



**UNIVERSITY of the
WESTERN CAPE**

**Animal-assisted therapy in practice: experiences of professional practitioners in South
Africa.**

Koketso Nelly Mamabolo

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A mini thesis in partial fulfilment of the requirements for the degree, Masters in Arts

Research Psychology.

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Supervisor: Dr Leigh Adams Tucker

Declaration

I, Koketso Nelly Mamabolo, hereby confirm that the present Master's dissertation, "*Animal-assisted therapy in practice: experiences of professional practitioners in South Africa*", is solely my own work. It has not been submitted before for any degree or examination in any other university. All the sources used or quoted were acknowledged and fully referenced.

Signature: 

Date: 01/03/24



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Abstract

Animal-assisted therapy (AAT) has gained much interest in healthcare settings internationally. AAT involves collaborating with animals to improve mental and physical health. Studies have shown that AAT can reduce stress, anxiety, and depression, and promote social support. However, implementing this complementary healing modality – and assessing its effectiveness – within health and social services is still lacking. The literature on AAT is minimal in the African context, but it is a growing area of interest. This study aims to understand the experiences of AAT professionals' (certified psychologists, psychiatrists, registered counsellors, occupational therapists, and physiotherapists, as well as professionals working in social services, education, and animal health and training), in terms of how animals are incorporated into the therapeutic setting and the benefits and challenges of practicing within AAT. A qualitative exploratory design was utilised to enable professional practitioners to describe their experience of integrating therapy animals into practice. Nine professional practitioners from across South Africa were recruited via purposive and snowball sampling. Information was obtained via semi-structured interviews which were facilitated through online platforms such as Zoom or Google Meets. Prochaska's (1984) systems theory, six focused model and the triangular model of relational dynamics of AAT were employed to explore the triadic nature of the relationship between the therapist-animal-client. Data was analysed thematically using the method developed by Braun and Clarke (2012). Lincoln and Guba's (1985) criteria to ensure trustworthiness and rigor was also followed. Formal ethical approval was obtained from the Health and Social Sciences Research Ethics Committee (HSSREC) at the University of the Western Cape. Analysis revealed four prominent themes, namely personal traits and skills needed for the AAT practitioner, the benefits of AAT, challenges of AAT, and barriers hindering the advancement of AAT. In South Africa, sociocultural norms and individual familiarity towards animals, as well as financial commitment for training and resources, have a significant impact on initiating and supporting AAT practices. Various physical, emotional, and psychological health benefits were noted in the AAT interaction, with positive outcomes for client, therapist, and animal co-therapist. Noted challenges included the respect for animal welfare, navigating barriers between animal and client, death of a therapy animal, and the investment of time and finances. The field of AAT would benefit from further local research, more formal training and support for AAT practitioners in South Africa to guide practice standards,

as well as increased opportunities for knowledge sharing and connection among practitioners, to build a stronger community in the field of AAI.

Keywords: Animal-assisted therapy, in practice, experiences, practitioners, South Africa.



Definitions of key terms

Animal-assisted intervention (AAI) – an umbrella term used to define an intervention that incorporates animals to improve human health and wellbeing. The types of intervention include animal-assisted activity, animal-assisted therapy, and animal-assisted education (Bert et al., 2016; Davis et al., 2015).

Animal-assisted therapy (AAT) – a goal-directed intervention where a therapy animal is an important part of a therapeutic process. It is facilitated by a trained professional to improve human physical, social, emotional, and cognitive functioning (Cirulli et al., 2011; Morrison, 2007; Nimer & Lundahl, 2007).

Animal-assisted activity (AAA) – an unstructured human-animal interaction that provides positive socialisation, educational, and recreational benefits to improve quality of life of individuals. It is carried out by certified professionals and volunteers with animals in various settings (Andreason et al., 2017; Cirulli et al., 2011).

Human-animal bond (HAB) – the mutually beneficial relationship between humans and animals (Cirulli et al., 2011).

In practice – within the context of a therapeutic setting.

Experience – an event or situation that a person went through (VandenBos, 2007).

Professional practitioners – a qualified professional whose income is fully or partially related to facilitating therapeutic interactions with an animal companion. This includes professionals working in the fields of health and allied health, such as psychologists, psychiatrists, registered counsellors, occupational therapists, and physiotherapists, as well as professionals working in social services, education, and animal health and training (Kruger & Serpell, 2010).

List of abbreviations

AAA: Animal-Assisted Activity

AAE: Animal-Assisted Education

AAI: Animal-Assisted Intervention

AAT: Animal-Assisted Therapy

CBT: Cognitive-Behavioural Therapy

HAB: Human-Animal Bond

HPCSA: Health Profession Council of South Africa

HSSREC: Humanities and Social Sciences Research Ethics Committee

NPO: Non-Profit Organisation

PhD: Doctor of Philosophy

POPIA: Protection of Personal Information Act

PSYSSA: Psychological Society of South Africa

UWC: University of the Western Cape



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Chapter One

Introduction

This chapter outlines the background to human-animal bond (HAB), animal-assisted interventions (AAs), and the rationale and statement of the study. The background also focuses on defining animal-assisted therapy (AAT), which is the focus of this study, and the benefits of AAT on well-being.

1.1. Human-Animal Bond

Turner (2007) suggests that the Human-Animal Bond (HAB) is a phenomenon that existed when humans started domesticating animals. Animals have also played an important role as companions with humans, since the beginning of time. Historically, humans have shared a unique relationship with various animals dating back more than 50,000 years (Braje, 2011; Nagendrappa et al., 2020; Van Heerden, 2018). As indicated by Hosey and Melfi (2014), there are three phases in the history of human-animal relationships. In the pre-domesticated period, human societies were hunter-gatherers, who perceived no difference between themselves and other animals. In the domesticated period, humans began to believe they were superior and different from other animals. Lastly, a post-domestic era is characterised by little direct contact with animals, particularly those we eat (Braje, 2011; Hosey & Melfi, 2014). This leads to certain ambiguities in our relationship with animals, and these ambiguities manifest themselves in the different ways in which we perceive animals, from a loved one to an object of admiration to a threat or victim. As a result, the way we relate to animals has changed.

Human society had a working relationship with animals through farming, food, and protection (Zeder, 2012). For instance, canines began to coexist with humans and have helped with hunting, guarding, herding, and other activities (Cirulli et al., 2011; Fine & Beck, 2015). People started understanding the potential benefits of AAI on the overall wellbeing of humans in the 20th century (Le Roux & Kemp, 2009). In the 1960s, Boris Levinson was the first mental health professional to document and explore the relationship between canines and children, noting that the presence of a dog in therapy improved children's communication skills (Levinson, 1969). McCune et al.'s (2014) historical records also reveal that Sigmund Freud showed the unique bond between humans and animals when incorporating an animal companion in his therapeutic sessions to improve physical and psychological disorders among patients.

Levinson (1969) argued that humans need animals as supporters to solidify their inner selves. He also believed that animals had a significant role to play in human evolution, making them essential to humans' psychological wellbeing. Animals are viewed as a powerful catalyst that promotes positive social interaction within various situations and can create connections beyond physical, cultural, and socio-economic backgrounds (McCune et al., 2014). Some evidence supports the notion that animals provide a sense of companionship and security (Nagendrappa et al., 2020).

1.2. Animal-assisted interventions (AAI)

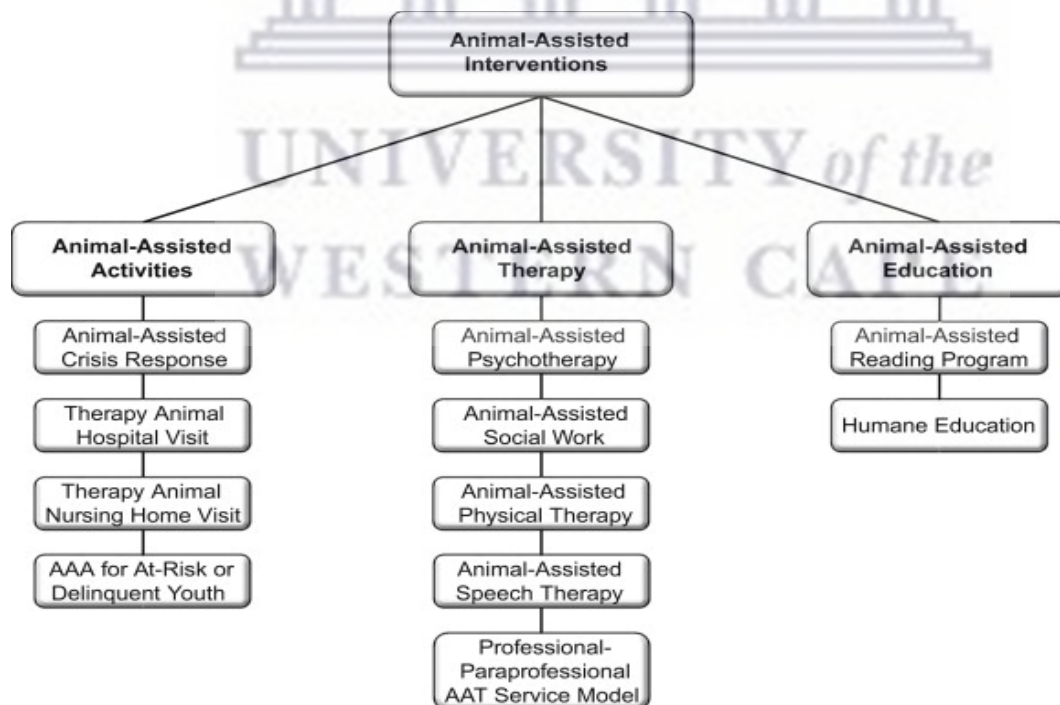
Animal-assisted interventions (AAI) originated from the positive interaction between humans and animals, and involves a mutual connection that benefits the health and wellbeing of both parties (Jones et al., 2018). AAI is a broad umbrella term used for animal-assisted activity (AAA), animal-assisted therapy (AAT), and animal-assisted education (AAE) (Andreason et al., 2017; Chitic et al., 2012; Howe et al., 2020; Morrison, 2007). According to

Bert et al. (2016), AAI is defined as an intervention that integrates animals to improve human health and wellbeing potentially.

AAI is gaining much attention globally, with various types of professionals incorporating animals in their work, for the purpose of offering psychosocial and emotional support to clients (Barker et al., 2019; Cirulli et al., 2011; VanFleet et al., 2015). Various animals are incorporated in therapeutic/activity programmes, with health professionals, therapists, volunteers, and educators delivering those services (Cirulli et al., 2011). More researchers, scientists, and health practitioners are intrigued by researching and practicing AAI (Fine et al., 2019). As McCune et al. (2014) stated, AAI is practiced by different individuals from all walks of life, and it can be delivered in hospitals, schools, nursing homes, prisons, and community centres.

Figure 1

Summary diagram of Animal-Assisted Interventions



Note. From “*Handbook on animal-assisted therapy*” by Fine and Beck (2015, pp.3-10).

1.3. Animal-Assisted Activity (AAT)

Animal-assisted therapy (AAT) is defined as a structured intervention that incorporates animals within the therapeutic setting to improve the patient's wellbeing (Fine, 2019; Marcus, 2013). This kind of intervention involves specific goals and outcomes; hence, a trained professional delivers it. Those trained professionals are practitioners such as psychologists, psychiatrists, registered counsellors, occupational therapists, and physiotherapists, occupational therapists, and physiotherapists, as well as professionals working in social services, education, and animal health and training (Le Roux & Kemp, 2009; Morrison, 2007).

AAT also involves the animal as the co-therapist, and it takes place in multiple settings with various populations (Bert et al., 2016; Fine, 2019; Jones et al., 2018; Le Roux & Kemp, 2009). The animals are trained to work safely with patients in a therapeutic environment (Jones et al., 2019). AAT has been widely used with different populations, including older people, students, children, people with disabilities, hospitalised patients, and incarcerated populations (le Roux et al., 2014). Animals are incorporated into therapy to improve the therapeutic session, facilitate communication, and build rapport between the client and the therapist (Lubbe & Scholtz, 2013; Walsh, 2009). These animals are therapy animals that are trained to work with clients in therapy (Shubert, 2012).

Several animals may be incorporated into AAT, such as dogs, cats, horses, guinea pigs, dolphins, donkeys, and many more (Bert et al., 2016; Morrison, 2007). However, canines are the most common animal incorporated within AAT (Eaton-Stull et al., 2020). The aim of AAT is to improve humans' physical, social, emotional, and cognitive functioning (Bert et al., 2016; Fine et al., 2019). AAT is often used to improve symptoms of stress, depression, anxiety, and lower blood pressure; there is always a goal in mind (Le Roux &

Kemp, 2009). AAT can be combined with different theoretical orientations and techniques (Chandler, 2017). Incorporating various animals in therapy has allowed therapists to explore several forms of therapeutic application, such as involving a dog in treatment to improve children's motivation and learning (Fine et al., 2019; Holttum, 2018).

1.4. Rationale and Problem Statement

Animal-assisted intervention continues to evolve globally (Fine et al., 2019). The AAI field is documented as a type of contemporary therapy, which has raised misunderstandings between human and animal interaction (Fine et al., 2019). More research has suggested that AAI's impact on humans has been misinterpreted and exaggerated (Fine, 2010).

Additionally, the field of AAI has been critiqued for exaggerating the human-animal bond and relying on anecdotal results that lack scientific evidence (Fine, 2019; Fine et al., 2019; Johnson et al., 2002; Hartwig, 2021). According to Fine et al. (2019), the field needs leaders who will educate others about the importance of the various animal interactions and give a realistic presentation that avoids exaggerating the outcome of the interactions. For Johnson et al. (2002), the existing research focuses more on the benefits of AAI and AAT on humans and pays less attention to the challenges that may impact animals. Greater focus should be granted to how animals can benefit from these exchanges, or how humans and animals can both mutually benefit from the interaction (Johnson et al., 2002).

According to Lubbe and Scholtz (2013), the AAI field is still new in South Africa; moreover, research on AAT as a therapeutic tool is lacking. South Africa does not have a professional board governing the practice of AAT among professionals, including those in health, social services, education, and animal services, creating difficulties in the monitoring and regulation of this practice (Lubbe & Scholtz, 2013; Thompson, 2013). Research has

shown that AAT can improve various health outcomes, but little is known about how animals are incorporated into therapy and how those benefits are achieved. There is a need to understand the mechanisms within AAT practice in South Africa, as the lack of structure can harm both humans and animals (Thompson, 2013).

There remains a need to educate and provide an awareness of the significance of human-animal interactions, especially within a South African context, where individuals have different values attached to animals (Carstens, 2013; Van Besouw, 2017). This study will explore how animals, specifically dogs, are incorporated into the therapeutic setting, including the benefits and the challenges of utilising AAT in the local context. Although there is limited scientific evidence around AAI and AAT in South Africa, there is a growing interest in this practice based on the number of practitioners that claim to be working in this area (Lubbe & Scholtz, 2013; Thompson, 2013). The study will therefore provide valuable insights into an under-researched area of practice within South Africa.

1.5. Aims and Objectives

The study aims to provide an understanding of the experiences of animal-assisted therapy from the perspective of professional practitioners in South Africa.

The objectives are:

- To explore how animals are integrated into a therapeutic process in practice.
- To explore the ethical implications of AAT, in practice.
- To explore the challenges and benefits of animal-assisted therapy in practice for the therapist.
- To explore the therapist's perceptions of the benefits and challenges of AAT for the client, and animal.
- To identify areas of support for practitioners engaging in AAT in South Africa.

1.6. Research Questions

The study's objective was to provide an understanding of the experiences of animal-assisted therapy from the perspective of professional practitioners in the South African context. The study aimed to address the following questions:

1. How are animals integrated into a therapeutic process in practice?
2. What are the ethical implications of AAT?
3. What are the potential benefits and challenges of AAT in practice for the therapist?
4. What are the therapist's perceptions of the benefits and challenges of AAT for the client, and animal?
5. What areas of support are available for practitioners engaging in AAT in South Africa?

Chapter summary

This chapter provided the background of human-animal bond (HAB), animal-assisted intervention (AAI), animal-assisted therapy (AAT), the rationale and problem statement, the aims and objectives of the study. The next chapter further explores the literature, with a focus on AAT in practice. It also introduces the theoretical framework and principles used to conceptualise the study.

Chapter Two

Literature Review

The literature review chapter provides knowledge and understanding relevant to this study, in terms of AAT in practice, benefits and challenges of AAT, and training and certification of AAT animals and practitioners. The chapter will also include a discussion of systems theory, the triangular model of relational dynamics of AAT, and the role of supervisory relationships, all of which was used, to create a theoretical framework to conceptualise the study.

2.1. AAT in Practice

AAT comprises of non-pharmacological interventions that aim to incorporate trained animals to improve human wellbeing (Hettema, 2002). According to Nimer and Lundahl (2007), the implementation of AAT varies depending on the kind of animal employed (e.g., dog, cats, etc.), the context in which it is delivered (e.g., private practice, school, hospital), the duration of the intervention (short- or long-term), and whether the intervention is delivered in a group or individual format.

AAT is delivered by a trained professional, hence it involves specific goals and outcomes. These trained professionals may be practitioners in health or social services, such as professional psychologists, psychiatrists, registered counsellors, clinical social workers, nurses, educators, occupational therapists, or physiotherapists (Le Roux & Kemp, 2009; Morrison, 2007). This type of intervention also integrates the animal as a co-therapist and can occur in multiple settings with diverse populations, including children, adolescents, adults, older people, hospitalised patients, people with disabilities, and incarcerated populations (Bert et al., 2016; Jones et al., 2019; le Roux et al., 2014; Nimer & Lundahl, 2007). In

addition, AAT can aid with the management of various psychiatric disorders, including autism spectrum disorders (ASD), schizophrenia, anxiety disorders, depression, post-traumatic stress disorder (PTSD), bipolar disorder, and many more (Chandler, 2017; Jones et al., 2019; Nimer & Lundahl, 2007).

Altschiller (2011) indicated that AAT has been conducted in hospitals, schools, nursing homes, prisons, rehabilitation facilities, and psychiatric units. Consequently, AAT can be implemented in the context of individual therapy, and family therapy (van Heerden, 2018). Research has shown that AAT is becoming increasingly popular in clinical contexts (Friesen, 2010). Furthermore, Chandler (2017) argues that AAT can produce intended results when integrated into clinical practice such that it promotes change or improves care in the healthcare system.

AAT involves an animal in the therapeutic session where there are clear therapeutic goals (Fine, 2019). The animals take on different tasks depending on the client's needs (Beetz, 2017; Lubbe & Scholtz, 2013). Animals may be incorporated into therapy to improve the therapeutic session, facilitate communication, and build rapport between the client and practitioner (Lubbe & Scholtz, 2013; Walsh, 2009). Jones et al. (2018) indicated that for AAT interventions to be effective, the therapeutic process should include interaction with the therapy animal and other psychological modalities such as social skills training, play therapy, cognitive-behavioural therapy and trauma-based therapy. As a result, AAT is not a stand-alone treatment, but a form of intervention where therapy animals are integrated in combination with other treatments (Nimer & Lundahl, 2007).

Stewart et al. (2013) indicated that AAT has the potential to cover multiple disciplines beyond psychology. Physiotherapists may deliver AAT for rehabilitation purposes, thereby facilitating functional mobility and reducing pain (Denzer-Weiler & Hreha, 2018). AAT facilitates performance skills; for example, a child leads a therapy dog through an obstacle

course to improve gross-motor skills, or a child may stand on a balance board while giving treats to a therapy dog to work on proprioception. Physical rehabilitation programmes also include grooming activities such as cleaning cages, feeding, and walking the animal (Hetteema, 2002). According to Hetteema (2002), the psychological and health value of grooming is achieved through gross and fine motor movements and the responsibility of caring for an animal.

Occupational therapists (OTs) focus on the development of skills needed for optimal function in daily activities (Andreasen et al., 2017; Hill et al., 2020). OTs may integrate animals into traditional occupational therapy interventions to achieve treatment goals, including remediation, promotion, and prevention (Andreasen et al., 2017). Hill et al. (2020) have shown that children with autism have difficulty engaging with people and tasks. The animal may be involved in therapeutic tasks both actively and passively as part of occupational therapy interventions. For instance, children can brush the therapy dog's teeth to practice brushing their teeth independently; or they can draw or colour a picture of the animal to develop skills such as pencil grip and motor accuracy (Hill et al., 2020).

Researchers believe that the animal is essential to the therapeutic process because animals are trained to work safely with patients in a therapeutic environment (Jones et al., 2019; Le Roux & Kemp, 2009; Shubert, 2012). However, it is essential for AAT professionals to integrate animals as an agent of change in a therapeutic process in a way that protects the welfare of the client and the animal (Chandler, 2017).

2.2. Human-Animal Relationship and Biophilia Hypothesis

Biophilia offers an explanation for human relationships with animals (Joye, 2011). This theory states that humans have a natural affinity and understanding for other living beings, especially animals. This affinity is rooted in human biological adaptation (Jason et al.,

2022; Joye, 2011). According to Olivos-Jara et al. (2020), biophilic affinity arises unconsciously, in our cognition, our emotions, and it manifests itself in behaviours from early childhood.

Yoye (2011) has pointed out that nature as a source of healing has been documented throughout the centuries. Furthermore, humans depend on nature for survival, they have a desire for kinship and affection, which is why developing a relationship with an animal can contribute to human physical and emotional wellbeing (Fine et al., 2015; Fine & Weaver, 2018). Similarly, Lumber et al. (2017) suggested that feeling connected to nature can be beneficial to human wellbeing. However, this theory does not say that humans are instinctively friendly to animals, but that they are attuned to animals. Research on AAT claim that human connection to animals can have a range of positive or therapeutic effects on individuals, whereby building relationships with animals helps individuals learn to connect with others (Fine et al., 2015; Joye, 2011). The concept of biophilia suggested several biophilic responses or pathways that are considered within AAI, including humanistic, moralistic, naturalistic, symbolic, and scientific response (Fine & Weaver, 2018)

The concept of humanistic response encompasses actively connecting with nature through the senses and developing a deep emotional bond (Lumber et al., 2017). This approach prioritises fostering human relationships and companionships. In this regard, AAT is most effective in addressing the humanistic response to nature, as it allows practitioners to facilitate a natural and inherent connection between clients and therapy animals within a secure therapeutic setting, promoting feelings of ease and comfort for clients (Fine & Weaver, 2018).

The moralistic approach can be implemented in therapy sessions to prompt clients to reflect on the potential impact their actions may have on animals, and to take responsibility for their behaviour when interacting with animals (Fine & Weaver, 2018). This therapeutic

application of the moralistic response encourages clients to consider the welfare of animals and their role.

Based on the research by Lumber et al. (2017), it has been observed that engaging with nature through sensory experiences is a natural response. This interaction results in enhancing both the mind and body while being in the presence of a therapy animal. Such a natural response is also apparent in an individual's inclination to be around animals, as it fosters a sense of belonging (Fine & Weaver, 2018; Lumber et al., 2017). In children, this natural response manifests through playful interactions with therapy animals, making it an essential aspect of AAT for playfully reconnecting with the animal (Fine & Weaver, 2018).

Fine and Weaver (2018) assert that using symbolic responses to nature allows individuals to express and share their emotions. Bosacki et al. (2022) also note that children often form emotional connections with animals, projecting their own feelings on them. Furthermore, Lumber et al. (2017) highlight the effectiveness of nature-based language and metaphors in communicating ideas, and assert that language and metaphors derived from nature can effectively convey complex ideas. As such, symbolic expression serves as a significant means of communication for relaying emotions (Fine & Weaver, 2018; Lumber et al., 2017). It is worth noting, as emphasised by Fine and Weaver (2018), that effective communication plays a vital role in human survival and has the potential to enhance cognitive stimulation.

2.3. Benefits inside a therapeutic encounter

For several decades, therapy dogs have been an integral part of therapeutic settings, working alongside practitioners to provide assistance and support to clients (Winkle et al., 2020). Animals are incorporated into therapy for their innate non-judgemental nature and ability to offer companionship to humans (Anderson et al., 2017). The benefits of AAT for

both clients and practitioners will be explored in greater detail in the subsequent sections of this discussion.

2.3.1. Benefits to the Client

According to Pachana et al. (2011), AAT offers individuals a wide range of lifelong benefits. Extensive research on AAT has consistently shown positive results for health care users, including notable improvements in both psychological and physical wellbeing (Klimova et al., 2019; Kronholz et al., 2015; Le Roux & Kemp, 2009; Nimer & Lundahl, 2007). Specifically, AAT has been found to have a significant impact on psychological health by triggering a relaxation response and reducing symptoms of anxiety, stress, depression, and loneliness (Klimova et al., 2019; Lubbe & Scholtz, 2013). In terms of physical health benefits, AAT has been shown to lower blood pressure and alleviate physical pain while also promoting cardiovascular health. Additionally, it has been particularly beneficial for children with Autism Spectrum Disorder (ASD) by aiding in the stimulation of social interactions (Klimova et al., 2019). These noteworthy findings highlight the value of incorporating animals into therapy sessions for enhanced overall wellbeing.

According to Cirulli et al. (2011), therapy dogs have been found to have a positive impact on individuals with Autism Spectrum Disorder (ASD). This is supported by research showing that the presence of a friendly dog during therapy sessions can improve attention, language use, and socially appropriate behaviour in children with ASD. Additional evidence from Wijker and colleagues (2019), further supports the benefits of AAT for children with ASD, specifically in improving social communication and reducing stress.

In a similar study conducted by Morrison (2007), positive effects were observed when animals such as dogs, rabbits, and llamas were integrated into occupational therapy for children with ASD. Twenty-two participants received both traditional therapy and AAT

sessions, with noticeable increases in language use and social interactions in the sessions with animals.

As Cowell (2017) stated, AAT has also been shown to be beneficial for children who have experienced neglect and abuse, by providing relief from feelings of separation or loss. Furthermore, for children with disabilities, therapy dogs can act as teaching assistants, aiding in their overall development (Cirulli et al., 2011).

According to Marcus et al. (2013), there is evidence that engaging in AAT with dogs can result in an increase of endorphins. Endorphins are natural chemicals produced by the body for coping with pain or stress. Additionally, research has shown that interacting with animals, such as petting a therapy dog, can lead to elevated levels of endorphins, oxytocin, and dopamine in humans. This has been linked to positive health outcomes (Beetz, 2017; Klimova et al., 2019; Nagendrappa et al., 2020; Odendaal, 2000). In Holttum's (2018) study, looking at the impact of including a dog in Cognitive Behavioral Therapy (CBT) for Attention Deficit Hyperactivity Disorder (ADHD), it was found that this approach increased motivation and reduced levels of the stress hormone cortisol.

Moreover, Stewart et al. (2013) discovered that AAT has been found to have a positive impact on trauma survivors by enhancing their therapeutic experience. This is evident through an increase in levels of unconditional positive regard, empathy, and congruence, surpassing the therapist's abilities alone (Lubbe & Scholtz, 2013; Mims & Waddell, 2016; Stewart et al., 2013). The bond between the client and therapy animal can offer unique opportunities for nurturing, acceptance, and physical affection (Stewart et al., 2013).

Further findings suggest that AAT is effective due to animals' ability to foster social interactions and create a warm atmosphere that encourages self-disclosure within the therapeutic process (Cirulli et al., 2011; Nimer & Lundahl, 2007). Moreover, Walsh (2009)

and Koukourikos (2019) noted that including animals in therapy can improve self-esteem, increase motivation, and facilitate social interaction.

As pointed out by Chandler (2017), animals provide a safe environment for clients to comfortably express themselves in therapy. This finding is supported by Lubbe and Scholtz's (2013) study, which showed that the presence of a therapy dog helped children feel at ease and more open in therapy sessions, allowing them to communicate emotions and information they may have otherwise kept hidden from the practitioner. As a result, the therapy dog emerged as a valuable facilitator in supporting client progress during therapy (Ang & MacDougall, 2022; Lubbe & Scholtz, 2013).

AAT offers a comprehensive sensory experience that promotes stimulation, allowing the client to effectively integrate information on a meaningful level (Ang & MacDougall, 2022; Hewitson, 2021). Extensive research has demonstrated that interacting with therapy animals triggers the release of neurochemicals such as serotonin and endorphins, resulting in feelings of contentment and tranquillity, while simultaneously reducing blood pressure and heart rate (Koukourikos et al., 2019; Kronholz et al., 2015). Moreover, studies suggest that the interaction between humans and animals in a therapeutic setting can have a positive impact on mood and emotional well-being (Fine, 2017).

According to a study conducted by Pachana and colleagues (2011), therapy animals are able to offer unconditional and non-judgemental love and affection, especially in situations where human-to-human contact is limited. Interacting with these animals can have a positive impact as it allows for physical touch, emotional expression, and caregiving. Furthermore, engaging with therapy animals has been found to boost self-esteem and promote emotional stability (Pachana et al., 2011). Other studies by Fine (2011) and

Hewitson (2021) have also demonstrated the effectiveness of therapy animals in providing comfort, support, and unconditional love to individuals of all ages.

2.3.2. Benefits to the Practitioner

According to Aries (2013), AAT offers numerous benefits to the practitioner, including the enhancement of therapeutic connections between therapists and their clients. As clients may often feel uncomfortable communicating with a therapist, the presence of an animal in therapy can help lessen this discomfort by making the therapist seem more approachable and less daunting (Lubbe & Scholtz, 2013; Scholtz, 2021). Furthermore, animals are non-judgemental and facilitate the development of rapport between clients and therapists (Coetzee et al., 2013; Fine & Weaver, 2018; Joye, 2011; Pachana et al., 2011). This nurturing environment created by therapy animals promotes a positive therapeutic relationship between practitioners and clients.

Schneider and Harley's (2006) research examined the impact of dogs on therapist evaluations and found that their presence in a therapeutic setting elicits positive responses from clients towards the therapist, leading to increased self-disclosure. The success of therapy hinges upon the strength of the therapeutic alliance. As noted by Friesen (2010) and Koukourikos et al. (2019), incorporating a therapy dog into treatment can enhance this alliance by fostering trust and rapport, ultimately facilitating progress towards therapeutic goals.

In particular, the presence of an animal can serve as a valuable mediator for communication with children (Lubbe & Scholtz, 2013). In fact, studies have shown that children often prefer to communicate with a therapy dog rather than directly with their practitioner. As such, having an animal present during therapy sessions can enhance

communication and facilitate more effective therapeutic outcomes (Koukourikos et al., 2019; Schneider & Harley, 2006; Scorzato et al., 2017).

Additionally, it is worth noting that practitioners also benefit from AAT, as highlighted by Ang and MacDougall (2022) and Hewitson (2021). Beyond their role as emotional support providers, therapy animals create a comforting and welcoming atmosphere for both clients and practitioners. Aries (2013) and Schneider and Harley's (2006) also suggest that AAT allows therapists to experience the same positive effects as their clients do.

2.4. Challenges of AAT in Practice

The purpose of AAT is to benefit both humans and animals, but it becomes a problem when animals are ineffective or threatened in therapy (Fine et al., 2019; Jones et al., 2018). Animal welfare is of paramount importance, as the field of AAI and AAT would not exist without animals (Chandler, 2017; Fine et al., 2019). Potential challenges and risks to animals during AAT include the physical and emotional trauma caused by stressful interventions, and zoonotic diseases transmitted between humans and animals (Fine et al., 2019). However, there is minimal literature on these animal-related challenges within AAI and AAT in South Africa (Johnson et al., 2002).

2.4.1. Concerns Regarding Animal Welfare

The concept of animal welfare involves the physical and emotional well-being of animals, as well as their ability to cope and overall quality of life (Webster, 2016). In regards to managing human behaviour towards animals, there are two main frameworks that are commonly used: the Five Freedoms and the Five Domains. While both approaches aim to promote positive animal welfare practices, they have distinct differences.

According to Webster (2016), there are five fundamental freedoms that delineate the core characteristics of animal welfare for animals in human care. The first and foremost is the freedom from thirst and hunger, which entails providing animals with access to fresh water and food that supports their overall health. Secondly, the freedom from physical discomfort necessitates providing suitable living conditions, such as adequate shelter and a comfortable resting space. Thirdly, animals should be afforded the freedom from pain, injury, and disease through preventive measures and proper treatment when needed. Fourthly, ensuring the freedom from fear and distress involves creating an environment free of any harm or suffering caused by both conditions and caregivers. Finally, animals should have the right to express normal behaviour through ample space and suitable infrastructure that enables their optimal wellbeing.

The five domains of animal welfare encompass a range of essential elements for ensuring the well-being of animals. The first domain is nutrition, which involves providing animals with adequate and species-specific food as well as clean water. The second domain focuses on the animal's environment, which should be comfortable and include clean air, sufficient space, and minimal noise. In the third domain, attention is given to the health of the animal, which must always remain in good condition (World Animal Protection, n.d). In order for an animal to thrive, it is crucial that they are free from stress, illnesses, and injuries. The fourth domain addresses behaviour, and it is important that animals have opportunities to express their natural behaviours such as playing and bonding. Finally, the fifth domain concerns the mental state of the animal. Animals should benefit from interactions with humans by experiencing pleasure and vitality while avoiding negative behaviours such as stress, fatigue, injuries, and pain (World Animal Protection, n.d).

The Five Freedoms model outlines five essential aspects of animal welfare for animals in human care (Webster, 2016). These include freedom from hunger and thirst, discomfort, disease, distress, and the freedom to express normal behaviours. These freedoms focus primarily on meeting the animal's physical needs. On the other hand, the Five Domains model expands upon the Five Freedoms by placing a greater emphasis on an animal's mental state and capacity for positive experiences (World Animal Protection, n.d). It acknowledges that emotional needs are just as crucial as physical needs and that addressing physical needs can also improve emotional wellbeing.

The growth of AAI has contributed to increased concern for animal welfare (Hawkrige, 2017). Animals involved in AAT require specialised care and monitoring to keep them physically healthy at all times (Altschiller, 2011). Johnson et al. (2002) highlighted practical conditions to protect animals and humans, such as screening protocols to prevent pathogens, animal and owner training, vaccination, frequent bathing of animals, and monthly parasite treatment. In addition, Hettema (2002) suggests that the therapeutic space should be clean and sanitary to accommodate both patient and animal. AAT is also associated with costs of caring for the animal, such as providing the animal with food, water, shelter, hygienic materials, veterinary care, and health insurance (Beck, 2006; Morrison, 2007).

It is vital for therapists to consider the psychological and emotional health of the animal, as AAT can be stressful for animals in several ways, including constantly accommodating patients and internalising their emotions in therapy (Hawkrige, 2017). Negative experiences can be a normal part of an animal's life, however, it is crucial to address these experiences promptly to achieve positive animal welfare outcomes. By utilising the frameworks noted above, and promoting compassionate care towards animals, individuals can work to ensure and uphold their overall wellbeing (Webster, 2016).

2.4.2. Client Safety and Resistance to AAT

People may dislike dogs for a variety of reasons, including their socialisation, the kind of exposure they have received to animals, how they view animals (utilitarian or humanistic), and the fear of zoonotic diseases (Carstens, 2013). Animals form part of our culture and nature; they have shaped human societies for millennia (Pearson, 2013). Carstens (2013) believes that fear or dislike of animals is maintained through socialisation and that these feelings may be rooted in individual experiences. There are multiple cases of animal attacks, particularly by dogs. A person who was previously wounded by a dog would less likely want to be around dogs again; negatively impacting their perception of dogs going forward (Lubbe & Scholtz, 2013; Van Besouw, 2017).

Simon (2014) points out that people from different cultures may react differently to certain animals. In South Africa, dogs were seen as symbols of authority because they were associated with the police (van Sittert & Swart, 2003). The name 'police dog' was derived from the act of police employing dogs to enforce the law during Apartheid (Pearson, 2013; van Sittert & Swart, 2003). This observation is consistent with the findings of Hewitson (2021), who reported that dogs were used during Apartheid to attack and control people of colour, 'leaving a lasting wound'.

In a study on AAT in South Africa (van Besouw, 2017), it was shown that female parolees felt disinterested and unsafe during their first interaction with the visiting dog; as they feared that the dog would bite them. The dog was a bull terrier, which is often considered a "fighting dog" in socioeconomically disadvantaged areas of South Africa. Even the facility staff and volunteers from the AAT organisation noticed that the participants felt uncomfortable around the dog, further highlighting the negative societal perceptions about dogs or particular dog breeds in South Africa (Van Besouw, 2017).

Risks associated with AAT for clients include accidents with animals, bite injuries, allergies, parasites, and infections such as zoonoses (Beck, 2006; Bert et al., 2016). Risks can be mitigated by establishing hygiene protocols, monitoring animal behaviour, and ensuring good client fit, to ensure clients are not allergic to animals (Bert et al., 2016). According to Hawkrigde (2017), potential risk of aggressive behaviour on the part of the animal can be minimised by selecting an animal that is suitable for the client and preparing both the client and the animal prior to the intervention to ensure that anxiety is reduced and the client feels comfortable. Morrison (2007) suggests that therapists need to be mindful of clients who have a fear of animals, express a dislike of animals, and do not treat animals in a humane manner. Therefore, the therapist must always ensure that both the client and the animal feel comfortable in the therapy.

2.5. Training and Certification

According to Winkle et al. (2020), AAT is a goal-directed intervention that requires formal and structured requirements to protect both the humans and animals involved. Therapists must adhere to AAT guidelines and standards for service delivery by adopting ethical guidelines, establishing short- and long-term goals, and ensuring that the animal fits the client and the context of the practice (Barker & Gee, 2021; Winkle et al., 2020).

Morrison (2007) indicated that practitioners providing AAT must be certified and qualified in their professional field. These professionals should have the adequate knowledge, skills, and appropriate training in the treatment of animals necessary for the application of AAT. Consequently, the type and breed of animal is essential, as the animal's behaviour and personality must be appropriate for AAT application (Hetteema, 2002). According to Morrison (2007), dogs must be carefully selected because breeds and clients behaviours differ. For example, some dog breeds are well known to be calm and friendly, while other breeds or

even younger dogs, tend to be more energetic. Including a dog in a therapeutic setting, just because it is readily available, is unethical and can expose the animal to stress or introduce harm for the client (Katcher & Beck, 2006).

Every AAT practice must have appropriate certification to ensure that the therapist and animal are well trained. Training often includes educating the animal in specific instructions to help them better interact with the animal and socialising the animal to be comfortable in different contexts with a variety of people and the different activities in therapy (Hettema, 2002). Therapists are trained to understand and control animal behaviour and to care for the animal. Marcus (2013) argues that the nature of therapy work can be stressful for therapy dogs, so therapy frequency must be monitored and limited. Therefore, best practice procedures must be ensured to provide quality AAT (Hettema, 2002).

Fine and colleagues (2019) indicated that there is a need for specialised training, certification, and standards in the field of AAI. Professionals need to be knowledgeable about AAI principles, animal behaviour, and animal welfare to ensure safety and competence in practice (Fine et al., 2019). Some organisations, such as Pets as Therapy South Africa and Paws for People Therapy Dogs, have established good guidelines for working with animals and set standards for selecting and training therapy animals to minimise risks (Serpell et al., 2010). Adherence to AAT guidelines would protect animal welfare and minimise exploitation (Winkle et al., 2020).

2.6. Theoretical Framework

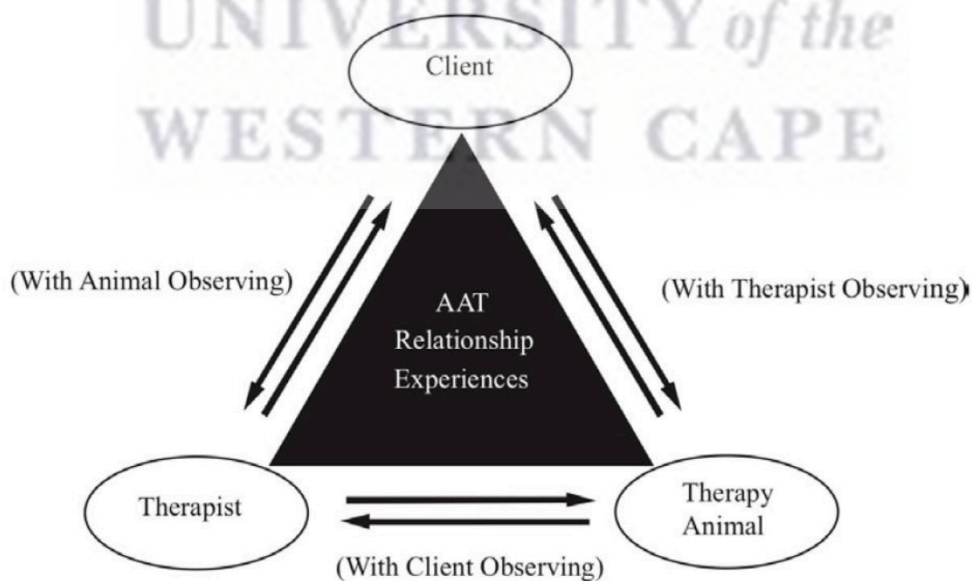
Prochaska (1984) offers Systems Theory as a set of elements with consistent relationships. When consistent relationship patterns are formed, the interactions are pointed back to the system, creating a bond that is greater than the whole system (Hettema, 2002). Animals have become essential to society and the natural environment (Nagendrappa et al.,

2020; Trevathan-Minnis & Shapiro, 2021). Intraspecies social systems are understood to be open systems in which other interspecies social systems can exist within the same environment (Odendaal, 2000). In this study, practitioners' experiences of AAT need to be understood in relation to the several subsystems and boundaries that guide the patterns between interactions (Hetteema, 2002).

It has been suggested by Fine and Beck (2015) that a system-based perspective can assist in understanding the role of animals in developing effective educational, therapeutic, and family-based interventions. The nature of the relationship between therapist - animal companion - client is an integral part of the system (Fine et al., 2019). Chandler's (2017) triangular model, as shown in Figure 2 below, recognises the dynamic interplay of all three parties - the animal, the client, and the therapist - as key players who influence one another. The lines connecting each stakeholder are of equal length, highlighting their equal impact on the therapy session.

Figure 2

The diagram of the triangular model of relational dynamics of AAT



Note. From “Animal-Assisted Therapy in Counseling (3rd ed.)” by Chandler (2017).

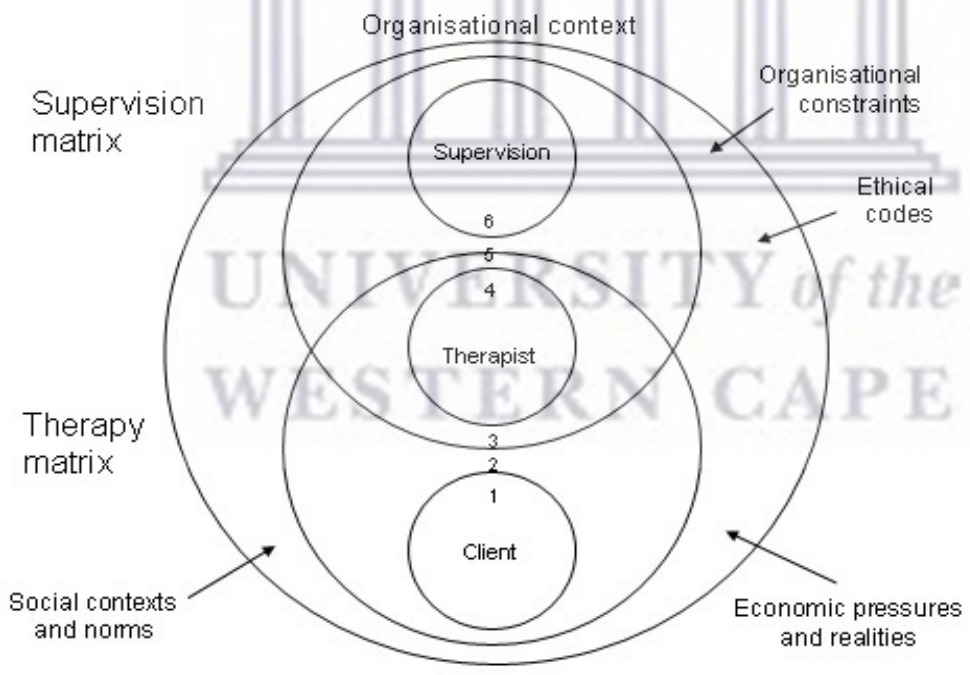
According to Hetteema (2002), systems theory states that target populations can be viewed as target relationships. The therapist, the patient, the animal, the therapeutic setting, and the interaction of these relationships must be considered when delivering AAT (Fine et al., 2019). The relationship between therapist and animal in a therapeutic setting is characterised by the collaboration between the therapist and the animal as co-therapist or facilitator. Trevathan-Minnis and Shapiro (2021) stated that animals must not be viewed as objects for human use, but rather as co-helpers that promote therapeutic value. Clients and practitioners can build a better working relationship with animals if they understood these dynamics when working with animals.

The animal-patient relationship is considered the primary relationship because without the animal or this type of relationship, AAT would not be possible (Chandler, 2017; Fine et al., 2019). Ideally, this relationship should be well established from the beginning so that both the animal and the client can benefit from the bond. Rodrigo-Claverol and colleagues (2023) support this view that the value of AAT depends heavily on the bond between humans and animals, to foster an environment of holistic wellness. In social interaction, animals may be viewed by humans as a transitional facilitator from one social relationship to another (Davis et al., 2015). In a therapeutic space, animals may offer a social lubricant in therapy, acting as catalysts for emotions and motivation, fostering rapport building, and providing role-modelling (Fine et al., 2015; Lubbe & Scholtz, 2013; Rodrigo-Claverol et al., 2023). Hence, the therapy animal may be treated as an essential member of the system (Budahn, 2013). Moreover, the animal can bridge the gap between therapist and client, especially when the client has difficulty trusting the therapist (Lubbe & Scholtz, 2013). According to Buckle (2015), AAT is a catalyst for developing rapport between a therapist and a client.

The triangular model of relational dynamics of AAT is useful to highlight the intersection of these three parties in developing the helping processes taking place in a therapeutic space, as noted in the context of the healthcare and social services. However, it was felt that an additional model was needed to explore the broader systemic considerations impacting the practice of AAT, as well as the ethical obligations and duties that are involved in a co-therapy situation. The six focused model created by Hawkins and Shohet (2012) (see Figure 3) aims to explore supervisory relationships more generally, but can be applied to AAT encounters, by considering the roles of the practitioner (as supervisor), dog (as co-therapist), and client.

Figure 3

The diagram of the six foci of supervision



Note. From “Supervision in the Helping Professions (4th ed.)” by Hawkins and Shohet (2012).

This model primarily focuses on the supervision process, taking into account organisational structures, limitations, and societal norms. It approaches issues from a

systemic perspective, examining two interconnected matrices - the therapy matrix and supervision matrix. The therapy matrix represents the immediate interactions between the animal companion and the client (foci 1-3). The supervision matrix represents the system connecting the supervisor and therapist, or in this study, the professional practitioner and animal companion (foci 4-6). Ultimately, this approach strives to achieve a balance between both matrices in order to effectively enhance therapeutic outcomes for clients.

The supervision process comprises six key elements (Hawkins & Shohet, 2012). In the initial phase, the practitioner and animal companion focuses on the client needs in the immediate therapeutic relationship (Hawkins & Shohet, 2012). This may involve obtaining informed consent, introducing a therapy dog to the client, and explaining the therapy's scope. It is crucial for practitioners to reflect on these dynamics, as some clients may have unrealistic expectations of the animal's role in AAT, potentially leading to exploitation (Hawkrige, 2017). The second phase entails exploring strategies and interventions that align with the specific client and treatment goals by utilising various psychological theories. External factors such as a client's social background or fear towards animals can impact therapeutic sessions, highlighting the need for a systemic approach. Furthermore, practitioners need to ensure that clients do not have allergies or phobias of animals and that they are comfortable having the animal present during sessions (Bert et al., 2016).

In the third stage, attention is granted to examining the therapeutic relationship and how it may be affected by the working context. Maintaining a balance between animal and human needs is crucial (Altschiller, 2011), and thus it is essential for practitioners as supervisors to ensure that both parties benefit from their interactions while also preventing any harm (Hawkins & Shohet, 2012). AAT requires that the practitioner be well trained and qualified to work appropriately with animals and humans in therapy (Chandler, 2017;

Trevathan-Minnis & Shapiro, 2021). At the same time, the therapy animal must have formal training to work with clients (Çakıcı & Kök, 2020).

The fourth phase of AAT supervision involves a focus on the practitioner or animal companion's process. In this stage, the practitioner, as supervisor, must possess a high level of competence in understanding the animal's behaviour and recognising responsivity in relation to the client. Mignot and colleagues (2022) emphasise that therapy dogs should be considered co-therapists with their own preferences, boundaries, and decision-making abilities. In cases where the therapy animal demonstrates signs of discomfort, it is crucial for the practitioner, as supervisor, to advocate for their needs, and remove them from the session, if needed. This underscores the significance of a practitioner's competence and attitude towards the animal in ensuring the welfare and comfort of both parties (Fine et al., 2015; Mignot et al., 2022).

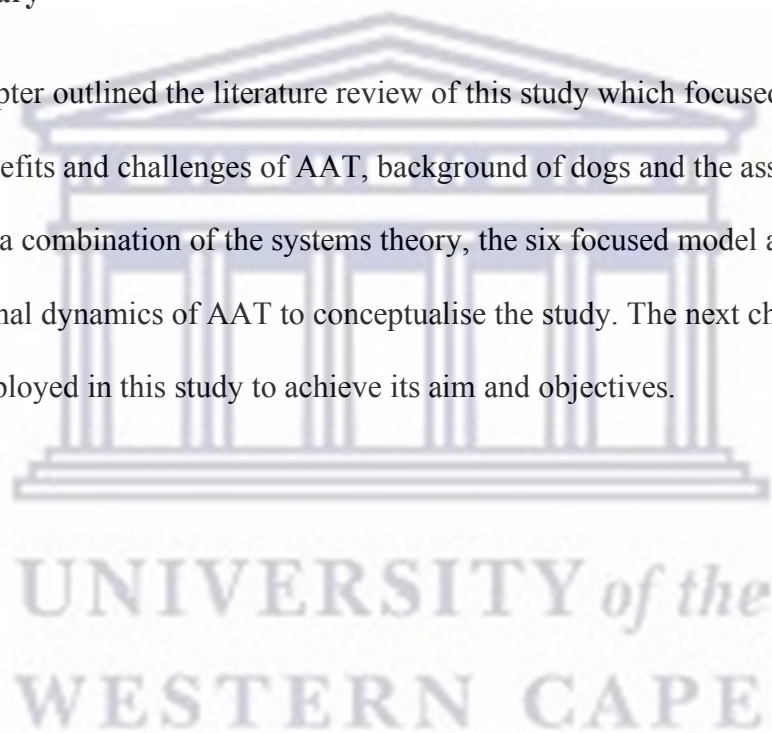
In the fifth phase, the supervisory relationship is explored, encompassing the interaction between the animal companion and professional practitioner. Beyond the observation or facilitation of the client interaction, it is the therapist's responsibility to carefully manage the frequency and duration of sessions, limit the number of clients seen per day, maintain a safe therapeutic environment (including appropriate room size), provide adequate breaks for walks, playtime, and rest periods, respect the animal's boundaries by not forcing interaction, and take care of necessary training and grooming needs (Bert et al., 2016; Chandler, 2017; Hawkrige, 2017; Mignot et al., 2022). The sixth and final stage focuses on the supervisor's own personal process. As practitioners of AAT, it is important to be cognisant of the benefits and challenges within the modality. To effectively manage potential challenges, practitioners must possess appropriate qualifications, knowledge, and skills in providing safe and effective AAT services. In order to uphold ethical standards and ensure

the wellbeing of both animals and clients, it is imperative to follow treatment protocols, as recommended by Hawkins and Shohet (2012) and Trevathan-Minnis and Shapiro (2021).

An integrated systemic approach that considers the bidirectional relational context of the AAT interactions, as well as the ethical focus of supervision and responsibility, highlights the fact that therapy animals are not just mere tools for therapy, but rather living beings who deserve to be treated with respect and care (Chandler, 2017). As such, it is the responsibility of the practitioner to attend to both the needs of the animal (as co-therapist) and their client.

Chapter summary

This chapter outlined the literature review of this study which focused on the AAT in practice, the benefits and challenges of AAT, background of dogs and the associated phobia, as well as using a combination of the systems theory, the six focused model and the triangular model of relational dynamics of AAT to conceptualise the study. The next chapter discusses the methods employed in this study to achieve its aim and objectives.



Chapter Three

Method

This chapter will provide an outline of the methodological approach employed in the study. It will present a brief overview of qualitative methodologies. Proceeding this, the research design, research setting, participants and sampling, data collection techniques, the procedure that was followed, and data analysis methods will be discussed. Lastly, the ethical considerations will be provided.

3.1. Research Design

According to the social interpretivist position, upon which this study was located, individuals believe that there is multiple realities or truths that people present with. Moreover, reality is fluid, subjective and is created by human interaction (du Plooy-Cilliers et al., 2014). Interpretivists claim that researchers must study and describe meaningful social action and experiences. Within this research study, the researcher explored the subjective experiences of professional practitioners that incorporate AAT in practice in South Africa. This study aimed to obtain more information and gain an empathetic, in-depth understanding of the phenomenon of AAT; thus, an exploratory research design was employed (Babbie, 2014). The qualitative method was preferred as it is used for a more nuanced understanding of the perceptions and views of participants (Babbie, 2014).

3.2. Research Setting

The study was conducted online due to the disruptions of the COVID-19 pandemic, where traditionally face-to-face investigations of all kinds were restricted by social distancing. Online data collection was also more convenient and cost-effective for participants located around the country (Quickfall, 2022). The professional practitioners who

were the proposed participants in the study, were recruited from across South Africa. Recruitment at a national level meant that participants were drawn from any of the provinces, this was proposed as a more feasible strategy to reach sampling targets, as AAT is a developing practice in South Africa (Lubbe & Scholtz, 2013).

3.3. Sampling and Participants

The first inclusion criterion was that participants identify as a qualified professional working in South Africa whose income is fully or partially related to facilitating therapeutic interactions with an animal companion. This included professionals working in the fields of health and allied health, such as psychologists, psychiatrists, registered counsellors, occupational therapists, and physiotherapists, as well as professionals working in social services, education, and animal health and training. Each of these professions has been associated with the field of AAT. The rationale for choosing multiple disciplines, was to increase the sampling scope, in light of the knowledge that AAT is an emerging field of practice in South Africa (Lubbe & Scholtz, 2013).

Secondly, participants were to hold a professional qualification in their respective fields, and be affiliated to their respective governing body and council, to be able to speak to some of the broader issues with professional support and compliance. Thirdly, animals were incorporated within the practitioner's therapeutic sessions. There were no preconceived measure of the frequency and duration of animal involvement per session. The true nature and frequency of these interactions were determined in the context of the research interview, and it was expected that there would be variation in this regard. Lastly, practitioners were able to work with any domesticated animals in practice. However, equine-assisted psychotherapy was excluded from this study, as it is a complex method of animal-assisted psychotherapy, with its own theoretical underpinnings.

Participants were approached based on purposive and snowball sampling techniques. Purposive sampling is known as judgment sampling, whereby participants are recruited based on the knowledge and judgement of the researcher (Etikan et al., 2016; Rai & Thapa, 2015; Shorten & Moorley, 2014). Snowball sampling is a technique used in qualitative research where participants are rare to find (Etikan et al., 2016). With snowball sampling in this study, initial participants were encouraged to distribute the study information to interested colleagues for them to make contact (Etikan & Bala, 2017). In that way, this technique increased the chain of participants. Attempts were made to recruit participants across various demographic criteria such as sex and ethnicity. However, the relative homogeneity of the sample, as described later in the thesis, is a testament to the lack of diversity in the AAT field in South Africa.

3.4. Recruitment Strategy

The researcher aimed to recruit eight to twelve practitioners from anywhere in South Africa, who meet the inclusion criteria indicated above. According to Fusch and Ness (2015), reaching saturation levels differs from one study design to another. Data saturation was closely monitored and reviewed from each interview where no new information was presented. Owing to the limited population of practitioners working in the field of AAT in South Africa, the aforementioned sampling targets were deemed feasible.

The researcher asked permission to advertise the study on various social media platforms related to health and social services in South Africa, and Animal Assisted Therapy, more specifically (Appendix E). The use of social media has been deemed an effective method of reaching individuals on a national level (Quickfall, 2022). Examples of recruitment sites included the South African Psychologists Resources and Discussion Group, which is a networking site on Facebook; Jelly Beanz, an NPO in the Western Cape that has

been known to engage in both clinical practice and professional training for AAT, as well as Pets as Therapy, South Africa and Therapy Dogs of South Africa, organisations which represent individuals involved in animal assisted interventions. A poster was created to advertise the purpose and objective of the study (Appendix D). Interested participants contacted the primary researcher directly via her email or cell phone details, as provided on the advertisement.

3.5. Data Collection and Procedures

The researcher emailed an information sheet (Appendix A) and informed consent form (Appendix B) to interested participants to clarify the inclusion criteria and initiate the consent process. Information letters and informed consent sheets were made available in English, isiXhosa, or Afrikaans, to accommodate diverse populations. The researcher provided a telephonic pre-interview once the consent forms were sent, to enhance participant comfort, answer any questions, and build trust and rapport. The participants chose which interview procedure, time, and date were best suited for them. Interviews took place digitally through online platforms such as Zoom or Google Meets, depending on the participants' preference.

In this study, semi-structured interviews were used to gather information from the professional practitioners. Each interview took approximately 45 to 60 minutes, and the researcher followed an interview schedule (Appendix C) which consisted of open-ended questions preferred for a qualitative exploratory study of this nature (Babbie, 2014; McIntosh & Morse, 2015). The open-ended questions helped the researcher explore the experiences of practitioners incorporating animals in therapy. English was the primary language for interviews, based on the researcher's own proficiency and participant needs. However, postgraduate students within the Psychology Department were also available to assist with

translation and interview co-facilitation, in the event that any participants wished to converse in an alternate language. No participants expressed this need.

The interviews included two parts. The first part involved documenting the participant's demographic information, including their identified gender, experiences, and qualifications, to determine the background of the practitioners who were involved in AAT. The second part of the interview comprised open-ended questions formulated through the existing literature and guided by the study's research questions. Part two included four sections (Appendix C); Section A looked at animals incorporated in the therapeutic space, Section B focused on animal welfare in practice, Section C included the potential benefits and challenges of AAT, while Section D involved recommendations for the future of AAT. These sections aimed to cover questions relating to the experiences of professional practitioners who deliver AAT in South Africa. All the interviews were digitally recorded with the participants' permission. Online interviews were video recorded, or participants disabled the video function on their electronic devices, so that only the audio was recorded for transcription purposes.

3.6. Data Analysis

Following the collection of the data, the audio recordings of the interviews were transcribed verbatim and imported into ATLAS.ti qualitative analysis software to assist with the analysis process (Paulus & Bennet, 2017). The study employed thematic analysis using the conventions of Braun and Clarke (2012), to identify, analyse, and describe common themes in the data. Thematic analysis was the best approach for this study as it allowed the researcher to identify themes, determine patterns of important information and use those themes to interpret and make sense of the professionals' experiences of AAT in South Africa (Braun & Clarke, 2012). The method procedure was flexible and followed a six-step process.

In the first phase, the researcher became familiar with the data by reading and reviewing the collected data. The second phase involved generating codes from the data (Braun & Clarke, 2012). The third phase focused on developing broader themes by sorting various codes into themes. At the same time, the fourth phase focused on reviewing and refining themes. In the fifth phase, the researcher defined and improved the analysis of themes. The sixth and last phase involved the production of the report, which provided valid findings of the data (Braun & Clarke, 2012).

3.7. Trustworthiness

The Lincoln and Guba (1985) criteria of trustworthiness and rigor was followed in this study, which was divided into credibility, transferability, dependability, and confirmability (du Plooy-Cilliers et al., 2014). The researcher employed memoing to address the concepts of trustworthiness by journaling thoughts, and insights throughout the analysis of the data (Razaghi et al., 2020). The researcher achieved credibility by demonstrating the association between beliefs and biases constructed by the participants and the beliefs the researchers recreate and project to the participants (du Plooy-Cilliers et al., 2014). This study ensured that the findings accurately reflect professional practitioners' experiences rather than the researcher's viewpoint. The researcher documented all procedures to ensure the consistency and reliability of the results (Korstjens & Moser, 2018). In terms of confirmability, the researcher explained all research process decisions, to make sense of how themes emerged throughout the data collection process (du Plooy-Cilliers et al., 2014; Korstjens & Moser, 2018).

3.8. Researcher Reflexivity

Reflexivity involved examining one's own practices during the research process (Korstjens & Moser, 2018) to strive towards ensuring that the procedures that have been utilised when conducting research can be accounted for (Patnaik, 2013). Researchers have assumptions, beliefs, and pre-conceptions that can influence their interaction with participants, and the data collection process more broadly (Babbie, 2014; Korstjens & Moser, 2018). In this study, a reflexive journal was kept, to track subjective thoughts and responses, as well as discussing those influences within research supervision (Dodgson, 2019).

Growing up as a Black woman, I did not have the experience of having an animal companion in my household. While there were dogs present in my community, they were often neglected and mistreated by their owners/guardians. Due to financial constraints, many people in my community could not afford proper care for their pets, such as buying food or taking them to a veterinarian. My experience was that dogs in Black communities were mainly viewed in a functional way – as protectors rather than as family members. The concept of animal rights and respect for sentient beings was foreign and unfamiliar to me. However, my perspective shifted two years ago when I conducted a scoping review on canine-assisted interventions in South Africa. This experience opened my eyes to a wealth of information about animals that I had previously been unaware of. This knowledge sparked my interest in the field of AAI.

During the online interviews for this study, participants expressed curiosity about my personal choice of research topic. I could well understand the question, as it is interesting for a Black person to conduct research on animal assisted therapy, as there is a common social perception that Black people have a fear of dogs (Sheade & Chandler, 2014). This racial bias was even more apparent, as all the participants in the study, identified as White women, and

there was a clear absence of persons of colour practicing AAT. Even today, when I tell people in my community about my study, there is disbelief that a dog can improve wellbeing. This shows how much we still have to learn about animals.

I acknowledge the irony in conducting a study on dogs, as I still hold my own fears about them, deeply entrenched in my past experiences. But I believe that my own fears and uncertainties are a powerful place from which to conduct research – to suspend preconceived ideas about the value of animal companions, and to be able to approach the process with genuine curiosity. Furthermore, acknowledging and embracing my own vulnerabilities can lead to personal growth and empowerment. I can gain new insights and perspectives that can enhance my research and be truly transformative.

3.9. Ethics

Since the research study focused on human participants, the researcher received ethical approval (Appendix E) from the Health and Social Sciences Research Ethics Committee (HSSREC) at the University of Western Cape (HS22/8/22). Any research involving human beings require the utmost respect and consideration for human rights, as well as acknowledgment that no violations of legal and human rights are impeded. The researcher was committed to acting in the best interest of participants by treating them with respect and not causing any harm (du Plooy-Cilliers et al., 2014). Prior to data collection, participants reviewed the information sheet (Appendix A) and informed consent form (Appendix B), to ensure that participants understood the purpose of the study and that participation is voluntary, meaning that every participant has the right to withdraw from the study without penalties. Participants were also informed of limits to confidentiality and duty to report, should the practitioner disclose any harm to clients or animal co-therapists. Participants were

also made aware that their responses would be used for the purpose of a mini-dissertation, and related publications or conference proceedings.

Online interviews were conducted using earphones in a private room without interference, to uphold privacy. The fundamental ethical issues involved in conducting an online interview are the same as those involved in conducting an in-person interview (Lobe et al., 2020). The researcher aimed to be attentive, respectful, and truthful in her conduct, so as not to cause any harm to participants. It was anticipated that the line of inquiry in the research study posed little risk to the human participants. However, the researcher provided participants with an opportunity to debrief after the research interview, if any difficult emotions emerged. Furthermore, participants were provided with a list of available mental health support resources (LifeLine; www.lifelinewc.org.za; 012 461 1111 and The Counselling Hub, www.counsellinghub.org.za; 021 462-3902), if there was a need, as compiled on the information sheet.

The researcher adhered to the Protection of Personal Information Act 4 of 2013 (POPI Act), indicating that the researcher has the legal responsibility to access and process the personal information of participants to its purpose. The researcher informed the participants about the ethical principles and guidelines to keep their identifying information confidential and private. The researcher has taken measures to maintain confidentiality by not sharing any personal information outside of the research context. Anonymity was prioritised by replacing participants' names, and any other identifying information, like the names of animal companions, with pseudonyms (for example, Participant 1).

Access to participant data is restricted, with only the researcher and supervisor having permission to view it. Data encrypted and password-protected devices were used throughout the study for security purposes. Digital files will remain safely stored in password-protected

devices owned by the researcher for a minimum period of five years after the conclusion of the research; thereafter, raw data will be discarded.

Chapter summary

This chapter focused on the methodology of the study by outlining the qualitative research design, research context, participants and sample, data collection and procedure, and data analysis. Additionally, it highlighted researcher reflexivity, trustworthiness, and ethical processes. The following chapter provides findings of the study.



Chapter Four

Results

This chapter reports on the findings of the study which were four themes identified through thematic analysis. Themes were identified to uncover meaning and patterns. Table 1 summarises the demographic information of all the practitioners who participated in the study.

Participant Profile of Practitioners

The participants' interviews included practitioners who deliver AAT-related activities within South Africa. The sample comprised nine professional practitioners working privately in a health or allied health field, including three psychologists, three social workers, a registered counsellor, a nurse, and a canine behaviourist. Participants held professional qualifications in their respective fields and were affiliated with their respective governing bodies and council. The number of years working as an AAT practitioner ranged from three to 21 years of experience. All nine participants identified as White females.

Six participants were residing in the Western Cape province, and three participants were situated in Johannesburg, in the Gauteng province. All nine participants incorporated dogs within their therapeutic sessions, to provide comfort and emotional support to clients. The practitioners operate within a private practice setting, catering to a varied client population, supporting child clients from three years of age, to adult clientele. In particular, four of these professionals specialise in working with children and their families or caregivers. Their services extend to clients dealing with a wide range of conditions including trauma, emotional and behavioural issues, medical and physical disabilities, as well as social and learning difficulties.

Table 1*Summary Table of Demographic Information of Practitioners*

Participant	Gender	Ethnicity	Location	Client population	No. of years working as practitioner	Qualification
Participant 1	Female	White	Gauteng	Provides services to children struggling with emotional and behavioural problems, learning difficulties, trauma and grief.	11	PhD in Educational Psychology
Participant 2	Female	White	Western Cape	Works with adults with cognitive disabilities.	5	PhD in Social work
Participant 3	Female	White	Western Cape	Focus on older persons with cognitive disabilities, down syndrome, and cerebral palsy.	21	Nursing degree
Participant 4	Female	White	Western Cape	Provides trauma counselling to neglected and abused children and their families	6	Psychology honours (Registered Counsellor)
Participant 5	Female	White	Western Cape	Provides trauma counselling to neglected and abused children and their families	8	Social work degree
Participant 6	Female	White	Gauteng	Focus on substance use rehabilitation with various clients	3	Masters in Counselling Psychology
Participant 7	Female	White	Gauteng	Clinical support for a range of clients, including toddlers	21	PhD in Social work

Participant 8	Female	White	Western Cape	Canine behaviourist supporting AAT practitioners	15	Animal Science degree (Canine behaviour practitioner)
Participant 9	Female	White	Western Cape	Provides emotional and psychoeducational support to children and their families.	20	PhD in Child and Adolescent Psychology (Educational Psychologist)

Research Findings

Four main themes were identified, as shown in Table 2. These themes adhere to the broader objectives of the study, as clarified in Chapter One. A further range of sub-themes was identified per theme, and these are illustrated with a selection of participant responses.

Table 2

Summary table of themes and subthemes

Themes	Sub-themes
4.4.1. Personal traits and skills for AAT practitioners	4.4.1.1. Love for animals 4.4.1.2. Flexibility and adaptability 4.4.1.3. Selection of animals 4.4.1.4. Animal training 4.4.1.5. Theoretical knowledge 4.4.1.6. Healthy working environment
4.4.2. AAT benefits	4.4.2.1. Practitioner: Workplace support 4.4.2.2. Client: Physical and psychosocial wellbeing 4.4.2.3. Animal: Enrichment
4.4.3. AAT Challenges	4.4.3.1. Animal welfare concerns 4.4.3.2. Animal Loss and Financial Constraints 4.4.3.3. Animal-client barriers

4.4.4. The Future of AAT	4.4.4.1. Formal Training 4.4.4.2. Knowledge and Research 4.4.4.3. Policies and Regulatory Bodies
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4.4.1. Personal Traits and Skills for AAT Practitioners

In the first theme, practitioners provided detailed accounts of the multiple considerations and steps needed to plan and establish the therapeutic space, prior to the actual AAT work. Six sub-themes were identified, including a combination of the personal traits such as love for animals, and flexibility, as well as the specific skills, including animal selection, animal training and the theoretical knowledge underpinning the work, and the healthy working environment needed to work in AAT.

4.4.1.1. Love for Animals

All participants in the study expressed a deep love and admiration for animal companions, that had existed prior to their formal work in the field. Comfort in working with animals, or the motivation to pursue a line of work with animals, was grounded in direct personal experience and frequent positive contact in the home. Participant 5 mentions, "I'm by nature, an animal lover; I've always loved animals." Similarly, participant 6 says, I love animals, dogs... I've grown up in a house that always had dogs... I've always had an incredibly special relationship with dogs." Participant 1 also states having a relationship with animals at a young age has made her develop a love for animals, which makes it easier to work with them now:

"No, my feelings towards all the animals, I love animals. um I'm crazy about animals. I grew up with animals. um, I think that played a big part... And I think a lot of my fantasy and imagination comes from there. And using that today and coming back to your question about my feeling towards animals. Yeah, I love them." Participant 1

further added that "But not everyone can do it. You need to have a love for animals, you have to be prepared to work."

In summary, participants highlighted that an intrinsic passion for animals, was the foundation for developing their work in this area.

4.4.1.2. Flexibility and Adaptability

Participants expressed that working with animals can be complex at times because of the unpredictability of animal behaviour and the need to be flexible.

"You have to be prepared to work. Sometimes it's unpredictable. Sometimes my dog doesn't want to do it, or sometimes my dog gets sick. I need to cater for that, sometimes things happen, or my dog gets scared in therapy; I need to be able to deal with that." (P1)

Similar to Participant 1, Participants 4 and 5 also explain that the unpredictability of animal behaviour requires practitioners to be more flexible and work around the changes in the moment because therapy dogs should have choice and freedom, and practitioners should learn to understand the animal and adapt to the way they work.

"Sometimes, you know, the animal doesn't do what you want them to do. That's why we don't work with a specific plan. Because just dogs, in general, don't listen to your plans in any way. So, when they are feeling stubborn or refusing to do what you expect of them to do, it also opens up meaningful conversations." (P4)

"She was a very, very stubborn young lady. And so, she would also not always do what I thought she should do. So, we sort of had to kind of get to learn to know each other and what worked and what didn't work." (P5)

4.4.1.3. Selection of Animals

Practitioners expressed the need to select the most suitable therapy animal with the best temperament to work with different kinds of people. Some of the characteristics associated with a suitable therapy dog include being calm, friendly, empathetic, and less likely to bark at clients. This is evident in Participant 4's response:

"When it comes to animals that are selected for therapy, they have to be calm, they have to be gentle, and they have to have the right temperament. You don't want a dog that's just hostile and sleeping the whole time. But you also don't want a dog that is too energetic, so you have to have a good balance in the temperament and the child."

As explained by Participant 4, the temperament of the therapy dog is essential, to promote a productive and safe environment for working with clients in a therapeutic space. Participant 1 also stressed the importance of selecting the right animal, "You need to have a dog that likes people and that likes all sorts of people." In this comment, there is an acknowledgement that not all dogs have comfort with different populations and age groups, and that this factor needs to be held in mind when identifying therapy dogs.

All practitioners in this study identified animal selection as an essential feature in preparing for the therapeutic session. However, some practitioners bypassed the individual selection process to focus more on the training aspect of their existing dog. While others would seek the support of an animal behaviourist or trainer to facilitate the selection.

Participant 5, for example, actively relied on the help of an animal behaviourist to select the most suitable therapy animal, "I'm going with an animal behaviourist, who's really going to do a full-on assessment of the whole litter so that we can choose the best therapy dogs." In this way, an interdisciplinary collaborative approach, involving the guidance of an animal behaviourist, was seen as important to establish the groundwork for AAT.

4.4.1.4. Animal Training

In addition to the initial selection criteria for the animal companion, participants indicated that behavioural training should be mandatory for every therapy animal, before getting involved with clients. Temperament alone is therefore not enough, and participants recommended that practitioners invest in formal animal training for their prospective therapy dogs. Some participants expressed the importance of the therapy dog undergoing training, where they take part in various tasks to teach the animal to be attuned to different kinds of clients and situations. Participant 2 says,

"You've got to invest your time to take the dogs to training... The training, they need basic obedience training." Similarly, Participant 4 reinforced the need for obedience training, stating "that's very important, because you want them to have discipline" when performing tasks in therapy.

Participant 8, who engages in AAT from the perspective of an animal behaviourist, explained that practitioners bring their therapy dogs for animal training, not only in obedience and socialisation, but for assessing and training the dogs in various practical tasks that may be beneficial in a therapeutic space, including "chin resting, resting their heads on people's laps, giving kisses, deep pressure therapy, and just generally being interactive with a variety of people." The teaching of these focused activities may be outside the scope of the health or allied health practitioner. Therefore, as with the previous sub-theme, the involvement of other professionals like animal behaviourists may be beneficial to assist with animal training and enhance the framework for the work that happens within a therapeutic space.

4.4.1.5. Theoretical Knowledge

A further sub-theme regarding preparedness, speaks to the psychological theories that practitioners identified and used to underpin their therapeutic approach. Practitioners in this study reported that they typically employed play therapy, animal themes, attachment theory, and cognitive behavioural therapy (CBT) within AAT to support clients. There are various psychological and psychosocial theories that are utilised by practitioners but it was unusual for practitioners to identify and speak to the psychological modes they use in therapy.

Animals have a profound impact on individuals, especially children, as they can serve as powerful symbols and metaphors. Participant 2 also mentions that by incorporating animal themes in “sand play, play therapy, and life skills programmes,” practitioners can tap into the deeper emotions and experiences of the participants. Animals can indirectly play a significant role in these sessions, allowing individuals to explore their feelings, relationships, and personal growth in a safe and non-threatening way. This further highlights the versatility and effectiveness of integrating animal themes in therapeutic settings.

The use of attachment theory was mentioned most frequently by participants who worked in the context of support interventions for children and youth. In this case, the therapy animal is perceived as an attachment figure for children, as noted by Participant 4:

"The idea of using an animal in therapy, it actually comes down to attachment theory. So, it is the building of relationship between, well, normally its child and mom, but sometimes that attachment wasn't fully created at the time of infancy. So, we kind of fake the whole attachment thing by recreating that connection and bond between the child and animal."

As some children have not been able to have the bond with their parents, the practitioner draws on attachment theory to understand and simulate that bond with the animal, as a therapeutic mechanism. Participant 6 explained that she uses CBT in therapy, but could not explain how she integrates it. She expressed that it is an unusual kind of therapy to learn as it is “very structured and specific in terms of the mechanisms.” Furthermore, she emphasised that if she had to evaluate herself as an AAT practitioner, she would like to learn more about how other practitioners work with different animals, what mechanisms are used, and what different types of play therapy are incorporated in practice.

4.4.1.6. Healthy Working Environment

The final sub-theme relating to the creation of a productive therapeutic space, which is the role of the practitioner to create and maintain a healthy working environment for the animal companion, while also advocating for the animal’s needs. This aligns with broader ethical considerations regarding animal welfare. Participants highlighted two different types of freedom and responsibility. The first one refers to the how AAT practitioners should actively provide the therapy animal with support in the form of appropriate breaks, sick days, or looking for signs of distress. The second aspect of freedom relates to the therapy animal’s agency in choosing whether they come to work or engage with the client.

Participant 8 emphasised the practitioner's responsibility to be attuned to the physical and mental health of the therapy animal to provide the best services to clients:

"So, it's very important that when they're doing any kind of work, that whoever's in charge of that dog watches their body language, watches their demeanor, and make sure that their mental health needs are also taken care of, so that they can care for people."

Taking care of the safety and comfort of the animal is essential in therapy and practitioners are responsible for that. Similarly, Participant 6 stated that, "we make sure that they walk every day, like their healthcare is our lifestyle." The practitioner takes care of the animals by taking them for walks daily, which is good for their health.

The old age of the animal companion was also something that practitioners like Participants 4 and 5 identified, in affecting the work ethic of the animal companion, and how they interact with clients.

"So, as she became older, probably in about the last year of her life, she chose when she came to work, she, you know, that that was her choice, and kind of respected if she didn't want to come to work, whereas previously, she would always, you know, be excited to come but as she got older, it became more of her choice. And I think, you know, yeah, respecting what the animal needs." (P5)

"You also asked something about sick leave and breaks and stuff for animals. This is so important, and I think this is something that, that people often overlook because they expect the dog to always be the same. But self-care is important for animals too. So as therapy dog got older, she was getting more and more grumpy. And you know, she couldn't move as easily anymore. It was just a lot of stuff for her and then she would decide to have a self-care day at home, and she wouldn't come to work." (P4)

As the animal's energy level drops, and they are not as engaged in work anymore, practitioners must respect the space that the animal requires at that time. The issue of the therapy dog's choice and agency was reiterated. Furthermore, Participant 9 speaks about understanding her dog when she ignores the clients and moves to another room, as that

behaviour informs her that the dog needs space. This speaks again to the flexibility and respect required by the practitioner, to work within the needs of their therapy animal:

"It's part of the process, but some people don't almost ignore her, and then she ignores them (laughs) when it gets too much for her. She goes, and she'll move to her little, you know, she'll move up to another part of the room. So, I just kind of leave her to do what she does. You know, it's not; I don't control the process a lot with her."

In summary, personal traits and specific skills represent all the intrapsychic qualities and additional efforts that practitioners engage in, above and beyond their basic professional training, to be competent and confident in the field of AAT.

4.4.2. AAT Benefits

The second theme that participants foregrounded in their accounts was the benefits of the AAT intervention for clients, practitioners, and animals. The benefits of AAT may be experienced by all parties involved, including physical, emotional, and psychological health benefits.

4.4.2.1. Practitioner: Workplace Support

A common misconception in AAT is that the animals are only beneficial for clients.

However, practitioners stated that by working with the animal, they also gain from the human-animal bond. As such, the therapy animal brings beneficial results to the practitioner by providing a bridge between the self and the client to improve therapeutic goals; facilitating communication between the practitioner and client; supporting professional interests; and offering both emotional support and a source of income.

While reflecting on the benefits of the animal companion, Participant 5 expressed that: "She literally was my co-therapist. You know... she was my right-hand lady."

Participant 5 acknowledges that her dog was an indispensable helper providing support within the therapeutic space. Similarly, Participant 1 emphasises how her dog acts as a 'bridge' between herself and her clients to achieve therapeutic goals—helping the practitioner to foster a positive relationship with the client. "It's wonderful to have someone there with me, and it serves as a bridge between myself and the children to connect with them."

Most practitioners indicated that the animal facilitates communication between practitioner and client. Whereby the animal is a conversation starter and helps build rapport between the practitioner and client. Participants 7 and 8 express that when clients come to therapy, they first connect with the animal before connecting with the practitioner. This reveals that the animal can make it easier for the client to trust the practitioner and communicate in therapy, particularly in the context of working with child clients.

"So, children often walk into the practice greeting my animals not greeting me. They would also interact with the animals then to interact independently away from me and speak to the dogs and not necessarily always to me." (P7)

"Provide things such as a buffer for communication to children in particular will run in particular would rather speak to the dog than the therapist, or it could just be as almost like a tactile distraction. So, the person speaks more openly with this dog, kind of assisting them with that. And they also provide an educational tool and a talking point." (P8)

Aside from supporting the practitioner in the therapeutic alliance, participants acknowledged the important role that their animal companions played in their own emotional and physical wellbeing, thereby supporting their ability to function effectively, personally and professionally. Participants 4 and 9 noted the ways in which their animal companion would provide emotional support to them, or even motivate them to rest and take breaks to minimise burnout.

"It provides that comfort and emotional support and sometimes even physical support because they force you to get up and go take them for a walk and take that much needed fresh air break. So, there's a lot of support that comes from the animal side."
(P4)

"You know, for me, they are emotionally supportive. So, I've got a very close when I would say L, who is my golden retriever. Although she is a therapy dog within the space, she's also my emotional support. So, I find animals are emotionally supportive for me" (P9)

In addition to therapeutic support, participants also acknowledged other personal gains. Participant 1 expressed "that due to her [dog], I could do research", in other words, the therapy dog enabled the practitioner to pursue her professional interest. While Participant 7 was the only practitioner who readily acknowledged the economic side of the AAT business, stating "the benefits are tremendous because my dogs make more money than what I make" through their therapeutic purpose.

4.4.2.2. Client: Physical and Psychosocial Wellbeing

The participants of this study reported that clients who interact with therapy dogs experience numerous physical and psychosocial health benefits. Practitioners perceive the animal as non-judgmental and accepting; for instance, the animal accepts and loves people for who they are, and they do not see flaws in them, which allows clients to be themselves around the animal.

This is evident in the responses from Participant 1, and Participant 5, who stated:

"I mean, just from my personal experience, my dog is perceived as non-judgmental. She doesn't judge; she accepts everyone. No matter what you look like, no matter your skin color, no matter your culture. No matter who you are, what you've done. She just accepts she lives for the here or now. She loves you for who you are doesn't matter, and who doesn't want that?" (P1)

"I think the other thing is also that animals are unconditional in their love and a lot of children have experienced people as being conditional in their love, and they hurt. So, you know, there was the other aspect of D is that she loved the kids didn't matter what you know." (P5)

The AAT approach is perceived as fun and novel, allowing children to enjoy themselves more in a therapeutic space. This was highlighted by Participant 1: "Yeah. So, there are so many benefits. Oh, gosh, and it's fun. Number one, children learn through fun." Participant 9 responded similarly that the animal's presence provides calmness and encourages playfulness and fun in therapy, "I can see the way in which she does relax... the way in which she brings another element into the space that is playful, relaxed. Yeah."

Therapy animals are believed to elevate mood and promote calmness. Participant 8 expresses that "dogs provide comfort," and Participant 7, too, shared that clients "feel

completely at home" while in therapy interacting with the animal. The presence of the therapy animal provides a sense of comfort that puts clients at ease, as noted by Participant 7:

"There's very seldom a child who comes into my office who doesn't immediately relate and start to calm down once they're in the environment, and that is absolutely dedicated exactly the dedication of the dogs. Because they will meet the client at the door, L specifically and from there, they would be with the dog continuously."

Animals have been known to provide humans with valuable companionship. The animal builds rapport between the client and practitioner, helping the client to project their emotions and self-disclose in therapy. Participant 3 reflects that the best part about AAT is that the animal contributes towards an environment of comfort, and "the fact that the dogs open people up to respond to them." Clients trust the animal in such a way, that they freely share their stories without judgement, as noted by Participant 4, who says,

"So, we often get children who, when D is staring into their eyes, they just start telling D everything. It's almost like D's looking into your soul... So, we often get that the children just start sharing and blabbering out everything that they've been holding in for such a long time."

In terms of physical benefits, animals have been shown to decrease cortisol, blood pressure, or anxiety levels in clients (Klimova et al., 2019). Participant 1 supports this sentiment by emphasising that her therapy animal "lowers anxiety" and "has a calming effect," while Participant 8 noted the impact of AAT on clients, to "lower all extreme vitals – so lower blood pressure, lower heart rate, provide a calming effect on whoever they are with, to relieve anxiety."

4.4.2.3. Animal: Enrichment

The participants in this study expressed that the benefits perceived for the animal are affection, enjoyment, and the mental and emotional stimulation they receive from doing this kind of work. This is evident in the response from Participant 7, who stated: "They thrive with all that attention, they don't show signs of boredom like other animals would show where they start to be naughty and do things that they shouldn't be doing."

Participant 4 mentions that her therapy dog animal is physically well cared for, and receives so much love and affection through treats, physical touch, and walks from the clients and the practitioner. "They get lots of treats... they get love, cuddles, brushes, and walks. So, no, they get a lot of benefits." While Participant 9 indicates that the animals have "quite a rich life, a stimulated life," with the ongoing physical and emotional contact they receive through attention, love, and treats from the practitioner and clients. According to Participant 8, the animal enjoys working with clients in therapy, as this intervention provides the animal with an advanced mental and emotional stimulation:

"The benefit is that it lives a lekker (nice) life. It gets to go out with its person everywhere. It gets to be constantly stimulated throughout the day. It gets usually treated like royalty and gets lots and lots of love and whatever it needs care-wise."

Furthermore, practitioners emphasise that the animal and the client should mutually benefit from the therapeutic interaction. This is supported by Participant 2 and Participant 5:

"The animals must also benefit from the interaction; they're not for us to use. So, and I don't think everybody shares that sentiment... So, it must be equal; one cannot benefit more than the other, because then it's unethical practice. So, the smile on the person's face cannot make up for the fear in animal eyes, so that's a very important thing." (P2)

"Obviously, you know, this has to be as enjoyable for the animal as what it is, or as meaningful for the animal as what it is for the human. So, you know, her [dog] welfare was really important. So, whether that be on a physical level, or whether it be also on an emotional level." (P5)

4.4.3. AAT Challenges

In addition to the benefits associated with AAT practice, practitioners also identified concerns or challenges associated with AAT work, that require focus and attention. The following theme considers animal welfare concerns, potential barriers between the animal and client, as well as additional costs in terms of the emotional and practical loss of a therapy animal and the financial investment.

4.4.3.1. Animal Welfare Concerns

Welfare concerns for the animal companion included various observed or potential health issues, such as stress, harm, and fatigue, as experienced by the animals. Participant 5 describes how the healthcare of the animal becomes problematic as they get older. As a practitioner, she had to make the difficult decision of euthanising her dog, since it was in so much pain.

"The healthcare of the dog was hugely problematic, the bigger the dog, the bigger healthcare problems. So, she had continuous health care problems, and she [dog] tore her cruciate ligament, so she had to have that repaired. On the last day of her life, she also had torn her other cruciate ligament, and that was the final decision for me to decide to have her put down." (P5)

Practitioners also acknowledged the negative emotional impact that therapy sessions may have on the therapy dog. Participant 8 expressed how therapy dogs may experience stress and fatigue from over-working:

"Um, stress, definitely stress, some not being able to have their own outlets. So, at the end of the day, working in a clinic, that dog needs to be a dog; it needs to go and run around and sniff other dogs and pee on stuff and run and just be itself, do whatever activity it enjoys doing. And one of the challenges, I would say, is that people will oversee that. And they work, work, work, work, and the dogs can actually get fatigued and not want to do their job and not want to engage with people anymore, because it's just too much."

A key message is that practitioners must understand and respect their animal companion's needs by being aware of signs of stress and fatigue, and including appropriate breaks from therapeutic work, as discussed in the preparedness for therapeutic work. Participant 1 further explains how she was unaware that a dog could internalise clients' problems, causing them to be stressed and ill:

"And I didn't know that my dog can get stressed. And at one stage, [my dog] got very, very sick. And she developed, a stomach ulcer, and her stomach started bleeding; she was actually very, very sick. And then the vet told me that it's because she actually internalised all the children's anxiety and depression and trauma. And I never walked with her that much in the afternoons or played to get rid of it. So, there, I learned a hard lesson that emotionally, you also need to look after your dog." (P1)

In this account, Participant 1 emphasised the importance of the emotional welfare of therapy animals, and providing appropriate outlets for stress management. However, practitioners

must be qualified and have the necessary knowledge and skills to deliver safe and effective treatment and limit unethical practices.

4.4.3.2. Animal Loss and Financial Constraints

A further set of challenges relates to the emotional and financial costs associated with animal care, and death of a therapy animal. Death of an animal companion is a significant challenge for both the practitioner and the client. All parties are emotionally affected, and the practitioner must begin the search for a replacement animal, which introduces a new level of financial obligation.

For Participant 9, loss of an animal companion was a significant issue for AAT practitioners: "One of the things that I think is the difficult part is the death of the animal, you know, so as they get older or less well". She further added that she lost one of her therapy dogs and had to get a new one to continue with AAT. Similarly, Participant 4 expressed that the loss of a therapy dog necessitates finding a replacement, which is a lengthy process. "So, therapy dog, D, died at the end of 2021 and we're still in the process of getting a new therapy dog." Time taken to source and train a new animal companion may have financial implications for the functioning of the practice.

In addition, participant 1 reflected on significant emotional impact due to the loss of a therapy dog. "My M [dog] that you read about in the article passed away... So, it's still very sensitive. Um! I miss her terribly" (P1)

While Participant 7 extends the impact of a therapy dog's death, to not only the practitioner, but also the clients.

"So that is something that should always be mindful, not necessarily caution, but at some point, in time this animal will unfortunately die due to old age, but with children need to be prepared that animals also just have a lifespan." (P7)

Practitioners and clients should be aware that therapy dogs have a lifespan and will eventually die as they age. It is important that clients are prepared in this regard, especially for those who may have developed a strong bond with the therapy animal.

Delivering AAT means that the practitioner takes care of all the expenses of the animal. The therapy dog requires formal training, food, clean water, and health insurance to function well and thrive. Participant 4 explained that the therapy dog training is costly, "So even though it's growing, the training of these animals is very expensive", while Participant 6 also mentioned how time-consuming and expensive it is to enroll the therapy dog into training, "Training the actual dog, like actually just training the dog time, money, resources were intense, like, you know, getting up driving through every Saturday".

Participants 1 and 5 further expressed how challenging it is to get health insurance for the therapy dog because of how expensive they are, and the insurance companies have many exclusions on what they can cover for the animal.

"So, from a healthcare perspective, huge bills, unfortunately, specialized food huge bills. You know, I did have health care insurance for a while. But you really had so many exclusions by the time I joined the health care that it really wasn't worth it. Yeah, so that's, I think a huge part of considering getting, you know, therapy animal because obviously, it comes with a price tag" (P5)

"To be honest, I don't have health insurance; I considered it. But all the health insurance in South Africa... only cover 'til about nine years old, and from then, it's

only for accidents. And it's only actually from nine years old that they actually start needing help. So, to be honest... I haven't yet considered it, but it was so expensive.

(P1)

4.4.3.3. Animal-Client Barriers

Practitioners highlighted the animal-client barriers as the lack of knowledge regarding how animals can benefit from human interaction, an over-expectation of what the animals can do, and the resistance and phobia of animals. All these issues link to the importance of client preparation and informed consent.

The animal-client interaction may introduce an over-expectation of the role of the therapy animal for clients. Clients expect too much from the animal, which can be damaging as the animal can be exploited, as expressed by Participant 7:

"But I would say our biggest struggle is, unfortunately, the people and their expectations on what a dog can do and what a dog is there to do. They have to understand that it's a two-way relationship, and they need to assist the dog in assisting them. And that would go for the individual teams, as well as in a group setting."

Participants 2 and 4 touched on the same issue by stating that there are clients who are fearful of dogs, which makes the situation complex, as the intervention slightly changes to accommodate the client's needs.

"They are those who are afraid of animals." (P2)

"Obviously, there's the downside, too; there are a lot of clients that are scared of D [dog] in the beginning." (P4)

Furthermore, Participant 9 explains that clients who come to therapy have a fear of dogs, "So, um, children that have a fear of dogs, she wouldn't be in the room then because that would be unfair, you know." The practitioners have to respect the client's needs by removing the animal from the session and making the client comfortable for treatment to be effective.

Participants indicated the work that needed to be done in advance to prepare clients for AAT interventions. It is crucial for practitioners to have a thorough understanding of the client's needs, the specific goal they would like to achieve, and whether the client is suitable for the kind of AAT intervention. By assessing whether the client is suitable for the specific AAT intervention, practitioners can ensure that the animal involved will be able to provide the necessary assistance. It is through this careful preparation and consideration that practitioners can maximise the benefits of AAT for their clients. This is evidenced in the following statement by Participant 2:

"I think the preparation will all be to see what is the therapeutic programme for this person... So, it all depends on a specific person, what is the specific need and if and how the animal can assist or maybe not assist."

The preparation phase helps clients know what to expect from the animal and practitioner. During this time, they can express concerns about having the animal present in the sessions. Correspondingly, Participant 4 mentions that there is a thorough process when introducing clients to the animal in therapy:

"So, we wouldn't force the child to interact with the animal; we follow the child's lead. So, we would introduce them to the animal; there would be a lot of preparation around that."

Clients are not forced to interact with the therapy dog; but are empowered to choose whether they want to have the animal present in therapy. When a client first comes into therapy, the client is introduced to the animal and an explanation is provided about what treatment will entail, so the client can be prepared and feel at ease. Some clients have concerns about having the animal present in therapy, for various reasons, as emphasised by Participant 1:

"I do prepare the children; I have to screen them because you do get children who are scared of animals, you do get children who are fearful of animals, who had negative experiences, or who can be aggressive to animals, or allergies."

Participant 5 shares a unique way to prepare children to understand the practitioner and the animal's work in therapy. Before the children can begin with the sessions, they are provided with a scrapbook that showcase the animal's pictures, providing an insight into the kind of work they do and providing the children with a better understanding of what to expect in sessions. This creative visual approach can help children build an enthusiastic mindset and familiarity before they start working with the practitioner and the animal.

"We introduced the children to her scrapbook, those kids that are interested in dogs. And obviously now with a new puppy, hopefully joining us soon, you know, that again, would be another very useful resource in terms of helping the kids understand why we have a dog here." (P5)

Using the scrapbook is a valuable resource as it visually illustrates the role of the animal within the therapeutic environment.

Interestingly, Participant 9 noted that the animal is "not part of the whole therapy, but she's a big part of the process." In other words, there are times when the practitioner is focused on the client and the animal is not actively part of the therapeutic session with the client; however, the animal remains an integral part of the overall therapy process with

clients. Time away from therapeutic work can be an appropriate way to allow the animal to rest and take a break from therapeutic work, as discussed in terms of the ethics of AAT.

4.4.4. The Future of AAT

Participants were asked to reflect more broadly on the field of AAT in South Africa and identify potential areas of development. Furthermore, numerous challenges were identified in relation to the local AAT field. As such, practitioners proposed several barriers hindering the progress in the field, including the lack of AAT formal training, lack of AAT regulatory governing body, as well as the need for knowledge and research.

4.4.4.1. Formal Training

Practitioners repeatedly identified the need for dedicated AAT training organisations to teach local practitioners the best ways to deliver AAT, as all participants are qualified in their respective professions. Consequently, the potential for animal exploitation and unethical practices can be minimised and safeguarded. This was reflected in the following quotations:

"But I think there's a serious lack of formal training for animal-assisted therapy people." (P2)

"If you have a therapy dog, there's no training for you as a human to go through." (P5)

The statements made by Participant 2 and Participant 5 about the absence of training for practitioners who work with therapy dogs further emphasises a need for awareness and comprehensive education in this field. The qualification of practitioners in their respective professions is undoubtedly valuable, but specific training in AAT techniques and mechanisms is essential to maximise the benefits and safety for the stakeholders involved. Participant 5 further emphasised that there are training institutions for the animals delivered by animal behaviourists. However, animal behaviourists are there to assist with animal training rather

than training the practitioners themselves, since it's out of their scope of practice. In addition, there seemed to be a disconnect between the participant's needs and the services that the animal behaviourist could provide:

"There is no training on AAT, as such, you know, there's training on discipline, and you can work with an animal behaviourist in terms of helping you do certain things with your animal. But animal behaviourists are not therapists, and I'm not an animal behaviourist, and so sometimes even there, there was a disconnect in terms of what I was needing and what she could offer." (P5)

Participant 8 supports this notion by saying, "So yeah, we're more on the behaviour side, we're not people psychologists." The primary focus of an animal behaviourist is on the animal formal training and less on the practitioners' training.

4.4.4.2. Knowledge and Research

The second barrier is the need for more knowledge and research about AAT and its application for practitioners and clients. People lack knowledge about working with therapy dogs. Participant 9 encountered many instances where individuals have asked her how she works with dogs in therapy, and in one instance was asked, "does she swim with them?" A need was expressed to educate the public about the different types of AAI and the specific training required for working with therapy dogs.

Participant 2 echoes the same sentiment about the limited knowledge about AAT and how practitioners carry it out, "Many people do not know that animals can be integrated into a therapeutic space to improve human functioning", while Participant 7 stated, "I think that there is not enough information available." The insufficient information seems to be a prevailing challenge, which leads to the main concern expressed by several participants, namely the need for further research on AAT. Furthermore, this lack of literature also makes

it difficult to conduct research. This is supported by Participant 1, where "a big part of my study was, it was hard to find research." The scarcity of research can hinder progress and innovation in the field.

4.4.4.3. Policies and Regulatory Bodies

An area of development related to the field of AAT in South Africa pertains to the role of regulations and governing bodies of practice. Participant 5 states that there is a lack of governing body for AAT practitioners and that the field has more work to do to ensure that there is some form of structure.

"There is no association that you belong to, or there's no assessment as such that your dog has to achieve in order to be a qualified therapist. So, I think in terms of that kind of stuff, I think we've got a long way to go."

Participant 2 stipulates that the lack of minimum standards and a professional regulatory body that regulates the AAT could potentially lead to "a lot of unprofessional interventions in South Africa." This could compromise the wellbeing of both the clients and the animals involved in AAT. Participant 8 also states that she would be pleased to have a governing body that practitioners can seek answers and guidance regarding AAT, "It would be nice to have some kind of board or somewhere where you can reach out and ask questions to." In addition, a centralised professional regulatory body would provide a platform for sharing knowledge and ensuring ethical practices within the field.

Practitioners reflected on the need for a structure to work with, as individuals were guiding and developing their practices independently, by drawing on guidelines from international organisations, as noted by Participant 1: "The guidelines that I use are internationally based, in terms of ethical practice, as a psychologist, as well as ethical animal practice and policy in ethical animal treatment."

Chapter Summary

This chapter provided an examination of the data collected through interviews, and presented these findings in the form of four major themes, and various related sub-themes. The analysis was supported by a selection of excerpts from the nine participants. These findings will be further interpreted in the following chapter to address the study's objectives.



Chapter Five

Discussion

This chapter offers a thorough interpretation of the experiences of AAT practitioners in the context of South Africa. The analysis reveals four prominent themes, namely personal traits and skills for AAT practitioner, benefits of AAT, challenges of AAT and barriers hindering the advancement of AAT. These themes are discussed to provide a comprehensive description of practitioners' experiences of integrating therapy animals into practice. This discussion will be informed by a combination of the systems theory, the six focused model and the triangular model of relational dynamics of AAT.

5.1. Personal Factors and Competencies for AAT

The research results indicate that the participants were highly motivated to engage in this work, driven by their personal connections with animals (Simon, 2014). Their deep love for animals greatly contributes to their effectiveness in delivering Animal-Assisted Therapy (AAT) services. Integrating animals into the therapeutic space requires a range of skills and qualities beyond their professional qualifications, drawing from various aspects of functioning (Lubbe & Scholtz, 2013). This demonstrates the elite nature of this type of work, influenced by factors such as sociocultural norms, prior exposure to animals, and financial investment required for responsible practice and animal care training.

Interestingly, it was revealed that the animal is not always part of the entire therapy session, however, they still play a significant role in the therapeutic process. The actual role of the therapy animal was not clearly explained by all participants in this study. Previous research has considered how these gaps may emerge when there is a lack of theoretical understanding as to how animals should be integrated into therapy and which psychological

theories should be used (Coetzee, 2012). In response to this, some practitioners have highlighted the importance of using various psychological approaches to support their clients through AAT (Koukourikos et al., 2019).

It has been noted that the selection of suitable therapy animal is an important initial step; however, not all practitioners follow this process (Coetzee, 2012). Some practitioners have bypassed the process of animal selection and instead acquired a dog on their own before taking it through training. Nevertheless, it is understood among practitioners in this study that animal training is a crucial and obligatory component in teaching therapy dogs the necessary skills and discipline. The responsibility falls on the professional practitioner to ensure that their therapy dogs undergo proper training in order to minimise risks and ensure safety (Fine et al., 2019; Serpell et al., 2010).

According to Fine et al. (2019), participation in obedience training allows therapy dogs to learn how to follow commands and maintain discipline while performing their tasks. Neglecting the selection process of an appropriate animal may lead to challenges during obedience training, causing frustration for both the practitioner and the dog, particularly if the breed is unsuitable for therapeutic work. Morrison (2007) specifically suggests certain types and breeds of animals that are known for their calm demeanour and friendliness towards humans, making it imperative for a suitable dog to be chosen for AAT interventions. This decision should be made with the assistance of an animal behaviourist who possesses expert knowledge about animals and can conduct a thorough assessment to determine which dog would be most suitable for the task at hand.

Professionals have acknowledged that there is a defined structure in the execution of AAT, however, animal behaviour can also be sporadic and unpredictable. In a therapeutic setting, specific objectives are to be attained through deliberate planning, and it is not solely dependent on the presence of dogs (Fine et al., 2019). In certain situations, the animal may

choose to leave unexpectedly during a therapeutic session, which can present a challenge for the practitioner. The practitioner must ensure that the client continues to benefit from the intervention, while also respecting the animal's autonomy and refraining from exerting control or force (Barker & Gee, 2021; Winkle et al., 2020). As suggested by Chandler, (2017), this calls for heightened understanding, flexibility, and adaptability in working with animals on the part of the practitioner.

5.2. Sociocultural

In the South African context, it is imperative to acknowledge the sociocultural factors contributing to the fear of animals. It is important to recognise that not all cultures in South Africa view animals with the same level of comfort, and certain animals hold specific connotations. This is influenced by historical events such as the use of police dogs to harm and control Black individuals during apartheid. As a result, this fear of animals is prevalent, with some perceiving dogs as aggressive and others having had negative personal encounters (Carstens, 2013; Van Besouw, 2017). Furthermore, an individual who has previously been harmed by a dog may be more hesitant to be in close proximity with them or even exhibit abusive behaviour towards animals.

According to the biophilic humanistic response perspective, individuals with a phobia of animals may face challenges in establishing a strong sense of trust and connection with animals (Lumber et al., 2017). As a result, practitioners must carefully consider methods for involving clients in therapy if they have a fear of dogs. The fear of dogs can be identified as a significant barrier that necessitates adjustments in the intervention process to cater to the needs and comfort of clients (Sheade & Chandler, 2014).

5.3. Benefits of Animal-Assisted Therapy

AAT offers numerous benefits for individuals involved in the intervention. Practitioner accounts in this study support existing evidence that clients who engage with therapy dogs, experience improvements in both their emotional and physical well-being (Buckle, 2015; Coetzee, 2012; Mangalavite, 2014). Specifically, clients perceive emotional benefits from their interactions with animals due to the non-judgmental and accepting nature of therapy dogs. This finding is supported by Jansen van Rensburg (2021), who observed that therapy dogs offer unconditional acceptance and non-judgment to clients. In addition, these animals serve as a source of support and comfort for clients. The biophilic symbolic response further suggests that animals allow clients to express and share their emotions. The presence of a therapy dog makes it easier for clients to trust the process, leading to increased engagement and self-disclosure during therapy sessions (Bosacki et al., 2022).

The participants in the study also conveyed that AAT offers a unique and enjoyable experience through play therapy. Play therapy has emerged as a favoured psychological approach, particularly when working with children in South Africa. This modality places special emphasis on the therapeutic power of interactive play between therapy dogs and children, utilising activities such as high fives and jumping through hoops to create a positive and engaging environment (Glenk, 2017; Scholtz, 2021). Fine and Weaver (2018) suggest that AAT aligns with the innate biophilia response, promoting holistic wellbeing by playfully reconnecting individuals with animals. This natural response is further demonstrated in children's inherent inclination towards animals, which can foster a sense of belonging and emotional connection.

According to a recent study by Lubbe and Scholtz (2013), the positive impact of AAT is not limited to clients alone. In fact, practitioners have also acknowledged that working with

animals enhances their therapeutic objectives and outcomes. This aligns with systems theory, which highlights the importance of the human-animal bond in AAT within a therapeutic setting (Hettema, 2002). To achieve this connection and facilitate mutual benefits for both client and animal, practitioners must establish a strong relationship from the outset. The animal serves as an essential catalyst for building rapport between practitioner and client (Lubbe & Scholtz, 2013). In cases where clients struggle to trust their practitioner, the presence of an animal can bridge this gap. Ultimately, this creates a symbiotic bond where all parties benefit from the unique connection formed in AAT sessions.

While AAT offers numerous benefits to clients and practitioners, concerns have been noted about the impact on the therapy animal. In this study, practitioners observed that therapy dogs greatly enjoy interacting with clients. This therapeutic interaction is both stimulating and satisfying for the animal. However, it is worth noting that these perceived AAT benefits for the animal may be influenced by the perspectives of practitioners themselves. This could be attributed to their passion for this line of work, leading them to potentially overemphasise these benefits. According to Johnson et al. (2002), many studies on AAT tend to focus on the benefits of interventions without adequately addressing animal-related concerns such as zoonotic risks and ethical considerations within the practice. Furthermore, most individuals who deliver AAT continuously report anecdotal experiences concerning the benefits of clients and animals taking part in the therapeutic space (Fine et al., 2019; Hartwig, 2021; Johnson et al., 2002; Mignot et al., 2022). It is interesting to note that none of the practitioners in this study cited concerns regarding zoonoses or parasite control, as issues related to the risk of human-animal interaction. A significant body of research is being conducted on the benefits of AAI, but more studies are needed on the welfare of therapy dogs (Mignot et al., 2022).

5.4. Areas of support and development

The interaction between animal and client is characterised by an over-expectation of the animal's role in therapy. The biophilic moral response promotes introspection among clients regarding the potential impact of their behaviour towards the animal, as well as taking responsibility for their actions during therapy sessions (Altschiller, 2011; Hawkrigde, 2017). This aligns with previous research that emphasises the importance of recognising animals as beings deserving of respect, just like humans (Chandler, 2017). It is crucial to acknowledge that therapy animals have autonomy and should be given agency in deciding their level of involvement in sessions (Glenk, 2017; Trevathan-Minnis & Shapiro, 2021). Showing respect for the needs of these animals is a vital component of the therapeutic process. As outlined by systems theory, AAT aims to benefit both humans and animals, and it is imperative that therapy animals are not exploited during treatment.

Professionals stress the importance of creating and maintaining a healthy therapeutic environment for animals, which involves providing proper healthcare, and ensuring that the animal is free from pain, injury, and illnesses. Ethical and safe therapy for clients is also a crucial responsibility of practitioners (Jansen van Rensburg, 2021). Furthermore, therapy animals should not be viewed as tools for human use, but rather as co-helpers that promote therapeutic value (Lubbe & Scholtz, 2013; Winkle et al., 2020). Unfortunately, some practitioners in this study do not consistently adhere to ethical language when discussing their therapy animals. In particular, many have drawn on the word "used" when referring to animals in their care, which is not an appropriate or respectful term. Instead, words such as "utilised" or "employed" should be used to highlight the animal's valuable role in therapy. It is essential for practitioners to make purposeful choices about how both animals and people are described, in order to uphold ethical standards and to refer to animals in a more empowering and agentic way.

In terms of the scientific response, it is vital to enhance our understanding of the purpose and methods behind Animal Assisted Therapy (AAT). This can greatly benefit practitioners who incorporate therapy animals as co-therapists in their treatments, as they can educate clients on the role of these animals in therapy (Fine & Weaver, 2018). For example, discussing with clients how these animals naturally find ways to relax and take breaks during therapeutic sessions can be beneficial. It is also crucial to address the potential negative impact on animal well-being if not given appropriate care and engagement by both the practitioner and client (Fine & Weaver, 2018; Mignot et al., 2022). Additionally, it is important to have discussions about topics such as animal aging, illnesses, death, and bereavement with clients. By understanding the practical and ethical considerations of AAT, clients can feel a sense of comfort and security when interacting with therapy dogs (Fine & Weaver, 2018).

It is crucial for practitioners to have a thorough understanding of working with both the animal and the client. This requires proper training to effectively collaborate and appropriately address their needs (Chandler, 2017). Jansen van Rensburg (2021) also emphasises this need, stating that while practitioners may be qualified to work with clients, they require specialised training to work with animals in therapy. In South Africa specifically, there has been dissatisfaction among practitioners regarding the lack of formal training in AAT (Hewitson, 2021; Jansen van Rensburg, 2021). As a result, many rely on international courses and training to improve their skills and competence in this area. Without proper training and effective techniques, there is a risk of unethical behaviour that could harm both clients and animals in AAT (Hill et al., 2020; Thompson, 2013).

According to practitioners, there is a lack of available support and guidance for those involved in AAT. To address this issue, it is crucial to establish a community for practitioners to exchange their insights and knowledge (Hewitson, 2021). This was emphasised by Fine et

al. (2019), who advocate for the need of leaders in the field to educate others on the significance of animal interaction and provide realistic expectations. Collaborative efforts among practitioners can greatly benefit the development of AAT.

Furthermore, practitioners face significant personal and financial investments to upskill in this area, further highlighting the disparities experienced locally. It should be reiterated that AAT is an emerging field in South Africa, with limited literature available (Lubbe & Scholtz, 2013). One of the main challenges hindering the delivery of ethical therapeutic services to clients is the absence of a regulatory structure for AAT. As a result, professionals may struggle to provide the expected standard and effectiveness of AAT practice (Hill et al., 2020; Thompson, 2013).

Chapter Summary

This chapter reported on the findings of the study which have been discussed in Chapter Four. Based on the findings, the interaction between the practitioner, client, and therapy animals has an impact on each other and makes the bond between them a crucial component of the intervention. In the following chapter, the limitations, recommendations and conclusion of the study will be reported on.

Chapter Six

Limitations, Recommendations and Conclusion

The final chapter of the thesis focuses on potential areas of development within the study design, and the influence of these factors on the interpretations being offered.

Recommendations are proposed for future research, as well as additional practical suggestions to advance the field of AAT locally. The conclusion provides a comprehensive overview of the research study.

6.2. Study Limitations and Recommendations

As with any study, there are limitations to the research design or execution. Based on the novel nature of the topic and the limited number of AAT practitioners in South Africa, the sample size was relatively small, and creative strategies needed to be employed for participant recruitment, as previously explained. It was also limiting that the research team was only able to access leading practitioners in AAT in South Africa, who were able to provide the most nuanced understanding of the issues. There is a difference between the accounts of experts and novice practitioners (Hewitson, 2021). Novice practitioners may have a different understanding of the issue or may have flagged different ethical and practical challenges for exploration. Furthermore, all practitioners identified themselves as White women. While this is not an issue that can be readily addressed, it highlights the lack of diversity in the study sample.

Only AAT practitioners who incorporate dogs into their therapy work were interviewed for this study. AAT practitioners who work with domestic animals, other than dogs, or even those working with wild animals were not included in this study and their experiences were not considered. AAT practitioners who incorporate other animals may

have different experiences when delivering the intervention (Firmin et al., 2016; Tomaszewska et al., 2017).

A final limitation is that the study only focuses on the subjective experiences of the practitioner. In terms of the perceived benefits of AAT for clients, practitioners' experiences with AAT may be biased or exaggerated due to a strong belief that this intervention has a powerful effect on individuals (Fine et al., 2019; Winkle et al., 2020).

Based on the limitations mentioned above, it is recommended that future studies regarding AAT in South Africa, expand the focus to include experience working with other species (Firmin et al., 2016). Although it is acknowledged that it may be difficult to secure a sufficient sample in this regard, based on the recruitment challenges in this study. Future studies may also explore the experiences of clients who have been a part of AAT intervention and find ways to measure the physiological experience for the animal co-therapist. One salient issue emerging from this particular study, is the loss of a therapy animal. Future research is recommended to explore this phenomenon, and the relative impact on the practitioner and the client, in terms of grief and the therapeutic process (Cohen, 2015).

6.3. Looking Ahead: Suggestion for AAT in Practice

This research contributes to an improved understanding of the role of therapy animals in therapeutic settings, the experiences of AAT practitioners, and the benefits and challenges associated with AAT. As a result of this study, more practitioners may be informed and encouraged to consider this form of intervention to improve the overall wellbeing of individuals. Providing support for the advancement of AAT in South Africa will require practitioners to share their experiences regarding what worked and what did not work for them. Leading local AAT practitioners are encouraged to create spaces of formal learning and

sharing like AAI-driven conferences and forums. International examples include the Society for Companion Animal Studies (SCAS) Annual Conference, and the International Association of Human-Animal Interaction Organisation (IAHAIO). A recent development since 2021, has been the introduction of Dogalov's Animal-Assisted Intervention Conference, based in Nigeria, with the aim to shape the future of HAI and AAI in Africa.

Ethical principles and guidelines from the HPCSA and other related institutional bodies, require practitioners to act in the best interests of those involved in a therapeutic setting. Currently, organisations like Pets as Therapy South Africa or Top Dogs, rely on knowledge provided from overseas, by bodies like the International Delta Therapy Dogs organisation, to minimise the risk of harm (Hewitson, 2021). A further benefit of this study is that the insights gained may be used to inform current interventions in South Africa, to protect the welfare and rights of working animals, by translating and disseminating this knowledge into accessible outputs for the public.

Furthermore, to address the issues of diversity, it would also be helpful to engage with the issues of privilege around this form of therapy in terms of the practitioners, the environments where they work, and the clients that they serve. AAT will not grow in South Africa, if it continues to serve only a small portion of the population. Public awareness and understanding of AAT could be raised through organising community outreach initiatives, psychoeducational workshops, billboard advertising, and various social media platforms. University institutions, particularly the historically disadvantaged educational (HDE) institutes may take the lead in providing accredited short courses in AAT, HAI, or ecotherapy, along with all their various components. Such courses are usually offered by universities and organisations internationally (Hewitson, 2021).

6.5. Conclusion

The purpose of this research was to examine the perspectives of professional practitioners regarding the integration of animals into therapeutic sessions. This includes an examination of the advantages and difficulties related to implementing AAT within the local community. The study used a qualitative approach, allowing practitioners to express their personal experiences. The outcomes highlight the importance of considering various factors for successful implementation of AAT. It is evident that there is no singular approach when it comes to integrating psychological theories into practice. In South Africa, sociocultural norms surrounding animals, prior exposure and financial commitment for proper training and care have a significant impact on AAT practices. As demonstrated by practitioners, many stakeholders may benefit from AAT, as interaction with therapy dogs has a positive impact on emotional and physical wellbeing for clients, practitioner, and potentially the dog, themselves.

Although AAT offers many benefits, there are also challenges that can affect the triadic relationship between practitioners, clients, and animals. Through this study, practitioners were able to provide valuable insights and recommendations on how to advance the field of AAT. This research contributes to the existing knowledge on AAT, which is crucial for raising awareness and educating the public about its value. It is evident that there exists a pressing need for formal training for AAT practitioners in South Africa, as well as increased dissemination of knowledge and further research efforts. Additionally, it is well-established that for the AAT field to advance, there is a need for like-minded people to come together, share their knowledge and skills to enlighten and support each other as well as building a strong community in the field of AAI.

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Appendix A



UNIVERSITY of the WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592819 Fax: +27 21 959 3515
E-mail: ltucker@uwc.ac.za

INFORMATION SHEET

Project Title: Animal-assisted therapy in practice: experiences of professional practitioners in South Africa

What is this study about?

This is a research project being conducted by **Koketso Nelly Mamabolo**, an MResearch student supervised by Dr Leigh Adams Tucker, a senior lecturer in the Psychology Department at the University of the Western Cape. We are inviting you to participate in this research project because you fit the criteria as a practitioner who is involved with animal-assisted therapy (AAT) in practice in South Africa. The purpose of this research project is to provide an understanding of the experiences of animal-assisted therapy from the perspective of practitioners in South Africa. There is lack of clarity and understanding of the animal-assisted intervention (AAI) field. Moreover, little is known about how animals are incorporated into therapy and how those benefits are achieved. This study will add to the existing literature on the potential benefits of AAT to the well-being of individuals, as the literature is scarce on AAT in South Africa.

What will I be asked to do if I agree to participate?

You will be asked to take part in an interview digitally through online platforms (Zoom or Google Meets), whichever you prefer. The interview will take approximately 45-60 minutes. You will be asked to provide background information about yourself including your age, gender, area of practice, qualification etc. Then, you will be asked a series of questions about the how AAT is implemented in your practice. The study will be conducted online, you will need to have a stable internet connection. You will also be asked about what you feel is needed to improve the AAT field.

What type of personal information will be collected?

To ensure anonymity, your name and other data collected through the interview, will be replaced with a pseudonym. Which will help the researcher to link your information to your identity. The primary researcher will be responsible for collecting and storing your personal data. No one will access your personal information outside of UWC. Digital data and hardcopy documents will only be accessible to the researcher and the supervisor. The hardcopy materials will be kept and locked up in a safe location in the Department of Psychology at the University of the Western Cape for a period of five years; thereafter, it will be discarded.

Would my participation in this study be kept confidential?

To ensure your confidentiality, all your information will be stored in a password-encrypted file and locked in filing cabinets and storage areas. The researchers will adhere to the POPI act by protecting your personal identifying information. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We try our best to minimise such risks and act to assist you if you experience any discomfort or require psychological help during the process of participating in this study. Participants will be provided with a list of available mental health support resources, (LifeLine; www.lifelinewc.org.za; 012 461 1111 and The Counselling Hub, www.counsellinghub.org.za; 021 462-3902), should the need arise, as well as available training opportunities in AAT to advance clinical practice.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher learn more about the experiences of animal-assisted therapy from the perspective of practitioners in South Africa. We hope that, in the future, other people might benefit from this study through improved understanding of AAT on how animals are incorporated into therapy and how those benefits are achieved.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose to stop participating in the study at any time, and you will not be penalised or lose any benefits for which you otherwise qualify.

What if I have questions?

This research is being conducted by **Koketso Nelly Mamabolo**, a student in the *Psychology Masters programme* at the University of the Western Cape. If you have any questions about

the research study itself, please contact Koketso Mamabolo at: email:

3436058@myuwc.ac.za

Contact details: 0672091284

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Supervisor:

Dr Leigh Adams Tucker

University of the Western Cape

Private Bag X17

Bellville 7535

ltucker@uwc.ac.za

Head of Department:

Prof Anita Padmanabhanunni

University of the Western Cape

Private Bag X17

Bellville 7535

apadmana@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:

Prof Anthea Rhoda

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Human Social Sciences Research Ethics Committee (HS 22/8/22).

Human Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville

7535

Tel: 021 959 4111

Appendix B



UNIVERSITY of the WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592819 Fax: +27 21 959 3515
E-mail: ltucker@uwc.ac.za

CONSENT FORM

Project Title: Animal-assisted therapy in practice: experience of professional practitioners in South Africa

Researcher: Koketso Nelly Mamabolo

Please **initial** the boxes to show your agreement and understanding of what is expected for this study.

1. I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I wish to withdraw, I may contact the lead researcher at any time to do so).
3. I understand my responses and personal data will be kept strictly confidential.
4. I give permission for members of the research team to have access to my responses without revealing any part of my identity.
5. I understand that my name will not be linked with the research materials, and that I will not be identified or identifiable in the reports or publications that result for the research.
6. I agree for the **anonymised** data collected to be used in future research. (*Circle the appropriate answer*). Yes / No
7. I hereby agree to be audio recorded. (*Circle the appropriate answer*). Yes / No
8. I hereby agree to be video recorded. (*Circle the appropriate answer*). Yes / No

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

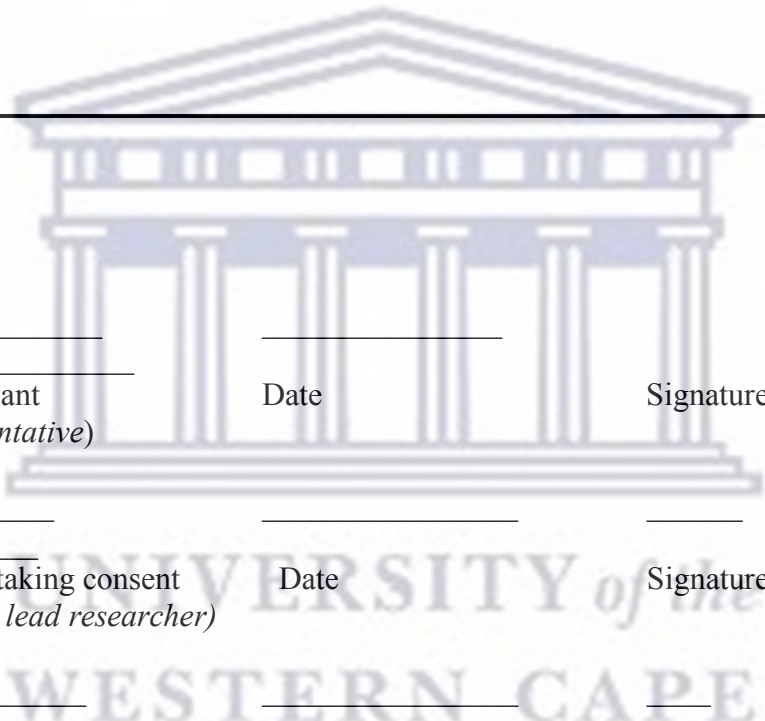
I hereby give consent for my personal information to be collected, stored, processed and shared as described in the information sheet.

I do not give consent for my personal information to be collected, stored, processed and shared as described in the information sheet.

Name _____

Signature _____

Date _____



_____	_____	_____
Name of Participant (or legal representative)	Date	Signature
_____	_____	_____
Name of person taking consent (If different from lead researcher)	Date	Signature
_____	_____	_____
Supervisor	Date	Signature

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:
Koketso Nelly Mamabolo
Email address:
3436058@myuwc.ac.za
Contact details: 0672091284

Supervisor:
Dr Leigh Adams Tucker
University of the Western Cape
Private Bag X17
Bellville 7535
ltucker@uwc.ac.za

HOD:
Prof Anita Padmanabhanunni
University of the Western Cape
Private Bag X17
Bellville 7535
apadmana@uwc.ac.za

Appendix C



UNIVERSITY of the WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592819 Fax: +27 21 959 3515
E-mail: ltucker@uwc.ac.za

Interview Schedule

Section A

Part 1: Background information

Participant Number:	
Age:	
Gender:	
Language:	
Name of practice:	
Area of practice:	
Type of practice	
Number of years working as an AAT practitioner:	
Qualification:	

Part 2

Section A: Animals incorporated in the therapeutic space

1. Can you describe how you started working with animals in your practice.
 - a) Early experiences with animals?
 - b) Feelings towards animals?
2. Can you describe the client populations that you work with for AAT?
 - a) Typical clients
 - b) Unsuitable clients
3. Can you describe how you include animals during your sessions?
 - a) Number of animals?
 - b) Types of animals?
 - c) Time that animals spend in sessions?
 - d) The roles of animals?

4. Can you describe what steps or preparations you take, to work with the animals, in practice?
 - a) Selection of animals
 - b) Health and care of animals
 - c) Training of animals
 - d) AAT Training as a health professional

Section B: Animal welfare

1. Would you describe what guidelines you use to incorporate animals into your practice?
 - a) HPCSA Policies
 - b) Previous training
 - c) Psychological theories
2. What factors do you consider to support your animal companion during sessions?
 - a) Freedom to leave sessions
 - b) Breaks/sick leave
 - c) Health insurance

Section C: Potential benefits and challenges.

1. When practicing AAT, what have been the main challenges that you have experienced?
 - a) for yourself, as the practitioner?
2. When practicing AAT, what benefits do you note?
 - a) for yourself, as the practitioner?

Section D: Practitioner's perceptions

3. When practicing AAT, what have been the main challenges that you have perceived?
 - a) for the client and
 - b) for the animal?
4. When practicing AAT, what benefits do you note?
 - a) for the client and
 - b) for the animal?

Section E: Recommendations for the future of AAT

1. Would you describe the major challenges facing the field of AAT?
 - a) Globally
 - b) Locally

2. Would you describe what is needed to support AAT in South Africa?
 - a) Resources
 - b) Education
3. Do you feel like you have enough support and resources to deliver AAT?
 - a) Can you explain that further?





Animal-assisted therapy in practice: experiences of professional practitioners in South Africa

Do you incorporate domestic animals excluding horses?

If **YES**, we are inviting you to participate in a research study.

- The purpose of the study is to provide an understanding of the experiences of animal-assisted therapy from the perspective of practitioners in South Africa.
- Your participation will involve completing a 45-60-minute online interview (Zoom/Google meet).
- Your participation is voluntary, your identifying information will be kept confidential, and pseudonyms will be used throughout the study. If you would like to participate, please contact us.

Contact details:

Primary Researcher: Ms Koketso Nelly Mamabolo - 3436058@myuwc.ac.za | 0672091284

Research supervisor: Dr. Leigh Adams Tucker - ltucker@uwc.ac.za



Appendix E



UNIVERSITY of the
WESTERN CAPE



26 September 2022

Ms KN Mamabolo
Psychology
Faculty of Community and Health Sciences

HSSREC Reference Number: HS22/8/22

Project Title: Animal assisted therapy in practices: experience of health practitioners in South Africa.

Approval Period: 26 September 2022 – 25 September 2025

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and amendments to the ethics of the above-mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via: <https://sites.google.com/uwc.ac.za/permissionresearch/home>

The permission letter must then be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Patricia Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.