Some Rights for Animal Therapists: Better Science and Better Welfare

Dana H. Murphy

"Animal-facilitated therapy. The phrase has a nice, solid ring to it, doesn't it? And it also sounds like an idea that nearly everyone could agree to endorse, like democracy and vacations. But a closer scrutiny of some of the available literature on the use of animals as adjuncts in situations like nursing homes and outpatient psychotherapy reveals a number of deficiencies. While there is probably nothing wrong with the fundamental concept—ideally, people and animals are helping each other to become more useful and independent—there are some real problems in two areas: the dubious level of scientific rigor in many of the reports on animal-facilitated therapy, and the scant consideration given to the welfare of the animal therapists themselves.

In a paper presented at the International Conference on the Human/Companion Animal Bond in October 1981, Michael McCulloch goes on at some length about the history of animals as therapeutic agents. He concludes each short narrative on a particular experiment with some version of the same refrain: "no quantitative information was recorded." Rather, he observes that the notion of animal-facilitated therapy is so popular, so much an idea that we assume it, and that anecdotal data are left to supply the evidence. He discards our desensitization to the plight of confinement farm animals through use of the phrase "production units," and of lab animals by the impersonal term "specimens." It is difficult to ignore the fact that much of the same insensitivity to animals' needs emerges from the literature on animal-facilitated therapy. A paper by Leo Bustad and Linda Hines (Cal Vet 36(8):37-44), in particular, speaks of companion animals as "prescription pets," and then cites another article by Samuel and Elizabeth

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with dogs (which require more care, especially daily walks) lived on. In fact, the species of companion animal owned was found to have virtually no bearing on the 1-year survival data.

The scientific rigor necessary to arrive at a judgment on the effectiveness of animals in therapy is relatively easy to achieve, with a little thought. A far more difficult issue is how an animal being employed as a therapist ought to be treated, especially in light of the incredible range of conditions and environments that animals will probably be working in at some time in the near future.

As Michael Fox noted in the last issue of the Journal (34:267, 1982), our choice of language about animals both reflects and conditions the way we think about them. He discards our desensitization to the plight of confinement farm animals through use of the phrase "production units," and of lab animals by the impersonal term "specimens." It is difficult to ignore the fact that much of the same insensitivity to animals' needs emerges from the literature on animal-facilitated therapy. A paper by Leo Bustad and Linda Hines (Cal Vet 36(8):37-44), in particular, speaks of companion animals as "prescription pets," and then cites another article by Samuel and Elizabeth

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Occlusion of Vision in Old English Sheepdogs

The show standards established for many breeds of dogs have been linked with a number of genetically related abnormalities that can result in unnecessary suffering. The facial skin folds and shortened face of bulldogs, which respectively lead to chronic dermatitis and respiratory difficulties, are two dramatic examples. Likewise, ear-cropping is an ethically questionable mutilation that conveys no benefit upon the dog. Another serious welfare concern relates to a practice that is common among owners of Old English sheepdogs and other breeds with long facial hair: allowing the hair to cover the animal's eyes. This feature is desired by those who need a bit of careful reconsideration before we begin to gush euphorically over its potential. First, we need better-controlled studies on the outcomes of treatments that employ animals. Next, we need some reasonably specific guidelines on the care and welfare of the animals so used. At a minimum, we can say that these animals should never be treated as "living library books," rented out on a short-term basis in a way that is probably confusing to the animals, to people who may mistreat them or, perhaps worse, may come to love their animal-guests too much, only to lose them at the end of an evening. And finally, we had best take a closer look at a society that exiles its elders and people to human warehouses, where they are left to exist without activity or purpose, so that animals, once again, are compelled to assume the tasks that we would simply prefer to avoid.

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In a paper presented at the International Conference on the Human/Companion Animal Bond in October 1981, Michael McCulloch goes on at some length about the history of animals as therapeutic agents. He concludes each short narrative on a particular experiment with some version of the same refrain: "no quantitative information was recorded." Rather, he observes that the notion of animal-facilitated therapy is so popular, so much an idea that we want to believe in, that anecdotal data and individual case studies have been accepted as sufficient proof of the hypothesis that animal therapy works. As a consequence of this dearth of real scientific analysis, the claims for this mode of therapy have occasionally been suspiciously inflated. In the process, such claims, because of the absence of an examination of the relative contribution of all the variables that might be involved in a given result, become magically protected from disproof. Who can know, for example, whether an observed decrease in mortality at a nursing home that recently initiated regular visits by an appealing beagle might not have been influenced more by the long-awaited installation of a reliable thermostat?

McCulloch himself advocates a painstaking analytical procedure for anyone who wants to study the effects of animals in therapeutic situations: the fundamental mechanisms of the system of interaction between people and companion animals, the style of interaction, the location, and the outcome must all be carefully teased out. An excellent example of a study in which just this sort of caution was observed is "Animal Companions and One-Year Survival of Patients After Discharge from a Coronary Care Unit," by Erica Friedmann et al. (Cal Vet 36(8):45-50, 1982). Here, the authors, noting that research on survival after the onset of coronary heart disease has seldom included both physiological and psychosocial variables, attempted to correlate 1-year survival with a long list of potential causal factors. Pet ownership was but one item on an extensive social inventory given to each patient; psychological mood status and severity of disease were also measured at the same time. Precisely because all (or nearly all) of the factors that might have had an effect on the further course of the disease were included in the study, the authors were able to conclude, with a high degree of certainty, that pet ownership was a very important positive factor in determining whether a person suffered heart disease, or merely succumbed. The authors were even able to rule out the variable of increased exercise, which might have been one reason why those with dogs (which require more care, especially daily walks) lived on. In fact, the species of companion animal owned was found to have virtually no bearing on the 1-year survival data.

The scientific rigor necessary to arrive at a judgment on the effectiveness of animals in therapy is relatively easy to achieve, with a little thought. A far more difficult issue is how an animal being employed as a therapist ought to be treated, especially in light of the incredible range of conditions and environments that animals will probably be working in at some time in the near future.

As Michael Fox noted in the last issue of the Journal (34(1):267, 1982), our choice of language about animals both reflects and conditions the way we think about them. He discussed our desensitization to the plight of confinement farm animals through use of the phrase "production units," and of lab animals by the impersonal term "specimens." It is difficult to ignore the fact that much of the same insensitivity to animals' needs emerges from the literature on animal-facilitated therapy. A paper by Leo Bustad and Linda Hines (Cal Vet 36(8):37-44, in particular, speaks of companion animals as "prescription pets," and then cites another article by Samuel and Elizabeth Corson in which animals are reduced to the psychobabble of "bonding catalysts." Pets, claim Bustad and Hines, can provide the elderly with someone to "lord it over." McCulloch visits viewing companion animals as "entertainers" for those who are forced to waste away their hours in places like hospitals. It does seem, then, that some of the aspects of animal-facilitated therapy need a bit of careful reconsideration before we begin to gush euphorically over its potential. First, we need better-controlled studies on the outcomes of treatments that employ animals. Next, we need some reasonably specific guidelines on the care and welfare of the animals so used. At a minimum, we can say that these animals should never be treated as "living library books," rented out on a short-term basis in a way that is probably confusing to the animals, to people who may mistreat them or, perhaps worse, may come to love their animal-guests too much, only to lose them at the end of an evening. And finally, we had best take a closer look at a society that exiles itself and people to human warehouses, where they are left to exist without activity or purpose, so that animals, once again, are compelled to assume the tasks that we would simply prefer to avoid.

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