ease, safe and trusting in this situation. Brandon also started to remove his hood (see Section 4.3.4), indicating that he felt more comfortable and safe. Urichuk and Anderson (2003)

describe an animal as a safe living thing that people can bond with. During later stages in therapy, Brandon changed his posture while writing a letter to Morkie (see Section 4.3.8). This gesture may indicate that had Brandon developed trust, was comfortable with me and may have felt more open to communicate with me, as a result of the use of AAT.

Brandon started to portray coping skills (see Sections 4.3.6 and 4.3.8) through his drawings and interactions with me. During Brandon's initial assessment, he had to draw a person in the rain (see Figure 4.29). The person he drew had very short arms, which protruded from the sides of his body, indicating limited movement and helplessness. The person's feet were pointing in opposite directions, also limiting movement. He was covered in rain, getting wet, with a very small umbrella, indicating limited coping mechanisms. Brandon's entire drawing was made using cold colours such as grey, blue and black. Yonge (2003) mentioned that children feeling insecure, helpless and anxious, tended to use cold colours in their drawings, whereas those feeling happy and secure rather used warm colours. During one of the last therapy sessions, I asked him to draw me a picture of himself (see Section 4.3.9 and Figure 4.30) and it was an overall positive picture. In his second picture, he drew the person with very big arms, broad shoulders and hands with fingers. His feet were pointing in the same direction, indicating more movement. Brandon also drew flowers (roses, one with thorns, the other one with leaves), which may be seen as an indication of hope and happiness. He made use of bright, warm colours to decorate the page around the person, indicating a positive attitude. There was a great difference between the two pictures, indicating personal growth and the acquisition of coping skills for Brandon. Brandon also started making decisions for himself, without the help of Morkie (see Sections 4.3.5 and 4.3.10), which is another indication of coping skills.

It was found that animals (dogs) can fulfil a variety of emotional needs (Tedeschi *et al.*, 2006). Shiloh *et al.* (2003) describe animals as a source of consistency, providing security and emotional stability while feelings of loneliness and isolation are decreased. During the last sessions of therapy, I noticed a change in Brandon (see Section 4.3.10). He did not have the need to stroke Morkie as much as usual. He may have acquired the necessary skills needed to cope and did not need Morkie's support as much anymore. He also did not use Morkie as a projection medium anymore, nor did he hesitate to talk directly to me. Brandon seemed to have grown more independent of Morkie. Through Brandon's letter (see Section 4.3.10), one can assume that he applied the coping skills at home, which indicated he not only used them straight after the therapy sessions but also remembered them and applied them during his holiday time at home.

Studies found that animals could be an important source of emotional support for children (Urichuk & Anderson, 2003:61). Animals may help to bring out a variety of emotions ranging from laughter to unhappiness during therapeutic sessions (Urichuk & Anderson, 2003). Brandon started to express himself emotionally through the letters he wrote to Morkie (see Section 4.3.3 and onwards), as well as identifying support networks in his life (see Section 4.3.9). He also gave Morkie advice on dealing with certain issues, indicating that he might be experiencing support from her in some ways (see Section 4.3.4), and also showed empathy with Morkie and what she was dealing with. Nebbe (1994 in Urichuk & Anderson, 2003:66) mentions that the presence of an animal may evoke empathy within a child if the therapist is sensitive and caring about the animal's needs. Morkie also displayed empathy towards Brandon, by lying beside him, licking his hand or climbing on his lap when he felt sad. Urichuk and Anderson (2003) mentioned that animals may display empathy towards a client.

5.3.2 THE PARTICIPANTS' EXPERIENCE OF ANIMAL-ASSISTED THERAPY, AS WELL AS THE SUSTAINABILITY THEREOF

I saw Brandon on 16 June 2010, a year and a half since the termination of his therapy. He was in another place of safety due to negative influences from peers, theft and the misuse of alcohol. During this session with Brandon I went back as researcher and not as a therapist.

Brandon indicated positive feelings to the use of Morkie within the therapeutic setting (see Section 4.3.11 and Figures 4.37, 4.38 and 4.39). Through different mediums Brandon indicated that he was much happier after the intervention with Morkie, than before, indicating that he had experienced a change through the use of AAT. Through answering questions (see Figure 4.40), Brandon indicated that he had a positive experience with Morkie and that she had made him feel better. He mentioned that the times when I brought Morkie to the sessions, were the times when he 'felt more'. This may be that he had the opportunity to express himself through interaction with her. However it might also be that he felt safe and accepted during the intervention. Throughout Brandon's answers it was clear that 'working together' was very important to him. He frequently indicated that they drew, painted and worked together. This may be because Brandon may have experienced acceptance, belonging and friendship from Morkie, something that he may not have had at that time from an outside source. On the question of whether Brandon felt that Morkie had helped him, he mentioned that he had felt very unhappy at the time when Morkie was not there, but very happy when she was. This indicates the change Brandon felt resulting from the intervention with Morkie.

The interview with Brandon's mother (see Section 4.3.12) verified my findings in that she mentioned that during the time of the intervention, she had noticed a change in Brandon's attitude, manners, self-confidence as well as in his relationship with her. She mentioned that he seemed to choose friends with a more positive influence and that he was more supportive towards her during that time. According to his mother, Brandon experienced therapy with Morkie as positive in that he told her that Morkie cared for him, spoke to him, and also that I cared for him and that he could talk to me. This supports my findings that AAT had increased communication between Brandon and me, made him feel accepted, gave him support and he had had the opportunity to interact and communicate with Morkie.

The sustainability of the therapy varies according to Brandon and his mother. He indicated that he had applied the techniques until May 2010, whereas she feels that it may have been till December 2009. Brandon mentioned that Morkie had taught him a lot and that he remembered the letters he wrote to her, as well as the coping techniques they had used, indicating that there was some sustainability following the termination of therapy. Although it seems that the therapy's sustainability was around 12 – 17 months, one needs to take into account that Brandon did not receive any additional support, guidance or therapy after he had returned home, following his stay in The Place of Safety. Brandon's mother mentioned that if there had not been intervention, Brandon might have fallen into negative influences long before December 2009.

5.3.3 WHAT IS KNOWN ABOUT ANIMAL-ASSISTED THERAPY IN EDUCATIONAL PSYCHOLOGY, AS WELL AS THE VALUE (OR NOT) OF SUCH THERAPY, IN WORKING WITH A SOCIO-ECONOMICALLY VULNERABLE CHILD?

The field of Animal-Assisted Intervention currently lacks a unified, widely accepted, or empirically supported theoretical framework for explaining how and why relationships between humans and animals are potentially therapeutic (Kruger & Serpell, 2006:25). Although there may be examples regarding the benefits of AAT, one needs to be aware that there is limited empirical research proving the effectiveness of AAT. One of the main challenges during this study was finding appropriate literature, which could be applied in the context of Educational Psychology. Voelker (1995 in Fine, 2006) noted that the main challenge for professionals using AAT might be to prove it. In general there is little known about AAT in counselling, thus making AAT relatively unknown in Educational Psychology.

Socio-economically vulnerable children may include children in a society that grow up in poverty or near-poverty. Pianta and Walsh (1996) maintain that vulnerable children may be

seen as children at risk of developing emotional and social difficulties due to the effect of maltreatment, poverty, HIV/AIDS, death or chronic illness of primary caregivers, homelessness, poor housing, lack of adequate health care and neighbourhood violence. UNICEF (2005) describes vulnerable children as being “*deprived of their first line of protection – their parents*” by means of detainment, prolonged hospitalisation, separation of parents, death or runaway behaviour.

Several of these factors impacted on Brandon. Apart from running away from home, he was also subject to poverty, separation from both his parents and neighbourhood violence. Kukard (2006) mentioned that often the vulnerable child’s basic rights were being denied. On a social level, vulnerable children were characterised by relationship difficulties, the challenge of trusting people, reactive attachments (becoming inappropriately attached to strangers), and they may find managing change difficult (Kukard, 2006:17). She further mentions that on an emotional level, vulnerable children often experience anxiety, sadness, depression, and stress. Kukard (2006) mentioned that vulnerable children may experience difficulty on a scholastic level, as well as adhering to discipline from their caregivers.

AAT has proved to be useful, even for students that seemed to be very difficult to reach (Kogan *et al.*, 1999 & Mallon, 1994 in Flom, 2005) – especially socio-economically vulnerable children. The reason was that they may have been subjected to several traumatic factors, which could have caused such children to feel negative towards trusting others. According to Nebbe (1994 in Urichuk & Anderson, 2003:76) a persons’ own needs of nurturance are fulfilled when they nurture “*another living being*”. AAT places the child in this unique situation where he/she may act as the nurturer. Urichuk and Anderson (2003) mention that through the act of giving, one may feel more worthwhile. They also stated that it seemed to be easier to give to an animal than to another person, which may increase the value of AAT for socio-economically vulnerable children. The mutual relationship of giving and receiving may result in the child feeling a sense of accomplishment and pride, which can enhance their life (Urichuk & Anderson, 2003), self-esteem and self-worth.

AAT provides several benefits on physiological, psychological and academic levels, all which will be beneficial to the socio-economically vulnerable child (see Chapter 2).

5.4 LIMITATIONS OF THIS STUDY

I identified a number of potential limitations during my study. Firstly, I fulfilled the role of both therapist and observer, due to using a case study I had worked on in the role of a therapist. Thus I often relied on my own perceptions. As such I experienced some difficulty in detecting and preventing research-induced bias in my study. As a qualitative researcher, I was often susceptible to subjectivity, as a close link had been formed between the primary participant and me (both as therapist and researcher). Despite the fact that this might appear to be a limitation, I did not strive for objectivity (based on my selected paradigm). Instead I strove to gain insight into the primary participant's life-world and perceptions, with the use of AAT as a therapeutic tool in Educational Psychology. I remained, however, aware of this potential limitation throughout my study, and constantly reflected on my role as researcher and the possibility of researcher-bias. In addition I aimed to counteract this potential limitation by undertaking a comprehensive literature study and by having ongoing discussions with my supervisor.

Secondly, my study involved a single case. Nisbet and Watt (1984, in Cohen, Manion & Morrison, 2006) mention possible limitations to the use of a case study may include that the results may not be generalisable. Cross-checking will not easily be achieved as the results may be selective, biased, personal and subjective. However, in line with interpretivist research, the personal and subjective are valued in research. I aimed to provide in-depth descriptions of one case to gain elaborate data on the perceptions and experiences of the primary participant with the use of AAT as a therapeutic tool in Educational Psychology.

Thirdly my selected method for data analysis proved to be time-consuming. Although this might be regarded as a challenge, the fact that this study was based on one case I had worked on previously in the role of a therapist, allowed time for thorough, in-depth analysis. The fact that some time had elapsed between the data analysis and when I worked on the case as a therapist, further impacted on the time-consuming challenge that I faced.

Fourthly, a degree of emotional involvement developed between the primary participant and me as researcher, due to working in the role of therapist beforehand. I did, however, repeatedly reflect on my emotions and guarded against becoming too emotionally involved. My training in Educational Psychology also assisted me in addressing this challenge. I further faced the challenge of balancing the dual role of researcher and interventionist. In an attempt to address this challenge, I continuously reflected on my dual role, and constantly kept in mind that my primary role was that of researcher.

Fifthly as AAT entails the use of an animal (dog in this study), the wellbeing of the animal will need to be addressed, together with the wellbeing of the participant. It can be expected that since this was a highly specialised field, the therapist would need a properly trained dog, as well as familiarity with AAT, which might imply that the applicability and transferability to a wide scope of practitioners might be limited.

Finally the possibility (and probability) exists that various other factors might have impacted on the results and findings that I had obtained. The use of AAT may therefore not be the sole contributor to the participant's emotional healing. As such the positive therapeutic relationship, continuous therapeutic sessions, the establishment of other meaningful relationships, regular contact with the participant, as well as his natural, emotional and social development might also have been of therapeutic value and could have impacted on the results of the study. I remained aware of this potential limitation and constantly reflected on and reminded myself of, my primary role as researcher.

5.5 POTENTIAL CONTRIBUTION OF THIS STUDY

This study has potential for various reasons. Firstly the results of my study contribute to the literature based on the use of Animal-Assisted Therapy (AAT) as a therapeutic tool in Educational Psychology. My study could add further value to the emerging literature on the use of AAT in Educational Psychology, as well as the value of the use of AAT in working with a socio-economically vulnerable child. Therefore my study might result in the possible use of more creative ways to apply therapy, using an animal (dog) as a tool in the therapy process. It could broaden knowledge concerning the use of AAT in Educational Psychology with regard to a socio-economically vulnerable child.

Secondly the goals of therapy include enabling the child to deal with painful emotional issues, to achieve some level of congruence with regard to thoughts, emotions and behaviours, to enable the child to feel good about him/herself, to enable the child to change behaviours that had negative consequences, and to enable the child to function comfortably and adaptively within the external environment (Geldard & Geldard, 2002). Using AAT could enable the attainment of these goals in a positive manner for both the client and therapist. Implementing AAT as a therapeutic tool provides motivation for participation in therapy from the participant.

Thirdly, using an animal (dog) in the therapeutic process promotes the formation of a personal, caring, and emotional relationship with the primary participant. This promoted the

therapeutic process and wellbeing of the child in general. This was especially valuable with a child that was not keen on establishing a relationship with the therapist at first, as the dog had provided a safe medium through which communication could take place, as well as proving to the participant that the therapist could be trusted, as the dog trusted her.

Fourthly psychological benefits in the use of AAT therapy were found by this study. This provides the opportunity to promote socialisation, self-esteem, communication, interaction and participation in therapy.

Fifthly, AAT has a value in working with a socio-economically vulnerable child, addressing several of the needs identified, which would have to be dealt with in therapy.

5.6 RECOMMENDATIONS

In this section I make recommendations with regard to training, practice and further research.

5.6.1 RECOMMENDATIONS FOR TRAINING AND PRACTICE (SEPARATE OR TOGETHER)

I recommend that the use of AAT be included in the practical training and courses of Educational Psychologists. Although a dog was used in this study, one may make use of smaller animals such as hamsters, rabbits, birds or guinea pigs as well. If people in helping professions were more aware of AAT, it might create the possibility of AAT being implemented as a therapeutic technique more often. As such, other socio-economically vulnerable children may benefit from the technique.

I recommend that schools, places of safety and practicing therapists increase the accessibility to animals, as animals promote a healing atmosphere, also facilitating a relationship between the professional and the child. In addition I recommend that Educational Psychologists should aim at exploring and considering the use of AAT as a therapeutic tool in therapy.

5.6.2 RECOMMENDATIONS FOR FURTHER RESEARCH

As mentioned previously it appears that limited research has been undertaken in the field of AAT as a therapeutic tool in Educational Psychology. Therefore I recommend that further studies be conducted in this field of research, with the purpose of broadening and improving

the current knowledge base. The following areas of interest may be explored in future research:

- Research that explores the application potential of AAT with a larger sample of socio-economically vulnerable children.
- Research that explores the possibility of social workers, play therapists and Educational Psychologists being trained in and applying AAT in therapy in places of safety, schools and private practice.

5.7 CONCLUDING REMARKS

My study was guided by the following primary research question: “**How can Animal-Assisted Therapy be used as a therapeutic tool in Educational Psychology?**” With reference to the abovementioned question I attempted to explore how an animal (dog) could be used as a therapeutic tool in Educational Psychology in the case of a socio-economically vulnerable child.

Reflecting on my findings, it appears that AAT could indeed be used successfully as a therapeutic tool in Educational Psychology, by applying various techniques. The use of AAT in the therapeutic setting provided the child (primary participant) with a way in which he could communicate, express himself and acquire the needed coping mechanisms. I therefore conclude that AAT *can* be used as a therapeutic tool in Educational Psychology.

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APPENDICES

**APPENDIX A: Permission to conduct research
informed consent / assent**

**APPENDIX B: Background information regarding
the primary participant**

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APPENDIX A

PERMISSION TO CONDUCT RESEARCH INFORMED CONSENT / ASSENT

**“The reason a dog has so many friends is that
he wags his tail instead of his tongue.”**

Author Unknown

Exploring the use of Animal-Assisted therapy in Educational Psychology.

2010-06-14

Dear Mrs. _____

Your son is invited to participate in a research project aimed at exploring the use of Animal-Assisted therapy in Educational Psychology. The main purpose of the research is to identify the applicability and value of using Animal Assisted Therapy as a therapeutic tool.

His participation in this research project is voluntary and confidential. He will not be asked to reveal any information that will allow his identity to be established. He may decide to withdraw at any stage should he or you wish not to continue with this data creation process.

The data that will be used during this study will be based on data emerging from the therapeutic case in which your son and I were involved. Visual data in the form of photographs, video recordings and pictures drawn by him will be used. In the final writing up process all identifying photos will be blurred to safeguard his identity as much as possible.

In addition, during the therapy sessions your son was given the opportunity to engage in creative expression, in order to express his experiences and feelings during the sessions. This data will be used for document analysis and some explanatory pictures might be presented in the wounded copy of my dissertation (in written and electronic format). Once again attention will be paid not to reveal any identifiable information. Before the bounded copy will be printed, I will ask you to sign off on each visual presentation.

Apart from the data from our work in 2008, I want to conduct an open-ended interview with him to offer him an opportunity to tell his story with minimal interruption by the researcher. The questions that will be asked will relate to the value or not gained form the process in 2008. The interview with your son will be conducted in a child friendly manner.

If you are willing to let him participate in this study, please sign this letter as a declaration of your consent, i.e. that you will allow him to participate in this project willingly and that you understand that he may withdraw from the research project at any time.

Yours Sincerely

Suné Scholtz
Researcher

Dr Carien Lubbe-De Beer
Supervisor

Permission for my son to take part in the research project:
Exploring the use of Animal-Assisted therapy in Educational Psychology

	<p><i>I hereby consent that my son may participate in the above research project. I understand that his participation is voluntary and that he may change his mind and refuse to participate or withdraw at any time without penalty. He may refuse to answer any questions or may stop the interview. I understand that some of the things that he might say may be directly quoted in the text of the final report, and subsequent publications, but that his name will not be associated with that text.</i></p>
	<p><i>I hereby give permission for my son's photographs, videoclips, drawings and letters written by him to be included in the final writing up process in printed and electronic form (world wide web), with technical editing e.g. blurring of faces or any identifying particulars. As agreed, I will sign off on the final proof copy before any visual data is sent for printed or electronic distribution.</i></p> <p>Remarks:</p>

Mother's signature: Date:

Researcher's signature: Date:

LETTER OF INFORMED CONSENT TO A MINOR CHILD

A research project of the University of Pretoria

Project title: Exploring the use of Animal-Assisted therapy in Educational Psychology

To be read to child participant in this project.

Why am I here?

Sometimes when we want to find out something, we ask people to join something called a project. In this project we will want to ask you about yourself and we will ask you to participate in activities focused on your own development and learning. Before we ask you to be part of this study we want to tell you about it first.

This study will give us a chance to reflect on the therapy of 2008, together with your mother and teacher. We are asking you to be in this study because your parents/guardians have agreed that you can be part of our study.

What will happen to me?

If you want to be part of our study you will spend some time with us answering some questions and participating in some activities. This will be done at a time when we come to you this year. The questions and activities will be about you and the therapy we did in 2008. There are no right or wrong answers, only what you feel is best.

If you agree, we would like to use the photographs, drawings, letters and audiovisual footage (videos) of you during some of the therapy activities last year, as well as the ones from this year. We will however blur your face to try to protect you as much as possible. People will be able to see an outline of your face and hear your voice if we decide to show the images during discussions, as well as reports we write about the project. However, we will not tell anyone your name. You can decide how we are allowed to use the photographs, letters and audiovisual footage.

Will the project hurt?

No, the project will not hurt. The questions and activities can take a long time but you can take a break if you are feeling tired or if you don't want to answer all the questions at one time. If you don't want to answer a question or participate in an activity, you don't need to. All of your answers will be kept private.

Will the study help me?

We hope this study will help you feel good about yourself and learn more about yourself, but we don't know if this will happen.

What if I have any questions?

You can ask any questions you have about the study. If you have questions later that you don't think of now you can phone Dr C. Lubbe-deBeer at 012 420 - 2765 or you can ask me next time I come to visit you.

Do my parents/guardians know about this project?

This study was explained to your parents/guardians and they said you could be part of the study if you want to. You can talk this over with them before you decide if you want to be in the study or not.

Do I have to be in the project?

You do not have to be in this project. No one will be upset if you don't want to do this. If you don't want to be in the project, you just have to tell us. You can say yes or no and if you change your mind later you don't have to be part of the project anymore. It's up to you.

- (a) Writing your name on this page means that you **agree to be in the project** and that you **know what will happen to you** in this study. If you decide to quit the project all you have to do is tell the person in charge.



Signature of the learner

Date

Signature of the researcher

Date

- (b) Writing your name here means that you agree that **we can use the photographs, drawings, letters and audiovisual footage** of you during the project and share these images during discussions, as well as reports that we write about the project. We will not share your name with the people who see the images. If you decide that we should rather not take photographs of audiovisual footage of you in the project, all you have to do is tell the person in charge.

Signature of learner

Date

Signature of researcher

Date

If you have any further questions about this study you can phone my supervisor, Dr C. Lubbe-deBeer at 012 420 – 2765. If you have a question about your rights as a participant, you can contact the University of Pretoria, Faculty of Education Ethics committee at 012 420 3751.



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Exploring the use of Animal-Assisted therapy in Educational Psychology.

2010-06-14

Dear Participant

You are invited to participate in a research project aimed at exploring the use of Animal-Assisted therapy in Educational Psychology. The main purpose of the research is to identify the applicability and value of using Animal Assisted Therapy as a therapeutic tool.

The participation in this research project is voluntary and confidential. You will not be asked to reveal any information that will allow your identity to be established. You may decide to withdraw at any stage should you wish not to continue with this data creation process.

In addition, during the therapy sessions your son was given the opportunity to engage in creative expression, in order to express his experiences and feelings during the sessions. This data will be used for document analysis and some explanatory pictures might be presented in the wounded copy of my dissertation (in written and electronic format). Once again attention will be paid not to reveal any identifiable information. Before the bounded copy will be printed, I will ask you to sign of on each visual presentation.

The data that will be used during this study will be based on data emerging from the therapeutic case in which we were involved. Visual data in the form of photographs, video recordings and pictures drawn by the participant will be used. This would provide a visual representation of what has been done in the sessions, and serve as another means of interpretation. During the therapy sessions the participant was given the opportunity to engage in creative expression, in order to express his experiences and feelings during the sessions. Various materials were used. The researcher's own field notes will be used, as she wrote a reflective account on her experience of the process. It includes own thoughts and feelings, as well as observations made. Observations will be used to identify patterns of behaviour within this specific context thus identifying the applicability and value of using Animal Assisted Therapy as a therapeutic tool. Lastly open-ended interviews will be used to

offer the participant an opportunity to tell his or her story with minimal interruption by the researcher. Questions will emerge from the context of the conversation and will be asked in the course of the conversation.

If you are willing to participate in this study, please sign this letter as a declaration of your consent, i.e. that you participate in this project willingly and that you understand that you may withdraw from the research project at any time.

Consent

I hereby consent to participate in the above research project. I understand that my participation is voluntary and that I may change my mind and refuse to participate or withdraw at any time without penalty. I may refuse to answer any questions or I may stop the interview. I understand that some of the things that I say may be directly quoted in the text of the final report, and subsequent publications, but my name will not be associated with that text.

Participant's signature.....: Date:

Researcher's signature: Date:

Yours Sincerely

Suné Scholtz
082 373 3730

APPENDIX B

BACKGROUND INFORMATION REGARDING THE PRIMARY PARTICIPANT

**“No one appreciates the very special genius
of your conversation as the dog does.”**

Christopher Morley

Included in Appendix B:

- Background information on participant
- Table of meaning

Background information on Brandon

Brandon is the youngest of two children and has an elder brother. His parents are divorced and his father is currently serving time in jail for theft. Brandon was placed in a place of safety in January 2008. His mother requested the placement as she did not feel competent enough to deal with his behaviour. At that stage Brandon refused to attend school, although he left home very early in the mornings and only returned late at night. There is no indication of where Brandon went during those times or how he occupied himself. According to his mother Brandon indicated that he did not want to attend school due to the fact that his father was not home anymore. Due to Brandon's refusal to attend school, he did not go to school from July 2007 to January 2008, resulting in him repeating Grade 6 (2008). According to a previous therapist Brandon indicated that he would rather attend school at a children's home than go back to his previous school. He did not give any further explanation for his negative feelings towards school.

Brandon's mother mentions that his behavioural difficulties started when she asked his father to leave their home and also after he was arrested. She mentioned that at that stage, Brandon did not adhere to her instructions or authority, did not complete his chores and that he was also disobedient. Following placement in a place of safety (March, 2008), Brandon did not show a lot of respect towards his mother, grandmother or any other older community members. His relationship with his mother could be described as negative and problematic.

His mother mentioned that Brandon was involved in substance abuse, as a result of the misuse of alcohol with his friends. Due to this behaviour, his mother took him to a psychiatrist in 2007, who had provided support to Brandon's older brother on a previous occasion. The psychiatrist diagnosed Brandon with 'Disruptive Behaviour Disorder' and prescribed Risperdal, Epilum and Cilift, which Brandon used for two weeks and then discontinued usage on behalf of his own decision.

The social worker describes Brandon's mother as a neat lady who is very well looked after, with a steady position at work. Brandon's mother mentioned that his father has never been employed in a stable position and that he frequently allowed Brandon to stay home when he was supposed to attend school. Brandon's father stayed home frequently and according to the mother, did not play an active role in the family's life. She mentioned that Brandon had a good relationship with his father and that she would describe him as the apple of his father's eye. Previous reports from social workers indicated that Brandon accepted his father's arrest and that he indicated that he did not want to visit his father again.

Brandon's older brother had also displayed behavioural difficulties in the past in that he also did not want to attend school. He was arrested for theft, after which he was placed in a developmental program. According to his mother, Brandon has a good relationship with his brother, although they might disagree on certain matters frequently. With exception to the primary family, Brandon has a very good relationship with his aunt and two cousins aged 16 years and 4 years. They visit Brandon once a month at Tutela, together with his mother.

In 2007 Brandon obtained severe burn wounds to his face and hands. He went to a stadium in Pretoria with his friends, where a boy had rubbed two plates together and threw Benzene on it. The liquid exploded and gave the boy a scare, resulting in him throwing the liquid in Brandon's direction. According to a social worker's report, Brandon indicated that the burn wounds no longer bothered him and that he had made peace with them.

Since Brandon's placement in the Place of Safety, Brandon attends school on site. His teacher describes him as a quiet, reserved boy, who does not show any aggression or disrespect towards her. She mentioned that Brandon adapted easily, that he had a positive attitude and that he adhered to commands and rules. According to his teacher, Brandon experienced the demands of the academic work as challenging. She also mentioned that he did not have a large group of friends at the place of safety.

Brandon was placed in his mother's care for the duration of the previous holiday. In a telephone conversation with his mother she mentioned that he was obedient towards her throughout the holiday. This change in Brandon's behaviour had a positive effect on the mother-son relationship. Near the end of the holidays, Brandon indicated that he did not want to return to the place of safety, resulting in his mother contacting the police to return him to the place of safety.

Information obtained from Brandon's factual documents, letters and reports

15 June 2010

- Born 1 March 1994
- Currently 16 years and 3 months old (at time of intervention he was 14 years old)
- Understands, reads and write both English and Afrikaans
- Afrikaans is his home language
- Catholic Church affiliation.
- He was doing a repeat year of Grade 6 when therapist worked with him. Had to repeat it because he did not attend school for a couple of months.
- He is a Coloured person.
- Brandon was admitted to a place of safety on the 12th of March 2008, by Tshwane Child Welfare. His mother requested the placing, as she felt she could not deal with his behavioural difficulties.
- He refused to attend school, left home very early each morning and returned late at night, and refused to tell anyone where he had been.
- His Grade 6 report (2007) had the following results:

- Afrikaans	7
- English	0
- Life orientation	20
- Mathematics	16
- Natural sciences	0
- Social sciences	3
- Economic management sciences	0
- Arts and culture	0
- Technology	17
- <u>Days absent = 45</u>	
- <u>NEEDS TO REPEAT GRADE 6</u>	

- Psychiatrist diagnosed him with Disruptive Behaviour Disorder and prescribed the following: Epilum, Cilift, Risperdal. Brandon discontinued the use of the medication after 2 weeks.

TABLE OF MEANING FOR THERAPEUTIC AIMS:

CONTENT	WAY OF MEANING		
	REPLACING MEANINGS		
	AFFECTIVE	COGNITIVE	NORMATIVE
Self	<ul style="list-style-type: none"> - Feels self-conscious and uncertain about himself. - Feels alone. - Feels scared. 	<ul style="list-style-type: none"> - Thinks he is inferior. - Thinks he is alone and experiences that there is no one else that cares and supports him. - Feels scared due to feeling alone and being removed from his home. 	<ul style="list-style-type: none"> - Exhibit wishes to change his face. - Does not share his feelings with others and often isolates himself. - Isolates himself and hides away in order not to go to school.
	<ul style="list-style-type: none"> - Feels more certain, rather self-confident. - Experiences support and that others care. 	<ul style="list-style-type: none"> - Thinks/experiences that he is a worthy person. - Know that others care and will support him. 	<ul style="list-style-type: none"> - Accepts himself as he is. - Shares parts of himself with others and learns how to trust others.
School	Feels he does not succeed to the expected levels.	Thinks he cannot do anything right.	Uninvolved and sometimes does not attend school.
	Experiences success.	Thinks/experiences that he can achieve something as well.	Participation and school attendance.
Friends	Does not feel accepted by friends.	Does not think others understand him.	Chooses friends with negative involvement and that may use alcohol/ drugs.
	Feels accepted.	Knows that others (or someone) understands him.	Chooses friends with a positive influence.
Community/ Rules / Authority	Feels as if he is not being understood or accepted, as well as feeling inferior.	Thinks he does not fit in with the rest, that they do not understand him and that they think they are better than he is.	Presents resistance towards therapist, community and others.



	Feel that others understand him and will accept him for what he is.	Thinks that he fits in with others, that they accept him and see him as their equal.	Be open towards others.
Brothers and sisters	Feels a need for more brothers and sisters.	Thinks he has 3 brothers and 3 sisters.	Identifies 3 brothers and 3 sisters, whereas in reality he has only 1 older brother.
	Accepts that he has an older brother.	Thinks (realises) that he has one elder brother and some cousins.	Accepts his elder brother.
Father	Feels rejected and unfairly treated due to father not being at home anymore. (went to jail)	Thinks his father does not love him anymore.	Indicates aggression. Does not want to visit his father in jail anymore.
	Accepts that his father is in jail and that it is not his fault.	Accepts that his father is in jail and that he can still have contact with him.	Knows that he (Brandon) is safe and can make his own decisions.
Mother	Feels rejected and does not accept his mother as the authority figure.	Thinks that his mother does not care for him and that she left him at Tutela Place of Safety.	Does not obey his mother's commands or authority.
	Feels that his mother loves him and that she sent him to a Place of Safety, for a reason.	Accepts that his mother did not abandon him.	Accepts his mother as the authority figure and shows respect for her.

(Adapted from Van Niekerk, 1986:p.164).