

**OTHER END OF THE LEASH: THE VOLUNTEER HANDLER'S PERSPECTIVE OF  
ANIMAL-ASSISTED INTERVENTIONS**

by © Julie Ann Carberry A Thesis submitted to the School of Graduate Studies in partial  
fulfillment of the requirements for the degree of

**Master of Science in Medicine (Applied Health Services Research)**

Memorial University of Newfoundland

**October 2022**

St. John's, Newfoundland and Labrador

## **Abstract**

The overarching field of Animal-Assisted Intervention (AAI), colloquially known as “animal therapy,” has a limited research foundation. Despite the volunteer animal handlers’ integral role in facilitating most AAIs, the field especially lacks literature considering their perspective.

Scholars have included the perspective of professionals that implement AAIs, clients that receive AAIs, staff working in facilities that implement AAIs, and even the therapy animal’s perspective.

However, the volunteer handler’s voice remains unheard. I explored the lived experiences of handlers volunteering in a Canine-Assisted Activity (CAA). I interviewed 14 participants following a semi-structured interview guide, then visited a facility alongside them, observing their interactions with clients in the field. I selected an interpretive phenomenological approach to integrate my own personal background with animals. Combining participants’ knowledge with mine, I identified four emerging themes from my interviews with handlers about their experiences: (a) a win-win-win scenario for all parties involved, (b) volunteering is worthwhile despite some drawbacks, (c) differing roles on opposite ends of the leash, and (d) facility staff and clients’ families also benefit. I also summarize feedback on their program and mention outlying data. AAI organizations and future studies may gain from a better understanding of this perspective.

*Keywords:* Animal-Assisted Activity, Animal-Assisted Intervention, Canine-Assisted Activity, Canine-Assisted Intervention, Volunteer Handler, Perspective

## **General Summary**

I explored the experiences of animal handlers facilitating a Canine-Assisted Activity (CAA). Despite volunteer handlers implementing most forms of “animal therapy,” few academics have considered their perspective. Therefore, I interviewed 14 volunteer handlers, then observed them and their dogs during a session with clients in real life. Throughout the entire research process, I applied an interpretive phenomenological methodology, whereby I combined my own experiences and knowledge with participants’ to identify the following four themes: (a) a win-win scenario for all parties involved, (b) volunteering is worthwhile despite some drawbacks, (c) differing roles on opposite ends of the leash, and (d) facility staff and clients’ families also benefit. AAI organizations and future studies may gain from a better understanding of this perspective.

## Acknowledgements

Firstly, I extend gratitude for the guidance and assistance from my supervisor, Dr. Victor Maddalena, who allowed me the opportunity to study a topic of my choosing, thus bringing my interest in animals to human health. They oversaw my growth as a writer, and their kind encouragement and support throughout the long and winding road here made completing this thesis possible. I thank Dr. Natalie Beausoleil and Dr. Jennifer Flynn for serving on my committee and contributing their expertise. Their tolerance of and patience with another positivist attempting to grasp the qualitative world deserves commending. I also thank my program's manager, Cathy Peyton, for their equally supportive role in such a compact program. Their cheerful presence throughout – from coursework to helping secure an internship and office brightened many a day, bridging the gap from online to in-person. Additionally, I thank Dr. Ann Dorward, who truly does it all, whose sensitivity and understanding of external life events I greatly appreciate, and whose push during the final crucial moments got me here. Last but not least, I thank Gabriela Logan, whose friendship lightened many a lonely day. They provided both an outlet to have fun and a listening ear, shouldering the graduate student burden. I dedicate this thesis to all compassionate animal lovers whose capacity to care for every living being inspires me to expand the boundaries of knowledge surrounding human-animal bonds. Of course, I also dedicate this thesis to my two cats, Angel and Puff, whose company and emotional support I have always treasured, especially during the writing process.

## Table of Contents

Abstract .....	ii
General Summary.....	iii
Acknowledgements .....	iv
Table of Contents .....	v
List of Abbreviations.....	xi
List of Appendices .....	xii
Preface: Definitions.....	xiii
Chapter 1: Introduction .....	1
The Problem.....	1
Researcher Background & Motivations .....	2
Purpose & Research Question.....	3
Methodology .....	3
Assumptions & Delimitations .....	4
Significance.....	5
Summary .....	6
Chapter 2: Literature Review .....	7
Search Strategy .....	7
History.....	7

Pet Ownership & Companion Animals.....	8
Prevalence of AAIs .....	8
Setting .....	9
Organizations, Therapy Animal Teams, & Programs.....	9
AAI Literature.....	10
Benefits of AAIs .....	12
Critics & Underlying Therapeutic Mechanisms .....	14
Theories.....	15
Attachment.....	17
Social Support.....	17
Biophilia.....	17
Qualitative Research .....	18
Quality.....	18
Detailed Information.....	19
Themes .....	20
The Perspectives .....	21
Professionals .....	22
Staff.....	23
Therapy Animal .....	23

Volunteer Handlers .....	24
The Handler’s Role .....	25
Handler vs. Therapy Animal .....	26
Summary .....	26
Chapter 3: Methodology .....	27
Design Rationale .....	27
Research Question .....	28
Qualitative .....	28
Phenomenology .....	29
Interpretive Phenomenology .....	29
Paradigm, Ontology, & Epistemology .....	30
Participant Recruitment .....	31
Inclusion Criteria .....	32
Data Collection .....	33
Interviews .....	34
Observation .....	35
Analysis .....	36
Codes .....	37
Themes .....	37

Rigour.....	38
Credibility .....	39
Transferability.....	39
Dependability .....	40
Confirmability.....	40
Ethical Considerations .....	41
Consent .....	41
Dignity & Vulnerable Persons .....	41
Harms & Benefits .....	42
Privacy & Confidentiality.....	42
Summary .....	43
Chapter 4: Results & Discussion.....	44
Background .....	44
Gender, Age, & Ethnicity .....	44
Employment Status, Occupation, & Dependants.....	45
Involvement in Program (Length & Awareness).....	46
Setting & Frequency of Visits.....	47
Other Volunteering .....	47
Therapy Dogs & Animal Experience.....	48



Attitude Towards Animals .....	49
Themes .....	50
Theme 1: Win-Win-Win .....	51
Handler Win.....	51
Dog Win.....	63
Client Win.....	65
Theme 2: Volunteer Drawbacks.....	66
Emotional Toll .....	67
Expectation & Commitment .....	71
Other .....	73
Theme 3: Opposite Ends of the Leash (Roles).....	74
Handler’s Role .....	75
Dog’s Role .....	79
Theme 4: Other Perspectives (Staff & Families) .....	96
Different Role .....	97
Help Staff .....	97
The Program.....	99
Increasing Popularity .....	99
Outlying Data .....	100

Summary .....	101
Chapter 5: Conclusions .....	102
Findings.....	102
Strengths.....	102
Practical Implications.....	103
Future Research.....	104
Summary .....	106
References .....	107
Appendix A: Ethical Approval Letter .....	123
Appendix B: Organizational Approval Letter .....	124
Appendix C: Recruitment Email .....	125
Appendix D: Recruitment Poster .....	126
Appendix E: Informed Consent Form.....	127
Appendix F: Interview Guide.....	132
Appendix G: List of Codes.....	133
Appendix H: Mind Map .....	134
Appendix I: Background Information .....	135

## **List of Abbreviations**

AAA: Animal-Assisted Activity

AAE: Animal-Assisted Education

AAI: Animal-Assisted Intervention

AAT: Animal-Assisted Therapy

CAA: Canine-Assisted Activity

CAI: Canine-Assisted Intervention

CAT: Canine-Assisted Therapy

HAB: Human-Animal Bond

HAI: Human-Animal Interaction

HAR: Human-Animal Relationship

HCAB: Human-Companion Animal Bond

HCAI: Human-Companion Animal Interaction

## **List of Appendices**

Appendix A: Ethical Approval Letter .....	123
Appendix B: Organizational Approval Letter .....	124
Appendix C: Recruitment Email .....	125
Appendix D: Recruitment Poster .....	126
Appendix E: Informed Consent Form .....	127
Appendix F: Interview Guide.....	132
Appendix G: List of Codes.....	133
Appendix H: Mind Map .....	134
Appendix I: Background Information .....	135

## Preface: Definitions

As the Animal-Assisted Intervention (AAI) field rapidly progresses, many of my references use outdated terminology. The Delta Society (1996) first published a 92-page book (*Standards of Practice for Animal-Assisted Activities and Animal-Assisted Therapy*) to create standardized terms and definitions. Years later, Kruger & Serpell (2010) highlighted the field's remaining confusion. They identified over 12 keywords describing Animal-Assisted Activity (AAA) and Animal-Assisted Therapy (AAT), with 20 definitions describing AAT alone. Additionally, entire category systems labelling AAIs lack broad acceptance amongst professionals since they differ on critical points such as animal selection, registration requirements, and category subdivision. From their more recent review, Borrego et al. (2014) concluded that the field had still not reached consensus, also finding inconsistencies between terms, definitions, and several category systems. Various authors in the umbrella Human-Animal Interaction (HAI) field also identified a need for consistent terminology, marking inconsistency as hindering progress (Griffin et al., 2011).

The most recent version of the initial standardization book is 42 pages, published under the new name Pet Partners (2018) and retitled *Standards of Practice in Animal-Assisted Interventions*. Updates include discouraging the inaccurate and misleading term “pet therapy,” widely used several decades ago. Other less common, informally, and previously used terms identified by Kruger & Serpell (2010) are, for example, *pet-facilitated therapy*, *dog-assisted therapy*, *dog visitation therapy*, *people-pet partnerships*, *animal-assisted psychotherapy*, *pet-facilitated psychotherapy*, *animal-facilitated counselling*, *companion-animal therapy*, and *pet visitation therapy*. The currently preferred industry terms, AAI, AAT, AAA, and Animal-

Assisted Education (AAE), imply that animals are motivating forces that enhance treatments provided by well-trained people (Pet Partners, 2018).

The Canadian Foundation for Animal-Assisted Support Services currently reviews new AAI standards for Canada. Below I list the terminology and definitions applied to my study, with corresponding examples and context, in a practical order. All definitions are per Pet Partners (2018) and the American Veterinary Medical Association (AVMA) (n.d.) unless otherwise indicated.

*Animal-Assisted Intervention (AAI)*: A broad umbrella term that describes using therapy animals in diverse manners. It covers any intervention, for example, AAA, AAT, and AAE, that intentionally incorporates animals in health, education, and human services to promote therapeutic gains and improve clients' physical, psychological, and emotional health and wellness and overall quality of life. Therapy animal teams deliver activities that provide opportunities for motivational, educational, and recreational benefits in many environments, typically hospitals, assisted living, and school facilities, either one-on-one or in a group format. Less popular forms such as Animal-Assisted Crisis Response and Animal-Assisted Workplace Well-being are more specific. Professionals either incorporate their own pets or direct volunteer therapy animal teams. Volunteer handlers in my study partnered with their own dogs and operated under a host organization's direction.

*Animal-Assisted Activity (AAA)*: A type of AAI, the least formal. It is the most common and most varied form, implemented mainly by volunteers. For example, volunteers bring their dogs to hospitals for unstructured playtime with children. Volunteer handlers in my study technically facilitated AAAs, despite participating in a "Therapy Dog Program."

*Animal-Assisted Therapy (AAT):* A type of AAI, the most goal-oriented, planned, and structured. Many mistakenly use this term to refer to other AAIs, when instead, the word “therapy” implies a more specified and formal process. Professionals - credentialed health practitioners and treatment providers identify client outcomes best achieved by exposing an animal or difficult to address otherwise (Nimer & Lundahl, 2007). They then design treatment plans which deliberately incorporate animals in their practice so that their introduction accomplishes predefined goals to promote clients’ physical, social, emotional, and cognitive function. Finally, they document and evaluate clients’ progress (Chandler, 2012). Disciplines include occupational therapy, physical therapy, speech therapy, therapeutic recreation, social work, nursing, medicine, and generally, mental health. For example, physiotherapists position dogs across rooms to motivate patients to walk. My study does not include AAT.

*Animal-Assisted Education (AAE):* A type of AAI that is goal-oriented, planned, and structured and directed by professionals, including special education professionals, who focus activities on academic goals, prosocial skills, and cognitive functioning, then document and measure student progress. For example, therapy dogs visit schools to assist students struggling to read. My study did not include AAE; however, some volunteer handlers participated in an unstructured reading program in addition to regular visits.

*Handler:* A person who accompanies a therapy animal, guiding interactions between clients and animals. The leash's human end in a therapy animal team. Trained volunteers, paraprofessionals, or practitioners working within their health specialty ensure effective interactions while supporting animal welfare (Pet Partners, n.d.-b). They may own or train the therapy animals (Fredrickson-MacNamara & Butler, 2010) and work with facilities’ treatment team members

such as occupational therapists, speech therapists, or any other medical or licensed professional, sometimes in conjunction with other interventions. Handlers in my study all owned their partnered therapy dogs and freely volunteered their time, independent of facility staff or other interventions. Their host organization does not require handler or animal training; however, handlers must attend orientation(s) and pass multiple tests with their dogs, ensuring a basic level of training.

*Therapy Animal:* An animal that participates in an AAI (Fredrickson-MacNamara & Butler, 2010) and meets certain suitability criteria, typically dogs (canines). AAI's may also include other domesticated species such as cats, horses (equines), and rabbits (Pet Partners, n.d.-b). They possess strong obedience skills and an aptitude for working with people, which they enjoy. Evaluators implement temperament tests that they (and their handlers) must pass, ensuring that they can safely interact with widely ranging populations (Pet Partners, n.d.-b; Serpell et al., 2010). Regardless of designation, therapy animals lack the same exclusive access rights as Assistance Animals (often referred to as Service Animals). They cannot enter businesses with "no pet" policies or accompany handlers in airplane cabins, only facilities that welcome them. Most AAI's do not implement Emotional Support Animals, and Facility Animals are only therapy animals if included in AAI's. My study includes only dogs.

*Therapy Animal Team:* A unique combination of partnered handler and animal working together and registered to provide AAI. Also described as "handler-animal team" in the literature. Some volunteer handlers in my study owned multiple therapy dogs, which they swapped in and out of their "team."



*Paraprofessional:* An individual trained to provide AAI in partnership with a health professional but who is not licensed to practice in that field independently. I did not interview any paraprofessionals.

*Practitioner:* An individual who meets the credentials or licensure requirements of their profession to deliver specific services, such as counselling, physical therapy, and occupational therapy. They may partner with their own pets or direct volunteer handlers and paraprofessionals. I did not interview any practitioners.

*Client:* Any recipient of interactions with therapy animals. For example, patients, students, staff, and the general public.

*Registration:* The process that therapy animal teams complete once they meet all requirements, establishing their suitability to deliver AAIs. Relevant literature mistakenly refers to therapy animal teams as “certified,” however, an independent body that performs third-party assessments has yet to exist. For example, a medical board certifies physicians’ mastery of knowledge and skills, not the medical school attended. Therapy animal teams in my study passed assessments from their own host organization.

*Evaluator:* An individual trained to provide standardized and recurring practical assessments of therapy animal teams' skills. A few handlers in my study also volunteered to evaluate other handlers, promoted to this position through years of experience volunteering with no specified training required.

*Human-Animal Interaction (HAI)*: An overarching term that covers both human-animal bonds (HABs) and human-animal relationships (HARs). Companion animal researchers refer to the bond, whereas agricultural researchers refer to relationships (Hosey & Melfi, 2014). I focus on HABs in this study.

*Human-Animal Bond (HAB)*: The dynamic and mutually beneficial relationship between people and animals. Both parties behave in ways that improve their overall health, essential to their well-being (AVMA, 1998). Distinguished from HARs by (a) involving relationships between humans and individual animals; (b) being reciprocal and persistent; (c) promoting increased well-being for both parties (Russow, 2002). I use this term also to denote the commonly cited Human-Companion Animal Bond (HCAB).

To note, throughout this thesis I use the terms “therapeutic,” and specifically “underlying therapeutic mechanisms,” to imply general improvements, not only improvements from AATs.

## **Chapter 1: Introduction**

This chapter presents a brief overview of my study's topic and explains why I chose to investigate it. I also offer a personal background as the researcher and summarize how I decided to explore the issue. Finally, I detail my study's parameters and highlight the importance.

### **The Problem**

Interacting with animals can remarkably enhance our physical and psychological health (O'Haire, 2010). Animal-Assisted Interventions (AAIs) began flourishing in North America after their initial introduction to seniors' residences in the 1980s, their use growing since. We now use AAIs to improve the well-being of patients facing many medical conditions (Reece, 2012). Recent widespread media coverage and public interest accompany many new services organizations offer and the niches they continue to fill. However, despite many claimed benefits, little research exists. In addition to lacking a solid literature base as a general problem, most studies are quantitative (Stern & Chur-Hansen, 2013; Borrego et al., 2014). Therefore, the field requires more research, especially qualitative research.

Volunteer handlers are vital components in AAI programs. They form the backbone as actual working units in the field, organizing and staffing most efforts to provide individuals with animals (Savishinsky, 1992). Most AAI organizations in Canada and the United States utilize volunteer handlers, without whom many would not exist. However, academics have given them little attention or systematic research effort (Savishinsky, 1992). The field primarily includes studies questioning the potential benefits of animal companionship (Savishinsky, 1992), overlooking the role of volunteer handlers regardless of their experiences facilitating most AAIs. As a result, limited literature focuses on their experiences providing AAIs (Reece, 2012). Only one peer-reviewed journal article publication solely addresses their perspective. Thus, the specific

problem is that researchers have ignored volunteer handlers while investigating the field, leaving AAI's yet to be explored from their perspective.

### **Researcher Background & Motivations**

I have always felt drawn to animals. As a child, I would rush to greet dogs at the park and rescue any animal spotted alone, secretly hoping to keep them. In my teenage years, I impatiently waited until I could volunteer at my local SPCA. There I quickly immersed myself in shelter operations, remaining for six years and employed for two summers, meanwhile fostering litters of kittens. Adopting my two cats was imminent. Attending university, the disciplines of Biology and Psychology unsurprisingly captured my attention the most. I spent my undergraduate degree working in animal research laboratories and facilities, from monitoring sea star and sea cucumber interactions to feeding and training seals to filming and collecting dog' saliva samples at parks. Leaning into my lifelong passion for animals, I decided to pursue a career in veterinary medicine, volunteering and working in animal hospitals and shadowing veterinarians. Shifting to graduate studies in the health field, I retained this passion, bridging both worlds by researching animals' effects on human health, specifically in AAI's. To date, I receive comfort and joy from my cats daily, observing their benefits in my own life.

I first encountered this study's partnered program while volunteering at an assisted living facility during high school. There, in a group setting, I witnessed the therapy dog's effect for the first time. They uplifted residents, bringing energy and excitement. Socialization in the room increased. The combined presence of the dogs and handlers added a previously lacking joy and life, something neither the staff, myself, or other visitors could provide. My second encounter with the program was as an undergraduate student undergoing exams. I heard therapy dogs were

in the library, immediately rushing downstairs to greet them. Since this initial campus visit, the program established weekly 4-hour sessions where students convene to interact with the therapy dogs and handlers. I availed of this service throughout both degrees, observing many handler-dog teams interact with other students.

### **Purpose & Research Question**

My purpose in creating this study was to fill the missing perspective of volunteer handlers. Therefore, I posed the research question: what is the AAI volunteer handlers' experience?

### **Methodology**

I chose an interpretive phenomenological methodology. Firstly, qualitative techniques such as interviews allowed me to explore volunteer handlers' multifaceted experiences in ways that quantitative methods would either make impossible or limit findings. Secondly, phenomenology seeks to explain a phenomenon (Sokolowski, 2000) by focusing on experiences (Smith & Shinebourne, 2012), the best fit for exploring their lived experiences providing AAIs. Finally, through an interpretive approach, which views subjective experiences as an asset (ignoring usual attempts to achieve objectivity) and encourages researcher influence, I was able to incorporate my knowledge of and experiences with animals with participants' to co-create new knowledge. I interviewed 14 handlers volunteering in a "Therapy Dog Program" following a semi-structured interview guide, additionally observing a group session in the field. Five dogs accompanied their owners during interviews. I transcribed the interviews verbatim, then analyzed the scripts for themes.

Coming from a poor upbringing combined with basic science training, I find myself a pragmatist at heart, falling within a scientific research paradigm. My epistemological stance, my idea of what constitutes knowledge, naturally sways towards a post-positivist outlook, which influenced my logic and decision-making in this study. Some post-positivist ideologies and methods shine through.

### **Assumptions & Delimitations**

Commencing this study, I made two assumptions: first, that volunteer handlers offer novel insights from their differing perspective, and second, that I may develop comprehensive themes reflective of their experiences through coded interviews. Delimitations are intentional boundaries set by researchers. I only required interested individuals to be currently actively volunteering and have at least one year of experience since they had already passed all prior organizational requirements for acceptance into their program. Partnering with an organization that implements a Canine-Assisted Activity (CAA) automatically narrowed the therapy animals studied to dogs. I partnered with the St. John Ambulance because it is the only cross-Canadian AAI organization, and they have a central structure and uniform approach. Their Therapy Dog Program also specifically provides Animal-Assisted Activities (AAAs), narrowing my study to this type of AAI. Other Canadian organizations with differing program requirements use different animals to implement other AAI forms, for example, horses and Animal-Assisted Therapy (AAT). To summarize, all handlers participating in my study volunteered for at least one year with their dogs to provide CAAs.

## **Significance**

Concepts of therapy and what constitutes a therapeutic intervention have expanded to include volunteerism as a vital element in program delivery (Savishinsky, 1992). As volunteer inclusion in health services increases, organizations spend considerable money on identification, recruitment, and training (Collins, 2014). A growing ageing population combined with health budget and staff shortages render future volunteer utilization practical and the value of using not-for-profit organizations evident.

Using companion animals to improve human health is an innovative movement where volunteers have come to play a vital role (Savishinsky, 1992). AAIs are relatively easy to implement with voluntary “pet-with-owner” visiting teams (Allen, 2010). Barriers to AAIs include administrative concerns, unfamiliarity with general AAI practices, and limited medical and social service professionals (Behling, Haefner, & Stowe, 2011). However, utilizing trained volunteer handlers overseen by not-for-profit organizations removes these barriers (since it is free for facilities and professionals are not required). The knowledge lacking from the missing perspective of volunteer handlers may posit further unknown barriers.

The volunteer handlers’ perspective is worth uncovering, perhaps even essential to progressing the AAI field. Exploratory interviews with the people who facilitate most AAIs, experiencing them first-hand, might move the research community one step closer towards a more comprehensive understanding of these types of interventions and how they work - the missing piece of their underlying therapeutic mechanisms, including the specific benefits to clients. At the very least, shedding light on their perspective may illuminate a path for further research. My findings may serve multiple stakeholders, such as AAI organizations, health professionals, current and prospective volunteer handlers, and academics.

## **Summary**

Researchers have examined AAIs from the perspectives of all parties involved except volunteer handlers, which remains a gap in the literature. I sought to fill this gap by exploring their experiences implementing AAIs. Following an interpretive phenomenological methodology, I interviewed 14 volunteer handlers, some with their dogs present, and observed a therapy session in the field. I coded the interviews and created five main themes.



## **Chapter 2: Literature Review**

In this chapter, I first provide background on AAIs and place my study within the context of their use today. I then review the current state of literature in the AAI and surrounding fields, underscoring critical gaps and suggested research directions. Finally, I home in on the missing volunteer handler's perspective, summarizing the most relevant literature and emphasizing the importance of their role.

### **Search Strategy**

I began this research endeavour by broadly searching any literature involving animals and human health, primarily through Memorial University's OneSearch database. I then read a wide variety of journal articles until I reached familiarization with the AAI field and identified a knowledge gap. Finally, I met with a librarian to refine my search on the missing volunteer handler's perspective. I identified over 300 relevant sources, including books, theses, dissertations, websites, and news articles.

### **History**

Since the dawn of history, we humans have intentionally pursued and favoured interactions with animals (Lundqvist et al., 2017), speculating over the nature of our relationships with them for many centuries (Beierl, 2008; Serpell, 1996) and noting their potential to positively influence our functioning (Nimer & Lundahl, 2007). In the 1800s, Florence Nightingale suggested that a bird served as the primary source of pleasure for patients confined to the same room (McConnell, 2002). Scholars have marked the United States' first formal use of AAIs as a soldier's request for a dog's company while recovering from World War II (Wilkes, 2009). Since

the early 1960s, programs in which animals visit or co-reside with people have proliferated worldwide (Johnson et al., 2002).

### **Pet Ownership & Companion Animals**

Pet ownership is now a widespread phenomenon across the global north (Wells, 2019). In 2017, over 57% of Canadian homes had pets (WorldAtlas, n.d.). Figures vary considerably worldwide; however, dog and cat ownership are also commonplace in countries like the USA, UK, and Australia, with most caregivers considering their pets integral parts of the family (Wells, 2019). In 2018, 67% of United States households owned pets (American Pet Products Association, n.d.), an estimated 94 million cats and 90 million dogs (Insurance Information Institute, n.d.), with companion animals forming part of their society's basic fabric for pleasure and comfort (Palley et al., 2010). In 2019, roughly one-quarter of the United Kingdom's population owned a dog (Pet Food Manufacturers' Association, n.d.).

### **Prevalence of AAIs**

Interest in non-traditional therapies is growing amongst researchers and practitioners (Moorhead, 2012). Health and education professionals and the general public are particularly interested in AAIs (Fine, 2010). AAIs are a non-traditional and nonpharmacological therapy where nonhuman animals act as the principal therapeutic agent in a range of interventions, from highly specified AATs to more casual AAAs (Marino, 2012). Handlers introduce animals to "people in need," for example, those who are sick or facing illness (Nimer & Lundahl, 2007). They are classified under Complementary and Alternative Medicine (CAM) as they lie outside conventional and mainstream Western Medicine.

## ***Setting***

Long-term care facilities and the broader health care spectrum have utilized animals for many years, and their use as therapeutic mediums is becoming more common (Stern & Chur-Hansen, 2013). Today, therapy animal teams composed of volunteer handlers and their dogs often serve varied client populations, from children to older persons, in widely ranging institutional settings, including acute and long-term care facilities such as hospitals, nursing homes and seniors residences, mental health and psychiatric facilities, rehabilitation centres, hospice and other care facilities, schools (grade and post-secondary), libraries, correctional facilities, and other community centres (St. John Ambulance (SJA), n.d.-f; Morrison, 2007; Palley et al., 2010). For example, handlers bring their dogs to visit residents in long-term care facilities, patients in hospitals, and students in schools (Friedmann & Son, 2009). They visit vulnerable youth and students with learning disabilities (SJA, n.d.-f). During crises, they may work with police and fire departments, social workers, and psychologists (SJA, n.d.-f).

## ***Organizations, Therapy Animal Teams, & Programs***

A variety of organizations offer AAIs, some spanning multiple countries, such as Therapy Dogs International. The American Kennel Club (n.d.) recognizes 180 “Therapy Dog organizations” globally, four in Canada. Both the St. John Ambulance and Therapeutic Paws of Canada offer nationwide programs, while Therapy Tails Ontario and Blue Ribbon Therapy Dogs in Quebec offer programs provincially. At least 38,000 registered therapy animal teams operate in North America. In 2015, the St. John Ambulance listed approximately 3,350 teams (St. John Ambulance, n.d.-a). As of 2012, Therapy Dogs International registered 24,750 teams (Therapy

Dogs International, n.d.). Pet Partners organizes over 13,000 teams across the United States (Pet Partners, n.d.-a).

Therapy animal teams operate within numerous national, regional, and local programs. In their review, Hartwig and Binfet (2019) identified over 320 Canine-Assisted Intervention (CAI) programs, including 64 in their study, five in Canada and 59 in the United States. Four programs were national, two were regional (spanning more than one state or province), and 58 were local (based in one city, a cluster of cities, or within one state or province). Programs are standard in healthcare facilities throughout the United States (Lefebvre et al., 2008; Souter & Miller, 2007). In 2009, seven major teaching hospitals in the Boston area alone housed AAA or AAT programs (Palley et al., 2010). AAI programs also occur in India, Japan, Korea, Mexico, and other countries (Palley et al., 2010).

Sweden leads Canine-Assisted Therapies (CATs) globally, their use prevalent in about 70 municipalities (Swall et al., 2016). Therapy dog schools train dogs and educate handlers, teams undergoing 1.5 years of training (Swedish Standards Institute, 2008). Physicians and nurses prescribe therapy dog visits to, for example, persons with dementia, with a specific purpose, such as minimizing anxiety and wandering behaviours or increasing activity (Swall et al., 2016). Handlers then plan and schedule therapy based on client needs, according to prescription, guiding the dogs during interactions.

### **AAI Literature**

People have practiced AAIs for many years (Hosey & Melfi, 2014; Nimer & Lundahl, 2007), and recent interest has fostered the publication of many texts (Borrego et al., 2014). The overarching HAI field has also grown exponentially in a short time through great strides to

establish it (O’Haire, 2010). The literature base now reflects the diversity of AAIs in reality, composing studies varying widely by intervention type, participants, setting, and animals used (Barker & Wolen, 2008; Palley et al., 2010). Its knowledge pool originates mainly from researchers, academics, and postgraduate students in the USA, with several papers from Australia, the United Kingdom, Japan, and Europe, most published in health and animal-related journals (Stern & Chur-Hansen, 2013). Numerous books also support AAI’s growing popularity (Palley et al., 2010).

Nevertheless, the AAI field’s literature only emerged within the last 30 years (Stern & Chur-Hansen, 2013). Researchers have also only recently begun investigating animals’ therapeutic effect in alleviating mental and medical difficulties (Nimer & Lundahl, 2007), conducting few studies which particularly examine peoples experiences with AAIs (Stern & Chur-Hansen, 2013). Many academics stress needing more considerable research efforts; however, few provide data themselves (Borrego et al., 2014). Along with book chapters, the field includes vast theses and dissertations; however, few authors also write journal articles, the principal means for scholarly communication (Borrego et al., 2014). Today’s high demand for developed interventions may attract professionals more than researchers, thus creating a gap (Borrego et al., 2014).

The field remains in its early stages, leaving many deficiencies and critical questions unanswered (Johnson et al., 2002). It requires further investigation and more research effort (O’Haire, 2010; Borrego et al., 2014) to create a solid research base so that AAIs may receive recognition and acceptance as credible alternative treatments (Stern & Chur-Hansen, 2013). Progress in the field also benefits the wider HAI research community (Chur-Hansen et al., 2010).

## ***Benefits of AAI's***

Conventional wisdom has long supported using animals to promote our well-being (Hosey & Melfi, 2014; Nimer & Lundahl, 2007). Wide acceptance follows the assertion that they may play a role in our health (Stern & Chur-Hansen, 2013). Widespread testimonials and numerous studies indicate that we feel better in the presence of pets and other domesticated animals (Palley et al., 2010). The reciprocity, friendship, and mutual support involved in the human-pet relationship are evident to those who own or have witnessed others interact with pets (Kazdin, 2011). Researchers have accumulated evidence that suggests pet ownership positively affects well-being (Wells, 2019). Human societies also widely believe that interactions with animals especially benefit those who are ill or older, whether in hospitals, nursing homes, or hospices (Palley et al., 2010). Thus, considering their promising role in assisting us through a range of socioemotional and behavioural problems requires no conceptual leap (Kazdin, 2011). As Lundqvist et al. (2017) stated, their increased use in health and social care is unsurprising.

Clinicians and authors have observed the HAB's role in promoting human and animal health, showing increasing interest in demonstrating AAI's efficacy (Nimer & Lundahl, 2007). Over the last 50 years, a growing body of research measured clients' functioning in populations of various ages, genders, diagnoses, and backgrounds (Serpell et al., 2017). Since 1993, the most considerable rise in HAI publications included studies exploring human benefits (Hosey & Melfi, 2014), and evidence of AAI's therapeutic effects continually grows (Kazdin, 2011).

AAIs are a particularly excellent example of the inextricable link between animals and human health (Palley et al., 2010). Current AAI literature includes many studies claiming varied benefits across a wide range of settings, including various facilities, populations, and conditions (Palley et al., 2010; Fine, 2010), demonstrating AAIs as useful in many contexts (Borrego et al.,

2014). They benefit men and women of all ages, including children (Morrison, 2007). Studies describe improvements in various patients, from pediatric and adolescent to adult and geriatric, facing medical conditions such as cancer, heart failure, dementia, schizophrenia, and other psychiatric disorders (Palley et al., 2010).

Researchers have broadly classified clients' outcomes into medical functioning, emotional well-being, and behaviours and actions (Nimer & Lundahl, 2007). AAI's provide social and emotional support, companionship, recreation and diversion, sensory integration and tactile benefits, and relief from pain and stress (Bach, 2008). Specific benefits include increased exercise, motivation, salivary immunoglobulin A levels, and overall perceived quality of health, and decreased heart rate, anxiety, and homesickness (Morrison, 2007; Bach, 2008; Fine, 2010). AAI's also help create homey atmospheres in institutions and boost resident and staff mood (Allen, 2010).

CAI's particularly benefit our social, emotional, psychological, and physical health (Matuszek, 2010). Therapy dog teams enrich clients' lives, improving their quality of life. They routinely visit designated clients to develop bonds. They support and bring joy to clients who are sick, lonely, or simply need a friendly visit (SJA, n.d.-f). They provide opportunities to (a) talk with handlers and dogs, (b) feel, touch, pet, and cuddle dogs, (c) receive unconditional love from dogs, and (d) perform activities in dogs' presence, which results in (a) greater social engagement (clients participate more), (b) stress relief and distraction from pain, (c) comfort and calm, and (d) improved self-confidence and esteem. For example, they offer comfort and companionship to seniors in residences, relief and distraction to patients in hospitals, and exam stress relief to university students on campus. Through specific programs such as "Paws 4 Stories" they help young children learn to read.

Generally, animals provide companionship, social lubrication, and physical fitness improvements (Wells, 2019). Researchers have proposed various theories to explain AAI's underlying therapeutic mechanisms, most focusing on animals' unique and intrinsic attributes (Kruger & Serpell, 2010). They emphasize animals as living instruments to positively change clients' self-concept and behaviour through acquiring various skills, personal agency, and responsibility. Visiting dogs help combat isolation, withdrawal, loneliness, boredom, and depression by offering companionship and social interaction, and their affection significantly reduces stress and lowers blood pressure (Allen, 2010). Clients appreciate the four-legged volunteers' attention and acceptance (SJA, n.d.-f). When the dogs step into hospital wards, most staff and patients smile in interest (Matuszek, 2010). In turn, some animals appear to respond positively to human company, benefiting their own well-being (Palley et al., 2010).

### ***Critics & Underlying Therapeutic Mechanisms***

Despite most AAI studies reporting positive associations between animals and human health, supporting the common belief that pets are good for us, some academics question the extent. A few studies report little to no effectiveness, and some researchers question the amount and quality of supporting evidence (Stern & Chur-Hansen, 2013). Barker and Wolen (2008) described the AAI field as replete with contradictory findings, Wells (2019) described the effect of pets on our health as a mixed picture, and Marino (2012) described AAIs effects as moderate at best. Professionals who realize AAI's therapeutic potential face problems in funding programs that require legitimizing effectiveness (Geist, 2011).

However, failure to demonstrate clear and consistent benefits does not necessarily mean this intervention is ineffective (Serpell et al., 2017). We do not yet understand the underlying



mechanisms responsible for AAI's effects, which various authors have emphasized needing (Cirulli et al., 2011). A better understanding is required to fully integrate AAIs into conventional medical practice as accepted therapies (Palley et al., 2010). Uncovering these therapeutic mechanisms may also help professionals identify new markers and customize treatment for individual clients (Palley et al., 2010), thus improving AAIs. Specifically, understanding the social contexts where humans connect with animals and develop bonds and clients' motivations for connection may help uncover them (Palley et al., 2010).

Palley et al. (2010) characterized AAI's appeal in human medicine today as a push by enthusiastic advocates rather than a pull by prescribing physicians. From their meta-analysis, Nimer and Lundahl (2007) found that studies were enthusiastic about AAIs, tending to advocate their use. They speculated, however, that interested AAI practitioners use these positive reports to reinforce beliefs in their value. Herzog (2011) highlighted researchers' tendency to report positive versus negative or non-significant results, labelling expectation and enthusiasm as potentially leading them to suppress negative results or put an unjustifiably positive spin on inconclusive findings. Chur-Hansen et al. (2010) also pointed out a strong tendency to assume HCAs are beneficial, suggesting open-ended and in-depth interviews to help overcome researchers finding only what they expect.

## **Theories**

AAI literature has a reversed tendency to demonstrate benefits, then explain with theory (Carminati et al., 2013). Despite widespread practice and many proposed theories, the field lacks a unified, widely accepted and supported theoretical framework (Berget & Ihlebaek, 2011; Kruger & Serpell, 2010; Geist, 2011). No single theory explains how and why AAIs are

therapeutic (Kruger & Serpell, 2010). The broader field of HAI has also grown without any particular theoretical foundation or over-arching theories (Hosey & Melfi, 2014). Human-companion animal researchers have sought explanations of why we bond with our pets and why this has beneficial effects; in other words, why AAIs work (Hosey & Melfi, 2014). However, their attempts to derive theories reflect their specific fields (Hosey & Melfi, 2014), with most theories developed for HARs and less for the HAB (Berget & Ihlebaek, 2011).

The literature lacks plausible influential theories explaining what distinguishes AAIs from other interventions (Marino, 2012), needed to account for AAIs compared to more conventional therapies (Serpell et al., 2017). The implicit assumption is that something unusual, specific, or unique about animals contributes to positive outcomes (Serpell et al., 2017). However, the literature notably lacks theories explaining how animals influence AAIs (Nimer & Lundahl, 2007). Given HAI's diverse and multi-disciplinary nature, one over-arching theory may not be possible (Hosey & Melfi, 2014), meaning many different models or theories may partly explain them (Berget & Ihlebaek, 2011).

In their review, Serpell et al. (2017) distinguished proposed theories into five groups, those that: (a) address primarily the animal's ability to facilitate human-human social engagement, (b) emphasize the animal's capacity to trigger social attachments and provide nonhuman social support, (c) categorize certain animals as supernormal stimuli, (d) advance a biophilia hypothesis that living organisms have an innate ability to attract and hold human attention, and (e) promote an integrative biopsychosocial model. According to Fine & Beck (2015), only three theories acceptably explain the HAB: (a) theories of attachment, (b) animals acting as social support, and (c) the biophilia hypothesis. Indeed, social support theory and the

biophilia hypothesis are most commonly cited (O’Haire, 2010) and considered complementary explanations (Beck & Katcher, 2003).

### ***Attachment***

Attachment theory (Bowlby, 1970) originally described social bonds as further developments of our most basic attachment between mother and child. Several universal concepts exist between this theory and human-animal interactions (Berget & Ihlebaek, 2011). Animals may play essential roles to create emotional bonds and provide a secure base (Berget & Ihlebaek, 2011). Studies show that oxytocin, the social bonding hormone, facilitates attachment to our pets and positively affects our health (Wells, 2019). Attachment theory seems particularly relevant when clients develop strong bonds with individual animals (Berget & Braastad, 2008).

### ***Social Support***

Social support theory (Cassel, 1976; Cobb, 1976) examined the impact of social relationships on our health, many studies since describing the benefits of social companionship (Beck & Katcher, 2003). Our relationships with animals may similarly provide social support through companionship, buffering our responses to stress or illness (Berget & Ihlebaek, 2011). Animals also catalyze human-to-human socialization (McNicholas & Collis, 2006), with studies demonstrating that pets facilitate interaction between people (Berget & Ihlebaek, 2011). Pets especially offer substitutes for lacking human social support (Berget & Ihlebaek, 2011).

### ***Biophilia***

The biophilia hypothesis (Wilson, 1984) postulates that humans possess an innate attraction to life and living organisms and have evolved tendencies to focus on and develop beneficial relationships with animals and nature, resulting in improved health, including reduced

stress (Berget & Ihlebaek, 2011). Our historical contact with dogs, cats, and farm animals may have formed symbiotic relationships, favouring genes and behaviour related to our positive attitudes towards them (Berget & Braastad, 2008). Biophilia nears an over-arching HAI theory (Hosey & Melfi, 2014); however, biology does not solely influence our interactions with animals as culture and individual experience also modify our responses (Beck & Katcher, 2003). Failure to consider this perspective has led to omissions and oversights in the literature, such as in studies involving animals that humans have not socially bonded with that still report improved health (Beck & Katcher, 2003).

### **Qualitative Research**

The AAI field lacks qualitative research. While reviewing methodological quality, Stern & Chur-Hansen (2013) found that more quantitative than qualitative inquiries exist, with few qualitative studies available, and most mixed-methods studies were primarily quantitative, containing small portions of qualitative data with limited reported qualitative analysis. Similarly, in their review of 124 studies, Borrego et al. (2014) discovered that only 14 (11%) were qualitative, while 60 (48%) were quantitative. The few qualitative studies also lack both quality and detailed information (Stern & Chur-Hansen, 2013).

### ***Quality***

Several authors have written papers defining and refining investigative methods in the emerging AAI field (Hosey & Melfi, 2014), identifying a lack of rigorous research (Barker & Wolen, 2008; Griffin et al., 2011; Palley et al., 2010). A small portion of studies meet minimal design standards (Souter & Miller, 2007), many demonstrating low methodological rigour (O’Haire et al., 2015). The field explicitly lacks inquiries rich in trustworthiness and

defensibility, including credibility (Chur-Hansen et al., 2010; Stern & Chur-Hansen, 2013). It needs consistent research that implements robust methodologies and follows sound processes (Stern & Chur-Hansen, 2013; Wells, 2019). There remains a considerable scope of worthwhile contributions to be made through high-quality qualitative research (Stern & Chur-Hansen, 2013). The field needs more high-quality research to build a solid research base for skeptical audiences, such as administrators of budgets funding programs and research, that require higher standards to endorse non-traditional therapies (Nimer & Lundahl, 2007).

Methodological weaknesses hamper evidence of animals' effects on human health (Chur-Hansen et al., 2010; Wilson & Barker, 2003). Stern & Chur-Hansen (2013) suggested that AAI's underlying therapeutic mechanisms remain uncertain primarily due to the lack of rigorous research, and that not understanding these mechanisms is a consequence of studies' low-quality and chosen methodologies (Chur-Hansen et al., 2010). Improved approaches will likely help identify them (Cirulli et al., 2011).

### ***Detailed Information***

The few existing qualitative studies provide limited information. Stern & Chur-Hansen (2013) were unsure if studies included all findings, especially participant quotes. Since presenting qualitative research requires cutting and refining content to meet standard lengths, researchers may include only core or select themes, thus discarding potentially valuable information. They found that studies included limited background information on participants, despite the importance of knowing, for example, their cultural and religious values and past experiences with and attitude toward animals. Therefore, future studies should carefully describe participants' characteristics, and the types and physical attributes of therapy animals used (Palley et al., 2010).

Specifically, they should report participants' age, gender, ethnicity, diagnoses, personality, attitude towards animals, and previous animal-owning experience, plus the animals' age, sex, breed, temperament (behavioural style), and certification requirements (Serpell et al., 2017).

Observed discrepancies between AAI studies may be due to differences in the participants and animals involved, and clarifying these details will help differentiate between them (Palley et al., 2010). Additionally, AAI's applicability is not yet understood. We do not know the range of potential clients who may benefit and if some will benefit more than others (Johnson et al., 2002), for example, people of specific age groups, health status, personality, or social circumstances (Chur-Hansen et al., 2010). We also do not know the ideal "dosage," meaning type, time, frequency, length/duration, and content. (Johnson et al., 2002). More detail will help determine where AAIs are most appropriate (Chur-Hansen et al., 2010), then matching clients most likely to benefit with animals that demonstrate optimal characteristics under ideal conditions will likely improve outcomes (Palley et al., 2010).

### ***Themes***

Limited qualitative research means the AAI literature base lacks the in-depth information this type of inquiry provides, creating significant knowledge gaps due to a reduced awareness of previously unconsidered yet important themes (Chur-Hansen et al., 2010; Kazdin, 2011; Stern & Chur-Hansen, 2013). Qualitative inquiries have the advantage of being open-ended, helping illuminate essential areas or identify themes that were missed or deemed unimportant, and creating valuable avenues for future enquiry (Chur-Hansen et al., 2010). For therapeutic interventions, qualitative inquiries generally aid understanding of how treatments work, allowing professionals to notice possible produced changes (Kazdin, 2011). Although one can measure

AAI's impact on overall functioning, research designs that thematically examine participants' experiences allow understanding of the many ways their lives may be changed, thus progressing the field (Kazdin, 2011).

Identifying new themes is particularly useful for organizations that wish to measure their program's therapeutic outcomes but are unsure what variables to examine. For example, if increased satisfaction arose as a theme, organizations could implement quantitative tools to assess client satisfaction further. In-depth information is essential to determine the experiences of those involved in AAIs (Stern & Chur-Hansen, 2013), and new themes may prove pivotal in uncovering AAIs' underlying therapeutic mechanisms (Chur-Hansen et al., 2010; Kazdin, 2011). The field requires more preparatory studies before funding becomes available for ambitious projects such as randomized clinical trials controlled with double-blind interventions (Chur-Hansen et al., 2010), of which there are few.

### **The Perspectives**

Academics have explored the perspectives of professionals implementing AAIs in their practice, staff working in facilities where they occur, and the therapy animals involved. Additionally, at least two studies (McCullough et al., 2018; Uglow, 2019) consider clients' families. One study (Eaglin, 2008) even considered future healthcare practitioners, exploring the attitudes and perceptions of undergraduate and master's nursing students and psychiatry and pediatric residents. Another (Berget et al., 2008) considered farmers that incorporate farm animals in AAIs. However, limited literature considers volunteer handlers who facilitate most AAIs.

## *Professionals*

Researchers began exploring professionals' attitudes towards AAIs as early as 1979 (Trembath, 2014). Current literature includes mainly counsellors' (Stewart et al., 2013) and social workers' (Legge, 2016) perspectives (Moorhead, 2012). A recent dissertation (Sloan-Oberdier, 2018) explored school counsellors' experiences working alongside therapy dogs. A provincial survey (Hanrahan, 2013) assessed social workers' knowledge of AAIs and how often they include AAIs in their practices in Nova Scotia, Canada. Health practitioners, particularly nurses, have written articles recounting their own personal experiences (Stern & Chur-Hansen, 2013). Some articles suggest best practices for individual professions, particularly occupational therapy (Winkle & Jackson, 2012), and at least two studies (Fike et al., 2012; Hightower, 2010) incorporate occupational therapists' perspectives.

Other publications consider the perspectives of licensed medical practitioners (Pinto et al., 2017), such as psychiatrists and family physicians (Berget & Grepperud, 2011; Berget et al., 2013), psychologists (Black et al., 2011), therapists (Velde et al., 2005), and generally human service practitioners (Evans, 2011). Haubenhofner and Kirchengast (2007) investigated the cortisol secretion and emotional response of physiotherapists, ergo-therapists, social workers, and teachers implementing AATs. Zents and colleagues (2017) included the perspectives of teachers and mental health professionals involved with AAI programs in schools.

One study nears a general understanding of handler experiences. Swall et al. (2016) implemented an interpretive phenomenological approach to illuminate the lifeworld of professionals providing CAT to older persons with dementia and the meanings of their lived experiences. They conducted nine open-ended interviews with three nurses, one occupational therapy assistant, and five assistant nurses working in a nursing home, all women aged 43 – 65.



In an additional study involving handlers, Swall et al. (2019) sought to understand the impact of therapy dogs on life near-death, again for persons with dementia. Stewart (2014) specifically explored AAT practitioners' perspectives.

### ***Staff***

Researchers have also explored the perspectives of adjunct staff working in facilities where AAIs occur (Stern & Chur-Hansen, 2013). Studies include all healthcare and administrative staff in an outpatient regional cancer center (Bibbo, 2013) to nurses and one counsellor in a behavioural health hospital (Rossetti et al., 2008). Casey and colleagues (2018) conducted in-depth interviews with personal service workers, registered nurses, dietary aids, housekeepers, and recreation therapists in a long-term care home's dementia unit. Three studies (Moody et al., 2002; Yap et al., 2017; Uglow, 2019) examined the perspectives of administrators, doctors, nurses, and allied health professionals across a wide range of specialties and departments in pediatric hospitals and wards. Abrahamson et al. (2016) included seven hospital employees along with two volunteers.

### ***Therapy Animal***

Extensive research even considers the therapy animal's perspective, especially dogs (Dell, 2015; Hatch, 2007), with most literature concerning their welfare (Glenk, 2017). Studies measure the dogs' physiological and behavioural responses while visiting pediatric oncology settings (McCullough et al., 2018) and children with ADHD (Melco et al., 2020). Ng et al. (2014) specifically measured their cortisol levels. One study examined the behavioural effects of their attachment security to handlers during AAAs (Wanser & Udell, 2019). There are also many

guidelines surrounding therapy animals, for example, selection procedures (Fredrickson-MacNamara & Butler, 2010), specifically for dogs (Mongillo et al., 2015).

### ***Volunteer Handlers***

Only one journal article from 1992 solely considers volunteer handlers. This publication also came about secondarily from an original longitudinal anthropological study. Savishinsky (1986) began examining the impacts of a new, university-based companion animal AAA program on residents of three upstate New York nursing homes in 1981. Handlers volunteering in the program were mainly college and university students alongside other community members.

A handful of junior researchers have since considered volunteer handlers to any degree. They include one honour's (Collins, 2014) and one master's thesis (Moorhead, 2012) and four doctoral dissertations (Reece, 2012; Green, 2013; McCullough, 2014; Swift, 2009). Only two, Moorhead (2012) and Reece (2012), sought overall understandings of volunteer handlers' experiences, while one, Collins (2014), specifically explored their motivations and rewards. The remaining papers posed specific questions. Green (2013) sought volunteer handlers' opinions on transitioning AAIs from institutions to clients' homes. McCullough (2014) identified and assessed supportive and affectionate behaviours volunteer handlers and dogs display during AAIs. Finally, Swift (2009) included a narrative section in their survey seeking volunteer handler's assessment of a children's AAE reading program. Also, none of these papers reference each other, and all fail to include the original Savishinsky (1992) study. Only two doctoral students, McCullough and Swift, continued to share authorship of any publications in the field.

The identified theses and dissertations highlight the field's three main theories - attachment, social support, and biophilia - to varying degrees and mention several others. In their

literature review, Moorhead (2012) discussed the general HAB, applying attachment theory. Reece (2012) focused on attachment and social support, Green (2013) incorporated Horowitz's (2008) human-companion animal bond (HCAB), and McCullough (2014) examined social support theory from a communicative standpoint, relating it to the biophilia hypothesis.

### **The Handler's Role**

As CAIs proliferate and people recognize their benefits, handlers and therapy dogs must demonstrate high levels of skill and aptitude in their roles (Beck, 2006). However, no studies examine how handlers view their roles (Swall et al., 2016). According to the Swedish Standards Institute (2008), handlers' ability to respond, communicate, and collaborate is essential since they make visits possible by leading and controlling client-dog interactions (as cited in Swall et al., 2016). Handlers guide dogs trained to approach clients in practical and gentle ways, forming a vital link between them.

Trained clinicians incorporating therapy dogs into practice are mental health workers whose role is to diagnose and treat clients, whereas volunteer handlers act as supportive friends (McCullough, 2014). However, volunteer handlers still have many duties to perform and guidelines to be aware of and follow. Before scheduled visits, they must ensure the dog's overall veterinary health and remain alert for new signs of illness (Fredrickson-MacNamara & Butler, 2010). Many carry bags that contain extra equipment, such as toys, treats, lint brushes, and hand sanitizer (Chandler, 2012). Being a handler requires constant vigilance, a thorough understanding of their dog's typical behaviour and stress signals, and the responsibility to intervene if their dog shows signs of discomfort or disinterest in continuing (Fredrickson-MacNamara & Butler, 2010).

### ***Handler vs. Therapy Animal***

The AAI field lacks research addressing which benefits are attributable to handlers versus the therapy animals (Souter & Miller, 2007). The ambiguity surrounding their separate roles is one of the field's main limitations. Critics wonder how much of AAI's therapeutic effects are technically from the handler's presence and their interactions with clients rather than the animals. In other words, they question the importance of each role. Some suggest that the dogs may not be necessary or contribute much (Chur-Hansen et al., 2010; Marino, 2012), making AAIs hardly different than traditional talk therapies (Marino, 2012). Discrepancies between AAI studies may be due to handlers' differing levels of interaction with clients (Palley et al., 2010).

### **Summary**

Humans have interacted with animals for millennia, and pet ownership is now commonplace in many countries. We have incorporated animals in health interventions across many settings for a while; however, research is only now trying to catch up with AAI's popularity. The literature presents many claimed benefits and proposed theories for what makes AAIs beneficial; however, we do not yet understand their underlying therapeutic mechanisms. The field especially lacks qualitative research, and within the qualitative studies, few follow rigorous methodologies. They also present little detailed information, resulting in a vast knowledge gap. Exploratory themes may provide answers to critical questions that quantitative research has not been able to, hindering the progress in the field. Academics have almost entirely neglected the volunteer handler's perspective while exploring the field, despite their influence over most AAIs. Differentiating between the handler's and the dog's roles may help understand what separates AAIs from other therapeutic interventions.

### **Chapter 3: Methodology**

This chapter shares each step of my research process. First, I describe my chosen methodology and methods, explaining the reasoning behind their selection and how I implemented them. Secondly, I present details of my participant recruitment, data collection, and analysis. Third, I discuss techniques used to meet standards of rigour. Finally, I address ethical concerns. All research (for example, recruiting participants) was completed pre-covid-19, with only the writing stage occurring during.

#### **Design Rationale**

A study's methodology is the melting pot of all essential research elements, forming the crossroads between the researcher's ontological and epistemological positions and the particular methods they employ. It explains "how" researchers go about finding whatever they believe can be known (Denzin & Lincoln, 2017), producing a map of the rationality and logic behind decisions in each step of the process. It is the strategy or action plan - the who, what, when, where, and why - behind choosing particular methods to collect and analyze data (Crotty, 1998).

I conducted this study in the following chronological steps. First, I chose AAI as the topic because it merges my interests in animals and human health. I then identified a gap in the literature – the missing volunteer handlers' perspective. To explore their perspective, I posed the research question: what are AAI volunteer handlers' experiences? This question inherently elicits a qualitative approach to reveal the depths of their experiences. Of the five main qualitative approaches, I chose phenomenology to explore the phenomena of facilitating AAIs. Between the two main phenomenological traditions, I selected interpretive because it allowed me to incorporate my pre-existing experience and knowledge. Finally, I employed the method of semi-

structured interviews to draw out detailed responses from participants. Although predisposed to a positivist stance, interpretive phenomenology falls under an interpretivist paradigm, with associated relativist and subjectivist approaches.

### ***Research Question***

A handful of the same essential philosophical and practical elements comprise all research. Breaking them down from the highest organizational level, we have paradigm, ontology, epistemology, methodology, and methods (Scotland, 2012). Each paradigm (ranging from quantitative to qualitative) has its own set of differing ontological and epistemological assumptions. These are brought to the research by the researcher's preconceived notions or fundamental beliefs of what can be known and what constitutes knowledge and likely influence the types of questions researchers initially feel inclined to pose. However, a research question, what researchers wish to know, may also determine the paradigm under which a study falls. I wanted to know more about the volunteer handler's perspective, eliciting a qualitative inquiry.

### ***Qualitative***

Qualitative research asks questions of how and why; therefore, researchers choose it to explore particular topics (Creswell & Poth, 2017), especially appropriate when researchers have not extensively studied subjects (Lune & Berg, 2017). It values subjective interpretation (Jootun et al., 2009) and emphasizes a penetrating understanding. It offers methods for capturing open-ended and descriptive information (Lune & Berg, 2017), producing relevant and detailed descriptions and particularized interpretations of practices and events shaping and shaped by people to discern their perspective (Sandelowski, 2004) and understand the complexities and

richness of their experiences (Denzin & Lincoln, 2017). This approach allowed me to thoroughly explore volunteer handlers' ignored perspective and fully capture the depth of their experiences.

### ***Phenomenology***

Phenomenology is one of five main approaches to qualitative research (Creswell & Poth, 2017). It helps better understand and reveal additional insights into focus areas (Moustakas, 1994), supporting the examination of taken-for-granted experiences (Balls, 2009). It values participants' experiences, asking individuals with firsthand familiarity of studied phenomena (Creswell & Poth, 2017) to fully describe their lived human experiences (Moustakas, 1994). Researchers consider the whole person while reflecting on and analyzing the qualities of their experiences (Balls, 2009; Smith et al., 2009). This approach allowed me to place volunteer handlers' taken-for-granted lived experiences at the forefront of exploring their underrepresented perspective.

### ***Interpretive Phenomenology***

Phenomenology includes two main yet distinctive approaches. Founding philosopher Husserl (1963; original work 1913) began with a traditional scientific approach, known as descriptive phenomenology. They attempted to eliminate researcher preconception by intentionally putting aside pre-existing knowledge of investigated experiences (coined "bracketing") (Balls, 2009). However, Phenomenologists such as Heidegger (1962; original work 1927) believed that removing the mind's preconceptions to take a completely blank or neutral approach is impossible (Balls, 2009). They modified and built on this original work, blending previous scientific discovery with experiential knowledge to create interpretive phenomenology, also known as the Hermeneutic tradition. Interpretive phenomenology acknowledges that we

cannot step out of our lifeworld to experience phenomena. Instead, we refer to background understandings (Neubauer et al., 2019) and use our own experiences to interpret the experiences of others (Balls, 2009). This approach allowed me to include my personal experience with and knowledge of animals.

### ***Paradigm, Ontology, & Epistemology***

Before engaging in any form of research, researchers must take positions regarding their perceptions of how things are and work (Scotland, 2012). They must commit to ontological and epistemological stances. Research paradigms comprise shared beliefs and agreements between researchers about understanding and addressing the research (Kuhn, 1962). The paradigm overarching interpretive phenomenology, and therefore this study, is interpretivism.

Interpretivism considers societal understandings as requiring interpretation. Interpretivists believe individuals are actors influencing their own social worlds, aiming to understand and interpret meanings. I explored the meanings behind volunteer handlers' experiences.

Ontology concerns the nature of being (Crotty, 1998) and what constitutes reality (Scotland, 2012). The ontological assumption under an interpretivist paradigm, and therefore this study, is relativism. Relativism considers reality subjective, and these perceptions differ among people (Denzin & Lincoln, 2017). Relativists believe reality is individually constructed, with as many realities as individuals (Scotland, 2012). I explored volunteer handlers' individual and differing realities.

Epistemology concerns knowledge, questioning what we can and what it means to know (Denzin & Lincoln, 2017). The epistemological assumption under an interpretivist paradigm, and therefore this study, is subjectivism. Subjectivism considers perception reality. Subjectivists



believe that the world only exists as per our knowledge of it (Grix, 2018) and that we construct knowledge and meaningful reality by interacting with the world, which we then develop and transmit through social contexts (Crotty, 1998). Only individuals participating in a social world can understand it. I explored volunteer handlers' social worlds in their own words.

### **Participant Recruitment**

Qualitative research typically entails purposive sampling for information-rich cases (Sandelowski, 2004). I recruited participants using this method, assisted by the partner organization. First, I identified the CAI program nearest me, a provincial chapter of the St. John Ambulance's nationwide Therapy Dog Program. Secondly, I called the branch number listed on their website and received personal contact information for the program's volunteer coordinator, whom I contacted to express interest. After obtaining approval from my university's ethical committee for research involving humans (Appendix A), I emailed a formal organizational approval-seeking letter (Appendix B) explaining the details of my proposed study, specifically requesting assistance recruiting participants. Attached to this email, I included a recruitment email for distribution to volunteer handlers (Appendix C) and a poster with my personal contact information (Appendix D). The partnered organization then forwarded the documents to their list of approximately 110 active (as of April 2018) volunteers. Some of those interested contacted me directly. Others responded to the email, whose names and contact information the organization forwarded to me. I then emailed all prospective individuals, inviting them to participate.

Qualitative studies typically include small sample sizes (Paluck, 2010). For a phenomenological approach, Creswell and Poth (2017) recommend extended interviews with up to 10 people. However, in their study interviewing nine CAT handlers, Swall et al. (2016)

suggested that additional participants may have gained richer data. I aimed for approximately 10 participants, however more than anticipated (17) expressed interest, 14 continued communication to schedule interviews. To not turn anyone away and collect the most data possible, I interviewed all 14 respondents.

### ***Inclusion Criteria***

I set two requirements for interested participants, (1) currently an "active" volunteer (volunteering at least once monthly) and (2) possessing at least one year's experience. One interviewee did not meet the inclusion criteria; however, another participant included their partner in an interview, maintaining a net total of 14 participants. Participants already met their program's following prerequisites.

### ***Program Prerequisites & Application Process***

Prospective volunteers must be: (1) 18 years of age or older and (2) physically and mentally capable of performing activities reasonable for the services they provide, and the therapy dogs must: (1) be a minimum of one year old (two years highly recommended in some cases), (2) receive a regular regimen of vaccinations for rabies, parvovirus, distemper, and adenovirus, and (3) not eat a raw food diet (SJA, n.d.-b).

Qualified applicants then complete a series of steps (volunteer coordinator, personal communication, 2019). They must (1) attend the organizational orientation, (2) submit screening paperwork, including references, a criminal record with vulnerable sector check, and a veterinarian's clearance, (3) pass a team evaluation where a dog trainer and experienced volunteers test the dog's temperament and handler's control, and finally, (4) pass three supervised visits with an experienced unit coordinator. Teams receive uniforms and IDs only after meeting the criteria and completing all steps. They may then participate in the program, volunteers

responsible for signing themselves up to visit facilities and attend events. They must also provide annual updates and maintain and submit documentation of up-to-date vaccinations. Individual facilities also have their own specific qualifications and protocols that teams must follow. For liability reasons, the program limits each visit to two hours. Participants in this study also had to attend their regional health authority's volunteer orientation and complete their additional requirements (two visits with a local health provider for Tuberculosis testing, submit their immunization record, and sign off on policies). These extra steps are specific to the province of Newfoundland only and not required of other Canadian provinces (as of 2018).

Some AAI organizations require handlers to complete professional courses and obtain certification assessments, offered in-person or left for volunteers to complete online through independent third parties. Other organizations also require team evaluators, site coordinators, and unit supervisors to have met a documented number of hours and years. However, the program does not require handlers to complete courses or the dogs to complete formal training. They also do not require a minimum amount of experience to fill leadership positions, although they choose these volunteers carefully.

### **Data Collection**

Qualitative research typically entails in-depth inquiry with open-ended interviews and lengthy observation of participants in the field (Sandelowski, 2004). Interviews provide opportunities to understand participants' lived experiences (Kvale & Brinkmann, 2009). Observation allows researchers to witness actual human behaviour during interactions, further exploring how subjects manifest meaning and feelings (White et al., 2005). Most researchers conducting qualitative AAI studies collected data via interviews, usually structured to some

degree and on a one-to-one basis, varying between 15-50 minutes (Stern & Chur-Hansen, 2013).

I employed mainly interviews, with some participant observation.

### *Interviews*

Qualitative research deliberately probes the abstract and complex (Jootun et al., 2009), and a phenomenological approach entails open-ended questions (Creswell & Poth, 2017). Interpretive phenomenology produces detailed descriptions of participants' lived personal experiences and their perceptions of objects and events (Tuffour, 2017). Researchers focus on how participants construct their reality from past experiences and meanings in social contexts, designing interviews to illuminate how interviewees interpret and make sense of events themselves (Bryman, 2016). Open-ended questions intentionally avoid eliciting pre-determined responses (Patton, 2014). They prompt participants to provide their thoughts and opinions, allowing them to choose the extent they answer (Patton, 2014). Swall et al. (2016) suggested open-ended questions regarding the general experience of being a dog handler to elicit deeper understandings.

After agreement on an interview date and location, I emailed participants copies of the informed consent form (Appendix E) and interview guide (Appendix F) to review ahead of time. I created the semi-structured interview guide with 12 open-ended questions to elicit complete and detailed descriptions of participants' lived experiences. I aimed to truly and honestly capture participants' thoughts and feelings. I assembled questions to flow naturally and transition between topics seamlessly, beginning with simple questions to establish rapport and allow participants to feel comfortable, thus easing them into lengthier responses. I then progressed to general questions asking participants to describe their experiences. Near the end, I provided

opportunities for participants to discuss any drawbacks or negative encounters and voice any matter I may have skipped.

Approaching interviews, I aimed to be flexible and adaptable, allowing participants to direct their narratives. I freely explored topics raised and posed additional off-script questions. For example, of those expressing knowledge of health systems, I asked if all handlers should be paid or develop their own profession or if AAIs should become funded and prescribed therapies. Throughout, I asked probing questions to encourage participants to elaborate. I also conducted perception checks, ensuring I accurately understood what participants said.

An emerging approach to qualitative data collection considers natural settings sensitive to the people and places studied (Creswell & Poth, 2017). I scheduled interviews at participants' convenience and preferred locations, offering my office in the main provincial hospital's medical education centre. I interviewed over half in my office, also meeting participants at local coffee shops (2), their workplaces (3), and facilities where they volunteer (1). Interviews took place face-to-face in the St. John's metropolitan area, Newfoundland, with participants travelling from within. They ranged from 48 minutes to 1 hour and 48 minutes, averaging 1 hour and 15 minutes. The entire process spanned two months.

### ***Observation***

Researchers can find meaningful data by directly observing others (Stake, 2006), offering the benefits of both occurring in real-time and in context (Tellis, 1997). CAAs require handler-dog cooperation, dependant on an affiliative and trusting bond (Haubenhofer & Kirchengast, 2007; Pirrone et al., 2017). Franklin and colleagues (2007) suggested that analyzing trans-species communication may provide insight into AAI's benefits, recommending that researchers use direct observation coupled with human reports to analyze verbal and nonverbal interactions

between them. Palley et al. (2010) suggested that deciphering handler-therapy animal dialogue may reveal previously unknown or unappreciated aspects of their interactions.

I invited participants to bring their dogs to interviews, interviewing five with their dogs present. These therapy animal team interviews provided opportunities to observe their unique dynamic and experience the therapeutic effect of the dog's presence. I also observed the dogs' effect on staff and patients as I guided them through the hospital to my office. Some participants who did not bring their dogs still shared photos on their phones. Others shared professional photos taken by their organization with me to present in a conference poster.

The opportunity to conduct field observation arose while interviewing a handler who is also a unit coordinator. They invited me to join a group visit, approved by the program's volunteer coordinator. I participated in the two-hour session, observing interactions between the handlers, their dogs, and families of patients travelling for cancer treatment.

## **Analysis**

Analysis and interpretation techniques move the data beyond surface appearances (Sandelowski, 2004). Phenomenology aims to accurately identify, deduce, and convey the essence of and meanings placed behind participants' experiences (Balls, 2009; Smith et al., 2009). Unlike other approaches, researchers conducting Interpretive Phenomenological Analysis (IPA) play active roles during the interpretation process (Tuffour, 2017), reflecting on essential themes of participants' experiences while simultaneously reflecting on their own experiences with studied phenomena (Neubauer et al., 2019).

Generally, the two-hour field observation, along with observing the dogs with their owners during interviews, contributed to my previous observations, broadening my perspective

as the researcher and helping me develop a better understanding of their interactions. For the first level of interview analysis, I transcribed recordings verbatim, immersing myself in and familiarizing myself with the data. I then reread transcripts (averaging 20 pages each) simultaneously with source audio, a proofing method (Sandelowski, 1995).

### ***Codes***

Codes are organizational tools used to label sections of text. They help better understand the main points, filtering out irrelevant information (Esterberg, 2002). Organizing codes together further deciphers their nuances. Researchers structure coding to identify participants' similar ideas and differing thoughts (Lune & Berg, 2017). Saldaña (2015) encouraged a hands-on approach for first-time researchers to assist critical thinking and interpretation. After transcribing interviews, I created overviews of each (approximately three pages). I listed details of the interview, participants' demographic information, and their dogs' characteristics. I also summarized key and interesting points made. I highlighted the main points – what they emphasized and focused on most – what they repeatedly brought up and referred to, and additional topics raised. I also noted contradictions (statements conflicting with themselves or other participants) and other surprising or outlying information. I then used these overviews to highlight key topics and repeated words, also reviewing transcripts. From them, I created lists of codes for each interview, noting the frequency of each code's use to create a list of main codes (Appendix G).

### ***Themes***

Themes allow researchers to describe large quantities of data in a condensed format. First, I listed participant quotes below codes, comparing, interpreting, and identifying patterns amongst

them. I also used a spreadsheet to list participants' responses to each question as succinctly as possible. I drew a mind map (Appendix H) to help organize and visualize the codes, listing them beneath each heading. My supervisor analyzed the three most extensive and content-rich transcripts, and we compared notes and codes to identify major recurrent themes. Overall, I deduced 350 pages of transcribed interviews to four dominant, overarching themes, which act as umbrella concepts, summarizing the many relationships found across codes.

### **Rigour**

Quality research requires investigator consistency and accuracy throughout procedures (Sandelowski, 2004). Individual modes of discovery have their own specific quality standards, which researchers must explicitly state (Sandelowski, 2004). Qualitative studies that meet high standards and ensure quality findings are rigorous, or trustworthy. Generally, four principal concepts: credibility, transferability, dependability, and confirmability, help achieve and maximize rigour (Shenton, 2004). Since qualitative research typically examines experiences with meanings that shift and evolve, researchers tend to view findings as situated within place and time rather than develop laws to remain stable regardless of context (American Psychological Association, 2019). The extent to which researchers encourage either varies depending on the specific methodologies chosen. Competent interpretive research provides abundant evidence of credible and justifiable accounts, can be used by someone in another situation, and researchers may replicate study processes and findings (Ritchie et al., 2013). Below I describe the diverse strategies and techniques I used to meet rigour.



### ***Credibility***

Credibility assesses if findings reflect reality (similar to internal validity in quantitative research) (Shenton, 2004). It questions if researchers measured what they intended and accurately recorded the scrutinized phenomena, demonstrable in many ways. As Shenton (2004) suggested, I adopted well-established research methods, developed early familiarity with the participating organization, ensured informant honesty, thoroughly described the phenomenon, and examined previous research findings. I also employed the techniques of negative case analysis and peer scrutiny and contributed my background and experience with the topic.

### ***Transferability***

Transferability assesses if findings accurately represent people in other settings, and we may apply them to other situations (similar to external validity in quantitative research) (Shenton, 2004). Qualitative research does not usually seek to generalize (Lune & Berg, 2017), and phenomenological efforts to generalize findings are inappropriate since this methodology does not produce generally applicable theories (Jasper, 1994). However, when researchers present findings with detailed descriptions, the themes and perspectives explored become more realistic and feasible to readers (Creswell & Poth, 2017). If they provide sufficient details about settings, participants, and processes, other researchers may repeat the study in different settings (Balls, 2009). As suggested by Shenton (2004), I provided full descriptions of the phenomenon and contextual factors impacting my study and conveyed its boundaries. I also included details of the partnered organization and where they are based, the participants involved and restrictions on them, and data collection methods, including the number and length of sessions and collection period.

### ***Dependability***

Dependability assesses researchers' stability and consistency (similar to reliability in quantitative research) (Shenton, 2004). It questions if they were careless or made mistakes. Qualitative research typically seeks to understand situations or phenomena as they happen, with little control over context or variables. However, reporting detailed processes allows readers to assess if researchers followed proper practices and future researchers to repeat the work (Shenton, 2004). Demonstrating results comparable to similar studies also give readers confidence in the research. As Shenton (2004) suggested, I devoted sections explicitly to design, implementation, and reflective appraisal. I presented my logic in selecting people and events for inclusion and the operational details of my data collection. I also employed the overlapping methods of interview and observation.

### ***Confirmability***

Confirmability assesses if readers can confirm findings (similar to objectivity in quantitative research) (Shenton, 2004). It ensures researchers based findings on participants' narratives and words to describe their experiences and ideas. The extent that researchers admit their predispositions forms a critical criterion (Miles et al., 2020). Detailed methodological descriptions also help readers determine how far to accept data and associated constructs (Shenton, 2004). As suggested by Shenton (2004), I acknowledged my beliefs underpinning decisions made and methods adopted, explained why I favoured my selected approach, and admitted weaknesses. Additionally, I employed data triangulation (through the two collection methods of interviews and observation). I also gave a reflexive account, laying out my predispositions towards the topic.

## **Ethical Considerations**

I designed and followed all study processes as per the Tri-Council Policy Statement (TCPS) on the Ethical Conduct of Research Involving Humans (Canadian Institutes of Health Research (CIHR) et al., 2018). Before commencing data collection, I obtained permission from my university's Interdisciplinary Committee on Ethics in Human Research (ICEHR), whose constituents reviewed and approved my proposal, ensuring protocols complied with ethical standards. An additional animal ethics review was unnecessary as the dogs were not the research focus and accompanied their owners during an activity they usually do – visit people.

### ***Consent***

I respected each participants' exercise of free and informed consent. Before beginning interview questions, I obtained their informed consent, both verbally and in writing. I presented physical copies of the informed consent form previously emailed to participants. I reviewed its contents, ensuring participants' familiarization with the study's details and their expected time commitment, potential risks and benefits, voluntary status, and ability to decline any questions or withdraw at any time. I then allowed unlimited time to thoroughly read the form, consider its implications, and ask questions, providing explanations when necessary. Both parties signed two copies, one for each.

### ***Dignity & Vulnerable Persons***

I maintained respect for human dignity and protected persons' multiple and interdependent interests. I did not include groups requiring special consideration for participation in research. I also offered neither inducements to encourage nor compensation for participation. I

wore business-casual attire to appear professional yet avoid intimidating or offending participants.

### ***Harms & Benefits***

This study falls under the minimal risk category, meeting the required favourable harms-benefits balance. I anticipated minimal harm to participants due to the subject matter. Participants also already volunteered their time, likely due to the benefits to those involved. Therefore, I also anticipated psychological benefits to participating in my study. Since the associated risk is less than expected for ordinary life, any benefits automatically outweigh it. Some participants noted that the interviews provided unprecedented opportunities to share their unique and exciting experiences, prompting reflection and novel insights. I did not use deception or partial disclosure and considered the possibility of feeling vulnerable or embarrassed if participants disclosed personal or emotionally charged information.

### ***Privacy & Confidentiality***

I complied with the privacy and confidentiality standards surrounding the access to, control over, and dissemination of personal information, thus respecting participants' privacy, confidentiality, and anonymity. I kept all information strictly confidential. Firstly, I stored all consent forms in a locked cabinet in my locked office. Secondly, I kept the recording device safely on my person after interviews until I could immediately transfer the recordings to my password-protected computer and permanently remove them from the device. I also stored interview transcripts on my computer, assigning numbers to identify participants and removing personal identifiers. Only I had access to the data, sharing minimal raw data with only my supervisor. After concluding this study, I will transfer all data to my supervisor's computer. Per

Memorial University's data protection policy, they will store and then permanently destroy the data after five years.

## **Summary**

The gap I found in the literature, volunteer handlers' perspective, and the question I posed to fill it, what are their experiences, influenced all aspects of this study. In-depth exploration elicited a qualitative approach. I chose phenomenology, specifically interpretive phenomenology, to incorporate my background as the researcher into uncovering the phenomenon of being a volunteer handler. Interpretive phenomenology fits into an interpretive research paradigm, relative ontology, and subjective epistemology. I interviewed 14 volunteer handlers and participated in one observational field visit. I transcribed interviews verbatim, then manually coded and reviewed them, creating five dominant themes. Throughout, I used techniques to assure rigorous quality research and respected participants.

## **Chapter 4: Results & Discussion**

This chapter presents my findings and compares them to the most relevant literature. First, I describe participants' backgrounds, then list my four dominant themes with participant quotes and similar findings. Finally, I mention feedback on the program and outlying data. Sections lacking literature connections offer novel insights.

### **Background**

Understanding participants' experiences with a phenomenon requires first understanding their individual backgrounds and social worlds. I combined participants' interview responses with personal details disclosed naturally in conversation and inferences from observation, organizing this information into three sections: personal (gender, age, ethnicity, employment status, occupation, and dependants), volunteer (involvement in the program, setting and frequency of visits, and other volunteering), and animal (therapy dogs, animal experience, and attitude towards animals), attaching the specifics (Appendix I).

### ***Gender, Age, & Ethnicity***

Participants comprised mostly middle-aged Caucasian women, aligning with previous personal observation. They ranged from 30 years old to the eldest retired. Participant 5 explained that women volunteering "makes sense" as mainly women reside in seniors and nursing homes (the most visited facilities). Participant 4 noticed that most men joined through their female counterparts. Two participants' partners also volunteered as handlers.

Women in Savishinsky's (1992) study (~80%) far outnumbered men, characteristic of American community organizations where they play significant and disproportionate roles in voluntary human services. Visiting institutions with predominantly female residents and staff

might reinforce the pattern of mostly female volunteers. McCullough (2014) noted (from interviews, field observations, and previous personal experience) a middle-aged Caucasian woman demographic, representative of the United States' typical volunteer handler typology. Reece's (2012) participants were all Caucasian and primarily women. The overwhelming majority (95%) of Swift's (2009) participants were women, well-educated and mature women representing the basic demographic profile.

### ***Employment Status, Occupation, & Dependants***

Around half worked full-time (although previous personal observations suggest most have retired), the remainder noting their flexible schedules (three worked part-time, one unemployed, and one retired). They (currently or previously) had varying occupations (mostly administrative and managerial) across many fields, primarily health. Most were without dependants, never or not yet having children, or their children were now adults. Some had teenagers who required less care, and one sometimes looked after their grandchild. The freedom of no dependants allowed additional flexibility. Most viewed their dogs as family, many as equivalent to and thus filling the role of a missing human child. A kind of anthropomorphizing of pets. Participant 3 noted society's perception of pets, now considered family. Participant 5 described dogs as "part of families." Participant 1 loves showing off their dogs because they do not have kids. Participant 12 explained that some handlers volunteer often, it being "only them and their dogs," able to whenever they want. Participant 4 summarized,

*... we include her in everything, and I mean we certainly take care of her and do all the things, and we cuddle and draw comfort from her and enjoy her, ... maybe cause we don't have kids of our own. (Participant 4)*

Savishinsky (1992) listed career orientation, family life, and living situation as mediating how handlers felt and whether they volunteered for a long time. Collins' (2014) participants' life

stage impacted their decision to volunteer, “having time” the main factor. Some suddenly found much on their hands once retiring, finishing school, or ending other commitments, while others had more due to not having children or their children becoming independent. Some wanted to continue with work related to their career. One participant compared the pride felt witnessing clients smile because of their dog to parents watching their children hit home runs - another example of anthropomorphizing not just the pet, but also the relationship.

### ***Involvement in Program (Length & Awareness)***

Handlers volunteered on average for four years, from the study’s one-year minimum requirement to 10. Before volunteering, some had known of the program for years, eventually signing up after owning a well-behaved dog. They learned of it from various sources (three from multiple), most becoming aware through overlapping facets of their lives such as other recreational and volunteer activities, friends and family members, and their careers. Three participated in dog-related activities (walking groups, obedience & agility classes, and seminars) and two similar volunteer programs (one in the same facility). Two knew friends and family involved (one recognized a friend at an outreach event, the other’s aunt volunteered for a long time), and another had already brought their dog to visit an ill family member. Others merely noticed posts, stories, articles, and advertisements from local news outlets, social media, and generally “online,” or met handlers volunteering at events. Finally, one worked as a recreation specialist in a long-term care facility, noticing other handlers joining after initially visiting family members,

*One lady I set up... on one of my units... at my site, ... her father used to be a resident there... She used to bring her dog in on a regular basis. When he passed, she went to the therapy dog program so she could go back and visit with her dog. (Participant 10)*



Swift's (2009) participants averaged four years as handlers. Many of Reece's (2012) participants started volunteering after bringing their pets to visit seriously ill family members.

### ***Setting & Frequency of Visits***

Participants visited various facilities (around seven each, from only one to over 16), including seniors and nursing homes, hospitals and treatment centres, schools, libraries, shelters, a correctional institution, and other community centres. Some had “main” places they regularly frequented (weekly or bi-weekly) for many years, juggling the same handful of dedicated locations. Other places they visited more sporadically (monthly), sometimes branching out to different locations. They regularly visited clients on average once per week, ranging once-monthly “as required” up to four times weekly. Most visited at least twice per month, varying week-to-week and month-to-month depending on facilities or their schedules. Many also filled in “as needed” and at special events, and several held additional roles (such as evaluator, unit coordinator, and newsletter editor). Some set minimum personal standards, while others forced themselves to limit their efforts. Participant 7 visits long-term care homes weekly and a university twice per month, also attending “any special events.” In addition to their main facilities, Participant 1 visits different homes and Participant 3 different schools. Participant 2 is “there any time” the program needs help, whereas Participant 10 “tries to get out” once weekly.

Some of Reece’s (2012) participants served multiple locations.

### ***Other Volunteering***

Most had an extensive volunteer background, interacting with various populations. Many had prior experience with health and animal organizations (one conducting friendly visits in hospital and two specifically with groups involving dogs), and multiple with the same

organizations. They were “avid” and “lifelong” volunteers who were “always” and “very” active and who had done and continue to do “a lot” of volunteering with “lots of different things,” essentially “involved with everything.” One held the same position for 21 years, and another had volunteered with nine organizations. Some also volunteered elsewhere at the time of interviews (one maintaining four additional commitments). Few had experience with only one other organization, volunteering “just once” to meet high school requirements or with “one-offs here and there, nothing weekly,” for one, being a handler was their first “real commitment.”

Some of Savishinsky’s (1992) participants had other voluntary involvements. Prior experience doing similar work mediated how they felt and how long they continued as handlers.

### ***Therapy Dogs & Animal Experience***

The therapy dogs varied from purebred to mixed, ranging from miniature to giant. However, previous personal observations indicate that primarily miniature breeds participate and Participant 5 notices mostly smaller therapy dogs. Many handlers had a second therapy dog, and another participant had also previously volunteered with a now deceased dog. Almost half owned other pets (three owned an additional non-therapeutic dog and three owned cats), and three anticipated more in the future. Participant 1 had a third dog, two cats, and wanted chickens, while Participant 13 owned four dogs and two cats simultaneously.

Most grew up around pets (keeping them their “entire lives” or one since they were five), many specifically dogs (five owning multiple and one continuously since the age of 10). Others eagerly anticipated having their own dog as adults. Almost half had lived with cats, most more than one. Additional animal species they grew up or lived with include a goat, birds, fish, gerbils, hamsters, guinea pigs, rabbits, and rats. Two handlers’ family members also bred animals (one’s

father raised Beagles and one's uncle Newfoundland ponies). Several had limited animal experience prior to owning their therapy dogs (two had never lived with any pets, and two their first dog); however, all except one accumulated additional pets since. Participant 2 described the "typical household" as owning dogs and cats. They grew up with dogs, owning others on and off since, and plan to raise their next with a cat.

Three had allergies, likely influencing their amount of experience with animals. Participant 4 grew up without pets due to severe allergies, eventually getting their hypoallergic therapy dog, both their first dog and first experience living with an animal. Participant 7 is allergic to cats, lacking pets in their childhood home. However, their aunt and uncle "always had dogs and cats," and they now plan to have a dog forever. Participant 14 would likely own a cat if not for their allergies.

Some of Moorhead's (2012) participants planned to train other pets if forced to stop sessions due to their current therapy animal's death or illness.

### ***Attitude Towards Animals***

When asked, over half agreed that they consider themselves "animal-lovers," some "absolutely" and "always" enjoying interacting with them "since birth" and for their "whole lives" (see Appendix F: Interview Guide, question 5). Some preferred certain types; for example, a few considered themselves "crazy" and "100 percent" dog-lovers, whereas one simply felt impartial towards cats. Regarding other species, one did not like and would never own reptiles, and another did not like their children's lizards. Participant 4 is an animal-lover; however, "conditionally," not necessarily loving "all" animals. They do not like cats and find some friends' pets annoying.

Three had previous traumas, likely influencing their attitudes. Two (both bitten by dogs) “only love” their own, never “real dog-lovers,” not particularly liking animals except for their own “special” pets. A couple disliked cats (one with severe allergies and the other attacked), yet neither would enjoy seeing or ignore one hurt or in distress. Participant 2 was hospitalized due to a cat; not liking and feeling uncomfortable around them. Participant 11 was never a fan of animals, not their “thing.” Their cat came with their partner (the last they will own), and getting a dog was also initiated by them. Despite not loving all dogs, they love their own, labelling themselves as more their “dog’s person” than an “animal person.”

A few did not realize their capacity for affection towards animals until owning or being around them, while others’ affection increased (for example, one was a “cat-person” before getting their dog, now loving both). Participant 12 did not like cats until their son owned one. Participant 14 described their love for animals as having “gotten worse” over the past few years. Participant 13 always “liked” animals; however, the program promotes adopting a “love of dogs.” They summarized,

*If you've never interacted with dogs... A lot of people grew up in families that didn't have pets for allergies or for whatever reason. Some people just don't like animals,... that's okay too. But when they get involved with the Therapy Dog, ... there's this group that you... take on the love of dogs from everybody else. (Participant 13)*

Reece’s (2012) participants were self-professed animal lovers. Collins (2014) stated that being an animal-assisted therapist requires loving dogs.

## **Themes**

The following themes emerged from my interviews with volunteer handlers about their experiences, encompassing and highlighting prominent components. They represent participants common language, ideas, and ideals - the commonalities of their multifaceted and complex

journeys. Specifically, I present insights into the volunteer handlers, dogs, clients, and other perspectives.

### **Theme 1: Win-Win-Win**

Participating in the program benefits everyone involved. Visits have a net positive effect, all enjoying them. The three-way interactions between volunteer handlers, their dogs, and clients are mutually beneficial and reciprocal, creating a “win-win-win” scenario. Participant 1 feels good, and their dogs and clients are happy. Participant 3’s dog feels good, then clients, and finally they do because everyone else does. Participant 4 stated that “everyone is happy,” finding “it all very positive.” Participant 6 described the program as “bringing everybody joy and happiness.” Participant 9 described an “overall positive experience.” Participant 7 summarized,

*That's where you have... the win-win-win proposition. For us, with our dogs... giving to the community... Also, for the... individuals that we interact with, with our animals... It's just so multidimensional... in terms of its impact... That's why you keep a lot of the volunteers in the program... It's just so rewarding in so many different facets. (Participant 7)*

Current and former handlers in Savishinsky’s (1992) study maintained firm beliefs in the real and mutual rewards they and clients enjoy. Reece’s (2012) participants described AAIs as “beneficial” to clients, themselves, and the animals. Swift’s (2009) participants often used the word “beneficial.”

### ***Handler Win***

Handlers receive vast personal rewards regardless of their motivations for volunteering, their actions not entirely altruistic despite some rewards being unexpected and surprising. Many have retired, looking to fill their time. Others take advantage of flexible schedules or enjoy a break from their busy life. Participant 1 summarized the “feel-goodness” of helping someone and

giving back to the community while also doing something their dog enjoys as a principal component. Participant 2 stated that handlers must “get something out of” it; otherwise, they would not volunteer. The program is “very positive” for them. Participant 3 “obviously” does not volunteer for money, “reward” the first word coming to mind to describe their experiences. Participant 5 explained that handlers sign up for one reason, to take their dog to visit people, not necessarily there to get anything out of it, then gain “a whole bunch of stuff,” “all those other things” not initially expected. Their intentions are different, only recognizing the benefits after. Typically volunteers know what they will get; however, taking pets presents many unexpected spinoff pieces. Participant 10 feels “very rewarded” knowing their dog enjoys volunteering and the impact on clients, especially dog-lovers. Participant 11 “obviously” benefits personally, especially when applying to and interviewing for programs. They may demonstrate that they spend their spare time participating in activities aligned with their professional life and highlight personal qualities, helping them stand out. Participant 14’s mental health benefits just as much as clients’, the visits “so rewarding.” Participant 7 summarized,

*It's that friendship. It's that involvement... I've gained... a sense of satisfaction in that I'm giving back to my community too... Volunteerism... was always important... It IS important... So, finding avenues where I can do that in a meaningful way and havin' to be selective in relation to my time and other commitments, this program allows me... to do that... That's a real gain for me personally. (Participant 7)*

Savishinsky (1992) described volunteering as an act of will whose practitioners may know what they want and are often surprised by what they get. Society generally views volunteers’ actions as rooted in “altruism” rather than “self-interest.” However, altruism is a “cultural ideal” since voluntarism combines motives and rewards. People generally use volunteering to achieve grace and intimacy, further their careers, assuage guilt, fulfill vows and personal quests, combat boredom, lay ghosts to rest, cope with personal loss and family problems (such as separation),

and confront other existential dilemmas (such as pursuing a sense of self-worth). Participants' collective experiences demonstrated a range of substantial and fundamental rewards, many describing their experiences as "rich" and "rewarding." Some discovered significant rewards in "a selfish altruism," their initial incentives to "do good" or engage in something "fun" often masking others. They had varying awareness of their hidden needs and motives (some more aware than others), differing in consciousness of their own agendas and goals. Most did not foresee the many meanings and subtleties derived. They signed up for various reasons, such as identifying as community activists, possessing pet experience, or gaining relevant career experience. The company they kept and the type of visit depended on their personal needs and preferences, gravitating towards healthy or disabled clients and individual or group settings. Therefore, all these factors may be involved when handlers offer time and energy to assist those "disadvantaged." Reece (2012) stated that handlers "clearly benefit," possibly more than clients. They had positive experiences regardless of where they visited or clients' health, their spouses noting benefits after returning home. Many remained drawn to facilities after ailing relatives left or died because they found it healing; however, nearly all expressed a "compelling need" to continue visiting with their animals regardless of what brought them to volunteer. Collins (2014) described society's view of volunteers as "selfless," desiring no reward and lacking tangible rewards from donating time and effort to their cause. They consider animal-assisted therapists "pure," choosing to volunteer of their own free will and without financial compensation, many serving strangers. Participants received complex personal rewards; however, the altruistic motivation of "adhering to values" was the primary reason participants became and remained volunteers. McCullough's (2014) participants listed positive impacts on their own lives, many explaining how "rewarding" their experiences were and describing how much they enjoyed them.

Swift's (2009) participants described themselves as unpaid professionals that are, however, "very, very rich," often using the word "rewarding."

**Joy of Helping & Giving Back to Community.** Helping others makes handlers feel joyful in return. They recognize their privileges and ability to have pets, wanting to return favours to their community by sharing their dogs with those "less fortunate." In giving back, they gain new perspectives and further appreciate their own lives. Participant 3 volunteers for the satisfaction of helping others, appreciating the ability to work part-time and privilege to weave taking their dog with them into their schedule. Participant 5 brings their dog to "help people," volunteers being typically people who want to "give to the community." Participant 6 wanted to share their dog with those without pets. By helping others, they also help themselves, especially when feeling down. They recently experienced a difficult time - going out, giving back, and seeing people feeling incredibly therapeutic. Participant 7 searched for a volunteer opportunity, wanting to be involved in the community. They feel "wonderful" brightening clients' day, gaining "a lot" of satisfaction from being able to give back. Possessing a "genuine desire" to volunteer is necessary for handlers' success. Participant 8 "just likes" seeing other people happy, finding their experiences with certain populations, such as prisoners, destigmatizing and humanizing. Participant 9 finds that visits, particularly to senior homes, "put things in perspective." They leave viewing life through a different lens, realizing their own luck (to be healthy and able to travel). Participant 10 likes sharing their dog with others. Participant 11 "really enjoys" sharing the love and affection they receive from their dog. Participant 12 explained that today's "volunteering" was considered "helping others," everyone merely doing their part as much as possible. Participant 14 stated that handlers own dogs they love and want to



share. Witnessing their dog interact with clients is their “happy place.” Participant 1 “really enjoys” fulfilling part of them that wants to “do unto others.” They summarized,

*I enjoy volunteering anyway because it's just my... personality... I believe in giving back to the community 'cause... I'm pretty privileged, and I recognize that privilege. So... if I have the ability to share and help other people, I will. (Participant 1)*

Participant 2 loves knowing they helped someone within their community and made a difference, the feeling “hitting home.” They summarized,

*I know when I go home after volunteering at a home... what it does to me inside as a person. It gives me a sense of... I helped someone today. Makes you feel good... That's the whole reason why people volunteer, if you ask me... They wanna help out and help other people. Call a spade a spade, that's basically what it is... You wanna help people or your community and help yourself. (Participant 2)*

Savishinsky (1992) explained that, in reality, volunteers often help themselves while helping others. Moorhead's (2012) participants received satisfaction from helping others. They enjoy sharing the joy of pets with those who cannot have their own. Reece's (2012) participants enjoyed helping clients, smiling and becoming animated, conveying enthusiasm while recounting their experiences. They found happiness bringing joy to others and appreciated the opportunity to “give back,” several labelling it a “gift.” Swift's (2009) participants often used the word “enjoy.” McCullough (2014) listed kindness as a personal trait handlers should possess. Participants felt “lucky” to provide their services. Collins (2014) identified “giving back” as an essential motivator, participants expressing a deep altruistic desire “to help people” as a core reason for becoming and remaining volunteer animal-assisted therapists. They felt obligated and responsible to “do something nice” due to their own good fortune and quality of life and “give something” to communities that provide them with much.

***Needed & Appreciated.*** Handlers feel wanted and needed by clients who appreciate and express gratitude for their efforts. They feel impactful, gravitating towards those for whom they

are most useful. Participant 8 feels more appreciated than with other volunteer activities, everyone telling them they are “so good” for doing it. Participant 12 feels most needed by nursing home residents, “always” receiving a hug, kiss, and “loves you.” Participant 7 feels “really good” visiting clients without other visitors and whose body language indicates they are “important.” For example, clients rise and welcome them in their room as if their home, sitting up and looking forward. Hearing they made someone’s day encourages further effort, just a comment or two making it “worthwhile.” Some are continually thankful. They summarized,

*A lot of the patients I visit are male... I always joke because I get proposed to almost every time... I say, ‘You're really good for someone's ego’ ... So,... the visits are so appreciated... The residents are so appreciative of the visit that it makes it so fulfilling for me. (Participant 7)*

Savishinsky (1992) described volunteering as gratifying and flattering, handlers offering their time in exchange for gratitude, a rarely purchasable reward. Participants derived the most satisfaction from clients most in need, those receiving less attention and fewer visitors than healthier residents. Handlers consistently volunteering for the longest time regularly visited the most impaired individuals, those confined to beds and wheelchairs or who have pronounced Alzheimer’s and other communicative disorders. The worse clients’ condition, the more handlers felt needed and appreciated, increasing retention. Collins (2014) identified “feeling needed” as a critical motivator for animal-assisted therapists who wanted to feel appreciated while giving back. Nursing homes and other facilities with elderly populations most need AAT.

**Something to Do (with Dogs).** Handlers have something to do, reasons to leave the house, and they also get to take their dogs with them, participating in fun activities that vary each session and they both enjoy. They spend ample time focused on their dogs, bringing them closer and strengthening their bond as they work together as a team. They love their dogs and want to

be good owners. Participant 1 hopes their dog's life is not "boring horrible." Doing something together is "always nice," volunteering especially "lovely." Participant 4 has an excuse to escape with the dog in the evening while their partner remains home with crying children. Participant 5 gets to be part of a team. Participant 6 noted a group of "full-timers" who always visit and attend events. Participant 7 takes their dog places and does things with them where they usually cannot. They are "a bit obsessed" and feel guilty leaving them home. Being able to volunteer together creates a "win-win" situation, one of the "true benefits," unsure they would visit the same locations if unable to bring them, likely finding other avenues to volunteer. Participant 8 "really enjoys" getting to spend "a lot of" extra time "just with" their dog - paying attention to and focusing on them. At home, they tend to ignore their dog, only meeting their basic needs for food and exercise while neglecting others. Participant 10 gets to do something with their best friend. Participant 11 prefers to always have "something on the go" and particularly enjoys volunteering. Participant 12 loves being "busy," preferring to keep their days active (rather than wasting time lying down and watching television). Participant 14 recognized an opportunity to "get out and do some stuff" with their dog, taking advantage of the new freedom of a flexible job and older children, enjoying a "great bit of fun." They summarized,

*That's what I like the most. Nothing's ever exactly the same... Every visit... you're gonna encounter new situations, new people... The ones I do regularly, ... even though sometimes it's the... same person, ... it's always different... I like that, ... especially when I change up the dogs too. (Participant 14)*

Participant 3 described "team" as "hitting it right on the head" since they do things together. They feel fortunate to volunteer with their dog, possible through few organizations. They summarized,

*They're there. You feed them; you pet them; you clean them. They sort of do their own thing. But with the therapy dog, you're out in public with them... You're a team, and... seems to be brings you closer together. (Participant 3)*

Participant 9 enjoys a “fun activity” their flexible schedule allows. They summarized,

*It... gets me out, ... makes me feel good to go home at the end of the night. I'm like, '... cool. I did something on a Tuesday.' When normally, you might be more inclined to come home, ... make supper, and watch tv or something. (Participant 9)*

Many of Savishinsky's (1992) participants were homemakers or had retired, seeking to vary routines. Reece's (2012) participants found a passion. They further bonded with their pets, learning more about them and building stronger bonds the longer they volunteered. They enjoyed making them happy working side-by-side, frequently using “we” to describe their experiences as part of a “team.” Collins' (2014) animal-assisted therapists valued “something interesting” occupying their leisure time and looked forward to changing their routines, very different from what some do for a living. They found that doing joint activities together with their dogs continually strengthened their bond and connection, benefiting them and creating better working relationships (which also benefit clients). The imagery of “team” instills professionalism and confidence.

***Purpose & Meaning.*** Handlers derive purpose and meaning from their efforts. They value volunteering, feeling fulfilled and gaining a sense of identity and generally increasing their life satisfaction. Participant 1 described some retired women as “living for it,” volunteering hundreds of hours per year without burning out. Participant 3 gains fulfillment and would feel lost without it, the organization meaning a lot to them personally (how they met their wife). Participant 5 finds sharing their dogs with others more meaningful than watching movies. Participant 7 “really” missed their community involvement when life circumstances prevented volunteering, forming a “very important” part of who they are and what they do. A couple of excellent visits were “fulfilling.” Participant 11 is confident they are doing something meaningful and helpful.

Participant 13 gains satisfaction, the “most satisfying” thing they have done. Participant 14 gets to teach their children the “volunteer aspect” of life. Participant 10 summarized,

*So many people retire, and within six months, they're lookin' for work because they don't know what to do with their time... When volunteering is such a rewarding thing, ... set up yourself with... a service organization... You need a purpose in life... It's nice to think I can retire and be... on vacation. But after... two to three months, I'm sure that gets old - only so many chores around the house you can do, ... hobbies... But then, ... you gotta have purpose and meaning to get up outta bed every morning. So, the volunteering obviously is... a smart way to go. (Participant 10)*

Savishinsky (1992) noted that US women, across generations, derive much fulfillment from their unpaid work. Most participants wanted to and find new sources of usefulness, developing self-images from their role. Moorhead (2012) labelled “internal satisfaction” the most significant benefit, “satisfaction” and “gratification” driving forces behind handlers continued involvement. Reece’s (2012) participants understood the value of what they do.

***Better Pet.*** The dogs encounter different environments and socialize with many people and other dogs, gaining new and varied experiences and growing into better pets. After visits, they tire and behave. Participant 5’s dog learns “so much,” whereas pets at home encounter fewer people, mostly family, their exposure “so much less.” Participant 7’s dog receives “really good” training around various people and many other dogs, lacking fear due to their involvement. Participant 13 described socialization as “always beneficial;” the more people the dogs see and interact with, the more comfortable and confident they become. Participant 11’s dog acquires “great” experience, getting to have “a bunch” of different experiences and exposure to “lots of different stuff.” They summarized,

*There are a lot of benefits to volunteering for me, ... in terms of it actually being... an important experience for her as... she grows and matures as a dog. And, ... we're gonna have a family eventually... The more she's exposed to different situations, ... the better she's gonna be... (Participant 11)*

**Socialization.** Handlers interact with clients and their families, other volunteers and their dogs, and even staff. The program attracts those with similar interests, bringing them together and introducing them to new social circles. They also meet people they otherwise would not. Some make friends, forming friendships. Participant 5 receives comradeship. Participant 6 wanted to meet the public, enjoying “the people.” They like listening to clients’ stories, getting to know them and stepping in the door known better than in previous years. Participant 7 derives much satisfaction from the “social function,” tending to be lighthearted with many people around and providing an entire social group. Most of their friends are now “dog friends,” and they have befriended clients they probably would never have met. Participant 8 explained that visits are not just about socializing with clients; they also enjoy interacting with other volunteers and their dogs, especially in group settings. Participant 9 loves the “social aspect,” feeling comfortable talking to people of all ages. A core group of retired women, the “golden girls,” schedule visits together, forming a “gang.” Participant 13 stated that “everybody” enjoys socializing with their dogs. Participant 14 expanded their “pool of people,” meeting other fantastic volunteers and clients, some becoming great friends. They “love” group visits which provide opportunities to see everyone, including the other dogs. Participant 12 described visits as “socializing on both sides,” enjoyed by both handlers and clients. They befriended another volunteer, now visiting together “all the time.” They summarized the socialization,

*It's like my husband said when I got home, ... 'It's the social aspect for you too.' And it is. It gets you out... You're retired, and a lot of people retired stay home, ... see nobody, and don't do much... They get bored. But when you go out volunteering, you get to meet people and see people... Talking. It's a social aspect as well. So, it's good for both... Not only for the dog but for me too. (Participant 12)*

Reece’s (2012) participants enjoyed getting to know and connect with others and the chance to build friendships. Savishinsky (1992) described participants’ regular contact with

specific residents as rewarding parts of their routine and gratifying experiences. Most viewed themselves as family and friends (rather than visiting strangers or adjunct staff). Some replaced absent family members (such as parents or grandparents living elsewhere), valuing their time with a “surrogate family.” Others visited clients with their own relatives. The least mobile and communicative clients allowed for prolonged and intense interactions with captive audiences. Moorhead’s (2012) participants felt satisfied contributing positive interactions to others’ lives. They anticipate and look forward to seeing clients, especially “favourites” with whom they share special attachments, and would have otherwise never encountered certain clients.

**Destress.** Volunteering serves as a “stress reliever,” forcing handlers to be present and focus on their dogs and clients. They destress and relax, removing stress from their everyday lives, especially mitigating the effects of a bad day or hectic job. They escape their responsibilities, slow down, and enjoy the moment. Participant 4 is “just there” with their dog and clients, forgetting their phone or work. Time flies by, and they “really feel great” after, even if stressed, rushing to prepare beforehand. Participant 5 enjoys a change of pace and something to focus on entirely, especially after working their high-pressure job. Participant 6 stops thinking about their daily stressors after merely one hour. Participant 8 gets to enjoy time away from their other responsibilities and exist “in the moment,” taking a break from everything else going on and ignoring their phone – “one of the big benefits.” Participant 12 feels “a lot better” after volunteering, previously “loggy and lazy,” not wanting to do anything; however, returning home, they take a deep breath and feel good. Participant 13 gets up and relaxes, the stress of a hard day’s work relieved and their mood “totally changed,” regardless of how bad before. Participant 14 benefits physically as they take a deep breath, relax, and decompress to a “nice neutral,” no longer “wound up” or anxious. They summarized,

*It's got so many positive mental health aspects... That goes for me too... If you're havin'... a stressful day, ... you go and... feel... a weight's off your shoulders when you leave... Then I look at her, and I'm like, 'God, that was awesome. Thank you.'* (Participant 14)

Savishinsky (1992) noted handlers consciously stepping away from their work's technical demands and into a straightforward world. Moorhead's (2012) participants felt gratified sharing their personal stress relievers with others.

**Source of Pride.** Handlers feel proud of their efforts and their dogs' accomplishments. They take pride in the organization and their association with it, acceptance into the program reflecting their dogs' behaviour and their skill as trainers. The designation of "volunteer handler" demonstrates a selfless dedication of time and energy, and friends, family, even strangers view them in a positive light. Participant 3 takes pride in and enjoys "showing off" their dog and promoting the organization. Participant 4 associates the emotion of pride with their "team," feeling "very proud" of their dog, especially while interacting with clients and receiving compliments. Participant 10 described a sense of pride as "one of the big things." Participant 11 receives much praise for their own efforts. Participant 14's child expresses pride amongst peers during visits to their school. Participant 7 feels rewarded witnessing their dog's impact on clients and success in the program, concerned that as it expands, owners may seek "therapy dog status" solely for "bragging rights." They summarized,

*On the dog walks, ... if people know you're a part of the program, they may ask you about the program. Like, 'What do I have to do to get my dog in the program?' Or, I'll go to the groomer, and the groomer will say, 'Oh, this is <dog's name>, the therapy dog' ... It's... a little badge of honour... People will ask you about it... My sisters will just brag about <dog's name> being a therapy dog... There's that element of pride for me too... It's an accomplishment that... not everyone... [is capable of] ... It's the investment and the time... I take great satisfaction from that for sure.* (Participant 7)

Reece's (2012) participants gained a sense of pride and accomplishment from their own volunteerism and their animals' behaviour, proudly observing their interactions. Collins' (2014)



animal-assisted therapists felt proud of their accomplishments, highly regarding their commitment and work ethic, considering themselves “exceptionally hard-working” due to the extensive time and effort in training their dogs and the level of training, education, and commitment required of them. They spoke of their dogs with love and pride, their achievements reflecting well on themselves as trainers and enhancing their self-esteem.

### ***Dog Win***

The dogs enjoy volunteering, evident in their expressions of happiness and excitement (such as wagging tails) and their cooperation as they eagerly anticipate it (sitting and patiently waiting when presented with their red scarves). Some “love it,” a few handlers volunteering for their dog’s sake. Participant 3’s dog starts spinning once they see their scarf. Participant 4 switched their administrative efforts to a more interactive capacity to accommodate their aging dog’s love for volunteering, planning to continue until they are physically unable. Participant 5’s dog was a reason they chose to volunteer. Participant 6’s dog is “very happy” for a couple of hours. Participant 10 notices their dog’s demeanour change in anticipation, automatically sitting and waiting wherever they are soon as they see their scarf. Participant 11 volunteers more for their dog than themselves. They immediately remembered a client two weeks after meeting, maintaining stride and excitedly jumping onto their bed. Participant 14’s dogs are “always more than willing” to go out and visit people, competing for a turn soon as they see the red shirts, then getting jealous. They know their dogs love it because their tails are wagging and they have a skip in their step, never showing any physical signs of not enjoying it. Participant 13 summarized,

*They get really excited. Tell <dog’s name>, ‘Come on, gotta put your scarf on,’ and he’ll sit and hold his head out for me to put his scarf on ‘cause... he knows what it’s for and where we’re gonna go. (Participant 13)*

Collins (2014) found that the dogs also gain a lot, their enjoyment evident as they seem happy to go. Reece's (2012) participants noted the dogs responding to attention with wagging tails.

**Something to Do.** The dogs gain additional activities. They get to go out, leaving their houses to "do something." Participant 1 noted the dogs avoid being left home alone all day. Participant 4 explained that volunteering allows the dogs to feel they are "actually" doing something. Participant 5 believes that their dog derives a sense of purpose. Participant 7 described volunteering as also a "win" for their dog (who gets to join them). Participant 10 described traditional working breeds as requiring "purpose," enjoying helping and doing "their own thing." Participant 11's dog enjoys another indoor activity during winter. Participant 1 summarized,

*... dogs like it. It's something they get to do... The therapy dog shirts are red,... so that red shirt goes on, and the scarf goes around their necks, and they know... They're all excited. They're gone to the door like, 'Let's do this'... Especially my big dog,... she's a big hyper beast... She loves it. (Participant 1)*

Collins (2014) stated that the dogs look forward to volunteering.

**Attention & Treats.** The dogs have people-oriented personalities, enjoying social interactions with clients and also other dogs. They receive attention and affection from clients who talk to, pet, cuddle, and give them treats. Participant 4's dog loves people. Participant 5's dog enjoys the "social component," loving the attention and encouraging clients to continue petting them, always happy and excited to see clients and their "other dog buddies." Participant 7's dog loves head pats, walking around to receive them. They visit entire facility floors because anyone seeing a dog pass by wants to give them attention. Participant 10's dog is an "attention hog," loving clients' scratches. Participant 11 initially considered the program because their dog

“loves” people. Participant 13’s dog “loves everybody” and is aware clients keep food in their rooms, always excited to visit one with treats. Participant 3 summarized,

*She knows... she's going to get some treats. Treats have a lot to do with it, but I think it just makes her feel good... I have no way of proving it... They know they're going to leave the house, ... get treats, ... visit people, and... get attention from those people. Positive attention. She loves the positive attention. (Participant 3)*

Collins (2014) specifically found that the dogs get to be loved. Moorhead (2012) stated that the animals generally like being scratched. McCullough (2014) stated that the dogs receive affection from clients.

### ***Client Win***

Clients derive many benefits which impact them profoundly. They must deal with the reasons prompting visits, often going through difficult times or facing undesirable life situations, circumstances, and conditions (usually alone, ageing, institutionalized, bedridden, and unable to have or missing their pets). Some make ideal candidates, their quality of life improving. Participant 4 knows the dogs make a “big difference,” never forgetting moments that are “really special” and “so meaningful” for clients. One client lacked the ability to control their muscles and speak, only lying in bed. Participant 7 knows they impact clients who are typically from rural areas and miss their animals. Participant 9 described one client as “so fragile” in bed. Participant 11 encounters clients in their last years of life, one’s condition so advanced they were usually asleep by evening. Participant 12 can “only imagine” what they are doing for clients who are usually alone, aged, and bedridden, some "all alone with nobody" except scattered friends. Many in senior’s homes “minds <are> not with them.” Participant 13 described most clients as having had dogs all their lives and missing them. Participant 1 summarized,

*You put a dog up on someone’s bed, ... a little dog, or... in my case, a big dog... She will get in someone’s bed if they are fine with that... They get some kisses and some*

*snuggles... Mix a little bit of friendly human interaction with that. For someone who is going through... medical care,... loneliness, or... institutionalized, even if that is just being in an old folks' home, it makes a world a difference... You see some really cool reactions... You see people who are going through some really bad stuff or some hard times... People who are lonely, or... just old and... in a place that isn't their home, maybe away from their families... You give them some exposure to a friendly face and a fluffy old dog, and... they are so happy. (Participant 1)*

Participant 10's dog enhances and improves clients' lives, merely their presence providing joy and comfort to those nearing the end stages. Clients often struggle to adjust to long-term care, experiencing isolation, animal-lovers with depression ideal candidates. They summarized,

*You know the dogs made a difference. Most of the people that we're visitin' are... in the end stages of their life, and... the dog is able to bring a better quality of life for the last portion... Especially in long-term care where it's their home,... these residents, some people are there 5, 6, 7, 10 years in these sites... Obviously, a lot of these people had pets in their past, had animals, and animal-lovers... To take that away from someone, it's a shame. (Participant 10)*

*From day one, when we got the dog, she was always after the dog... Just knowin' that... she was palliative, and she asked her daughter to go get <dog's name> some treats and wrap it up for him,... It's what the program's about,... someone who loved animals who was in a home... She had,... obviously, a connection with <dog's name>... It was almost just as much her dog as mine... She had pictures of him up on the wall. (Participant 10)*

Savishinsky's (1992) participants felt bemused and irritated over those who question their volunteer work's value, rejecting the idea that scientists must prove it through tests and measurements, the benefits so manifest and self-evident, affirmed in the weekly reality of their own experience. McCullough's (2014) participants "knew" their animals made a difference in clients' lives. Swift's (2009) participants often used the words "powerful" and "incredible."

## **Theme 2: Volunteer Drawbacks**

Handlers experience few drawbacks, recognized as "difficult parts of life" encountered regardless, also contributing to their personal growth. Many stated, "if I have to name a few...," followed by "but overall it is great." They develop coping strategies to mitigate or avoid the

negatives and focus on the positives, for example, how they help clients and their dogs enjoy it. Ultimately, the rewards outweigh the drawbacks, making their efforts worthwhile. Participant 2 questioned why volunteer if clients did not react with a smile or if the program seemed negative. Participant 9 witnesses the usual and inevitable aspects of life, such as growing old and feeling pain, unpleasant yet necessary. They summarized,

*The only negative I can see to this program is sometimes you'll see a dose of reality that might be emotionally burdensome... I don't think that I put myself in those situations enough to really burn out... A couple times, I've left visits where I've had a heavy heart. But, I also like to end on a good note... and try to be mindful... Tell myself, well, at least I was able to get out, and I brought the dog, and that might have brought them a little happiness... Maybe they'll count dogs in their sleep tonight. (Participant 9)*

Although Reece (2012) gave participants opportunities, few shared negative experiences. Six of ten could not think of any negatives, others following with “if I have to give one, it would be” statements. Savishinsky (1992) found that handlers have both positive and negative encounters. McCullough's (2014) participants cited overall beneficial experiences. Collins (2014) calculated therapists' time and effort spent plus income and social pleasure lost, considering their net cost of volunteering “relatively low.” Many had retired and did not forego earning income, others took their dogs to work, and none viewed their activities as deterring social opportunities. They perceived their time and effort as high yet felt rewarded for hard work.

### ***Emotional Toll***

Visits can be emotionally burdensome, taking a heavy toll. The pain and suffering surrounding illness are often difficult to witness, especially with children. Clients' death is particularly taxing, their sudden departure and lost relationships hard to handle. Handlers feel upset or sad and miss clients. Their dogs are also affected, refusing to walk down hallways of previous clients or staring longingly at their rooms. Most learn from their experiences and take

steps to prevent or manage the intense emotions, preventing burnout. For example, some avoid triggering locations, only visit in group settings, or employ a conscious detachment in future relationships (adopting a “friendly but not friends” approach, putting up anticipatory walls, and keeping clients at arm’s length) to minimize the pain of losing them. Participant 1 cried for an hour the first time seeing “little kids so sick.” Visits can be “rough,” more than signed up for; however, “great” at the end of the day, the emotional impact depending on handlers’ personalities. Participant 3 encounters only one negative, everything else “super positive.” They feel bothered visiting “really sick” children, especially as a parent, imagining daily visits as “hard.” However, the benefits to clients and the dog outweigh their hour-long discomfort. Participant 6 prefers group settings to avoid getting too close or personal, aware of “what happens.” Participant 10 was upset when a client who loved their dog passed; however, happy knowing they made their last year of life “that much more” special. Others visiting regularly and unfamiliar with death are personally affected. The dogs also act confused when no longer visiting certain rooms, looking for clients, one continuing to sit by a previous client’s room. Participant 11 described visits as “bringing up emotions,” for example, clients discuss their beloved yet deceased pets they lost. Handlers volunteering for a long time, such as ten years, make and then lose “all these” relationships. However, death is part of life, and more people pass as we age. Participant 12 identified loss as a “negative part” that they “hate,” the “worst part” getting attached to clients who often “go real fast,” there one day then “gone the next,” once anything happens to them being “hard.” They still imagine and miss one no longer there. They knew to avoid getting “too involved” from working in hospitals, yet limiting their attachments is still difficult because they have feelings, preferring to sit down, talk to, and love clients, especially “regulars” whom they see “all the time.” However, they expected loss “going in,” “part of what it

is,” and “what comes with the thing.” Participant 4 feels the emotions, the children’s hospital “sad” with the little kids. They summarized,

*The first year when we were at <location name>, we got to be very close with three residents in particular, and they all died... I found that very hard... I stopped going... just because it was sad to go in there... She would automatically go to turn into the room that was no longer that resident's room... After that, I started to take a different approach with the residents where... we're “friendly but not friends”. Whereas in the first year,... it was more like friends... You'd have great chats with them... We've been to some wakes of... residents who we've visited... I've given pictures of <dog's name> up in the beds with... their father, grandfather,... uncle, or whatever the relationship is... But... for me, it's been more just trying to be friendly and... look forward to seeing them... Building that relationship absolutely, but not being friends. (Participant 4)*

Participant 7 highlighted the trickiness of balancing getting to know clients yet not taking things personally. For example, some cannot wait to see them one day, then want them nowhere near the next. Handlers must attribute their moods to a bad day and try again next time. Their dog first noticed a client missing, staring into their room for an entire visit with another. They summarized,

*Within my first year, three of the patients we were assigned to passed away, and that was really hard... Because... I spend 45 minutes,... I would probably see the patients more than I would see my family in some cases. So, you do build those particular connections, but then... you realize the next person is very happy to see ya... You kinda suck it up and say you did something good,... made it pleasant in the last few days and times... You don't dwell on it. (Participant 7)*

Participant 13 cries “sad tears” whenever clients they visited for years are “no longer there,” the sudden loss “hard.” However, they feel “really good” most times, crying mainly happy tears with smiles. They summarized,

*It's good. It's awesome... It's very emotional at times. I can remember one of my first visits... <Dog's name> went in... This lady was in bed, and... one of the nurse aides there said, ‘She's not very good. She hasn't spoken in a couple of weeks’... Of course <dog's name> went over and give her a lick up the hand... She just smiled in her eyes, ‘He likes me’... Well, of course, I broke down cryin’. (Participant 13)*

Participant 14 felt heartbroken visiting a particularly ill “little one” in a wheelchair with IV bags, still “loving” volunteering despite sometimes feeling sad. They summarized,

*When that gentleman passed away before Christmas, it did really affect me... I missed him dearly, and I didn't go back for... a month. I didn't. It broke my heart,... and she still hasn't gone down that hallway in the unit where he was... She will not. She stops dead in her tracks,... will not go down. He's not there, and she won't go. We stay in a common area. So,... it is different... There are people who... don't want that aspect of it 'cause it is... more personal, and you get... on a different level with them. (Participant 14)*

Reece's (2012) participants felt depressed witnessing sad clients and environments, drawbacks including the death of clients and their dogs. They faced difficulties after often forming attachments to ill or dying clients. Moorhead (2012) noted emotional attachment as a drawback since handlers work with populations who may be ill and pass away or live in temporary shelters or facilities, losing contact when they move on. Some worried if clients were not present or sick. They must monitor themselves to prevent becoming too close or emotionally involved; some with a tendency to do so. Savishinsky (1992) listed “dealing with loss” as a negative. Playing a supportive role came with unexpected intimacies and consequences, taking an emotional toll. Participants were surprised by their emotions, most not anticipating the intimacy, which presented the dilemma of both pleasure and burden. They engaged in emotionally demanding experiences that some handled successfully while others found the costs too high. Long-term volunteers encountered the depression, deterioration, and death of those to whom they had grown attached. Neither their motives nor training prepared them to cope with the strain caused by decline and loss. Loss for experienced handlers involved a pre-emptive grieving process.



### *Expectation & Commitment*

Handlers face high expectations and commitment, more than other volunteering. The dogs need to interact well with humans and other animals, pet ownership in itself involving many responsibilities, and handlers invest time and energy getting into the program. They then feel obligated to show up, otherwise disappointing clients, the expectation growing with their bonds. Those with competing priorities engage in a balancing act, some struggling to squeeze visits into their busy lives while others limit their efforts. Participant 2 described balancing “everything,” volunteering alongside their busy work schedule, family, and life as “tough,” necessitating a balancing act. They will not place themselves in harm’s way despite wanting to help. Handlers must overcome many hurdles to get into the program, some expensive, requiring resources. They must already have a calm dog, clean record, vehicle or access to transportation, and then complete many steps, passing all tests. The organization also invests in handlers, their oversight requiring much administrative effort. Participant 3’s wife is too busy with work, herself sometimes inconvenienced when tight on time between working and raising children. Participant 5 labelled owning dogs a “commitment.” Participant 7 highlighted the commitment and responsibility required to own pets as significant barriers to any pet-related program. After making an investment getting through the application process, they felt an obligation, and people expect them to be there. They initially volunteered every night until becoming overwhelmed, eventually learning to balance their schedule. Participant 10 described committing to service organizations as generally “time-consuming.” The obligation and expectation of weekly visits affect handlers differently depending on their stage of life, requiring a “special person” to regularly visit clients, especially those who are intimidating or may not communicate back. They have a full-time job and personal life, managing to squeeze in one night a week; however, those

working part-time or who have retired easily fill their time. Participant 12 lacked time and energy while working full-time and raising children and never thought they would volunteer, just not enough hours in the day. Now they would love to volunteer elsewhere; however still have a home, husband, grandchildren, and other activities, limiting themselves to “no more than” three visits per week (often failing). Dogs are large and “very expensive” commitments, and they feel obligated to visit clients who wait for and tell them to return, making staying home “not right,” especially considering few handlers volunteer at once. They push themselves nights they would rather relax (putting their head down to watch the news), however later feel glad to have gone and had a “nice” time. Participant 13’s job “gets in the way,” restricting them to only evenings. During nights they feel tired after work, not wanting to go anywhere, they imagine clients who are “really expecting” to see the dogs. Participant 14 compared their reluctance to volunteer with procrastinating a much needed-workout, realizing it was “the best” after. Participant 4 must apologize to clients who immediately seek explanations for their absence, even for personal vacations. They summarized,

*Sometimes it just feels like... it's a commitment. But it's different than... another volunteer thing... If there were several people going to something, if one person didn't go, it's fine. If it's just her, if you don't go, then people are disappointed. So... at times, ... if I'm running late with work or if I'm exhausted, ... I would love to... be able to just back off that one night... There are a lot of retired people, and they have so much more flexibility... Then there's people who, like me, work... I work very far in the east end, ... live in the west end, and... volunteer in the east end... You race home after work. You get the dog peed, fed, pooped. You put the right leash and scarf on her, ... get changed, wolf something down, get back in the car, and get back to the east end. So that is a negative, ... but it's not a bad negative. (Participant 4)*

Moorhead (2012) listed “strenuous commitment” as a drawback. Handlers have many ongoing duties, requiring significant time and energy. They must “fully commit” to regularly visiting clients who anticipate them and keep up with training and grooming their pets. Reece

(2012) noted the time commitment. Savishinsky's (1992) participants felt obligated to see particular clients each week and guilty when they could not, their "richer" and ongoing relationships taking on aspects of commitment and expectation. McCullough (2014) listed "flexibility" as a trait handlers should possess. Collins (2014) listed responsibility, commitment, and work ethic as essential traits animal-assisted therapists must possess to handle the tremendous required time and work.

### ***Other***

Handlers also experience the usual drawbacks associated with other volunteering. They must navigate organizational bureaucracy, including a lengthy screening process and many rules for working with vulnerable populations and within healthcare systems. Then, they must arrange transportation to and from visits and special events, requiring access to vehicles and possibly locating and paying for parking. Working with the general public, they sometimes encounter phobias, those fearing animals requiring extra consideration. Participant 12 spent almost a year submitting the paperwork and completing all steps for acceptance. One participant struggles to find hospital parking, and another opts to take taxis to avoid the hassle. Some coordinate rides with partners or use of shared vehicles. Participant 5 notices "not everyone" loving the dogs. They summarized the other negatives,

*You're happy doing what you do, but then sometimes there's all the politics and the policies... because... you're dealing with people. You're dealing with healthcare services and seniors. You have to be really careful who gets involved with the program. So, there's a lot of bureaucracy. (Participant 5)*

Reece (2012) noted weather as a practical negative, requiring handlers to spend time cleaning muddy or dirty dogs before volunteering.

### Theme 3: Opposite Ends of the Leash (Roles)

Volunteer handlers and their dogs fill different roles. The dogs differentiate AAIs from other therapies, whereas handlers offer human conversation. Some clients favour the dogs, others handlers. Participant 1 summarized the program as about clients connecting with animals and people depending on the environment. Participant 4 explained that merely seeing the dogs is enough for some not interested in further interaction. In contrast, others prefer handlers depart and leave their dogs behind, wanting nothing to do with handlers. Participant 7 finds that clients who communicate appreciate them, whereas those who cannot enjoy the dog more. Participant 8 explained that the program combines the benefits from friendly visitors without an animal, plus all the benefits of having an animal present. Clients receive both aspects. Participant 10 summarized the program as about “creating connections with individuals,” providing animal interaction and allowing this type of connection the “crux.” Participant 14 described a child happily interacting with their dog while they converse with the father as the “grassroots.” Participant 12 summarized,

*But it's good for them... They'll come in... and just to sit down to interact is good for them anyway... A lot of them,... even with the dogs, ... not fussy on dogs... I visit a lady down there, oh, when I go in her room, she goes right nuts. She's... not a dog person, 'Oh, let him lie on the floor,' but she'll interact with me... Then she'll look at the dog and say, 'Oh, he's right cute' ... Whether they're dog-lovers or not, they're all getting something.*  
(Participant 12)

Reece (2012) noted that visits allow clients to connect with animals and help people socialize. Collins (2014) found that handlers play vital roles in the client-dog interface while the dogs act as therapy mediums. Most of Moorhead's (2012) participants agreed that client-dog bonds “surely” and always form; however, despite many opportunities, the client-handler bond is “not certain” or universal because the possibility rests in clients' hands, “only secondary” if

formed. McCullough (2014) described interactions in the presence of dogs as differing significantly from just between people. Incorporating other living beings changes the dynamic, making interactions more unique and complex, perhaps why AAs are sometimes preferred and more enjoyable.

### ***Handler's Role***

Handlers' role is complex, with some elements surprising. They facilitate client-dog interactions while also interacting with clients themselves, their relationship influencing all sessions. The initial emphasis on the dogs is often undermining; however, intuitive and experienced handlers recognize and adapt to clients' varying personalities and preferences. Participant 1 characterized handlers - who introduce the animals - as the "human component." Participant 3 described handlers' role as pivotal, the conversation primarily between them and clients. Participant 7 described their interactions with clients as "our" conversation. Participant 14 provides clients who may have been alone all day with conversation. Participant 11 summarized,

*It was different than what I expected it to be... I thought it would be more connecting with the people, ... chatting... The people that I liked, <dog's name> would like... We would be very... synergistic in our... movements around visiting people. But it's actually really not like that... and I don't think I was really expecting that. (Participant 11)*

Savishinsky (1992) concluded that handlers' role is complex as they are not therapists yet function therapeutically. Many participants found volunteering more complicated than anticipated, viewing their role as unique and wanting to preserve its distinctiveness. Moorhead (2012) highlighted the role's depth, participants viewing their role as more complicated than solely an "animal handler." Handlers' relationship with clients affects all sessions, and although pet-human communication can take many forms, any verbal conversation is impossible. They must facilitate pet-client interactions while personally connecting with clients, which requires the

intricacies of human interaction. Many of Collins' (2014) animal-assisted therapists believed they should develop their own profession.

**Facilitate Client-Dog Interactions.** Handlers first initiate and then facilitate continued interactions between clients and their dogs, assisting in establishing their connection. They are the “dog’s helper,” their own initial interactions with clients often being superficial. Participant 8 focuses on the dogs, as visits are clients’ “dedicated time” to see animals. Their job is to provide animals for clients missing theirs at home. Participant 10’s job is to elicit interactions between clients and animals since other volunteers, friends, and family already visit without dogs. Those who had dogs or cats or like animals may still regularly connect with them. Participant 11 summarized,

*I... get the most satisfaction out of the encounters that are... predominately between the dog and the person... It's a special thing, ... a thing that... I can't give them... They get human interactions every day, but they don't have these animal interactions... I find that rewarding because that's why I'm there... I could do friendly visiting without <dog's name>, ... that's a different program. I'm not the one that's doing the visiting, ... I'm just the helper of the dog. (Participant 11)*

Moorhead (2012) noted that handlers first facilitate client-dog interactions. They function critically as “drivers,” directing clients and the dogs in ways that enable and foster interactions and assure their behaviour best suits possible meaningful interaction. Savishinsky (1992) found that handlers initial contacts with clients were commonly “polite” and “superficial.” McCullough (2014) noted that handlers facilitate clients’ interactions with their dogs, friendliness being a trait they should possess.

**Connect with Clients.** Over time handlers build rapport and create their own connections with clients. Simple companionship leads to more meaningful interaction, visits becoming “no longer about the dogs.” They have deep conversations, handlers lending

sympathetic ears, and form relationships beyond that of strangers, becoming friends, even family, some lasting many years. Some continue visiting after their dogs retire or pass away. Participant 2 explained that handlers' job is to "be there," present for clients, and allow them to talk, hearing what they have to say and relating. They must listen when clients open up, regardless of if sensical or true. Participant 3 notices some handlers continue volunteering after their dogs retire or pass away because they have "gotten to know" clients, still visiting and talking to them. Participant 5 notices "how some people live," particularly institutionalized individuals, and "what they don't have." One was without any family or visitors, "ALL by herself." Participant 6 described what clients go through as "really bad," many away from family or their families away from them. Participant 7 stated that they "really do" build connections through regular visits, especially those they spend more time with, "not strangers" to them now. They become surrogates for clients whose families move away, institutionalizing their dependant relatives and leaving them without visitors. Participant 10 explained that building rapport through regular visitation is the program's intent, the best value when handlers continually visit the same clients. Initial visits might centre the dogs; however, as handlers and clients converse, visits become more than just connecting and about "making friends," the dogs "just there." They built a good rapport with one client they saw every day. Participant 11 explained that seniors "just really want" to talk about their feelings (especially regarding death), which helps them feel good. Participant 13 chats with and gets to know clients well, visits "not just about the dogs anymore." Participant 4 explained that retired handlers often share similar "brackets of connection" with clients, able to discuss historical events they both witnessed, for example. They summarized,

*That's probably one nice thing about it... Once you join the program, you're likely going to stay as long as your dog is fit to go... because you've built those relationships... I've seen some university students who were volunteers with us, and then they get married...*

*Their spouse becomes [a volunteer]... Some of them have become pregnant, and they have [children]... Then that becomes part of the story... The residents are asking about the baby,... 'Are you bringing the baby in to see me?'... Then it's families. (Participant 4)*

Moorhead (2012) listed handlers' second function as establishing human connections with clients and eliciting meaningful interaction, using their dogs as icebreakers to do so. As many experience isolation, handlers hope to reach clients in non-professional capacities, becoming friends when they might have few. They become close, and some form bonds over lengthy periods, growing more personal relationships than their role entails, expanding to even family. Savishinsky (1992) labelled handlers' role as "supportive visitors," similar to friends and family, giving and receiving affection. Those remaining longer deepened relationships with particular residents as months passed, subsequent sessions yielding new levels of rapport, openness, and sharing. Long-term volunteers developed close ties with individual clients, their ongoing relationships so rich and intimate they became emotionally involved and attached. They developed "family perceptions," handlers reminding clients of their children and grandchildren, viewing teams as "new" family members, just as they considered their former pets as family. In Reece's (2012) study, handler-client connections varied by location due to their amount of time together. Handlers in nursing homes and extended care facilities get to know residents and their families over long periods, whereas those visiting hospitals rarely meet the same patients who change frequently. Abrahamson et al. (2016) noted hospitalized patients not benefiting as much as possible due to their stay's short duration. McCullough (2014) summarized handlers' role as "support providers," paying attention to, encouraging, and responding to clients' needs, patience a trait they should possess. Collins (2014) stated that animal-assisted therapists must have caring personalities and genuinely invest in clients, empathy and patience qualities required to be successful and effective.



**Mindful Pet Advocate.** Handlers serve as mindful pet advocates, diligently following guidelines and ensuring safe interactions. They must be present, scanning their surroundings and protecting clients and the dogs from danger. They also advocate for their dogs' comfort and safety, especially in public. Participant 8 stated that handlers must judge situations and determine whether their animal enjoys them. Participant 7 explained that following the rules prevents issues. They must consider animal phobias, pace themselves, and know their dogs. They summarized,

*One of the things that I value about the program is that it's realistic in terms of the way that it's organized and the policy and the practices around it in that the dog's always within your control... You gotta be on your game when you're there too... It's all about your dog having a good temperament, but you as a handler got to be on your game and mindful. (Participant 7)*

Moorhead (2012) noted that handlers' third function is to advocate for their pet. They read their signals through a "handler intuition," identifying and alleviating stress. They also prevent troubling situations by maintaining keen observation and instructing clients how to pet their dogs safely. Protecting their pets and simultaneously clients from their pets fosters positive client-pet interactions. Reece (2012) stated that as pet advocates, handlers listen to their animals and remain vigilant. Participants were aware of their animal's feelings, stressing that handlers need to understand their dog's suitability for different AAI types, some more appropriate for and comfortable in different scenarios. McCullough (2014) noted that handlers read their environment, observing their dog's behaviour and noticing cues from potential clients.

### ***Dog's Role***

Clients remember the dogs, even those who forget their own families. They may ignore handlers who are merely on the "other end of the leash," letting the dogs work their magic as if invisible or in another world. Participant 1 visits clients with Alzheimer's who repeat themselves

100 times and forget handlers and their families, yet remember “the little dog.” Participant 6 mentioned clients remembering their dogs, however forgetting them. Participant 9 noted that some clients never remember their name; however, always the dogs’. Participant 10 explained that the program brings “all the benefits of animals.” They joke that clients are not there to see volunteers, only the dogs (who are often the focus). Participant 11 described the program as “all about” interactions with animals. Some clients do not care they are “in the room,” only wanting to see the dogs with whom they share their own connections, one unaware they were even “in the world.” Participant 14 mentioned clients recognizing the dogs outside of the program. Participant 4 noted one client not interested in speaking with them, only talking to and playing with their dog, the whole time themselves just “in the room.” They summarized,

*It's funny. After YEARS of visiting, ... the residents couldn't tell you my name, half of them. But, they know her. They know her name, and I'm welcome because I'm on the other end of the leash... It's all about her. (Participant 4)*

Participant 5 summarized,

*Dogs are becoming more and more identified... from a therapy perspective, not just someone to come and visit... That's where it came from... With seniors, a lot of people miss their dogs in seniors' homes. That's a big loss for them. (Participant 5)*

Moorhead’s (2012) participants initially minimized their role as “taking the back seat,” giving the dogs centre stage since that is whom everyone wants to see. They are present, however, not the main focus, creating an invisible nature. Some of Savishinsky’s (1992) participants expected to be only “transporters of animals.” Some clients did not know their names, instead referring to them as “the person with....”, and their interactions were often repetitive. Swift’s (2009) participants strongly felt that their role in an AAE reading program should not involve direct instruction. Instead, they let children interact with the dogs. Collins' (2014) interviews with animal-assisted therapists were overly "dog focused."

**Something Special.** The dogs offer something special. Nothing else works for some clients who are unresponsive to other activities or programming, only the dogs. Participant 4 encountered a client speak for the first time since admission. They had not uttered a word yet laughed with the dogs. Participant 7 described one client who usually sat strapped non-responsively in their wheelchair. However, one day with a nurse's assistance, they stood up, pet their dog, and smiled, showing emotion for the first time. Another client could not speak; however, their interactions were "the most with anyone" in a "really long time." They would gaze into the dog's eyes, pet them, and follow them around to visit others, finally walking together, not wanting to let go of the leash. Participant 11 noted a "really amazing" change in one client who is blind and deaf. They usually lay low in their chair, passively in their room and entirely unaware of their surroundings. However, they previously worked with dogs and became "really excited," sitting upright to greet theirs. Another client's moment of connection with their dog was "really special," meaning much to them. Participant 10 focuses on those who are bedridden, often absent from recreational activities because they do not want to partake or are physically unable, and allows them to feel like the dogs are their own. Those with dementia or who cannot speak might look at and pet the dogs, eliciting a response. One client never got up much yet was always interested in and asked about their dog. They summarized,

*I brought... <dog's name> on units where... residents are... very passive,... don't show any expression usually... Try to do programming with them or an activity; they sit there blankly... But, to bring a dog in the unit, and lights up, ... 'Is that your dog?' ... I could see that resident every day for a week... Sittin' in chairs, oblivious to what's goin' on around her... Just to come in,... for her to see the dog,... sit forward and clap her hands,... then call the dog over... That's what's good,... gettin' those... reactions ... For that particular lady, ... it was something that she reacted to... Try get her to music; she would... get up and wander or pace... Get her to sit down and try to do an activity; she didn't have the attention span... There was nothing we could do,... any kind of recreational program... You speak to the family,... 'What kind of interests do they have? Do they play cards?' ... Even though they may not have the capacity to play cards, sometimes the residents will be*

*playin' cards, and she'll be shufflin' 'em. Or, she'd sit down and just look at them, ... played cards all her life. So it was hard to ... know what to do with this lady ... for stimulation ... But, the dog in, and ... she started burstin'.* (Participant 10)

Participant 12 encountered one client smile for the first time petting their dog. They summarized,

*There's one person down there ... Apparently, she don't smile at anything ... We went down one night ... Went in with the dog, and she was gigglin', laughin'. They came in ... Couldn't figure it out ... The dog brings out different things ... They'll say, 'Go in and visit such and such. They haven't smiled since the last time you were here.' Or they'll say, 'Such and such don't get out of bed. The only time they gets out of bed is when the dogs come.' You'll go down, say the dogs are here, and they'll get out of bed to see the dog. But, to get out for the nurses? No way. For the dogs, they would. The dogs bring out something in them.* (Participant 12)

Savishinsky's (1992) participants joyfully recounted many "exceptional moments," such as human or pet visitors luring residents from months-long periods of withdrawal or silence.

Reece's (2012) participants realized "something special" of their experiences. Collins' (2014) animal-assisted therapists expressed something "unique" and "enchanting" from each session, describing "magical" elements. Swift's (2009) participants often used the words "magical."

**Job.** The therapy dogs have "jobs to do," requiring a good temperament, calmness an essential trait. They are aware they are working (when they enter specific environments) and behave accordingly. Participant 1's dog "goes to work," their demeanour changing as soon as they step into the environment. Participant 3's dog "knows" they are going to work. Participant 4 appreciates the control over dogs' temperament, unlike clients' or their family members' own pet dogs that visitors sometimes bring to senior homes. Participant 8 realized their dog's calm and non-aggressive personality made "a good fit." Participant 10 explained that seeking the calmest dogs prevents issues. Participant 11's dog is "naturally smart" but also well trained and obedient. Participant 14 described the dogs as "more than just pets" and their volunteering as "going to work." Interested individuals often inquire about training; however, a good temperament is most

important. Participant 7's dog has a fantastic temperament regardless of puppy training. They summarized,

*<Dog's name> knows now, when the red scarf goes on, he's in therapy dog mode... He's very well behaved... He knows... If we don't go to the floor that we're supposed to visit, I'll get a look... I'm sure if he was tall enough to reach the button, he'd know how to work the elevator now to get himself where he needed to go. (Participant 7)*

Collins (2014) stated that well-behaved and highly-trained dogs form critical components of teams, their success dependant on possessing good temperaments and how much owners work with them, not breed. They must be intelligent, naturally happy, and easily trainable. Animal-assisted therapists eagerly mentioned their dogs' qualities, describing them as “not ordinary,” and were adamant “they know” they have a job and awareness they are working.

**Initiate & Bridge Interaction.** The dogs first serve as “door openers,” allowing access to facilities. They offer a “reason to be there,” a physical excuse for handlers to visit those in need or who merely want friendly human company. Once inside, the dogs help initiate interaction with clients as “ice breakers.” They then bridge interactions between handlers and clients as “social facilitators,” eliciting further conversation by providing a conversation piece, giving them “something to talk about,” and propelling their continued interaction. Participant 1 stated that clients mostly ask questions about the dogs. Participant 4 described clients as “naturally drawn” to talk to and about the dogs. Clients “love” them, likely due to their friendly nature. They do not drive all their interactions; some are “very spontaneous.” Participant 7 visits clients who prefer to interact with them and appreciate their company more, their dog the “excuse in the door” and a “really good” ice breaker for conversation. They may ask if clients like dogs, ever had any, and “what they were like.” Participant 8 explained that socially, the dogs provide ways inside to talk

with everyone – “people usually want the dog.” Participant 12 noted all of a client’s friends always joining them and their dog. Participant 14 summarized,

*They engage conversation... That's probably the biggest thing... When I first started doing district school, a lot of the students, some of the... harder cases,... didn't really wanna talk... They'd just sit there... But then you bring in an animal, and it just sparks the conversation... The next thing, ... you're interacting, and you're laughing... We're talkin' about video games, ... 'Oh, what controller do you own?' ... 'Oh, my son has that game' ... I have found that in any visit, ... anywhere you go, ... the dogs... provide this catalyst to open the doors... to a conversation that otherwise they may not have had that day... That's the biggest thing... They jumpstart a conversation for sure. (Participant 14)*

According to Moorhead (2012), one of the dogs' essential functions is to “enable interaction.” First, they provide reasons for handlers to associate with specific populations. Most participants stated they would cease contact if they lost their pet, deeming interactions outside the program “inappropriate.” Secondly, they act as “ice breakers” to conversations, providing common grounds for interaction. Pets are facets of life, familiar interests, that many people (adults, children, people with disabilities, and others) share. They especially allow interactions to begin between those who might otherwise struggle relating due to different circumstances (such as cultural background, socioeconomic status, family life, and illness). Finally, they elicit conversation by setting clients at ease and allowing them to relax and open up to meaningful interaction. Thus, they form “bridges” between people, bringing handlers and clients closer together (to potentially create lasting bonds). They also supply connective interactions between clients. The dogs in Abrahamson et al.'s (2016) study acted as “ice breakers” to interactions between visitors and clients. Reece (2012) found that the dogs motivate and elicit communication and social interaction, serving as “bridges” between people. Clients gravitate towards and feel compelled to visit the dogs, encouraging them to talk with handlers and also amongst themselves. They give hospital patients “stuff to talk about,” for example, clients want to know their breed.

**Help Handler.** The dogs specifically assist their human counterparts run sessions smoothly, especially those who are introverted or anxious. Participant 7 described the dogs as a great way to exit conversations as some clients are unwilling to say goodbye. Participant 8 feels socially anxious without specific topics to discuss; however, the dogs prevent “a lot of the awkwardness,” interactions “less forced” than traditional friendly visits between people. They alleviate the pressure to find “something” to discuss; handlers “don’t really have to say anything.” Clients who do not like dogs still talk about cats or similar things. They also offer an excuse to leave, allowing handlers to easily remove themselves, making clients not wanting visitors “less personal.” Participant 14 explained that “really shy” handlers do not need “great” interpersonal skills because the dogs “do the work.” They get the ball rolling, and handlers follow suit. Participant 4 summarized,

*... even the fact that I'm sitting here having a conversation as a stranger,... I attribute to her... I'm a lot more comfortable and relaxed when she's around... I can be a lot more introverted if I'm on my own... For me, working with her, what... makes me a better person is that I'm friendlier when I'm with her... I'm more responsive to other people around,... more engaging with other people if she's there. 'Cause people will want to talk about her,... to her, touch her, whatever. (Participant 4)*

Moorhead (2012) found that the dogs specifically help their owners interact with whom they may not normally associate. They allow interactions to focus on them, fostering conversation and other social processes revolving around them. Participants would not have bonded with clients without their pets. McCullough (2014) noted that the dog's presence instills immediate trust and acceptance of their handlers who may be strangers to clients. Savishinsky (1992) found that the dogs aid handlers by providing a familiar presence, offering security and legitimacy while navigating novel and uncertain environments, accompanying each step. Young volunteers sometimes feel unsure how to handle clients so removed from their stage of life, and

novice volunteers would feel naked without their pets. Reece's (2012) participants changed from introverted to outgoing. Many of Collins' (2014) animal-assisted therapists appeared more comfortable talking about their dogs.

***Pleasant Reminder of Past.*** The dogs specifically elicit pleasant memories, serving as reminders of the past. Clients reflect, sharing stories of their childhood interactions with dogs or previous pets, reliving fond memories. Participant 1 hears about clients' childhood dog or their kids' small dog. Participant 6 described the "theme of therapy dog" as visiting seniors in homes who discuss how lonely they feel away from their families and tell stories of what their animals were like, reminiscing on their childhood dogs. Participant 8 listens to prisoners share many stories of the pets they miss at home, and they always hear stories of the dogs and cats seniors used to own. Participant 13 hears stories of clients' dogs, those with dementia recounting pets from fifty years ago as if today. Participant 11 summarized,

*You pretty much immediately elicit the 'I used to have a dog' story... I'm sure other people have probably said this, but you end up... listening to... people tell you about their beloved dog that they had forever and that... died,... however they died... They tell you a whole story. (Participant 11)*

Reece (2012) noted that clients share stories, reminiscing over current and previous pets.

**Lift Spirits.** The dogs' happiness and excitement translate to others, lifting their spirits. Clients react to the dogs, many suddenly cheering up seeing teams enter. Their moods drastically improve from depressed to happy. They smile and "lighten up," the dogs brightening their day and bringing joy. Participant 3 described clients' reactions as "amazing," the sudden change in their face "incredible," especially those in long-term care who look a combination of sad, bored, and depressed. They make clients with dementia "happy all over again," continually "making their day" visiting in a loop. Participant 4 brings "such joy" to clients, quickly making their day



with little effort. Participant 5's dog "brings people smiles." Participant 8 described the dogs as "more genuine" in their excitement to be there, not trying to cheer up people who naturally feel happier around them. Clients "brighten up" and smile seeing them. Participant 10's dog spreads joy, clients receiving just as much as they do. They bring "love" and "happiness" to many missing it from their lives. The program is about friendly visits brightening someone's day, particularly animal-lovers and previous pet owners. They are certain research demonstrates that animals improve mood, especially for lonely and depressed persons. Participant 12 explained that the dogs bring smiles to clients' faces, surprisingly beneficial and "better than any medicine," especially when feeling down or for older persons. Participant 13 finds that the dogs "bring people up," clients "so happy" seeing them enter, especially those who like dogs. They transition from depressed to smiling, receiving "bursts of energy." One became noticeably better, more alert, talkative, and "so different," their health improving. Participant 14 described everyone as "brightening up" when teams enter, "spreading smiles" what they do. Not smiling is impossible because their dog's energy is "so contagious." People cannot help but feel good, which others feed off, especially in group settings. Participant 1 explained that interacting with animals "makes people happy," brightening their day. They get "huge smiles," clients "elated" and "completely thrilled" when they enter. Their own dog's presence boosted their partners' spirits while hospitalized for months. They summarized,

*You have people who are away from their homes. Who are away from their families. Who are away from their own pets. Who, ... you walk into a room with the dogs, and their eyes light up. A smile where someone might have just been half depressed slumped in bed... Just that little bit of happiness... It's kind of hard not to smile when you see... a dog coming at ya with... the tongue hanging out, ... butt wiggling, and all that stuff. 'Cause, ... they're thrilled to be there... They are lovin' life... How do you not smile when you see that? ... They are so sweet. (Participant 1)*

Participant 9 finds their dog's energy "so contagious," they instantly feel better returning home each day to eyes looking at them with a wagging tail. A bedridden client reacted with an "immediate complete change," suddenly sitting up, adamantly requesting to see them. They summarized,

*Seeing the facial expressions or the way that people are reacting to the dog is... heart-warming... You can see and feel the changes in emotion from a lot of people who would otherwise probably not show any symptoms of happiness... It's... an amazing experience to see... the positives that people get out of just seeing a dog... If you're stuck in some senior homes,... you're sitting under fluorescent lights all day in... bland hospital lookin' building... Then finally, a dog or two walks around the corner... You'll see people's eyes light up... (Participant 9)*

Moorhead (2012) stated that part of the dogs' role is to interact with clients directly, lifting their spirits and providing them joy. Swift (2009) noted that clients enjoyed being with the dogs.

**Unconditional Love.** The dogs are impartial, providing unconditional love and affection. They have non-judgmental and accepting natures and overlook clients' situations and conditions. Participant 1 explained that those experiencing an unusual childhood, such as dealing with cancer, "just love on" the animals. They get down on the floor, hug, pet, and play with them. Participant 4 explained that the dogs do not care if clients have lost their dignity. Participant 5 described the dogs as happy to see people regardless of circumstance. Participant 13 described dogs' non-judgmental nature as "instrumental," for example, in homeless shelters, loving clients regardless. One thinks their dog "loves them all to pieces." Participant 14's dogs "give love" to those in need. Clients may prefer the dogs due to their situations, especially in seniors' homes, their love "just so unconditional." Their impartiality is necessary, especially for reluctant readers or clients with speech impediments. They summarized,

*But I do. I love them. I love how just they love you no matter what. You could be havin' the worst day, and just come home, and it's like 'Ahhh... that's nice.' And I've seen it with my kids... When you look at seniors,... they see the last years of their life in front of them.*

*They really do... What's important, ... a lot of the stuff just goes out. They're stripped of everything. They really are. You come into this world with nothing, and you go out with not much more... By the time they get into these seniors' homes, there's nothing left. They don't have their homes, they have very few possessions - what can fit in a drawer and on a table, and they've lost control of a lot of things. (Participant 14)*

McCullough (2014) described the dogs as carrying connotations of “unconditional love.” They show interest in and exchange affection with clients. Swift’s (2009) participants commonly used the words "non-judgemental" and “non-intimidating.” Clients felt very relaxed and happy knowing the dogs were their friends. Moorhead (2012) described dogs as "non-judgemental" and "accepting," their lack of judgement providing a sense of acceptance and normalcy. They are separate from human social society’s norms and values and can "just be" without further thought or feeling about another's issues, condition, or status. Many clients have disabilities and physical abnormalities, or are of lower SES, live in shelters or transition homes, or other characteristics making them feel self-conscious and inferior; however, the dogs pay no attention to appearances or life situations. They lack self-reflection, are incapable of viewing clients as "different" or "unfit" friends and companions, and clients’ sense of self improves through non-judgmental and joyful interactions.

***Comfort & Support.*** Dogs are sometimes more comfortable than people. They create home-like environments, and clients open up and talk to them, merely their presence supportive. Participant 4 cannot imagine living without their dog, especially not for those in facilities without pets or other comforts. They bring comfort, themselves just a witness, not doing or saying anything. Participant 5 explained that having the dogs around creates a sense of normalcy, a home-like environment. Participant 6 notices many people needing animals' support. Participant 7 would feel lonely without their dog who primarily provides company. One of the program’s strengths is that it allows clients who cannot communicate to still benefit by not requiring them to

speaking. They “just appreciate the company.” A bedridden client “really enjoyed” the dog just laying on their bed since they missed theirs “so much.” Participant 8 described the dogs as “emotional support animals” for multiple people. They encourage clients to open up about their issues, and inmates let their guard down. Participant 9 encountered seniors who have “broken down into tears” just being near and able to pet their dog. Participant 13 explained that dogs must listen, unable to “argue back” regardless of what people say. Participant 14 described merely the dog’s presence as beneficial. Participant 1 personally derived comfort and support from their dog during their partner’s months-long hospitalization. They summarized,

*There is a significant mental health component to it... When someone’s going through acutely traumatic things and being in a hospital, ... having that comfort and that support, especially if you are an animal person, makes all the difference in the world... I have seen people... interact with the dogs, ... then talk about traumatic events... experienced in their lives... They have... used that outlet of talking to an animal to work through some of that stuff... In an informal just visiting situation, ... you’ll see someone make eye contact with an animal and talk to them, whereas they wouldn’t necessarily... with another person... We’ve seen people... just cry into the animals, ... be it they’re upset, or... they’ve been talking about something... It’s just a comfort and a release... People are just more comfortable dealing with the furball than a person most of the time, and I respect that because I’m the same way... So you get... people who open up to conversation that maybe necessarily wouldn’t if there wasn’t an animal there... Certainly, I have witnessed people talk to a dog and share things that are probably really hard to talk about... They don’t really care that I’m on the other end of the leash. They aren’t talking to me, they aren’t engaging with me, they’re talking to the furry creature, and... that has to be cathartic... That has to be therapeutic for the person who is being given the opportunity to do it... Certainly, I know I talk to my animals all the time... I get that that can be a really cathartic thing. (Participant 1)*

Savishinsky (1992) stated that nursing home residents primarily want company, comfort, and care, with quiet and subtle emotional pleasures such as simple companionship paramount. Swift’s (2009) participants commonly used the words “comfort,” “trust,” and “confidence,” clients identifying animals as “non-critical” and “receptive” listeners. McCullough (2014) described the dogs as carrying connotations of “home,” their innocent and pure intentions

removing people's boundaries. Moorhead (2012) explained that dogs comfort clients in ways others cannot. They circumvent the strains inherent in most human social interactions and lack reciprocity norms (only wanting attention). People often feel wary of receiving help, perceiving expectations of them and fearing the usual return of favour. However, the dogs break clients' resistance, helping them accept handlers' kindness and good intentions, and clients know the dogs like them and enjoy their company.

***Sense of Touch.*** The dogs provide the sense of touch for clients who are usually deprived of it. They pet, rub, cuddle, and hug the dogs, receiving licks in return. Participant 4 described the dogs as warm and responsive bodies to cuddle, the only touch some experience. Most seniors invite the dogs onto their beds. Participant 7's dog lays on clients' beds, and clients pat their head. Participant 13 notices clients love "rubbing the dogs down" and getting licked. Participant 14's dog allows clients to hold them, "cuddling up" with one on a pillow. Participant 5's dog is used to people and touching. They summarized,

*So you think about, the only person touching you is the person checking your pulse, or giving you a needle, or whatever it may be. Yet when <dog's name> came to visit my dad, he moved over... She went up on the side of the bed and... lay down there with him... That was the norm. He wanted that. (Participant 5)*

Savishinsky (1992) described the sensory pleasure of touch as "paramount" for nursing home residents. Many of Moorhead's (2012) participants determined physical touch the most important aspect of client-dog interactions, and clients feel happy and rewarded doing something special for and giving back to the animals.

**Stimulation.** Visiting the dogs gives clients something to do, more than their daily life permits. The dogs are stimulating, adding an activity different from their usual routines. Participant 4 described visits as different, "all very special," even with the same clients. They

dress the dogs for special occasions (such as Halloween and St. Patrick's Day). Participant 10 explained that patients removed from medications still need their underlying issues addressed, usually requiring "filling their time" with something. Recreation therapists discover their interests, creating schedules and routines. Participant 13 gives clients "mental stimulation," a "little bit extra" to do before bedtime. After supper, they usually just lay in bed with nothing else to do besides watch television. Participant 2 summarized,

*It's... something different from their regular... daily routine... Everybody likes something different... We all don't wanna be eating the same meal every day... Seeing the dog throws a cog in the wheel and mixes it up for their day... Their days are pretty limited, and having a dog come in throws a bit of spice to that... So that would be the benefits (Participant 2)*

Participant 11 summarized,

*A lot of people in institutional care are inactive and alone... We talk about that a lot here. So, therapy dog is obviously a way to keep people from being alone, but there's also... opportunities to help them in terms of activities. (Participant 11)*

Moorhead (2012) noted that the dogs give nursing home residents something out of the ordinary to focus on and discuss. Reece (2012) stated that the dogs give hospital patients "something to do."

***Source of Anticipation & Excitement.*** Clients excitedly anticipate visits, preparing in advance. They know which night the dogs come, giving them something to look forward to. They clear their schedules or rearrange other engagements, buy treats, and improve their appearance. The night of, they sit and wait eagerly. Participant 10 explained that the expectation of regular weekly visits provides "something nice" to "get excited about." Participant 12 described clients as "all there waiting for the dogs" soon as they walk in the door, and when they leave, clients inform them they are already waiting for the next visit. One's face would "light right up," repeatedly exclaiming that "the dogs are here!" Participant 13 visits one who "can't wait for the

dogs,” perking up when informed they are coming. Participant 4 notices clients with memory problems such as dementia still recall when “pet night” is, inquiring where they were if missing a visit. They summarized,

*Some of them tell their... own adult children, they say, 'Don't come and visit me tonight'... They don't want us to bypass their room because they're visiting with someone else. 'Don't come in tonight, I'm seeing my dog'... Or we've had people who,... even something like they have a hair appointment... They'll be like, '...Yes, I want it on Wednesday because... I have visitors that night.' And it's HER... The dog has no idea how their hair is... They have... boxes of cookies that they've kept or purchased just for the dogs,... all of that. (Participant 4)*

Moorhead (2012) noted that the dogs provide excitement.

**Entertaining.** The dogs are funny and perform tricks, entertaining clients who play and laugh in usually sombre spaces. Participant 4 finds laughter a significant component, the dogs “doing funny things.” Theirs knows various tricks, which they have taught clients, children especially loving doing them. One client would play with their dog and joke that they bit their fingers off - “hilarious” each week. Participant 7’s dog knows a couple of tricks. One client who cannot communicate verbally still enjoyed feeding them cheezies. Participant 11’s dog has an extensive trick repertoire. Participant 12’s dog used to dance with a client in a wheelchair, and they would get pictures together, having a “lovely time.” Participant 13 described their dog’s behaviour as silly, visits being “much fun.” They summarized,

*There's another guy... The dogs come in, he laughs at the dogs, makes faces,... everything... He laughs and laughs and laughs... He just loves it... Of course, when he starts laughing, everybody else laughs cause he's... so cute when he laughs... He's an elderly gentleman with down syndrome... He just laughs so much, and <dog's name> just licks he's face all over... It's usually because... he's got food on he's face,... but he doesn't know that... He just thinks it's... so hilarious that she's lickin'. (Participant 13)*

Moorhead (2012) stated that the dogs entertain, perform tricks, play, and give attention.

**Motivational Tool.** Clients feel motivated to get out of bed and complete tasks. They participate in everyday activities and exercise, adding meaning and purpose to their lives. Participant 4 labelled expecting the dogs a “huge motivation” for one client, providing enough reason to leave their bed and join an excursion to buy cookies. Participant 5 gives clients reasons to get up. The dogs create caretaking tasks to perform, from which they derive meaning and purpose. Participant 9 explained that clients will get up out of their chairs and walk across the room just to see the dogs. Participant 10 noted that the dogs act as tools that motivate clients to “do something normal” every day, “tricked into exercise.” Those who do not want to walk may take the dogs on a leash. Participant 12 visits clients who refuse to get out of bed for the nurses yet do so only and immediately for the dogs. Participant 3 summarized,

*One lady... had very bad arthritis... She refused to do her exercises because they were too painful. But when <dog's name> and <dog's name> ... came in, she would brush them as part of her exercise even though it hurt her a lot... Nothing else would get her to do her exercises except the dogs. And that just made her day. She would do that... We know that was helping her emotionally, but physically as well. (Participant 3)*

**Distract & Destress.** Focusing on the dogs distracts clients from their troubles, pain, and traumas. They serve as outlets to escape reality or simply a bad day, and clients destress and relax, especially students. Participant 3 relieves stress at schools during exams. Participant 4 explained that the dogs make people forget about the pain, bad day, or fact that nobody has come to visit them. Clients pet and focus on making the dogs happy, forgetting their troubles and feeling normal. Simply handing the dogs a bowl of water takes clients “out of themselves.” Participant 6 described the program’s archetype as lifelong dog owners “feeling better” for an hour, especially after recently losing their beloved pet. They also help university students “so stressed” during exams to relax. Participant 7 removes clients from “stressful moments,” mainly university students writing exams. Sometimes “all people want” is to feel better by rolling around



on the floor with a dog for an hour, particularly when facing tough times. Participant 8 described clients as “mentally there with” the animals. Participant 9 relieves clients of stress, likely sleeping better after visits. They summarized,

*I would imagine in a jail cell, ... it's not very fun. So, to see a dog... I'm not sure what it's like on a day-to-day basis in a jail... I can't imagine that everybody's... bright-eyed and bushy-tailed. But that day in the gym, ... all the men were down. I had men who are... rollin' around on the ground with <dog's name> and just laughing. So that release of dopamine? (Participant 9)*

Participant 12 makes clients “feel good for a while” and described smoothing a dog in one’s lap as “so relaxing.” They summarized,

*With the <location name> crowd, ... they get away from their problems and go there for a day... To them, it does something. It relieves them for an hour. They can sit down and enjoy a dog to get away from their everyday life... That's one of the good things. (Participant 12)*

Participant 14 described dogs as “totally in the moment,” merely wanting to be present with others, particularly helping decompress when overwhelmed. They provide clients moments of “forgetting where they are,” especially sick children and seniors in palliative care. Their partner will pet, rub, and love their dogs after work, making “everything better.” They summarized,

*I like going to district school with the teenagers... My boys are teenagers and knowing... everything that goes on in their lives now, ... the stress, ... social media, ... peers, ... hormones. All of it... I've seen firsthand with the kids sometimes... One of the boys will come home... I know they've had a rotten day. They don't wanna talk to me; they just wanna be left alone... One of these guys, ... nothin' spoken, ... they'll just be cuddlin' up havin' a moment together... It's good. So, ... I like going to the high schools... and seeing them give... the students... an opportunity to... breathe... Life's so hard for them all already. If they can have a little help from a furry little friend, ... it's like having a favourite stuffed toy... to relieve... the stress, that little security blanket... And they can't take that to school. So, if they can go somewhere and... get some help... with reading or math and have... that animal there to help them, ... it's good. (Participant 14)*

Reece (2012) stated that the dogs break the tension in stressful situations, thus allowing clients to relax and be "in the moment" instead of focusing on their conditions. Moorhead (2012)

noted that the dogs pull clients out of their shells, removing them from introverted states or internal thoughts, especially those facing difficulties with movement or expression. The act of petting and stroking is relaxing, calming clients' nerves and setting them at ease.

#### **Theme 4: Other Perspectives (Staff & Families)**

Visits also benefit facility staff (nurses, custodians, recreation therapists, and others) and clients' families, whoever is around equally enjoying the dogs (despite not being their intended audience or interaction's focus). They relieve employee stress and distract families. Benefits to caretakers also translate to better client care. Participant 3 notices the staff, especially in long-term care, get down on the floor with the dogs "just as much," also needing the stress relief. Participant 8 described staff as usually happy to see them, their interactions "generally positive." Those frustrated or having lousy shifts brighten up and smile. Participant 12 notices the staff also enjoy visits. Participant 13 hears from "a lot" of staff that visits are "just as good" for them. They also feel happy and relieved seeing the dogs - a hug and a snuggle turning a bad day around.

Participant 4 summarized,

*Everyone thinks it's about the residents, but half the time, ... the nurses just maul the dogs when they see them. The nurses are always... They come together, and... they're thrilled to see the dogs. So they enjoy it. The custodians, ... it's funny because it's not just the residents. You think it's just the residents, but it's just whoever is there... They get such a thrill out of seeing the dogs. (Participant 4)*

Participant 7 described staff as also "loving" seeing the animals.

*It's not just about... the individual who's in for their treatment... It's the husband, the wife, the brother, the sister, the whatever that's there... They enjoy the animal just as much... It's a good distraction for them, which is great. (Participant 7)*

Participant 14 summarized,

*It benefits everyone. It benefits us, the dog, whoever we're visiting, workplaces... if you've got staff who are tired or just... in the dumps, havin' a bad day. I haven't been to a place of work yet and left with anyone lookin' sad or unhappy. (Participant 14)*

Savishinsky (1992) realized an unexpected yet valuable position for handlers as “support persons” for institutional staff who sometimes turned to them for sympathetic ears (discussing work-related problems, residents, or personal pets and families). Reece’s (2012) participants described visits as also beneficial to staff, clients’ families, and generally anyone missing an animal. Handlers visiting hospitals form friendships with staff members, and those visiting clients over more prolonged periods get to know their families. Benefits to the staff then translate to better client care, their lowered stress and better mood also benefiting clients. Abrahamson et al. (2016) found that the dogs also act as “ice breakers” between handlers and staff.

### ***Different Role***

Facility staff fill different roles than therapy animal teams, which are primarily functional. They must enforce mandatory rules and require clients to complete undesirable tasks. Clients are aware that most of their assistance is involuntary (because they are working), more willing to interact and cooperate with handlers and their dogs. Some can be unpleasant or struggle to handle certain populations. Participant 13 described some as working "just a job," their personalities not suited to caring for seniors. Participant 4 summarized,

*I would knock at the door, ... call in and say, 'We're here with the dogs. You wanna visit?' ... 'The dog can come in' ... Then he was the best! Now the dogs don't go in by themselves, so I go in with her, and he would be... happy... He's... like, 'I don't wanna talk to those nurses' ... 'cause the nurses have a different function. (Participant 4)*

Savishinsky (1992)’s participants served as “human resources” for clients, preferring they view them more domestically than institutional staff.

### ***Help Staff***

Helping clients also helps the staff. Visits calm clients, mitigating behavioural issues, and teams require little to no assistance, relieving rather than burdening staff. Participant 1 explained

that the program provides “value.” Allowing pets to visit with their owners does not additionally burden staff and is free for facilities since handlers volunteer, whereas caring for residential pets creates extra work. Participant 4 visits clients with issues, especially in dementia wards.

Participant 10 receives referrals to clients demonstrating behavioural issues resulting from difficulties adjusting to long-term care. Participant 8 explained that clients often face frustrating and challenging times, especially in long-term care; however, those usually presenting behavioural issues, who withdraw or express anger, suddenly become less agitated and more pleasant. The dog’s “calming effect” may help reduce already overburdened staff’s reliance on antipsychotic medication, especially over-prescribing to older populations. Giving one client a dog would make them “more manageable.” They summarized,

*The staff that I've interacted with have been people that are involved in recreation or programs like that. So, I think that would be part of their job anyways... - an extension of their job... I don't think it really impacts that much on, say, ... nursing... The most we might need 'em to do for us is, ... for example, ... in <location name> there's... a swipe to be able to use the elevator on certain floors. So you might be like, 'Can you swipe me into the elevator so I can leave?' ... You might occasionally have a question... If anything, in most cases I've had, it usually... calms the residents down. (Participant 8)*

Participant 14 summarized,

*This one particular day... The nurse came out... She said, ... 'One of the residents is just REALLY having a bad day' ... I said, 'Okay, ... no problem' ... I went down to her room, and she was ... really verbal... Stressed to the max... I said, 'Look who I brought you today' ... <Dog's name> ... just stayed there in my arms... Within 20 minutes, everything just shifted from loud yelling and screaming to petting the dog... She was talking to the dog... It's amazing that they can have that kind of effect on someone. (Participant 14)*

Reece (2012) noted that any benefits to clients also benefit the staff. Abrahamson et al. (2016) described the dogs as also helping create bonds between nurses and patients through “pet connections.”

## **The Program**

Handlers overwhelmingly support their program. They recognize its quality and reputation. They care for and are loyal to it. An excellent organizational structure and policies contribute to its success. Participant 2 and their dogs “love” the program, it providing “quality.” Participant 3 remained a volunteer after moving provinces. Participant 7 sees the same volunteers. The program’s “whole structure” is “so good,” with proper guidelines preventing any abuse, challenges, or problems. Participant 8 may enter spaces that usually ban pets and require high standards due to the program’s reputation. Participant 9 aspires to be “the old guy with a cane” still volunteering. Participant 14 loves volunteering and would all day every day if possible, hoping their dogs remain healthy so they can continue as long as possible and encouraging anyone eligible to apply. Participant 4 explained why some handlers remain longer than in other activities, for example, Girl Guides and Cubs, where parents stop volunteering after their kids age out.

*I have friends who have volunteered in Girl Guides and Cubs, but it's only while their kids are in that program... You're a cub for... three years... Or,... you coach your kid's hockey team. But then your kid ages out of that hockey team. You're no longer coach again. Whereas with this, it doesn't matter. (Participant 4)*

Swift’s (2009) participants often described their program as “successful” and “effective.”

## ***Increasing Popularity***

The program has a large and established presence and is continually growing popular and expanding to meet high demand with further potential. Participant 2 described the program as “all over the place” - prisons, long-term care and nursing homes, hospitals, airports, and homeless shelters, receiving more and more requests as it grows. However, the current therapy dog supply cannot meet all needs, often forcing organizers to cancel. Additionally, the vast and untapped

mental health potential will elicit greater demand. Participant 6 described the program as “becoming noticed,” growing “bigger and bigger,” gaining more volunteers “all the time.” Participant 10 highlighted the many potential clients in a long-term care facility with over 5,000 residents, handlers already “spread so thin.” Participant 11 described having plenty of opportunities and “a lot of” room to grow, expand, innovate, and “try new things,” especially in rehabilitation and long-term care, requiring willing volunteers. Participant 12 pointed out there is only a “few places” they do not visit. Participant 14 described the program as “busy,” having already expanded and only getting “busier,” with further potential. They visit “so many different environments” than when it first began in senior’s homes, now “everywhere” from hospitals to high schools and universities. Participant 7 noted the potential, especially as society recognizes emotional support needs. They summarized,

*It's becoming a lot more popular, and I think the St. John Ambulance is doing a really good job promoting... It's just after picking up a lot. There's so much awareness around mental health issues and just the positive energy of the program. (Participant 7)*

### **Outlying Data**

I found three contrasting points from the little non-conforming data: low handler retention, the dogs sometimes disliking volunteering, and not all clients enjoying visits. Also, despite organizers often cancelling visits due to lacking volunteers, some handlers mentioned being on waiting lists to visit certain facilities. Participant 10 notices high volunteer turnover and described visits as “not for everyone.” Two participants alluded to their dogs not enjoying visits, and Participant 2 is uncertain their dog likes volunteering. Participant 8 was on two waiting lists. They summarized their dog’s displeasure,

*One time a family had... their own pets brought in... They're... barkin' and <dog's name> was... standoffish... Another time somebody pulled on his ear, and he wasn't very happy with that. So, sometimes I feel like he doesn't necessarily like it. (Participant 8)*

From the relevant literature, Savishinsky's (1992) participants noted a reality of how and how much they can help. Collins's (2014) animal-assisted therapists did not mention social elements as factors that motivated them to volunteer, never indicating interest in working with other volunteers.

### **Summary**

Four themes summarize participants' experiences as AAI volunteer handlers. My findings agree with and support the limited literature.

## **Chapter 5: Conclusions**

This chapter summarizes my study's findings, highlighting novel and reinforced themes relative to the literature. I also discuss the strengths, list implications for practice, and suggest ideas for future directions in the field.

### **Findings**

Two main themes were “win-win-win,” outlining the overall benefits to all three parties involved in AAIs, and “opposite ends of the leash,” differentiating between the roles handlers and therapy dogs play on each side. I also discussed “volunteer drawbacks,” highlighting potential barriers and causes for burnout. Additionally, I provided insights from handlers on the “other perspectives” sometimes peripheral to interventions, such as staff working in facilities visited and families of clients, and feedback on “the program,” the particular AAI program in which they partake.

Sections introducing novel ideas (to the volunteer handler literature) included: handlers benefiting from their dogs becoming better pets, the dog's role as motivational tools, and AAIs' increasing popularity. Interestingly, many of the benefits to clients noted in the literature also applied to volunteer handlers (such as increased socialization and decreased stress).

### **Strengths**

I collected primary data, contributing 13 additional interviews with volunteer handlers to address this literature gap, and synthesized and compared my results with all previously scattered pertaining literature, thus reinforcing published concepts and providing a solid foundation for future studies. The main strength was including my over ten years of experience with animals in the analysis and interpretation.



Specifically, describing the functions of handlers' and therapy dogs' roles helped differentiate between them, distinguishing AAIs from other traditional therapies, and also highlighted the benefits to clients, thus moving the research community one step closer towards uncovering AAIs' underlying therapeutic mechanisms and refuting critics of their effectiveness. Moreover, highlighting the benefits to the dogs adds to the emerging literature surrounding therapy dog welfare.

Overall, I improved consistency and clarity by appropriately incorporating the most recent terminology and definitions, advancing the AAI field and readers' comprehension. Generally, my study adds to the field's juvenile research base, contributing a rigorous and detailed qualitative study to the primarily quantitative research base with few low-quality qualitative studies lacking rich information. Contributions to the AAI literature also add to the surrounding HAI and HAB fields.

### **Practical Implications**

Findings equip AAI organizations to develop and improve programming and recruit and retain volunteers, a problem for most volunteer organizations. Descriptions of volunteer handlers allow organizations to create typical profiles to help identify and target messaging towards new volunteers. This research may additionally encourage volunteerism in AAIs. Also, understanding the motives behind and rewards and drawbacks handlers associate with volunteering positions organizations to tailor programs to better suit and support their continued participation, thus preventing burnout and turnover. For example, they may provide opportunities to discuss their experiences and enhance training. My study attracted many participants, perhaps due to lacking occasions to share their joys and unload the emotional burden. Comprehensive training should: 1)

teach pet handling techniques, 2) educate on working with distinct populations (the elderly, children, mentally or physically challenged, and other groups differing in interaction level and need), and 3) prepare for varied experiences, including the mental challenge of dealing with clients' conditions and the realities of institutional life. Doing such may promote professionalism and integrity of the volunteer handlers' role, helping organizations establish partnerships with community facilities and the field much-needed congruence.

Generally, my study assists in refining AAIs as alternative therapies. Knowing the handlers' and dogs' roles, client populations served, and benefits for all will aid volunteers and professionals improve interactions between all parties, boosting the intervention's efficacy.

### **Future Research**

Research in several areas could build on my findings. First, researchers should target precise volunteer handler populations. They could narrow criteria by particular demographics (such as age or occupation) or amount of experience – for example, seniors, health professionals, or those who have volunteered for x years. Researchers should especially target those facilitating each AAI type and in specific facilities. I only studied those implementing AAAs; however, AAEs are the most recent form, and locations visited are also expanding to include, for example, libraries, prisons, primary to post-secondary schools, many caregiving institutions, and even workplaces. All present opportunities for novel insights. I quickly recruited participants; therefore, studies narrowing criteria to help differentiate between volunteer handlers should easily find them.

Contrastly, researchers should broaden studies, targeting extensive and diversified populations to better reflect volunteer handler norms. They should also compare across

geographical areas, for example, other Canadian provinces and countries, since AAIs may differ by region. Also, magnifying the perspective, researchers should examine former volunteer handlers. I only interviewed those who willingly remained; however, listening to those who stopped may identify other negatives, unknown issues, or barriers, further assisting organizations.

Secondly, researchers should systematically collect therapy teams' demographic and background information via questionnaires or surveys. They should include; typical information (such as age, marital status, children, education level, and occupation - full time/part-time/unemployed), questions related to being volunteer handlers (such as types of settings served, frequency of visits per month, populations served – children/adolescents/adults/seniors), and previous volunteering and pet ownership in general. Questions concerning the animals should collect their age, sex, breed, source (breeder/shelter/rescue/friend/family/other), and experience. I missed valuable data, and organizing was tedious and lengthy. Knowing teams' demographics will further differentiate between them, helping understand their individual experiences.

Expanding on my themes, researchers should pose research questions explicitly exploring volunteer handlers' perceptions of; 1) AAI's effects on clients, 2) the programs they are part of, and 3) the animals' perspective. I compiled a large amount of data of their overall experiences, much unable to fit within a master thesis; however, the field may benefit from more details of these distinct topics. Additionally, health professionals (in counselling, psychology, social work, and similar fields) should relate my findings to the known work within their professions, potentially gaining from the volunteer handler's perspective.

Generally, researchers should collaborate between disciplines. Few academics have dedicated careers to the HAB. Others who have studied AAIs lay dispersed amongst the many health disciplines, siloed within each, most exploring and relating findings within their respective

fields. Sociologists recounting humans' historic relationship with animals, psychologists observing animal behaviour, and biologists measuring our physiological responses to interacting with animals have not included AAI. Interdisciplinary collaboration would likely progress the field. Furthermore, researchers should compare AAIs with other alternative therapies, such as music and art therapy, helping understand AAIs.

### **Summary**

My study reinforced limited findings and presented new insights into the experience of being a volunteer handler. Many practical implications and avenues for future research may serve multiple stakeholders, such as AAI organizations, health professionals, academics, and current and prospective volunteer handlers.

## References

- Abrahamson, K., Cai, Y., Richards, E., Cline, K., & O’Haire, M. E. (2016). Perceptions of a hospital-based animal assisted intervention program: An exploratory study. *Complementary Therapies in Clinical Practice*, 25, 150–154. <https://doi.org/10.1016/j.ctcp.2016.10.003>
- Allen, A. (2010). Peata: What is it? What do they do? How can you and your practice help? *Irish Veterinary Journal*, 63(2), 88–89.
- American Kennel Club. (n.d.). *AKC recognized therapy dog organizations*. Retrieved December 18, 2019, from <https://www.akc.org/sports/title-recognition-program/therapy-dog-program/therapy-dog-organizations/>
- American Pet Products Association. (n.d.). *Pet industry market size & ownership statistics*. Retrieved April 22, 2020, from [https://www.americanpetproducts.org/press\\_industrytrends.asp](https://www.americanpetproducts.org/press_industrytrends.asp)
- American Veterinary Medical Association. (n.d.). *Animal-assisted interventions: Definitions*. Retrieved December 10, 2019, from <https://www.avma.org/policies/animal-assisted-interventions-definitions>
- Bach, C. (2008). “His Ears Are So Soft!” VETPETS: An animal-assisted visitation/activity program for children and families at the Philadelphia Ronald McDonald House. *Reflections*, 39–45.
- Balls, P. (2009). Phenomenology in nursing research: Methodology, interviewing and transcribing. *Nursing Times*, 105(32–33), 30–33.
- Barker, S. B., & Wolen, A. R. (2008). The benefits of human-companion animal interaction: A review. *Journal of Veterinary Medical Education*, 35(4), 487–495. <https://doi.org/10.3138/jvme.35.4.487>

- Beck, A. M. (2006). The use of animals to benefit humans: Animal-assisted therapy. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed., pp. 21–40). Elsevier. <https://doi.org/10.1016/B978-012369484-3/50004-9>
- Beck, A. M., & Katcher, A. H. (2003). Future directions in human-animal bond research. *American Behavioral Scientist*, 47(1), 79–93. <https://doi.org/10.1177/0002764203255214>
- Behling, R. J., Haefner, J., & Stowe, M. (2011). Animal programs and animal assisted therapy in Illinois long-term care facilities twenty years later (1990-2010). *Academy of Health Care Management Journal*, 7(2), 109.
- Beierl, B. H. (2008). The sympathetic imagination and the human-animal bond: Fostering empathy through reading imaginative literature. *Anthrozoös*, 21(3), 213–220.
- Berget, B., & Braastad, B. O. (2008). Theoretical framework for animal-assisted interventions - Implications for practice. *Therapeutic Communities*, 29(3), 323–337.
- Berget, B., Ekeberg, & Braastad, B. O. (2008). Attitudes to animal-assisted therapy with farm animals among health staff and farmers. *Journal of Psychiatric and Mental Health Nursing*, 15(7), 576–581. <https://doi.org/10.1111/j.1365-2850.2008.01268.x>
- Berget, B., & Grepperud, S. (2011). Animal-assisted interventions for psychiatric patients: Beliefs in treatment effects among practitioners. *European Journal of Integrative Medicine*, 3(2), 91–96. <https://doi.org/10.1016/j.eujim.2011.03.001>
- Berget, B., Grepperud, S., Aasland, O. G., & Braastad, B. O. (2013). Animal-assisted interventions and psychiatric disorders: Knowledge and attitudes among general practitioners, psychiatrists, and psychologists. *Society and Animals*, 21(3), 284–293. <https://doi.org/10.1163/15685306-12341244>

- Berget, B., & Ihlebaek, C. (2011). Animal-assisted interventions: Effects on human mental health - A theoretical framework. *Psychiatric Disorder - Worldwide Advances, 1962*, 121–138.
- Bibbo, J. (2013). Staff members' perceptions of an animal-assisted activity. *Oncology Nursing Forum, 40*(4), E320–E326. <https://doi.org/10.1188/13.ONF.E320-E326>
- Black, A. F., Chur-Hansen, A., & Winefield, H. R. (2011). Australian psychologists' knowledge of and attitudes towards animal-assisted therapy. *Clinical Psychologist, 15*(2), 69–77. <https://doi.org/10.1111/j.1742-9552.2011.00026.x>
- Borrego, J. L.-C., Franco, L. R., Mediavilla, M. A. P., Piñero, N. B., Roldán, A. T., & Picabia, A. B. (2014). Animal-assisted interventions: Review of current status and future challenges. *International Journal of Psychology and Psychological Therapy, 14*(1), 85–101.
- Bowlby, J. (1970). Disruption of affectional bonds and its effects on behavior. *Journal of Contemporary Psychotherapy, 2*(2), 75–86.
- Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council. (2018). *Tri-council policy statement: Ethical conduct for research involving humans*.
- Carminati, G. G., Lehotkay, R., Martin, F., & Carminati, F. (2013). An hypothesis about jung's collective unconscious and animal-assisted therapy. *NeuroQuantology, 11*(3), 451–465. <https://doi.org/10.14704/nq.2013.11.3.679>
- Casey, J., Csiernik, R., Knezevic, D., & Ebear, J. (2018). The impact of animal-assisted intervention on staff in a seniors residential care facility. *International Journal of Mental Health and Addiction, 16*(5), 1238–1248. <https://doi.org/10.1007/s11469-017-9849-5>
- Cassel, J. (1976). The contribution of the social environment to host resistance: The fourth Wade

- Hampton Frost lecture. *American Journal of Epidemiology*, 104(2), 107–123.
- Chandler, C. K. (2012). *Animal assisted therapy in counseling*. Routledge.
- Chur-Hansen, A., Stern, C., & Winefield, H. (2010). Gaps in the evidence about companion animals and human health: Some suggestions for progress. *International Journal of Evidence-Based Healthcare*, 8, 140–146. <https://doi.org/10.1111/j.1744-1609.2010.00176.x>
- Cirulli, F., Borgi, M., Berry, A., Francia, N., & Alleva, E. (2011). Animal-assisted interventions as innovative tools for mental health. *Ann Ist Super Sanità*, 47(4), 341–348. [https://doi.org/10.4415/Ann\\_11\\_04\\_04](https://doi.org/10.4415/Ann_11_04_04)
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300–314.
- Collins, K. V. (2014). *Animal-assisted therapy: Motives and rewards* [University of New Hampshire]. <http://scholars.unh.edu/honors/175>
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.
- Dell, C. A. (2015). Questioning “Fluffy”: A dog’s eye view of animal-assisted interventions (AAI) in the treatment of substance misuse. *Substance Use & Misuse*, 50(8–9), 1148–1152. <https://doi.org/10.3109/10826084.2015.1007668>
- Delta Society. (1996). *Standards of practice for animal-assisted activities and animal-assisted therapy*. Delta Society. <https://books.google.ca/books?id=GAITAQAACAAJ>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2017). *The SAGE handbook of qualitative research* (5th ed.). SAGE Publications. <https://books.google.ca/books?id=AmPgDQAAQBAJ>



- Eaglin, V. (2008). Attitudes and perceptions of nurses-in-training and psychiatry and pediatric residents towards animal-assisted interventions. *Hawaii Medical Journal*, 67(2), 45–47.  
[http://hjmp.org/HMJ\\_Feb08.pdf#page=13](http://hjmp.org/HMJ_Feb08.pdf#page=13)
- Esterberg, K. G. (2002). *Qualitative methods in social research*. McGraw-Hill.
- Evans, N. (2011). The dynamics of animal-human relationships during and following a natural disaster. *Te Awatea Review*, 9(1&2), 22–25.
- Fike, L., Najera, C., & Dougherty, D. (2012). Occupational therapists as dog handlers: The collective experience with animal-assisted therapy in Iraq. *U.S. Army Medical Department Journal*, June, 51–54.
- Fine, A. H. (2010). Incorporating animal-assisted therapy into psychotherapy: Guidelines and suggestions for therapists. In *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 169–191). Elsevier.
- Fine, A. H., & Beck, A. M. (2010). Understanding our kinship with animals: Input for health care professionals interested in the human-animal bond. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 3–10). Elsevier.
- Franklin, A., Emmison, M., Haraway, D., & Travers, M. (2007). Investigating the therapeutic benefits of companion animals: Problems and challenges. *Qualitative Sociology Review*, 3(1), 42–58.
- Fredrickson-MacNamara, M., & Butler, K. (2010). Animal selection procedures in animal-assisted interaction programs. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 111–134). Elsevier.
- Friedmann, E., & Son, H. (2009). The human-companion animal bond: How humans benefit.

*Veterinary Clinics of North America - Small Animal Practice*, 39(2), 293–326.

<https://doi.org/10.1016/j.cvsm.2008.10.015>

Geist, T. S. (2011). Conceptual framework for animal assisted therapy. *Child and Adolescent Social Work Journal*, 28(3), 243–256. <https://doi.org/10.1007/s10560-011-0231-3>

Glenk, L. M. (2017). Current perspectives on therapy dog welfare in animal-assisted interventions. *Animals*, 7(2), 7. <https://doi.org/10.3390/ani7020007>

Green, A. (2013). *Transitioning registered handler-animal therapy from the institution to the community*. Walden University.

Griffin, J. A., McCune, S., Maholmes, V., & Hurley, K. (2011). Human-animal interaction research: An introduction to issues and topics. In P. D. McCardle, S. McCune, J. A. Griffin, & V. E. Maholmes (Eds.), *How animals affect us: Examining the influence of human-animal interaction on child development and human health* (pp. 3–9). American Psychological Association.

Grix, J. (2018). *The foundations of research* (3rd ed.). Macmillan International Higher Education.

Hanrahan, C. (2013). Social work and human animal bonds and benefits in health research: A provincial study. *Critical Social Work*, 14(1), 1–18.

<http://www1.uwindsor.ca/criticalsocialwork/system/files/Hanrahan.pdf>

Hartwig, E. K., & Binfet, J. T. (2019). What is important in canine-assisted intervention teams? An investigation of canine-assisted intervention program online screening tools. *Journal of Veterinary Behavior*, 29, 53–60. <https://doi.org/10.1016/j.jveb.2018.09.004>

Hatch, A. (2007). The view from all fours: A look at an animal-assisted activity program from the animals' perspective. *Anthrozoos*, 20(1), 37–50.

<https://doi.org/10.2752/089279307780216632>

- Haubehofer, D. K., & Kirchengast, S. (2007). Dog handlers' and dogs' emotional and cortisol secretion responses associated with animal-assisted therapy sessions. *Society and Animals, 15*(2), 127–150. <https://doi.org/10.1163/156853007X187090>
- Heidigger, M. (1962). *Being and time*. Trans. by John Macquarrie and Edward Robinson. From the German original of 1927. Harper & Row.
- Herzog, H. (2011). The impact of pets on human health and psychological well-being: Fact, fiction, or hypothesis? *Current Directions in Psychological Science, 20*(4), 236–239. <https://doi.org/10.1177/0963721411415220>
- Hightower, R. M. (2010). *Assessment of occupational therapists' attitudes and knowledge of animal-assisted therapy* [University of Toledo]. <http://utdr.utoledo.edu/graduate-projects/189>
- Horowitz, S. (2008). The human-animal bond: Health implications across the lifespan. *Alternative and Complementary Therapies, 14*(5), 251–256. <https://doi.org/10.1089/act.2008.14505>
- Hosey, G., & Melfi, V. (2014). Human-animal interactions, relationships and bonds: A review and analysis of the literature. *International Journal of Comparative Psychology, 27*(1), 117–142.
- Husserl, E. (1963). *Ideas: A general introduction to pure phenomenology*. Trans. W. R. Boyce Gibson. From the German original of 1913, originally titled *ideas pertaining to a pure phenomenology and to a phenomenological philosophy, first book*. Newly translated with the full t. Collier Books.
- Insurance Information Institute. (n.d.). *Facts + statistics: Pet statistics*. Retrieved April 22, 2020, from <https://www.iii.org/fact-statistic/facts-statistics-pet-statistics>

- Jasper, M. A. (1994). Issues in phenomenology for researchers of nursing. *Journal of Advanced Nursing*, 19(2), 309–314. <https://doi.org/10.1111/j.1365-2648.1994.tb01085.x>
- Johnson, R. A., Odendaal, J. S. J., & Meadows, R. L. (2002). Animal-assisted interventions research: Issues and answers. *Western Journal of Nursing Research*, 24(4), 422–440. <https://doi.org/10.1177/01945902024004009>
- Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard (through 2013)*, 23(23), 42.
- Kazdin, A. E. (2011). Establishing the effectiveness of animal-assisted therapies: Methodological standards, issues, and strategies. In P. McCardle, S. McCune, J. A. Griffin, & V. Maholmes (Eds.), *How animals affect us: Examining the influence of human-animal interaction on child development and human health* (pp. 35–51). American Psychological Association. <https://doi.org/10.1037/12301-002>
- Kruger, K. A., & Serpell, J. A. (2010). Animal-assisted interventions in mental health: Definitions and theoretical foundations. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 33–48). Elsevier. <https://doi.org/https://doi.org/10.1016/B978-0-12-381453-1.10003-0>
- Kuhn, T. S. (1962). *The structure of scientific revolutions* (Original).
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). SAGE Publications.
- Lefebvre, S. L., Golab, G. C., Christensen, E., Castrodale, L., Aureden, K., Bialachowski, A., Gumley, N., Robinson, J., Peregrine, A., Benoit, M., Card, M. Lou, Van Horne, L., & Weese, J. S. (2008). Guidelines for animal-assisted interventions in health care facilities. *American Journal of Infection Control*, 36(2), 78–85.

<https://doi.org/10.1016/j.ajic.2007.09.005>

Legge, M. M. (2016). The role of animal-assisted interventions in anti-oppressive social work practice. *British Journal of Social Work, 46*(7), 1926–1941.

<https://doi.org/10.1093/bjsw/bcv133>

Lundqvist, M., Carlsson, P., Sjö Dahl, R., Theodorsson, E., & Levin, L. Å. (2017). Patient benefit of dog-assisted interventions in health care: A systematic review. *BMC Complementary and Alternative Medicine, 17*(1), 1–12. <https://doi.org/10.1186/s12906-017-1844-7>

Lune, H., & Berg, B. L. (2017). *Qualitative research methods for the social sciences* (9th ed.). Pearson.

Marino, L. (2012). Construct validity of animal-assisted therapy and activities: How important is the animal in AAT? *Anthrozoös, 25*(sup1), s139–s151.

<https://doi.org/10.2752/175303712x13353430377219>

Matuszek, S. (2010). Animal-facilitated therapy in various patient populations: Systematic literature review. *Holistic Nursing Practice, 24*(4), 187–203.

<https://doi.org/10.1097/HNP.0b013e3181e90197>

McConnell, E. A. (2002). ...About animal-assisted therapy. *Nursing, 32*(3), 76.

McCullough, A. (2014). Social support and affectionate communication in animal assisted interventions: Toward a typology and rating scheme of handler/dog messages. In *Electronic Theses and Dissertations* (Vol. 417). University of Denver.

McCullough, A., Ruehrdanz, A., Jenkins, M. A., Gilmer, M. J., Olson, J., Pawar, A., Holley, L., Sierra-Rivera, S., Linder, D. E., Pichette, D., & others. (2018). Measuring the effects of an animal-assisted intervention for pediatric oncology patients and their parents: A multisite randomized controlled trial. *Journal of Pediatric Oncology Nursing, 35*(3), 159–177.

- Melco, A. L., Goldman, L., Fine, A. H., & Peralta, J. M. (2020). Investigation of physiological and behavioral responses in dogs participating in animal-assisted therapy with children diagnosed with attention-deficit hyperactivity disorder. *Journal of Applied Animal Welfare Science*, 23(1), 10–28.
- Miles, M. B., Huberman, M. A., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook* (4th ed.). SAGE Publications.
- Mongillo, P., Pitteri, E., Adamelli, S., Bonichini, S., Farina, L., & Marinelli, L. (2015). Validation of a selection protocol of dogs involved in animal-assisted intervention. *Journal of Veterinary Behavior: Clinical Applications and Research*, 10(2), 103–110.  
<https://doi.org/10.1016/j.jveb.2014.11.005>
- Moody, W. J., King, R., & O'Rourke, S. (2002). Attitudes of paediatric medical ward staff to a dog visitation programme. *Journal of Clinical Nursing*, 11(4), 537–544.  
<https://doi.org/10.1046/j.1365-2702.2002.00618.x>
- Moorhead, J. R. (2012). *Animal-assisted therapy: A volunteer's perspective*. Texas State University-San Marcos.
- Morrison, M. L. (2007). Health benefits of animal-assisted interventions. *Complementary Health Practice Review*, 12(1), 51–62. <https://doi.org/10.1177/1533210107302397>
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.
- Ng, Z. Y., Pierce, B. J., Otto, C. M., Buechner-Maxwell, V. A., Siracusa, C., & Werre, S. R. (2014). The effect of dog-human interaction on cortisol and behavior in registered animal-assisted activity dogs. *Applied Animal Behaviour Science*, 159, 69–81.  
<https://doi.org/10.1016/j.applanim.2014.07.009>
- Nimer, J., & Lundahl, B. (2007). Animal-assisted therapy: A meta-analysis. *Anthrozoos*, 20(3),

225–238. <https://doi.org/10.2752/089279307X224773>

O’Haire, M. E. (2010). Companion animals and human health: Benefits, challenges, and the road ahead. *Journal of Veterinary Behavior: Clinical Applications and Research*, 5(5), 226–234.

<https://doi.org/10.1016/j.jveb.2010.02.002>

O’Haire, M. E., Guérin, N. A., & Kirkham, A. C. (2015). Animal-assisted intervention for trauma: A systematic literature review. *Frontiers in Psychology*, 6(August), 1121.

<https://doi.org/10.3389/fpsyg.2015.01121>

Palley, L. S., O’Rourke, P. P., & Niemi, S. M. (2010). Mainstreaming animal-assisted therapy. *ILAR Journal*, 51(3), 199–207.

Paluck, E. L. (2010). The promising integration of qualitative methods and field experiments. *The ANNALS of the American Academy of Political and Social Science*, 628(1), 59–71.

Patton, M. Q. (2014). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications.

Pet Food Manufacturers’ Association. (n.d.). *Dog population 2019*. Retrieved April 22, 2020, from <https://www.pfma.org.uk/dog-population-2019>

Pet Partners. (n.d.-a). *About*. Retrieved December 19, 2019, from <https://petpartners.org/about-us/>

Pet Partners. (n.d.-b). *Terminology*. Retrieved December 10, 2019, from

<https://petpartners.org/learn/terminology/>

Pinto, A., De Santis, M., Moretti, C., Farina, L., & Ravarotto, L. (2017). Medical practitioners’ attitudes towards animal assisted interventions. An Italian survey. *Complementary Therapies in Medicine*, 33(May), 20–26. <https://doi.org/10.1016/j.ctim.2017.04.007>

<https://doi.org/10.1016/j.ctim.2017.04.007>

Pirrone, F., Ripamonti, A., Garoni, E. C., Stradiotti, S., & Albertini, M. (2017). Measuring social synchrony and stress in the handler-dog dyad during animal-assisted activities: A pilot

- study. *Journal of Veterinary Behavior: Clinical Applications and Research*, 21, 45–52.  
<https://doi.org/10.1016/j.jveb.2017.07.004>
- Reece, C. (2012). *A phenomenological analysis of the lived experiences of animal assisted therapy volunteers*. Walden University.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers* (2nd ed.). SAGE Publications.
- Rossetti, J., DeFabiis, S., & Belpedio, C. (2008). Behavioral health staff's perceptions of pet-assisted therapy: An exploratory study. *Journal of Psychosocial Nursing*, 46(9), 28–33.
- Sandelowski, M. (1995). Qualitative analysis: What it is and how to begin. *Research in Nursing & Health*, 18(4), 371–375. <https://doi.org/10.1002/nur.4770180411>
- Sandelowski, M. (2004). Using qualitative research. *Qualitative Health Research*, 14(10), 1366–1386. <https://doi.org/10.1177/1049732304269672>
- Savishinsky, J. S. (1992). Intimacy, domesticity and pet therapy with the elderly: Expectation and experience among nursing home volunteers. *Social Science and Medicine*, 34(12), 1325–1334. [https://doi.org/10.1016/0277-9536\(92\)90141-C](https://doi.org/10.1016/0277-9536(92)90141-C)
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9–16.  
<https://doi.org/10.5539/elt.v5n9p9>
- Serpell, J. (1996). *In the company of animals: A study of human-animal relationships*. Cambridge University Press.
- Serpell, J., Coppinger, R., Fine, A. H., & Peralta, J. M. (2010). Welfare considerations in therapy and assistance animals. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy:*



- Theoretical foundations and guidelines for practice* (3rd ed., pp. 481–503). Elsevier.  
<https://doi.org/10.1016/B978-0-12-381453-1.10023-6>
- Serpell, J., McCune, S., Gee, N., & Griffin, J. A. (2017). Current challenges to research on animal-assisted interventions. *Applied Developmental Science, 21*(3), 223–233.  
<https://doi.org/10.1080/10888691.2016.1262775>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63–75.
- Sloan-Oberdier, S. M. (2018). *Working alongside a therapy dog: A phenomenological study of school counselors' experiences*. Kent State University College.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications.
- Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbooks in psychology®. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 73–82). American Psychological Association. <https://doi.org/https://doi.org/10.1037/13620-005>
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge University Press.
- Souter, M. A., & Miller, M. D. (2007). Do animal-assisted activities effectively treat depression? A meta-analysis. *Anthrozoos, 20*(2), 167–180. <https://doi.org/10.2752/175303707X207954>
- St. John Ambulance. (n.d.-a). *About the therapy dog program*. Retrieved November 2, 2019, from [https://www.sja.ca/english/community-services/pages/therapy dog services/about-the-therapy-dog-program.aspx](https://www.sja.ca/english/community-services/pages/therapy-dog-services/about-the-therapy-dog-program.aspx)
- St. John Ambulance. (n.d.-b). *Become a therapy dog volunteer*. Retrieved November 2, 2019,

from [https://www.sja.ca/English/Community-Services/Pages/Therapy Dog Services/Become-A-Therapy-Dog-Volunteer.aspx](https://www.sja.ca/English/Community-Services/Pages/Therapy%20Dog%20Services/Become-A-Therapy-Dog-Volunteer.aspx)

St. John Ambulance. (n.d.-c). *Therapy dog program*. Retrieved November 2, 2019, from [https://www.sja.ca/English/Community-Services/Pages/Therapy Dog Services/default.aspx](https://www.sja.ca/English/Community-Services/Pages/Therapy%20Dog%20Services/default.aspx)

Stake, R. E. (2006). *Multiple case study analysis*. The Guilford Press.

Stern, C., & Chur-Hansen, A. (2013). Methodological considerations in designing and evaluating animal-assisted interventions. *Animals*, 3(1), 127–141. <https://doi.org/10.3390/ani3010127>

Stewart, L. A. (2014). *Competencies in animal assisted therapy in counseling: A qualitative investigation of the knowledge, skills and attitudes required of competent animal assisted therapy practitioners* [Georgia State University]. [https://scholarworks.gsu.edu/cps\\_diss/](https://scholarworks.gsu.edu/cps_diss/)

Stewart, L. A., Chang, C. Y., & Rice, R. (2013). Emergent theory and model of practice in animal-assisted therapy in counseling. *Journal of Creativity in Mental Health*, 8(4), 329–348. <https://doi.org/10.1080/15401383.2013.844657>

Swall, A., Craftman, Å., Grundberg, Å., Wiklund, E., Väliäho, N., & Hagelin, C. L. (2019). Dog Handlers' experiences of therapy dogs' impact on life near death for persons with dementia. *International Journal of Palliative Nursing*, 25(2), 65–71.

Swall, A., Ebbeskog, B., Lundh Hagelin, C., & Fagerberg, I. (2016). “Bringing respite in the burden of illness” - Dog handlers' experience of visiting older persons with dementia together with a therapy dog. *Journal of Clinical Nursing*, 25(15–16), 2223–2231. <https://doi.org/10.1111/jocn.13261>

Swedish Standards Institute. (2008). *Vard-hundsteam inom äldreomsorg, demensvard och rehabilitering för vuxna efter förvarvad hjärnskada: Krav på utbildning (Svensk Standard 876000)* (pp. 1–34).

- Swift, C. H. (2009). *Animal assisted therapy and the reading education assistance dogs® (R.E.A.D.) program as perceived by volunteer R.E.A.D. facilitators: A national study*. Texas A&M University-Corpus Christi.
- Tellis, W. (1997). Application of a case study methodology. *The Qualitative Report*, 3(3), 1–19.
- Therapy Dogs International. (n.d.). *About TDI*. Retrieved December 19, 2019, from <https://www.tdi-dog.org/About.aspx>
- Trembath, F. (2014). *Practitioner attitudes and beliefs regarding the role animals play in human health*. <https://habricentral.org>
- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, 2(4), 52.
- Ugnow, L. S. (2019). The benefits of an animal-assisted intervention service to patients and staff at a children's hospital. *British Journal of Nursing*, 28(8), 509–515. <https://doi.org/10.12968/bjon.2019.28.8.509>
- Velde, B. P., Cipriani, J., & Fisher, G. (2005). Resident and therapist views of animal-assisted therapy: Implications for occupational therapy practice. *Australian Occupational Therapy Journal*, 52(1), 43–50. <https://doi.org/10.1111/j.1440-1630.2004.00442.x>
- Wanser, S. H., & Udell, M. A. R. (2019). Does attachment security to a human handler influence the behavior of dogs who engage in animal assisted activities? *Applied Animal Behaviour Science*, 210, 88–94. <https://doi.org/10.1016/j.applanim.2018.09.005>
- Wells, D. L. (2019). The state of research on human animal relations: Implications for human health. *Anthrozoös*, 32(2), 169–181. <https://doi.org/10.1080/08927936.2019.1569902>
- White, C. H., Sargent, J., & Manusov, V. L. (2005). Researcher choices and practices in the study

- of nonverbal communication. In V. L. Manusov (Ed.), *The sourcebook of nonverbal measures: Going beyond words* (pp. 3–21). Routledge.
- Wilkes, J. K. (2009). *The role of companion animals in counseling and psychology: Discovering their use in the therapeutic process*. Charles C Thomas Publisher.
- Wilson, C. C., & Barker, S. B. (2003). Challenges in designing human-animal interaction research. *American Behavioral Scientist*, *47*(1), 16–28.  
<https://doi.org/10.1177/0002764203255208>
- Wilson, E. O. (1984). *Biophilia*. Harvard University Press.
- Winkle, M. Y., & Jackson, L. Z. (2012). Animal kindness: Best practices for the animal-assisted therapy practitioner. *OT Practice*, *17*(6), 10–14.
- WorldAtlas. (n.d.). *How much do Canadians spend on their pets?* Retrieved April 25, 2020, from <https://www.worldatlas.com/articles/how-much-do-canadians-spend-on-their-pets.html>
- Yap, E., Scheinberg, A., & Williams, K. (2017). Attitudes to and beliefs about animal assisted therapy for children with disabilities. *Complementary Therapies in Clinical Practice*, *26*, 47–52. <https://doi.org/10.1016/j.ctcp.2016.11.009>
- Zents, C. E., Fisk, A. K., & Lauback, C. W. (2017). Paws for intervention: Perceptions about the use of dogs in schools. *Journal of Creativity in Mental Health*, *12*(1), 82–98.  
<https://doi.org/10.1080/15401383.2016.1189371>

## Appendix A: Ethical Approval Letter



Interdisciplinary Committee on  
Ethics in Human Research (ICEHR)

St. John's, NL Canada A1C5S7  
Tel: 709 864-2561 icehr@mun.ca  
[www.mun.ca/research/ethics/humans/icehr](http://www.mun.ca/research/ethics/humans/icehr)

ICEHR Number:	20181327-ME
Approval Period:	January 11, 2018 – January 31, 2019
Funding Source:	Not Funded
Responsible Faculty:	Dr. Victor Maddalena Division of Community Health and Humanities
Title of Project:	<i>A Descriptive Phenomenological Analysis of the Lived Experiences of St. John Ambulance Therapy Dog Program Volunteers</i>

January 11, 2018

Ms. Julie Carberry  
Division of Community Health and Humanities  
Faculty of Medicine  
Memorial University of Newfoundland

Dear Ms. Carberry:

Thank you for your correspondence of January 5, 2018 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the above-named research project.

ICEHR has re-examined the proposal with the clarification and revisions submitted, and is satisfied that the concerns raised by the Committee have been adequately addressed. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to January 31, 2019. ICEHR approval applies to the ethical acceptability of the research, as per Article 6.3 of the *TCPS2*. Researchers are responsible for adherence to any other relevant University policies and/or funded or non-funded agreements that may be associated with the project.

If you need to make changes during the project, which may raise ethical concerns, please submit an amendment request with a description of these changes for the Committee's consideration. In addition, the *TCPS2* requires that you submit an annual update to ICEHR before January 31, 2019. If you plan to continue the project, you need to request renewal of your ethics clearance, and include a brief summary on the progress of your research. When the project no longer involves contact with human participants, is completed and/or terminated, you are required to provide the annual update with a final brief summary, and your file will be closed.

Annual updates and amendment requests can be submitted from your Researcher Portal account by clicking the *Applications: Post-Review* link on your Portal homepage.

We wish you success with your research.

Yours sincerely,



Kelly Blidook, Ph.D.  
Vice-Chair, Interdisciplinary Committee on  
Ethics in Human Research

KB/lw

cc: Supervisor – Dr. Victor Maddalena, Division of Community Health and Humanities  
Faculty of Medicine

## Appendix B: Organizational Approval Letter



Division of Community Health and Humanities

Faculty of Medicine  
Memorial University of Newfoundland  
St. John's, NL Canada A1B 2C3  
Tel: 709 764 4050 [www.mun.ca](http://www.mun.ca)

St. John Council for Newfoundland  
8 Thomas Byrne Drive  
Mount Pearl, NL A1N 0E1

Dear Therapy Dog Program Coordinator,

My name is Julie Carberry, a second-year Master's student, in the Faculty of Medicine, Division of Community Health and Humanities at Memorial University of Newfoundland. As part of my master's thesis I am conducting research under the supervision of Dr. Victor Maddalena. I am conducting a research study on the experience of Animal-Assisted Therapy (AAT) volunteers.

As you are aware, animal assisted therapy has existed in various forms for centuries. AAT aims to enhance patients' quality of life through the interaction between humans and animals. The major component of animal assisted therapy and activity that is neglected in the literature is the perceptions and experiences of the volunteers who participate with their pets in these programs. Although much of the literature covers the ideas of academics, therapists, social workers and other professional persons on AAT, non-professional voices have not been explored. The missing factor in this realm of study is that of the volunteer.

The purpose of my study will be to present the experience of AAT volunteers and gain insight into the volunteer's experience of providing AAT. I hope to examine the value of providing animal assisted therapy from the experiences of volunteers within the St. John Ambulance Therapy Dog Program in Newfoundland, Canada.

I write to seek the approval of your organization to conduct my research. I am also asking for minimal assistance during the recruitment period of my research. Specifically, I am hoping an email could be distributed to your volunteers notifying them of my study. I have prepared a recruitment email and poster to attach which includes a brief summary of the study and my contact information should any volunteers associated with your organization wish to participate, access further details of the study, and or ask questions. Please forward this recruitment email and accompanying poster to your volunteers.

If you have any questions please contact me or my Supervisor.

Sincerely,  
Julie Carberry  
Masters Student Candidate

## **Appendix C: Recruitment Email**

My name is Julie Carberry, and I am a student in the Faculty of Medicine at Memorial University of Newfoundland. I am conducting a research project called A Descriptive Phenomenological Analysis of the St. John Ambulance Therapy Dog Program Volunteers for my master's degree under the supervision of Dr. Victor Maddalena. The purpose of my study is to present the experiences of Animal Assisted Therapy (AAT) volunteers and gain insight into the volunteer's experience of providing AAT. More specifically, I hope to examine the value of providing AAT from the experiences of volunteers within the St. John Ambulance Therapy Dog Program in Newfoundland, Canada.

I am contacting you to invite you to participate in an interview in which you will be asked to speak about some of your experiences as a volunteer with the Therapy Dog Program. Participation will require 1 – 2 hours of your time and will be held at any location of your convenience. Participation is not a condition of your involvement with the St. John Ambulance program, and will not be reported to the organization.

As you may be aware, AAT has existed in various forms for centuries. AAT aims to enhance patients' quality of life through the interaction between humans and animals. The major component of animal assisted therapy and activity that is neglected in the literature is the perceptions and experiences of the volunteers who participate with their pets in these programs. Although much of the literature covers the ideas of academics, therapists, social workers and other professional persons in AAT, non-professional voices have not been explored. The missing factor in this realm of study is that of the volunteer.

The criteria for exclusion from this study includes having volunteered with the St. John Ambulance Therapy Dog Program for less than a year. I am seeking participants who have been volunteering with the program for at least one year.

If you are interested in participating in this study, please contact me to arrange a meeting time.

If you have any questions about me or my project, please contact me by email at [jac876@mun.ca](mailto:jac876@mun.ca), or by phone at (709)764-4050.

If you know anyone who may be interested in participating in this study, please give them a copy of this information.

Thank-you in advance for considering my request,  
Julie Carberry

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr.chair@mun.ca](mailto:icehr.chair@mun.ca) or by telephone at 709-864-2861.

## Appendix D: Recruitment Poster

FACULTY OF MEDICINE, DIVISION OF COMMUNITY HEALTH AND HUMANITIES



# Are you a St. John Ambulance Therapy Dog Program Volunteer?

**I am conducting a study exploring the experiences of St. John Ambulance Therapy Dog Program Volunteers**

If you have volunteered with the program for at least a year and wish to share your experiences, please join me in an approximately one-hour to two-hour long interview at a date and location of your convenience.

**If interested in participating or in more information, please contact:**

JULIE CARBERRY, M.SC. CANDIDATE  
JAC876@MUN.CA  
(709) 764-4050

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr.chair@mun.ca](mailto:icehr.chair@mun.ca) or by telephone at 709-864-2861.

[www.mun.ca](http://www.mun.ca)





## Appendix E: Informed Consent Form



### Division of Community Health and Humanities

Faculty of Medicine  
Memorial University of Newfoundland  
St. John's, NL Canada A1B 2C3  
Tel: 709 764 4050 [www.mun.ca](http://www.mun.ca)

### Informed Consent Form

- Title:** A Descriptive Phenomenological Analysis of the Lived Experiences of St. John Ambulance Therapy Dog Program Volunteers
- Researcher(s):** Julie Carberry, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland, (c) (709) 765-4050, [jac876@mun.ca](mailto:jac876@mun.ca)
- Supervisor(s):** Victor Maddalena, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland, (t) (709) 864-6513, [victor.maddalena@med.mun.ca](mailto:victor.maddalena@med.mun.ca)

You are invited to take part in a research project entitled “A Descriptive Phenomenological Analysis of the Lived Experiences of St. John Ambulance Therapy Dog Program Volunteers”.

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this carefully and to understand the information given to you. Please contact the researcher, Julie Carberry, if you have any questions about the study or would like more information before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

#### **Introduction:**

I am Julie Carberry, a second-year master's student, in the Faculty of Medicine, Division of Community Health and Humanities at Memorial University. As part of my master's thesis I am conducting research under the supervision of Dr. Victor Maddalena.

**Purpose of Study:**

Animal assisted therapy (AAT) has existed in various forms for centuries. The research that exists on AAT is generally quantitative in nature even though the experience of AAT may not be as clearly conveyed through this type of research paradigm. The focus on quantitative research may limit insight into the field.

AAT aims to enhance patients' quality to life through the interaction between human and animal. The major component of animal assisted therapy and activity that is neglected in the literature is the perceptions of the volunteers who participate with their pet in these programs. Although much of the literature covers the ideas of academics, therapists, social workers and other professional persons on AAT, non-professional voices have not been expressed. The missing factor in this realm of study is that of the volunteer.

The purpose of this qualitative study is to present the experience of AAT from volunteers and gain insight into the volunteer's experience of providing AAT. I will examine the value of providing animal assisted therapy from the experiences of volunteers within the St. John Ambulance Therapy Dog Program in Newfoundland, Canada.

AAT has grown in recent years, and many organizations throughout Canada currently use volunteers to provide AAT to patients with a large range of conditions. For most of these organizations, volunteers (or handlers) are a vital part of AAT. Understanding the motivations and perceived benefits of the volunteer may be used as a tool to help with future volunteer recruitment efforts. Volunteers may feel more inclined to help others by participating in an AAT program if they are aware of the potential benefits for themselves and their dog.

**What You Will Do in this Study:**

You will be asked to meet with the researcher at a date and location of your convenience, and answer the verbal questions asked in the face-to-face interview.

**Length of Time:**

You will be expected to participate in one face-to-face interview at a place and time of your convenience. The interview will last approximately 1-2 hours.

**Withdrawal from the Study:**

You can stop and/or end their **participation** before, partway through, or after an interview. All data collected up to this point will be destroyed.

You can request **removal of your data** after data collection has ended.

**Data can be removed** from the study after your participation has ended by removing the interview transcript prior to the data being aggregated and analyzed.

**Possible Benefits:**

Potential benefits of this study include:

- a) **Benefits to you** that may result from your participation in the study include enjoying the interview and a sense of satisfaction.

- b) Benefits to the **scientific / scholarly community and/or society as a whole** include additional literature on the topic of animal assisted therapy and animal assisted interventions, and possible promotion of the benefits of volunteering with a therapy dog.

**Possible Risks:**

Potential risks associated with participating in this study include the emotional experience of recounting an intimate moment, the vulnerable feeling of exposing one's thoughts, and the financial cost of transportation to a meeting place.

These risks will be minimized by skipping questions that you may not wish to answer, and allowing you to have control of the direction of the conversation.

**Confidentiality:**

The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use, or disclosure.

The data from this research project will be published and presented at conferences; however, your identity will be kept confidential. Although we may report direct quotations from the interview all identifying information, such as your name, will be removed from our report unless consent is given to use your name.

**Anonymity:**

Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance.

The data obtained from participation in the interview will be reported without identifiers unless consent is given to use your name. The opportunity for you to use your name in the research will not negatively affect and/or identify other participants who do wish to remain anonymous.

If anonymity is desired, every reasonable effort will be made to ensure your anonymity. You will not be identified in publications without your explicit permission.

**Recording of Data:**

An audio recorder will be placed on the table and I will begin recording at the start of the interview. This recording will be later replayed to transcribe your responses to the questions posed in the interview.

**Use, Access, Ownership, and Storage of Data:**

Data will be stored as password-protected electronic data files on a password-protected laptop. Consent forms will be stored separately from the data in a locked filing cabinet in my supervisor's locked office at Memorial University.

Other than myself, only my supervisor will have access to the data.

Once completion of the study, all electronic data files will be transferred to a memory stick and also stored in a locked filing cabinet in my supervisor's locked office. The files will then be deleted from the laptop.

Data will be kept for a minimum of five years, as required by Memorial University's policy on Integrity in Scholarly Research.

After five years, all data will be disposed of by deleting the data from the memory stick and shredding the written consent forms.

**Reporting of Results:**

**The data will be published in a thesis, and may be published** in journal articles and in conference presentations or posters.

Upon completion, my thesis will be available at Memorial University's Queen Elizabeth II library, and can be accessed online at: <http://collections.mun.ca/cdm/search/collection/theses>.

**The data will be reported in aggregated and/or summarized form with some direct** quotations. These quotations will not identify the individual participant unless participants give permission.

**Sharing of Results with Participants:**

A copy of any journal manuscript along with any conference posters will be emailed to participants after the project is complete.

**Questions:**

You are welcome to ask questions before, during, or after your participation in this research. If you would like more information about this study, please contact: Julie Carberry by calling (709)764-4050 or emailing [jac876@mun.ca](mailto:jac876@mun.ca), or Dr. Victor Maddalena by calling (709)864-6513 or emailing [victor.maddalena@med.mun.ca](mailto:victor.maddalena@med.mun.ca).

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

**Consent:**

Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw participation in the study without having to give a reason, and that doing so will not affect you now or in the future.
- You understand that if you choose to end participation **during** data collection, any data collected from you up to that **point will be destroyed**.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the study up to May 1<sup>st</sup>, 2017.

I agree to be audio-recorded

Yes  No

- I agree to the use of direct quotations  Yes  No
- I allow my name to be identified in any publications resulting from this study  Yes  No
- I allow data collected from me to be archived in a password protected memory stick and in a locked cabinet in the supervisors locked office  Yes  No

By signing this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

**Your Signature Confirms:**

- I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.
- I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation.
- A copy of this Informed Consent Form has been given to me for my records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Researcher's Signature:**

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

## Appendix F: Interview Guide

### Introduction

The main focus of our interview today is to explore the lived experience of volunteers providing animal assisted therapy within the St. John Ambulance Therapy Dog Program in St. John's, Newfoundland. Your insight is valuable in helping to understand animal assisted therapy from the perception of the handler. I will also be doing perception checks with you throughout the interview to make sure I understand you accurately. Everything you tell us is strictly confidential. Any questions before we begin?

### Interview Questions

*The interviewer will periodically ask clarifying questions and engage in perception checks during the interview process. (Given the recursive nature of this methodology, questions may be adapted; however, these probing questions reflect the general nature of the questions that will be asked.)*

1. How did you get involved with the St. John Ambulance Therapy Dog Program?
2. How long have you been a Therapy Dog Program volunteer?
3. What sites/locations/facilities do you usually visit?
4. Have you volunteered in another capacity before?
5. Would you consider yourself an “animal-lover”? How long have you enjoyed interacting with animals?
6. Describe the experience of working with your animal.
7. Can you describe any experiences that were particularly noteworthy?
8. What do you see as the benefits of animal assisted therapy? To yourself? To others? To your dog?
9. What do you gain from volunteering with your animal?
10. Are there any negative aspects of volunteering with your animal?
11. If you are no longer a volunteer, why did you stop volunteering?
12. Is there anything you feel that we did not cover or that you would like to add?

### Wrap-Up Questions

- What was this interview process like for you?
- Would you be willing to be contacted in the future for follow-up and clarification questions?

### Closing

Thank you very much for your willingness to share your time and experiences with us. Please feel free to contact us at any time with additional questions, comments, or concerns.

### Appendix G: List of Codes

Ability	fear	kids	relief
afraid	feel	laugh	remember
age	feel good	learn	rewarding
agitated	focus	lick	room
alone	forget	listen	rub
amazing	friend	logistics	sad
appreciate	friendly	love	satisfaction
attention	friendly visits	mental awareness	satisfying
awesome	fulfilling	mental health	scarf
awkward	fun	mindful	sick
bad	funny	moment	situation
bad day	genuine	mood	smile
balance	give	negative	social
bed	going through	nice	special
breathe	gone (deceased)	nurse	staff
calm	good	obligation	story
cheer up	great	old	stress
comfort	grow	opportunity	support
commit	happy	parking	sweet
communicate	hard	pass away	tail
community	heart	personal	talk
connect	help	perspective	team
conversation	hold	pet	tears
cry	home	play	temperament
cuddle	hospital	positive	test
decompress	hurdles	presence	together
demand	impact	present	touch
different	important	process	tough
emotion	improve	public	tricks
energy	intense	purpose	upset
enjoy	interact	quality	value
environment	interest	rapport	visit
excited	invest	reaction	work
expect	involve	red shirt/scarf	worthwhile
experience	issue	relationship	
family	joy	relax	

## Appendix H: Mind Map





## Appendix I: Background Information

Table 1: Summary of Information Collected

<b>Personal</b>	
1	Gender (men, women)
2	Age
3	Ethnicity
4	Employment Status (full time/part-time/unemployed/retired)
5	Occupation (title & field)
6	Dependants (number & age)
<b>Volunteer</b>	
7	Length (year & month)
8	Awareness (source)
9	Setting (facility types & events)
10	Frequency of Visits (per week/month)
11	Other Volunteering (organization, length, when)
<b>Animal</b>	
12	Therapy Dog(s) (name, age, breed, size)
13	Animal Experience (other/previous pets & therapy/non-therapy)
14	Attitude Towards Animals (love/like/neutral/dislike & cat/dog preference)

### Gender, Age, & Ethnicity

-9 women, 5 men

### Employment Status, Occupation, & Dependants

-8 full-time, 5 flexible schedules

-5 worked in health fields

-8 were without dependants (no children), & 2 had fully adult children

Table 2: Setting (Facilities & Events)

<b>Senior &amp; Nursing Homes</b>	
1	Retirement Residencies, Personal Care Homes, Long-term Care
2	Independent & Assisted-living
3	Public, Private, & Religious
<b>Hospitals &amp; Treatment Centres</b>	
4	General, Children, & Veteran
5	Units & Wards (ex: Rehabilitation, Palliative, & Psychiatric)
6	Centres & Clinics (for Mental Health & Addictions)
<b>Schools</b>	
7	Junior & Senior High (specifically District)

8	College & University (specifically a Faculty of Medicine)
<b>Libraries</b>	
9	University & Municipal
<b>Shelters</b>	
10	Emergency, Short-term, & Homeless
<b>Correctional Institution</b>	
11	Medium - Maximum Security, All-Male Prison
<b>Other Community Centres</b>	
12	Social/Cultural & Outreach
<b>Organizations</b>	
13	Agencies, Societies, & Charities
14	National & Locally-based
15	Non-profit & Not-for-profit
<b>Events</b>	
16	Pediatric Cancer Fundraiser
17	Career Fair
18	Santa Claus Parade
19	Other

#### Other Volunteering

-8 had an extensive volunteer background

-5 volunteered with other health organizations, 3 with animal organizations

Table 3: Other Volunteering

<b>Health</b>	
1	Candy Striper
2	Heart & Stroke Foundation (2)
3	Medical First Responder
4	Provincial Pharmacy Board
5	Alzheimer's Society MS Society
<b>Animal</b>	
1	Dogs (the SPCA & FurEver Young Senior Animal Rescue)
2	Horses (Therapeutic Riding Ottawa)
<b>Specific Populations</b>	
1	Seniors (Seniors Resource Centre & Dancing in Homes)
2	Children & Youth (Big Brothers Big Sisters, Youth Action
3	Committee, Scouts Canada (2), Child Literacy Program,
4	Sports Teams (2))
5	Persons with Disabilities (Special Olympics, Easter Seals, & Special Needs)
<b>Social Services &amp; Humanitarian Aid</b>	
1	Habitat for Humanity
2	Global Vision International

3	United Way
4	The Gathering Place*
5	Adult Literacy Program
6	Food Banks (2)

---

**Special Events**

---

1	Fundraisers
2	Conferences

---

Therapy Dogs & Animal Experience

- 5 had a second therapy dog
- 10 grew up around pets (2 keeping pets their entire lives)
- 7 grew up with specifically dogs
- 4 had limited animal experience

Table 4: Attitude Towards Animals & Influences

<b>Attitude</b>	
1	“yes” & “absolutely” animal-lover (8)
2	“always liked” (1)
3	“crazy/100% dog-lover” (3)
<b>Influences</b>	
1	Allergies (3) (1 severe, 2 to cats)
2	Traumas (3) (2 bitten by a dog as children, 1 attacked by and hospitalized due to a cat)