

**An auto-ethnography of a therapy dog's role in  
establishing a therapeutic bond**

**Suné Scholtz**

**2021**

**An auto-ethnography of a therapy dog's role in establishing a therapeutic  
bond**

by

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Submitted in partial fulfilment of the requirements for the degree

**PHILOSOPHIAE DOCTOR**  
(Educational Psychology)

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Faculty of Education  
University of Pretoria

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**August 2021**

## Dedication

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I dedicate this research to my amazing therapy dog Morkie. This research would not have been possible without her help. I hope that therapists in general will be able to learn from our experiences together.

I thank her for her love, acceptance, fun, patience, and playful nature on this journey. She taught me so much and changed the lives of so many people, my own included....



-- 🐕 --

## Acknowledgements

	<p>I would like to thank God for accompanying me on this journey. I am so grateful for His strength, guidance, favour, opportunities, support, and love.</p> <p>I would not have been able to take “a single step” without Him....</p> <p>He allowed my dream to become a reality.</p>
	<p>Morkie, you are the world’s greatest dog!</p> <p>We finished “our” PhD!</p> <p>I will forever be grateful to God for allowing me to share this journey with you. Thank you for always giving your best. Your energy and excitement are contagious. I learnt so much from you, and I will always try to be the person that I see in your eyes when I look at you.</p> <p>I love you more than words can ever express!</p>
	<p>Dr. Bester, what a journey!</p> <p>We made it, and I really want to thank you.</p> <p>Thank you for your support, thank you for pushing me, thank you guiding me, and also for “everything” else....</p> <p>I really appreciate you and thank you for being so passionate about my study.</p>
	<p>Prof. Willem, thank you for your patience, kindness, and guidance. You have such a kind heart, and I really appreciate all the support you gave me.</p> <p>I am grateful that you could be part of my story.</p>



My parents, Kallie and Marinda, you have done so much for me! Thank you for being so kind-hearted, loving, and supportive. Thank you for being such amazing parents and people in my life. You have always had time for me, taught me so much, and allowed me to be who I am! Thank you also for all the childhood stories and time with animals, which shaped me into who I am today.

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My friend Riandie, I often joked that I will have to add several pages to my thesis to thank you. My dear friend, I do not even know where to start. You have been so supportive, kind, loving, understanding, and willing to join me on this very long PhD journey. Also, for all the phone calls, jokes, and sometimes just being there for me.

Thank you for being such an amazing friend and “my person”....

	<p>Safia Mohamed, thank you for your amazing support and all the jokes and laughing.</p> <p>I would need a “container” to thank you!</p>
<p><b>My child clients</b></p>  <p>(Photo source: www.shutterstock.com)</p>	<p>I would like to thank all the children and their families that I have worked with and from whom I have gained such useful experiences. I am grateful to you for allowing me to incorporate Morkie into our sessions and to be part of your highly personal therapeutic journeys.</p> <p>Thank you for inspiring me with hope, fun, and optimism!</p>
<p><b>Grayston Preparatory School</b></p> 	<p>To the headmistress and staff at Grayston Preparatory School – thank you for your incredible support, understanding, patience, and kindness. Also for believing in Morkie and me, we appreciate it so much....</p>
<p><b>Other</b></p>	<p>There are so many friends and people I still need to thank for their support on this journey. Unfortunately, I cannot name everyone, as that will be a thesis on its own, but thank you from the bottom of my heart!</p>
<p><b>Language editing</b></p>	<p>Tim Steward, thank you so much for your hard work, support, guidance, and patience. I realise my ideas and writing at times presented you with challenges ... thank you!</p>
<p><b>Technical editing</b></p>	<p>Estelle Botha, you are amazing! Thank you so much....</p>

## Declaration of Originality

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“I, Suné Scholtz, declare that the thesis titled:

**An auto-ethnography of a therapy dog’s role in establishing a therapeutic bond,**

which I hereby submit for the degree Philosophiae Doctor in Educational Psychology at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.”



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Suné Scholtz

Signed on the 13<sup>th</sup> day of July 2021, Pretoria, South Africa.

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# Ethical Clearance Certificate



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA  
Faculty of Education

## RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER: EP 14/10/01
DEGREE AND PROJECT	PhD An auto-ethnography of a therapy dog's role in establishing a therapeutic bond
INVESTIGATOR	Ms Suné Scholtz
DEPARTMENT	Educational Psychology
APPROVAL TO COMMENCE STUDY	11 November 2014
DATE OF CLEARANCE CERTIFICATE	19 January 2021

CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

CC Ms Bronwynne Swarts  
Dr S Bester  
Prof W Schurink

This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.



## Ethics Statement

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The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research approval. The author declares that she has observed the ethical requirements in terms of the University of Pretoria's *Code of Ethics for Researchers and the Policy Guidelines for Responsible Research*.



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Suné Scholtz

August 2021

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## **Abstract**

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### **An auto-ethnography of a therapy dog's role in establishing a therapeutic bond**

**by**

**Suné Scholtz**

Supervisor: Dr. Suzanne Bester  
Co-Supervisor: Prof. Willem Schurink  
Degree: PhD (Educational Psychology)

The purpose of this analytical auto-ethnography was to analyse and describe my lived experiences as an educational psychologist of the role my therapy dog played in establishing a bond between me and children in play therapy. The study adopted a qualitative research design philosophically rooted in hermeneutic phenomenology. Data were generated from my observations, recollections, introspections, and reflections on play therapy.

The study revealed that a therapy dog can assist a play therapist by creating an environment where child clients feel comfortable and unconditionally accepted. Such a dog can also act as an “ice breaker” by promoting conversation and communication between the therapist and child clients, creating a climate of trust and safety. A dog's naturally playful nature facilitates playfulness in therapy. My observations in the current study led me to conclude that a therapy dog can fulfil the functions of an attachment figure when a play therapist works through the dog to achieve proximity maintenance and provide a safe haven and a secure base.

Based on my findings, I was able to create a conceptual framework that links theory with how I work with my therapy dog to foster bonds with child clients. The conceptual framework has five theoretical constructs, namely play and playfulness, creating a holding environment, affect mirroring, mentalising and reflective functioning, and nonverbal communication and body experience. These constructs are operationalised through strategies and techniques that demonstrate to scholars and professionals how to establish bonds with child clients during animal-assisted play therapy.

## Key Words

- ✿ Animal-assisted therapy
- ✿ Animal-assisted play therapy
- ✿ Attachment theory
- ✿ Therapeutic bond
- ✿ Play therapy
- ✿ Auto-ethnography
- ✿ Therapy dog



## Declaration – Language Editor

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8 February 2021

TO WHOM IT MAY CONCERN (DECLARATION OF EDITING)

Ms. Suné Scholtz's thesis, **AN AUTO-ETHNOGRAPHY OF A THERAPY DOG'S ROLE IN ESTABLISHING A THERAPEUTIC BOND**, was language-edited by me in the period September 2020 to February 2021. It is the prerogative of the author to accept or reject my suggested changes.



Tim Steward

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## List of Abbreviations and Editorial Notes

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AAA	Animal-assisted activities
AAE	Animal-Assisted Education
AAI	Animal-assisted intervention
AAT	Animal-assisted therapy
AAPT™	Animal-assisted play therapy™
CMR	Complete member research
EFP	Equine-facilitated psychotherapy
HAB	Human-Animal Bond
HAI	Human-animal interaction
IAHAIO	International Association of Human-Animal Interaction Organizations
IPA	Interpretive phenomenological analysis
PhD	Doctor of Philosophy
UK	United Kingdom
UNISA	University of South Africa
UP	University of Pretoria
USA	United States of America

Referencing style: American Psychological Association (APA) 6.



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# Chapter 1

## Introduction

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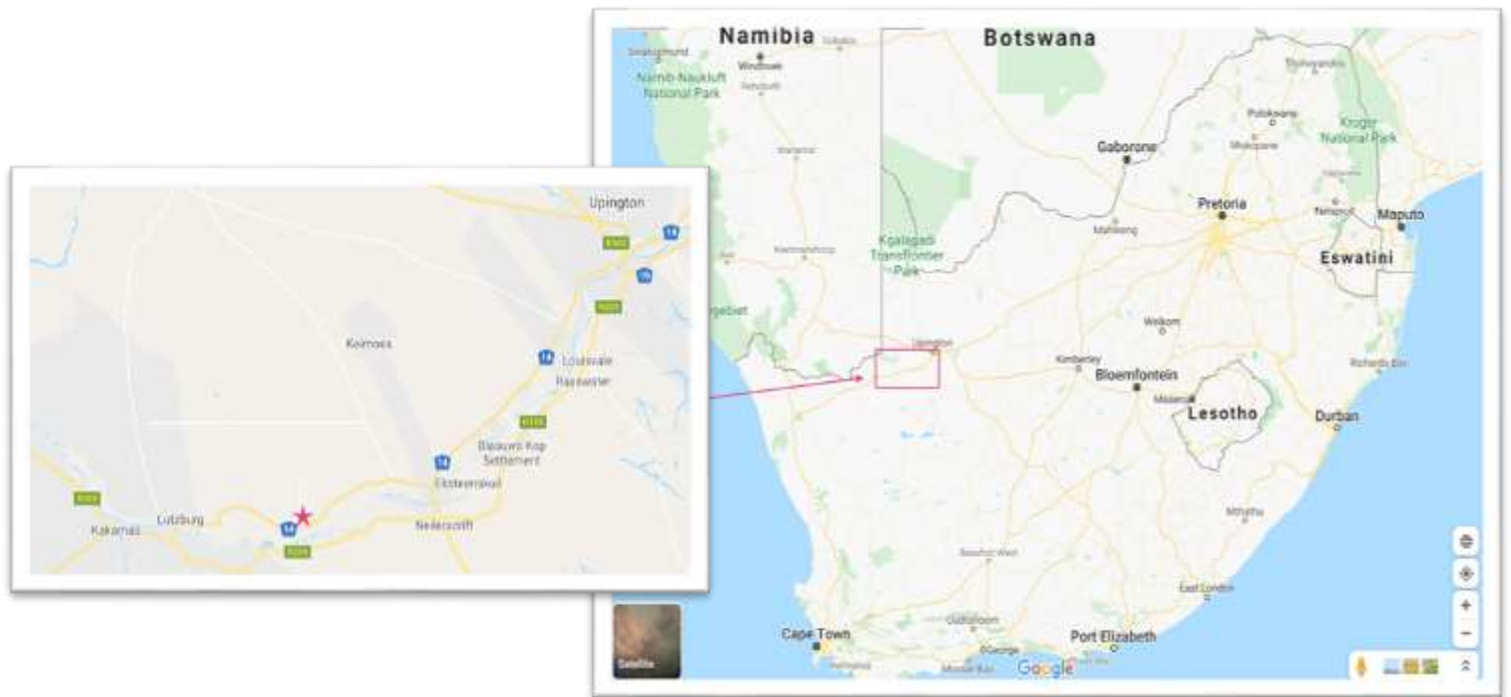
### 1.1 ORIENTATION TO THE THESIS

This thesis focuses on my auto-ethnographic journey. True to the nature and character of auto-ethnographic studies, Chapter 1 will provide the reader with a rich and descriptive introduction of my personal background as therapist and researcher, as well as what lead me to choose to do this research study. I will provide similar auto-ethnographic introductions to Chapters 4 and 5, followed by the more traditional presentation of what can be expected in these chapters, as will be seen in Chapter 1.

### 1.2 INTRODUCTION AND RATIONALE

The Orange River, which is the most magnificent of South Africa's water streams has its source in the mighty Drakensberg mountain range to the east of the country, is known by various names until it finally reaches the cold Atlantic Ocean on the western side of the subcontinent. From the far north flows the Vaal River, from the Maluti Mountains the Caledon River, from the Witteberg Mountains the Kraai River, and after their confluence, the waterway becomes known as the Orange River or the Great River. It erodes and forces a path through rocks and gravel, thunders over the Augrabies Falls, and finally meanders quietly through the desert sands of the Kalahari and Northern Cape Province where many centuries ago the Hottentot people named it the Gariiep. Irrespective of its name, this life-giving artery brings the sweetest taste and smell to those who love it. Where it flows peacefully through fertile vineyards and orchards between the towns of Keimoes and Kakamas, those who dwell on its green banks drink from and are nourished by it.





**Figure 1.1: Map of the area, the star indicating the location of the farm (Google, n.d.)**

Our family has a farm between Keimoes and Kakamas. It is a very special piece of earth because just a little further on is the beginning of Bushman Land and the Kalahari Desert. The farm is in a region commonly known as the Green Kalahari. This paradise-like land is known for the mighty river, the green-green vineyards, its camel thorn trees, its quiver trees, and its great open plains. What sets the farm apart from the surrounding area for me are its sand dunes. In the vastness of the Kalahari, through the limitless Northern Cape, only a few red sand dunes can be found, and three of them are on our farm!

Few things are more beautiful and precious to me than sitting on the red sand dunes and looking over the seemingly endless plains (see Figure 1.2). The peace and quiet, the freedom, the uninhibited flight of thoughts and imagination make me feel one with nature. I feel the red sand moving beneath my feet when I stand up and hear the cicadas<sup>1</sup> making their never-ending, nerve-racking noise far-far away in the distance. Observing the rustling movement of the grass in the gentle zephyrs, I feel surrounded by a heavenly silence – a silence that comes from deep within me. Why does being alone on the vast red sand dune speak so profoundly to me? The answer is simple, my heart has always been in the Gariep, no matter where I am, I always feel like a child of the Gariep.

<sup>1</sup> Cicadas are insects that generally live in trees in warmer climates (Ezzey, 2017). Their noise-making organ is called a tymbal, and some species can make sounds as loud as 120 decibels, which is among the loudest of insect-produced sounds (Ezzey, 2017).







**Figure 1.2: North-western view from the farm**

My father grew up in Namibia in the proper dry Kalahari and my mother in the Green Kalahari. Growing up in the Kalahari and Northern Cape region implies becoming part of a very specific culture. The mingled Khoi San and Afrikaans-speaking South Africans have given rise to a culture rich in stories – stories filled with action and sound; stories about people, animals, and the environment that are told and retold to children around camp fires.

This culture has many distinctive sayings characterised by the ascription of human characteristics to animals where animals come to life and play an integral role in people's lives. These sayings have become my frame of reference for observing and understanding the interactions others and I have with animals in our daily lives.

This cultural heritage replete with metaphors, storytelling, and animals shaped my identity as an educational psychologist and profoundly influenced my interest in animal-assisted play therapy (AAPT<sup>2</sup>). More particularly, my therapy dog Morkie, in combination with storytelling techniques and play therapy, forms the basis of my therapeutic approach, especially when working with children.

During my Master's study, I had the privilege of accompanying volunteers on a visit to the paediatrics oncology unit of the Unitas Hospital in Pretoria, Gauteng, with their trained therapy dogs. We entered the

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<sup>2</sup> AAPT can briefly be defined as the use of animals in the setting of play therapy (VanFleet, 2008a). This term, as it fits into the broader context of animal-assisted interventions (AAI), is described in more detail in Section 1.10.2



first room in the ward where a little girl with blonde hair was sitting and playing at a table. It seemed like a normal scene of a child at play, but then I noticed the intravenous device attached to her arm, the oxygen tubes around her face, and her tired little eyes. However, the moment the dogs entered the room, those eyes lit up and became filled with life! For a fleeting moment, she seemed to have forgotten about her pain, sadness, and being in hospital. She was aware only of the dogs and wanted to touch them and know their names. Even her parents, sitting exhausted in armchairs in the room, suddenly smiled. For a few moments the dogs lifted the spirits in the room, and the atmosphere lightened. Calm and evidently content, the dogs had a certain wisdom in their eyes. I wondered whether I was seeing human features in animals; was I reading too much into these dogs' behaviour?

In the room next door was a young boy. He was also receiving intravenous treatment and had already lost most of his hair as a result of the chemotherapy. He did not appear to be as active as the little girl. Someone picked up a therapy dog and placed it on the bed next to the boy. The dog rested his head on the boy's thigh. The boy placed his hand on the dog's head and began to stroke it. It seemed as if a sudden calmness had come over the child. I went home filled with ideas on how I one day might use animals to ease the psychological pain of my child clients.

I returned to my normal routine and studies filled with excitement about working alongside animals in therapy. The university where I was training to become an educational psychologist assigned me to a place of safety where I could do part of my practical training. Here I met a teenage boy who was uncooperative and rejected any support or intervention. After 4 weeks with no progress, I realised I had to change my approach if I wanted to make any difference in his life. On the spur of the moment, I took my dog Morkie with me to the next therapeutic session with him. What I experienced on that day defined my future career as a therapist. Without any hesitation, Morkie walked right up to the boy, stood up against him, and took a peep under his hat. She wagged her tiny tail, making the boy smile. This marked the beginning of my work and journey towards training my dog to become a therapy dog<sup>3</sup> in animal-assisted therapy.

The following questions flooded my mind after observing the interaction between my dog and the young boy: How was it possible that Morkie established rapport and built a bond/relationship with the boy sooner than I could? Why did the boy prefer interacting with Morkie rather than with me? These questions led to my contemplating the role of attachment in the child-therapy dog relationship. What is the nature of the attachment process between a child and a therapy dog? What attachment characteristics do therapy dogs possess? Could these dogs act as attachment figures and support therapists in forming bonds with child clients? As I do not believe animals and/or children will play unless they feel safe and secure, my observations during therapy sessions led me to think that this initial attachment could also support the

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<sup>3</sup> For further clarity of what constitutes a therapy dog and the training of a therapy dog, please refer to sections 1.11.2, 2.1, 2.2 and 2.4.



play process. Also, I began to wonder whether what I observed in the sessions could add to the literature on animal-assisted play therapy (AAPT).

I then looked for a research strategy that would help me understand and describe my experiences as a therapist. I spoke to various local scholars, including Professor Willem Schurink, a well-known qualitative researcher. He advised me to revert to my roots of storytelling and to consider using auto-ethnography, an evolving postmodernist qualitative research strategy, in my research endeavours. At first, I was wary about using personal experiences as data sources as this did not gel with my conception of scientific research. However, an in-depth review of qualitative inquiry literature revealed a steady increase in auto-ethnographical research in recent times. I was soon convinced that auto-ethnography, alongside other qualitative research approaches, was a viable qualitative research strategy.

In the remainder of this chapter, I (i) frame the research problem, (ii) describe the purpose of the study, (iii) formulate key questions that, once answered, will address the problem, (iv) anticipate the contributions of the research, (v) list my assumptions concerning the research topic, (vi) summarise my qualitative research strategy, including the research site, and the data collection and data analysis methods, (vii) relate the study to my lived experiences of how my therapy dog assisted me in establishing a bond between children and me, (viii) as well as to the primary concepts of attachment theory, (ix) define key terms in the study, and (x) explain the structure of the thesis.

### **1.3 FRAMING THE RESEARCH PROBLEM**

Several studies linking attachment theory with animals have been conducted over the years, highlighting animals as attachment figures, showing the development of the human-animal bond, and indicating how animals can serve as safe havens for people (L. Beck & Madresh, 2008; Glucksman, 2005; Kurdek, 2008, 2009; Noonan, 2008; Rockett & Carr, 2014; Sable, 1995; St. George, Jones, Spicer, & Budge, 1998). Research has been done also on the link between attachment theory and animal-assisted intervention (AAI<sup>4</sup>) and AAT, and on how attachment theory can be applied in Animal Assisted Therapy (AAT) settings (Bachi, 2013; Berget & Braastad, 2008; Geist, 2011; Kruger & Serpell, 2010; Zilcha-Mano et al., 2011b). Glucksman (2005) found that his therapy dog facilitated the therapeutic relationship within psychoanalytic therapy, helping clients feel less threatened in the therapy setting. Firmin, Brink, Firmin, Grigsby, and Trudel's (2016) study found that AAT helped therapists connect with resistant clients, and that therapy animals promoted the development of trust within the therapy setting, helping children to establish initial connections with therapists.

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<sup>4</sup> Animal-assisted intervention (AAI) is an umbrella term for animal-based activities. Both terms, AAT and AAPT, can be found under the term of AAI. This term is described in more detail in Section 1.10.1 as well as in Chapter 2.



Attachment theory has been applied also to equine-facilitated psychotherapy (EFP), which focuses on how attachment theory can inform and enrich both EFP theory and practice (Bachi, 2013). Geist (2011) proposes attachment theory as a theoretical framework for AAT, particularly on how it can be used to explain AAT's possible effectiveness in improving behavioural and socio-emotional functioning in children and adolescents with emotional disturbances. Zilcha-Mano et al. (2011b) likewise propose attachment theory as a suitable model for AAT, focusing on clients' unmet attachment needs and differences in attachment insecurity, coping, and responsiveness in therapy.

Obegi (2008) believes that a strong bond between client and therapist can facilitate cooperation, protect the relationship against the pressures of what needs to be dealt with in therapy, and that the bond can be an element of healing in psychotherapy (Obegi, 2008). Castonguay, Constantino, and Holtforth (2006) state that little is currently known about the development of the client-therapist bond, and Obegi (2008) maintains that if a practitioner is not able to determine the development of the client-therapist bond, this may influence his or her ability to measure whether or not rapport building has been successful or to understand the changes in a client's behaviour over time.

I located a number of qualitative studies in which therapists reflected on their relationship with their therapy dog and on their experiences of AAT and working with a therapy dog in practice (Marcus, 2007; Steinbeigle, 2017; Vizaniaris, 2019). Steinbeigle (2017) adopted a phenomenological approach in analysing a therapist's experiences when working with a canine animal partner, which is particularly relevant to this study. I also found case studies that focused on dogs in psychoanalytic therapy and client-centred play therapy settings (Austin Main, 2017; Glucksman, 2005; Sacks, 2008).

Several auto-ethnographical studies have been done in the fields of mental health and psychotherapy (Bondi, 2013; Burnard, 2007; Connolly & O'Reilly, 2007; Hinckley, 2005; K. A. Jones, 2012; Speedy, 2013; Whybrow, 2013), health-related research (Chang, 2016; Denshire & Lee, 2013; Neville-Jan, 2003; Nye, 1997; Richards, 2008; Warne & Hoppes, 2009; Wright, 2008), education (De Souza Vasconcelos, 2011), and on auto-ethnography as a research method (Foster, McAllister, & O'Brien, 2005; Wall, 2006). However, I could not find any auto-ethnographical studies on AAT/AAPT and the attachment process. An auto-ethnographic study allowed me to explore meaningful and intimate lived experiences I gained as therapist. It (auto-ethnography) values experiences and meaning making, which supported my goals in making sense of what I experienced, as well as to share knowledge gained with other researchers and therapists (Maréchal, 2010). I specifically chose auto-ethnography in favour of other more traditional methods, because it allowed me to share my experiences through a process that was engaging towards researchers and readers, while encouraging a deeper understanding of these experiences in relation to theory and research (Chang, 2008).



## 1.4 PROBLEM STATEMENT

While some advances have been made in applying attachment theory to AAT, calls have gone out to strengthen such studies methodologically and to advance theory. Qualitative strategies such as auto-ethnographies of animal-assisted play therapy (AAPT) could advance the methodology and theory of AAPT. As mentioned earlier, as far as I could establish, no such study of AAT or AAPT has been undertaken.

## 1.5 PURPOSE STATEMENT

The purpose of this auto-ethnographical study was to

- ✿ describe and analyse my experiences as an educational psychologist of the role my therapy dog played in establishing the bond between me and children I worked with in different therapeutic contexts since 2008 in Gauteng, South Africa;
- ✿ expand current knowledge on AAPT by linking these concrete experiences to scholarly constructs; and
- ✿ share my auto-ethnography with scholars and professionals working with animals and to provide insight on how to integrate a therapy dog in play therapy.

## 1.6 RESEARCH QUESTIONS

The study was guided by the following research questions.

- ✿ What are my auto-ethnographic experiences on how my therapy dog assisted in establishing a bond between me as a play therapist and child clients?
- ✿ How did my therapy dog act as an attachment figure in play therapy?
- ✿ How can my concrete experiences and abstract scholarly concepts be used to extend current knowledge on AAPT?

## 1.7 SIGNIFICANCE OF THE STUDY

- ✿ I anticipated that by describing and interpreting my experiences as a child play therapist of my dog's role in establishing a bond between me and child clients, I would be able to expand current knowledge on AAT/AAPT and thus contribute to literature. Contributions to AAT/AAPT may include how I worked within a South African context with limited resources available, sharing my experiences of integrating constructs from attachment theory with therapeutic techniques to gain a child's trust, as well as personal experience gained of working in practice with AAT/AAPT.
- ✿ I anticipated that the study would demonstrate how auto-ethnography as postmodernist qualitative research strategy could be applied to the AAT/AAPT field. This could potentially contribute to our understanding of methodology.

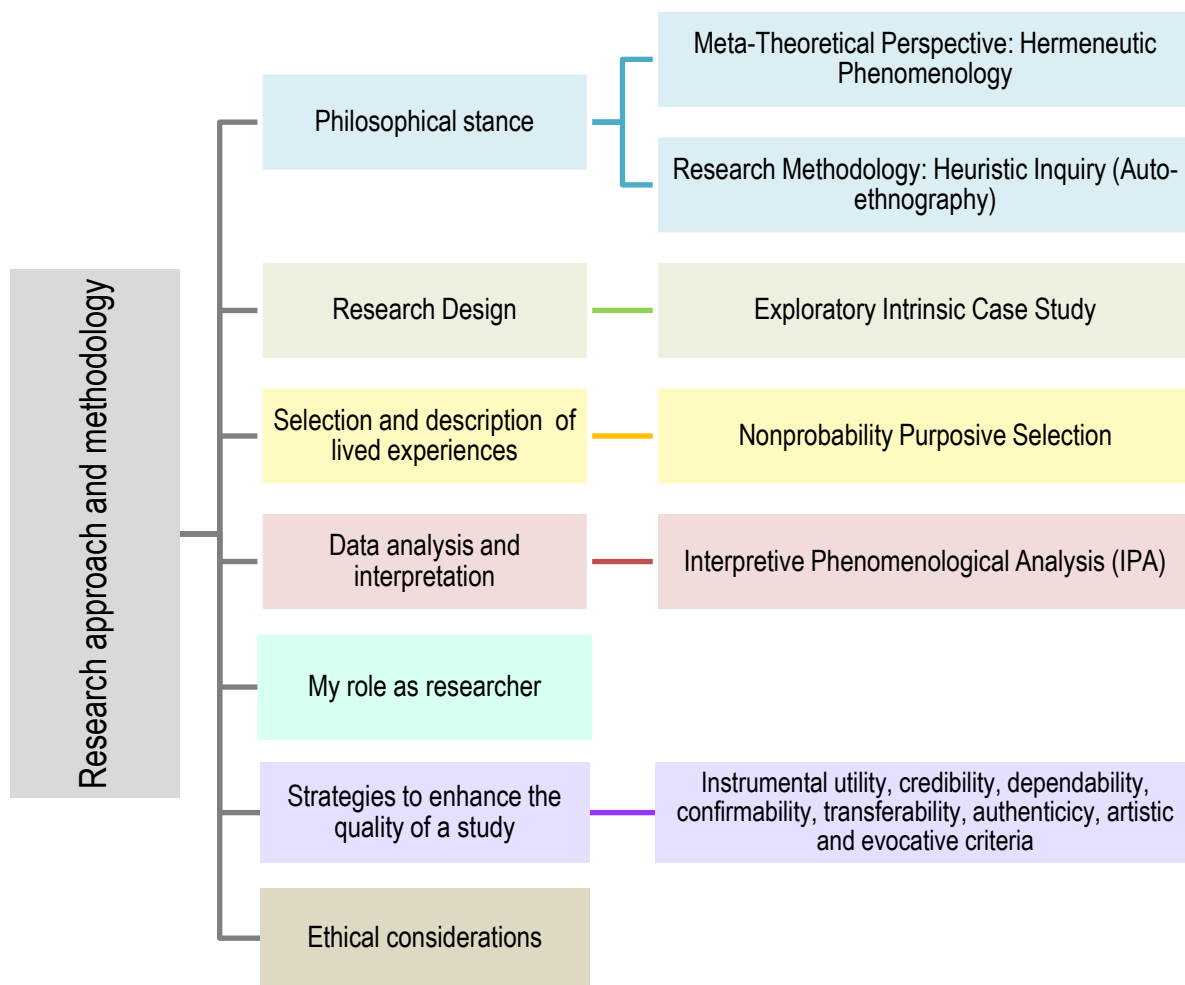


- I anticipated that the study would promote innovative therapeutic techniques and thereby advance mental healthcare (by offering a greater variety of treatment options). Practitioners could apply the knowledge acquired during the process of forming a therapeutic bond with clients through the help of a therapy dog and obtain greater insight into their own application of AAPT. This could potentially promote advancement of therapeutic practice.

## 1.8 OVERVIEW OF QUALITATIVE RESEARCH STRATEGY

Hermeneutic phenomenology informed the paradigmatic perspective in this study. Auto-ethnography as a qualitative research strategy was used in this study, since this research approach enabled me to be the subject of the research, while analysing experiences to obtain an understanding of my personal experiences (Anderson, 2006; Austin & Hickey, 2007; Butz & Besio, 2004; Chang, 2008; Denshire & Lee, 2013; Starr, 2010). I used an exploratory intrinsic case study as the research design, because it is concerned with meaning and suitable for this study's aim to create meaning from lived experiences. As therapist and researcher, I was the case study, focusing on my own lived experiences. In constructing my lived/personal experiences I applied nonprobability purposive selection. I followed a multi-layered approach of recalling my observations, and consulting process notes of animal assisted play therapy™ sessions of children in my private practice in Gauteng, South Africa. After identifying significant moments and epiphanies I had after these sessions I wrote five vignettes which was a journaling and creative process I deemed helpful to construct my lived experiences in a format that would enable me to extract themes that I observed and to relate these to fictitious clients in an attempt to protect my real clients' identities. After this process I extracted themes from the five vignettes and I constructed one coherent auto-ethnographic tale which represented my interactions and observations of multiple clients who contributed to my insights. I used interpretive phenomenological analysis (IPA) to make sense of the vignettes and my experiences. Finally, I adhered to the criteria proposed for qualitative research generally, and auto-ethnography particularly, to ensure trustworthy and ethical research in this study. See figure 1.3 for a visual representation of the methodology. Ethical clearance was obtained from the University of Pretoria's Ethics Committee – ethical considerations were paramount in the study. I elaborate on the research approach and strategies in Chapter 3.





**Figure 1.3: Visual presentation of research methodology in Chapter 3**

## 1.9 RESEARCH ASSUMPTIONS

First, I assumed that similarly to a bond between two human beings, a bond could be formed between a human being and an animal. More specifically, I assumed that a bond between a child and a therapy dog was possible based on my childhood experiences when playing with stuffed animal toys, listening to stories filled with animal characters, playing with my own pets, and reading up in the literature.

My second assumption was that a therapy dog<sup>5</sup> could assist a therapist in establishing a bond with a child in play therapy. Research has shown that attachment takes place in AAT sessions and that attachment theory can serve as a theoretical framework for AAT. Even though these studies were conducted in AAT sessions, I assumed that attachment and therapeutic bonding could also take place in AAPT™ sessions.

<sup>5</sup> Refer to section 2.4 for a more detailed description why incorporating therapy dogs are beneficial in AAPT™, as well as how they support the therapeutic process of AAPT™.



Thirdly, I assumed that AAPT™ was a valuable therapeutic approach that could be used by therapists in various contexts.

Fourthly, I assumed that my lived subjective observations, recollections, and experiences as an educational psychologist using AAPT™ had value, were researchable, and could provide meaningful research insights.

Finally, I assumed that play therapy was beneficial for children, as play helps children express their feelings and deal with challenges in their lives more openly.

### **1.10 DEMARCATING THE STUDY**

This study was limited to my lived experiences as an educational psychologist of how my therapy dog supported me in play therapy in establishing a bond between a child and me. Additionally, this study was also limited to the primary concepts of attachment (Ainsworth, 1991; Bowlby, 1958, 1960a, 1960b).

### **1.11 CLARIFICATION OF KEY CONCEPTS**

Figure 1.3 shows the key concepts used in the study and how they fit into the broader context of AAI. It also provides brief definitions and examples of interventions. Human-animal interaction (HAI) and human-animal bond (HAB) are discussed in more detail in Chapter 2.





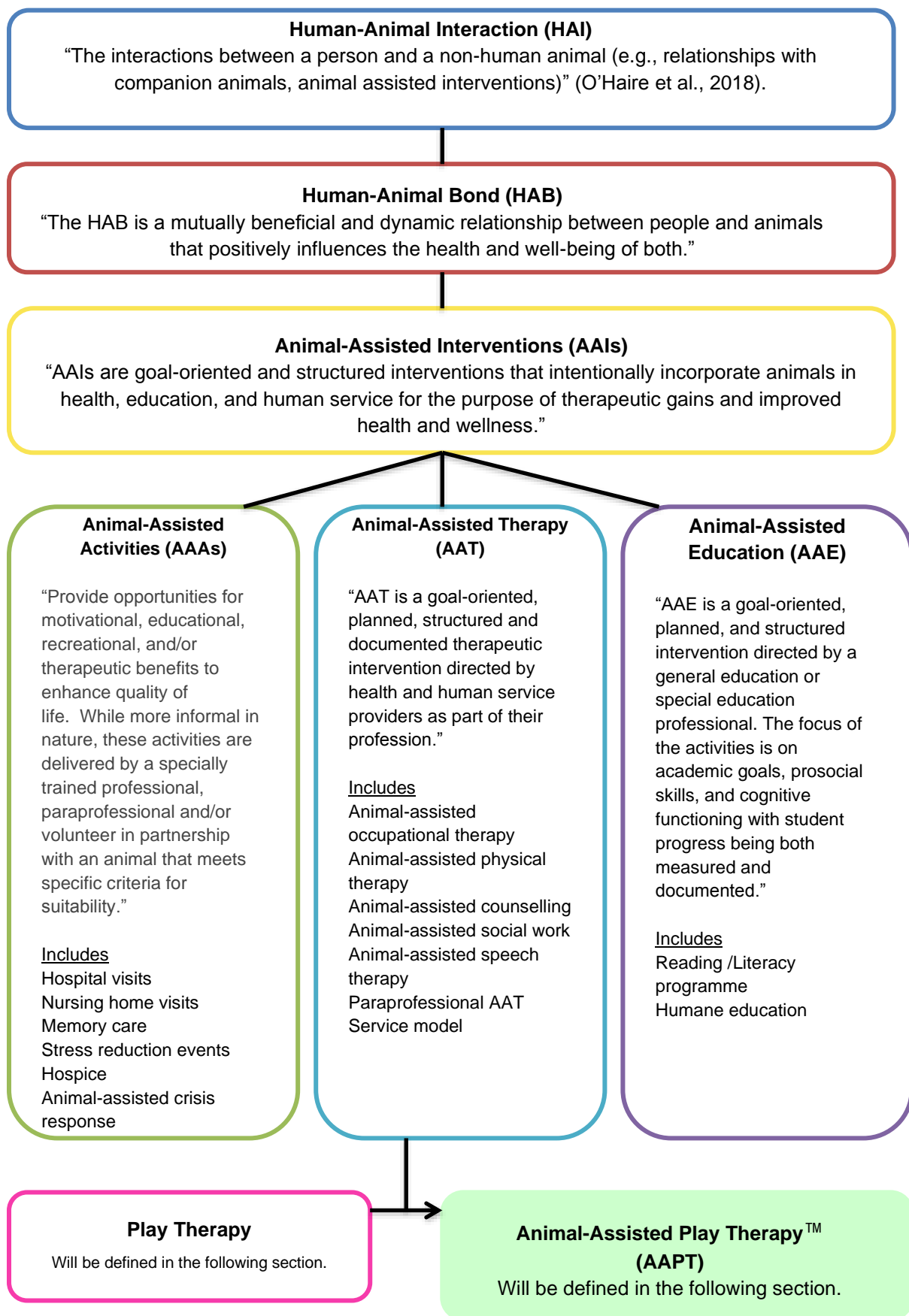


Figure 1.4: Overview of terminology (adapted from O’Haire et al., 2018 and Pet Partners, 2021)



### 1.11.1 ANIMAL-ASSISTED INTERVENTION (AAI)

AAI is defined as “any intervention that intentionally includes or incorporates animals as part of a therapeutic or ameliorative process or milieu” (Kruger & Serpell, 2006, p. 25). It is “goal oriented and structured interventions that intentionally incorporate animals in health, education and human service for the purpose of therapeutic gains and improved health and wellness” (Pet Partners, 2021, para. 1). AAI is described as an umbrella term for AAT, AAE, and AAA (A. H. Fine et al., 2015; IAHAIO, 2014; Pet Partners, 2021). In this section, AAT, AAE, and AAA are discussed under the broader heading of AAI, as AAI is considered the overarching term for these terms. AAPT is discussed in section 1.10.2.

“Animal Assisted Education (AAE) is a goal oriented, planned and structured intervention directed and/or provided by an educational and related service professional” (IAHAIO, 2014, p. 5). The educational or related service professional, should have a degree qualification and should be familiar with the animals involved (IAHAIO, 2014). AAE activities focus on “academic goals, pro-social skills and cognitive functioning” with a “student’s progress being both measured and documented” (IAHAIO, 2014, p. 5). A dog-assisted reading programme is a good example of AAE provided by a special education teacher (IAHAIO, 2014) or remedial teacher. When a remedial teacher provides AAE, it is considered a therapeutic and goal-oriented intervention. However, AAE provided by a regular teacher is considered more the promotion of responsible pet ownership (IAHAIO, 2014).

“AAA’s provide opportunities for motivational, educational and/or recreational benefits to enhance quality of life” (Pet Partners, 2021, para. 4). AAA’s are informal in nature, with no treatment goals for interactions, and are provided by a specially trained professional, paraprofessional, and/or volunteer, alongside an animal that meets certain criteria for suitability (Griffin, McCune, Maholmes, & Hurley, 2011; IAHAIO, 2014; Pet Partners, 2021). AAA involves introducing a companion animal to a person, who is not the owner of the animal, with the expectation that the animal will provide short-term benefits to the person, at least while the animal is present (Friedmann, Son, & Saleem, 2015). While individuals interested in using AAA do not require a professional qualification, they should receive introductory training and undergo assessment before they participate in visits such as a “meet and greet” at a nursing home (IAHAIO, 2014). Human-animal AAA teams can also work with a healthcare educator and/or human service provider to achieve specific predetermined goals; however, this would then be classified as participating in AAT or AAE conducted by a specialist in his or her practice or profession (IAHAIO, 2014).

AAT is a goal-oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained professional with expertise within the scope of the professional’s practice. AAT focuses on enhancing the physical, cognitive, behavioural, and/or socio-emotional functioning of a particular human recipient. (IAHAIO, 2014, p. 5)



The study explored my lived experiences and personal accounts of how my therapy dog facilitated attachment formation in the therapeutic process. It focused specifically on AAT and AAPT. AAPT, and why it is considered an extension of AAT, will be discussed next.

### **1.11.2 ANIMAL-ASSISTED PLAY THERAPY™ (AAPT)**

AAPT™ is defined as the integrated involvement of animals in the context of play therapy, in which appropriately trained therapists and animals engage with clients primarily through systematic playful interventions, with the goal of improving clients' developmental and psychosocial health, while simultaneously ensuring the animal's well-being and voluntary engagement. Play and playfulness are essential ingredients of the interactions and the relationship (revised from VanFleet, 2004, 2008a; VanFleet & Faa-Thompson as cited in VanFleet & Faa-Thompson, 2017, p. 17).

AAPT™ is the integration of AAT and play therapy (VanFleet, 2008b; VanFleet & Faa-Thompson, 2017). Play therapy can be described as the process of re-enacting and repeating incidents, often in a symbolic manner, and by playing out a child's feelings and fantasies, thereby helping him or her come to terms with them and achieve a sense of mastery (McMahon, 1992). AAT and play therapy share the same assumptions and goals about healing and improving the lives of children; therefore, in combination, these two approaches have the potential to enhance practitioners' clinical work with children (VanFleet, 2008a).

AAPT™ can be used with children, adolescents, and adults, and can be incorporated into individual, group, or family sessions (VanFleet & Faa-Thompson, 2017). In the present study, I adopted the above definition of AAPT™, focusing specifically on my recollections of my lived experiences of witnessing attachment behaviour in AAPT™ sessions between my therapy dog and my children clients. This is discussed in more detail in Chapter 2.

## **1.12 STRUCTURE OF THE THESIS**

In addition to this chapter (Chapter 1), where I contextualised the study, the remaining chapters can be summarised as follows:

Chapter 2 covers the literature on the play therapy process, including the assistance of an animal in the play therapy room; the foundations of play therapy that link up with animal-assisted play therapy; the therapeutic bond and its features in play therapy; attachment theory as lens for investigating the therapeutic bond in play therapy; and the attachment process and the use of an animal in establishing a therapeutic bond. The chapter ends with a discussion of the conceptual framework for the study.



Chapter 3 outlines the research philosophy of the study; the data-theory relationship; qualitative research as the research approach; auto-ethnography as the research strategy; and the research process itself, including ethics and quality criteria.

In Chapter 4A I present the auto- ethnographical tale I wrote based on an analysis of my lived experiences which I structured in the form of a tale. In Chapter 4B, I reflect on how I made sense of my experiences based on what other scholars have found.

Chapter 5 concludes the study by answering the research questions. The contributions, challenges, and limitations of the study are discussed and recommendations made for future research. My final reflections are shared on what I have learnt and how I have grown through this study.

Chapter 6 is the epilogue of the study. In this chapter I look back on my doctoral journey. I also reflect on what I have learnt and how the research process has changed me.

### **1.13 SUMMARY**

This chapter provided an overview of the study. It commenced with some background information on me as the author, as well as on the thoughts, questions, processes, and feelings that led me to the study. The research problem, the purpose of the study, research questions, the significance of the study, and the research strategy were briefly covered. My research assumptions, the limitations and delimitations of the study, and the clarification of key concepts were also discussed. Chapter 2 covers literature relevant to the study as well as the study's conceptual framework.

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## Chapter 2

### Reviewing the Literature

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#### 2.1 INTRODUCTION

After graduating as an educational psychologist in 2011, I incorporated my therapy dog Morkie into my practice on a daily basis. I was fortunate enough to be able to establish my practice at a school, which fitted in well with my working with Morkie with children in play therapy. While I had only just heard about animal-assisted therapy (AAT) at that stage, I believed that was exactly what I was doing in my practice. One evening, while searching on the internet for information on AAT, I came across Dr. Risë VanFleet's website on animal-assisted play therapy (AAPT), which provided information on AAPT training in the United States of America (USA) and the United Kingdom (UK). Encouraged by my parents, in August 2013 I boarded a plane to Edinburgh in Scotland to receive Level 1 training in AAPT™.

The training was challenging but insightful. While interacting with other psychologists, therapists, and social workers on the course, I realised that the techniques I was learning in the course were to a large extent in line with what I was implementing in practice. I was delighted that what I was doing in my practice with Morkie was what other professionals implementing AAT and AAPT were doing. The training, which focused on AAPT's™ grounding in evidence-based play therapy practice, set it apart from merely having a dog in the therapy room.

In 2015, I enrolled for Level 2 AAPT™ training, which covered learning about a therapy animal's behaviour, training the animal, and integrating it into play therapy. This training stressed the importance of developing a positive relationship between therapist and animal. Filled with new inspiration and passion, I returned to continue my work with Morkie in South Africa.

Over the years, the more I worked with Morkie in play therapy, the more I was in awe of the results I achieved with clients. It was clear to me that with the dog's help, I gained children's trust much sooner. Almost every child I worked with loved Morkie as she had an intuitive way of interacting with individual children. Children tend to gravitate to her and are usually more interested in her than in me.

I started making sense of my experiences by comparing them to what I had read in the scholarly literature on establishing a therapeutic bond when working with a dog in play therapy. The more I studied scholars' views on AAT and AAPT™, the more I realised that I had started out with a biased mindset. I became caught up working with Morkie and the positive results we achieved in play therapy.

After considerable reflection and introspection, I saw my bias towards Morkie's role in therapy, forgetting that I was the therapist. Because of my attachment to Morkie, it was not an easy process to acknowledge



that I had transferred my role as therapist to Morkie. It was not easy to accept my biases, and it took several sessions with my first supervisor Dr. Bester to realise this. During our weekly meetings on the therapeutic recollections, I planned to use in the study, she would enquire about my practice and how Morkie was doing. She would often ask: “Who is the magic bean, Suné?” Looking back now, I realise that she asked this question to make me aware of my bias. At the time, my answer was “Morkie!” and her standard response was, “I know you love your dog, but I do not think she is the magic bean”.

My one-sided view and unwillingness to see Morkie’s role in proper perspective at the time resulted in my feeling hurt and angry after her comment. How could she say that; of course, it was Morkie! I would not have been able to achieve such success in therapy without her! I would quickly correct my first supervisor by acknowledging that my involvement most probably made a difference, but only a minor difference.

However, consulting the literature made me rethink my position in this triadic therapist, animal-child-client relationship, especially Bachi and Parish-Plass’s (2017) work. These authors argue that a therapy animal should not be referred to as a therapist, as it is not aware of the process or goals set in therapy – it should rather be considered a facilitator in the process. In an interview on their recent book, VanFleet and Faa-Thompson (2017) said that therapy animals should be viewed as therapy partners, not therapists (Bekoff, 2018). Levinson (1969), however, sees the therapy dog as a co-therapist.

VanFleet and Faa-Thompson add that as therapy partner the therapy animal contributes to the role of the human being as therapist in the room (Bekoff, 2018; VanFleet & FaaThompson, 2017). The more I pondered our respective roles, the more I started feeling comfortable seeing Morkie as a partner. To me she is much more than just an instrument I use in play therapy. In viewing Morkie as a partner, I recognise and respect her as a living being with whom I work in play therapy.

In the following section, I explore the foundations of play and play therapy as I believe foundational knowledge and skills in play therapy are required before incorporating an animal into such therapy. VanFleet and Faa-Thompson (2017) also believe that therapists should first have a solid play therapy foundation before continuing towards AAPT. I therefore first refer back to the root of play therapy, namely play, after which I explore play therapy and how animals can assist the process.

## **2.2 FOUNDATIONS OF PLAY AND PLAY THERAPY**

Play is a fundamental activity in childhood that endures across time and space (Ginsburg as cited in British Toy and Hobby Association [BTHA], 2011; Landreth, 2002). It is considered an intrinsically motivated, spontaneous, or planned activity that offers enjoyment, entertainment, or diversion (Parham & Fazio, 2008; Schaefer, 1993). Children should never feel pressured to play, otherwise it no longer qualifies as play (Landreth, 2002; Van Niekerk, 1986). The process of play is also not unique only to human beings. Researchers have documented playful behaviour in a wide range of animals, including birds, mammals,



and even insects (Zielinski, 2015). Studies of the brain, evolution, and animal behaviour suggest that play may be as important to human beings and animals as sleeping and dreaming (Brown, 1994).

Children's play promotes healthy connections in the brain as well as physical, emotional, social, intellectual, and creative processes (VanFleet & Faa-Thompson, 2017). The physical benefits of play include the development of muscle strength, strong bones, fine-motor movement, and general health (Hope, Austin, Dismore, Hammond, & Whyte, 2007; Lindon, 2007). Some studies have shown that play can reduce fear and support children in dealing with anxiety (Gleave & Cole-Hamilton, 2012; Jenkinson, 2001; Lester & Russell, 2008; Sandseter & Kennair, 2011) while also increasing self-control and restraint (Galyer & Evans cited in BTHA, 2011; Power, 2000). Studies have also found that play promotes resilience in dealing with challenging situations while also increasing confidence, self-esteem, and self-efficacy (Coalter & Taylor, 2001; Elkind, 2007; Gleave & Cole-Hamilton, 2012; Lester & Russell, 2008; Zigler & Bishop-Josef, 2009). Play moreover enables children to express and manage their emotions positively (Gleave & Cole-Hamilton, 2012).

On a cognitive level, play can promote independent learning, problem-solving skills, and academic development (Coalter & Taylor, 2001; Elkind, 2007; Gleave & Cole-Hamilton, 2012; Lester & Russell, 2008; Zigler & Bishop-Josef, 2009). Socially, play often enhances friendships between peers (BTHA, 2011b). Play also teaches empathy, gaining perspective, and fosters cooperation and bond sharing between children (Dunn, Moore, & Murray, 2004; Gleave & Cole-Hamilton, 2012).

Viginia Axline realised the value of play when she introduced play to the process of psychotherapy during the 1940s. Since then, it has been recognised as an important approach in psychotherapeutic interventions, especially with children (Thompson, 2009). Play therapy is defined as "a broad field that uses children's natural inclination to play as a means of creating an emotionally safe therapeutic environment that encourages communication, relationship-building, expression, and problem resolution for the child" (VanFleet, 2004, p. 5, as cited in VanFleet, 2008a). Play therapy gives the therapist access to the child's inner world and supports the child through the process of play (Landreth, Ray, & Bratton, 2009; Parish-Plass, 2013).

Situated in the here and now, play therapy provides opportunities for projection, transference, role playing, and re-enactment of past experiences, thus allowing emotions to surface and to be processed (Parish-Plass, 2013). The process of play therapy enables a child to make choices while also evoking fantasies and unconscious feelings (Bradley & Gould, 1993). Through re-enacting and repeating incidents, often in a symbolic manner, and by playing out feelings and fantasies, a child can often achieve a sense of mastery by overcoming challenges and developing age-appropriate control over feelings and memories (Dutta & Mehta, 2006; McMahon, 1992). Children feel comfortable expressing themselves through play and make-believe, which enhances normal development and ameliorates abnormal behaviour (Clark &



Miller, 1998; Henderson & Thompson, 2007; Parham & Fazio, 2008). Play therapy is especially appropriate for children aged 3 to 12 years old, however it has also been applied to teenagers (Landreth, 2002; VanFleet & Faa-Thompson, 2017).

A therapist can follow two theoretical approaches to play therapy: non-directive and directive play therapy (Taheri, 2015; VanFleet, 2008a; VanFleet, Sywulak, & Sniscak, 2011). The specific approach chosen determines the way in which the play therapist will establish a relationship with a child, the extent to which the therapist will give direction to the child, as well as the play methods that will be used (Taheri, 2015). Many play therapists use both approaches but usually not at the same time as the child may become confused as a result of the different underlying assumptions of each approach (VanFleet, 2008a).

Non-directive or child-centred play therapy requires a therapist to make no effort to control or change a child. The focus instead is on self-awareness and self-direction within the child (Landreth, 2002; O'Connor, Schaefer, & Braverman, 2015). The child directs the session although the therapist sets therapeutic limits when necessary (Glover & Landreth, 2000). The therapist strives to create a warm, caring, accepting, and welcoming environment in the play room (Glover & Landreth, 2000; Landreth, 2002). The play room should be well equipped, and the child should be given the freedom to play with whatever he<sup>6</sup> wants while the therapist actively reflects on the child's thoughts and feelings (Glover & Landreth, 2000; Landreth, 2002). This approach requires the play therapist to avoid the use of techniques in the play therapy process (Glover & Landreth, 2000). The focus is on the child and not on the therapy format (Landreth et al., 2009), allowing the child to express himself and play out any issues he chooses to confront (Glover & Landreth, 2000).

Directive play therapy is highly structured, controlled, and planned (Pam, 2013; Van Niekerk, 1986). In this approach, it is a therapist's responsibility to structure, guide, and interpret the play interactions. Activities and toys are purposely chosen by the therapist to provoke imaginative responses from the child (Leggett & Boswell, 2017; Pam, 2013; Rasmussen & Cunningham, 1995; Van Niekerk, 1986). The activities and toys chosen are based on the goals the therapist has set for the session (Van Niekerk, 1986). Directive play therapy allows the play therapist to focus on a specific concept, stimulate further activity, gain information, interpret, and set limits (K. D. Jones, Casado, & Robinson, 2003). Even though the therapist chooses the direction of the session, the child still has some autonomy in the session. He can, for example, express freedom by choosing the toys or activities that will be used during the session (VanFleet et al., 2011; Van Niekerk, 1986).

AAPT™ as an adjunct to play therapy requires a therapist to apply play therapy principles, skills, and methods while also adhering to AAT principles (Chandler, 2017; VanFleet & Faa-Thompson, 2010, 2012,

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<sup>6</sup> No preference is given to gender in this study. However, to lessen confusion and ease reading, a client will hereon be referred to as "he" and a therapist as "she".





2017). The two approaches of non-directive and directive play therapy therefore also apply to AAPT™. In non-directive AAPT™, the therapist aims to create an atmosphere of acceptance and safety while avoiding leading the session as far as possible (VanFleet & Faa-Thompson, 2017). Dogs are mostly used in non-directive AAPT with children as they are usually keen to do what is asked of them if they have been selected, socialised, and well trained by the therapist (VanFleet & Faa-Thompson, 2017). Dogs are also perceived as non-judgmental, accepting, and easy to trust (Katz, 2003; VanFleet, 2008a; VanFleet & Faa-Thompson, 2017).

Non-directive AAPT™ allows a child to choose which toys he wants to play with and how he wants to play with them (A. H. Fine et al., 2010). The child can also choose to have the dog participate in the play activities. The dog thus becomes another “being” whom the child chooses to play with, if the dog is willing. The therapist must ensure that the dog is safe and willing to play. The therapist also needs to guide the dog in playing the role requested by the child. The play therapist takes on the role of being present and accepting of the child and becomes involved in the play only if the child invites her to participate (VanFleet & Faa-Thompson, 2017).

In non-directive AAPT™, if a child chooses not to involve the therapist or dog, the therapist can deliver empathic listening responses to the child or even to the dog. This can be done by reflecting on the child’s play while talking indirectly to the dog and telling the dog what the child is doing or playing. The dog does not have to be actively involved while the therapist is reflecting on the child’s play (VanFleet & Faa-Thompson, 2017). VanFleet and Faa-Thompson share the following example of this principle with a quote from their book in which Kirrie is the play therapy dog (2017, p. 233): “Janie is really busy in that kitchen today, Kirrie. She is having a lot of fun cooking things.” The tracking of responses often used in non-directive play therapy can also be used to narrate the child’s play as a third person to the dog (VanFleet & Faa-Thompson, 2017). The authors provide the following example when the therapist says: “Now the wizard is waving her wand. It looks like she’s casting a spell. Oh Kirrie! The wizard just turned that boy into a frog! She thinks that’s funny” (VanFleet & Faa-Thompson, 2017, p. 233).

The directive approach to AAPT™, my preferred approach, requires the therapist to select activities involving the dog that are designed to move the child towards achieving particular therapeutic goals (A. H. Fine et al., 2010; Van-Fleet & Faa-Thompson, 2010, 2012). Because the therapist is more involved in choosing and introducing activities to the child in this approach, it is easier to include an animal in some or all of the play activities (VanFleet, 2008a). The session is structured according to the child’s needs and to how the animal’s unique capabilities can help meet these needs (VanFleet & Faa-Thompson, 2017).

In both directive and non-directive AAPT™, the dog needs to be well trained for working in a play therapy setting, tolerant of the many things that can occur in a play session, calm and playful by nature, and adaptable to change. It also needs to have learned a variety of behaviours that can be used during play



sessions (A. H. Fine et al., 2010; VanFleet & Faa-Thompson, 2012, 2017). AAPT™ dog training should build on the natural playful nature of dogs (VanFleet & Faa-Thompson, 2017). A therapy dog needs to be able to play and engage when needed but should also be able lie down quietly or sit, depending on how the therapist wishes to work with the dog to deliver the therapy goals (VanFleet & Faa-Thompson, 2010, 2012). In a scenario where a dog is not willing to participate, seems uncomfortable, tired, or sleeping, it should not be woken up or forced to work with a child (VanFleet & Faa-Thompson, 2017). If the child is upset that the animal is unable to interact with him, the therapist reflects on and processes the feelings experienced by the child. Often these feelings can be related to the treatment goals in the therapy (VanFleet & Faa-Thompson, 2017).

In non-directive and directive approaches to AAPT™, the therapy sessions should be enjoyable for everyone involved (VanFleet & Faa-Thompson, 2012). The entire AAPT™ process, has more value than merely achieving the therapy goals. This process involves the therapist's facilitation of the sessions and supporting the child in developing new skills and overcoming difficulties (VanFleet & Faa-Thompson, 2012). The central role of relationships in AAPT™ highlights the importance of therapeutic relationships and of establishing strong bonds with clients. The establishment of these bond with child clients is explored in more depth below.

### **2.3 THERAPEUTIC BOND**

The bond between a client and a therapist refers to the degree of trust and connection in their relationship (Obegi, 2008; Shirk & Saiz, 1992). Children tend to be more influenced by the client-therapist relationship and less concerned with the therapeutic goals or tasks (DiGiuseppe, Linscott, & Jilton, 1996; Faw, Hogue, Johnson, Diamond, & Liddle, 2005; Fjermestad et al., 2012; Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006; Kazdin, Siegel, & Bass, 1990; Sandler, Kenndy, & Tyson, 1980; Shirk & Saiz, 1992). The client-therapist bond is a component of the working alliance between a client and a therapist (Bordin, 1979; Obegi, 2008). Establishing a good working alliance early in therapy is a good predictor of successful therapy outcomes (Horvath, Del Re, Flückiger, & Symonds, 2011; Mikulincer, Shaver, & Berant, 2013; Shirk & Saiz, 1992; Shirk & Karver, 2003; Karver, Handelsman, Fields, & Bickman, 2006).

Apart from the bond, therapeutic tasks and goals also form part of the working alliance (Bordin, 1979). These three components are interdependent in nature (Bender, 2014; Bordin, 1979). The bond between a client and a therapist influences the client's decision to participate in the various therapeutic tasks or activities (Bender, 2014; Bordin, 1979; Johnson & Wright, 2002; Safran, Muran, & Rothman, 2006), which are aimed at achieving the goals set for the therapy (Bender, 2014; Bordin, 1979; Johnson & Wright, 2002; Safran et al., 2006). The therapist's ability to negotiate the tasks and goals with the client affects the type of therapeutic bond that is formed (Bender, 2014). Because of the importance of the therapeutic bond between therapist and child, I now explain how a therapeutic bond is established in play therapy.



### 2.3.1 ESTABLISHING A THERAPEUTIC BOND IN PLAY THERAPY

Children around the age of 10 years and older often resist coming to therapy. As this is also reported in the literature, some initial resistance from a child to therapy is to be expected (DiGiuseppe et al., 1996; Geldard, Geldard, & Yin Foo, 2018). To overcome this resistance – given that the child may not have decided on his own to come to therapy – Robinson (2011) suggests that the therapist should communicate the “core conditions of change” that are central to the therapeutic relationship. These core conditions include congruence, acceptance, and empathy (Robinson, 2011). These conditions stem from Carl Rogers’ (1957) work on constructive therapeutic change and have been shown to be the most important variables related to positive outcomes in therapy (Asay & Lambert, 1999; Heard & Lake, 1997; Karver et al., 2006; Robinson, 2011).

The first core condition, congruence also called genuineness, refers to a therapist’s sincerity in believing in a child’s ability to achieve insight into the challenges he faces (McLeod, 2019; Robinson, 2011; Rogers, 1991). Rogers (1946, 1957) argues that congruence is more than just cognitively believing in the child. He states that it should be a feeling that is authentic and evident in the therapist’s internal and external communication and behaviour (McLeod, 2019; Rogers, 1946, 1957, 1991). Axline (1969) believes this is important as children easily notice inconsistencies in a play therapist’s behaviour. This is why the therapist’s genuineness in negotiating the goals and activities in therapy is so important in the formation of the therapeutic bond (Bender, 2014).

The second core condition, acceptance, is also known as unconditional positive regard (McLeod, 2019; Robinson, 2011). Axline (1969) and Robinson (2011) state that a therapist needs to be non-judgmental and to accept a child completely, since only then will the child lower his natural defence mechanisms, feel understood by the therapist, and be able to communicate. In achieving this condition, the therapist should focus on her own behaviour and maintain a positive attitude towards the child (McLeod, 2019). This will strengthen the therapeutic bond as the child will feel accepted and understood by the therapist (Robinson, 2011). Also, the therapeutic bond requires trust and connection in the child-therapist relationship, which will be strengthened if the child feels understood and accepted (Obegi, 2008; Shirk & Saiz, 1992).

Empathy, the third core condition, is a therapist’s ability to understand what a child is feeling (McLeod, 2019; Robinson, 2011). It is important for the therapist to communicate to the child that she understands how he feels (DiGiuseppe et al., 1996; McLeod, 2019). However, Rogers (1959) emphasise that the therapist should be able to feel and experience what the child does, without losing recognition of the fact that it is still the child’s feelings and not the therapist’s.

In addition to congruence, acceptance, and empathy, being caring, having mutual respect and understanding, and developing confidence are also characteristics of a sound therapeutic bond (Obegi, 2008). The therapeutic bond between a play therapist and a child should be warm and friendly, offering



an environment in which the child can grow and change psychologically (Axline, 1969, 1981; Geldard et al., 2018). The therapeutic bond is important for making progress in play therapy and for getting collaboration from the child (Obegi, 2008). In order to develop the therapeutic bond in play therapy, some knowledge and insight regarding the stages of play therapy are required.

According to Schaefer (2011), the three play therapy stages are rapport building, working through therapy themes, and termination. Rapport building involves the initial sessions and the start of the working relationship between child and therapist (Schaefer, 2011). The therapeutic relationship is generally considered the most important variable in ensuring successful outcomes in play therapy (Blom, 2006; Robinson, 2011). It is essential for a child to feel comfortable and safe enough to build rapport with a therapist and to take part in therapy (Axline, 1981; Geldard et al., 2018).

Establishing rapport with a child, while integrating a therapy dog into play therapy, is a crucial part of the therapeutic process as it marks the start of the therapeutic relationship. AAPT requires the therapist to obtain consent from the child's parents or caregivers after explaining the process (VanFleet & Faa-Thompson, 2017). When the therapist meets the child, she tells him about the therapy dog, providing information such as its breed, likes and dislikes, and age and also showing a photo of the dog. The therapist then asks the child if he would like to meet the therapy dog. The child should always be given the choice of working with the dog or not (VanFleet & Faa-Thompson, 2017).

The therapist should show the child the correct way to greet the therapy dog. This too needs to be done in a playful and light-hearted way as children tend to greet a dog in the same way they greet other people. They often approach a dog directly, try to hug it, and look it straight in the eye for a lengthy period of time, which can signal aggression to a dog. Even though therapy dogs are well trained, it is still important for the child to learn the correct way of greeting them. The therapist may demonstrate this by using a soft toy dog to explain to the child how to allow the dog to approach him, turning his body sideways so that the dog can sniff him. The child should also be taught how to be a "statue" when the dog approaches and wants to sniff him or when he meets an unfamiliar dog. Following the playful greeting of the "toy dog", the child is shown, using the toy dog, how to touch a dog appropriately and what the dog may enjoy. This, too, is practised on the soft toy dog while adding pretend dog noises of enjoyment (VanFleet & Faa-Thompson, 2017).

In this study, my focus was on the initial therapeutic relationship and how it can be established with the help of a therapy dog. I therefore now only briefly refer to the following two stages. The second stage of play therapy is the lengthiest of the three stages (Schaefer, 2011). This stage covers most of the therapeutic changes that take place, developing themes through play and working through these themes in therapy (Schaefer, 2011). The last stage, termination, focuses on preparing the child to move on after he has taken ownership of the changes that occurred in the therapy (Schaefer, 2011). Therapy cannot be



terminated before the therapist helps the child to think and behave differently (Geldard et al., 2018). The child needs to be supported in learning new ways of thinking and behaving in order to function more effectively (Geldard et al., 2018).

In the previous section, I discussed the therapeutic bond, the development of the bond in play therapy, and the stages of play therapy. I reviewed the literature on the process of developing rapport with a child in order to establish a therapeutic bond. There are several different ways to establish this bond in play therapy, one of which is with a therapy dog, viewed from an attachment perspective. I found that attachment theory helped me understand the therapeutic bond and therefore I opted to conduct this study from an attachment perspective. In the following section I explore the therapeutic bond through the lens of attachment theory.

### **2.3.2 ATTACHMENT THEORY AS A LENS TO UNDERSTAND THE THERAPEUTIC BOND**

Attachment and the therapeutic bond are considered similar constructs in that both describe social-emotional connections (Obegi, 2008). The term attachment refers to the lasting emotional bond that links one person to another, fulfilling the needs of safety and comfort (Ainsworth, 1972; Bowlby, 1969; Obegi & Berant, 2009). As it is a basic need, a person cannot survive without attachment (Grossmann & Grossmann, 2006). Attachment involves a social relationship in which a weaker, less skilled person relies on a stronger and more competent person for protection (Goldberg, 2000). This stronger person is also referred to as an attachment figure (Goldberg, 2000). Interactions with attachment figures who are supportive and available in times of need promote the development of attachment security and internal working models that are positive and optimistic (Zilcha-Mano et al., 2011b). Developing attachment is a normal process – Bowlby and Ainsworth argue that all people endeavour to establish attachment as it leads to physical and psychological security (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988).

According to attachment theory, attachment figures serve three functions, namely proximity maintenance, safe haven, and secure base (Ainsworth, 1991; Hazan & Shaver, 1994; Mikulincer & Shaver, 2016; Zeifman & Hazan, 2008). Proximity maintenance is when a person seeks and benefits from maintaining a close proximity to an attachment figure, especially during challenging times (Mikulincer & Shaver, 2016; Wallin, 2007). The second function is that an attachment figure serves as a safe haven in situations of danger or distress (Wallin, 2007) providing protection, comfort, relief, and support (Mikulincer & Shaver, 2016). The third function of an attachment figure is to serve as a secure base from which unfamiliar settings and experiences can be explored (Ainsworth, 1963). According to Bowlby (1988), a therapist can fulfil the three functions of an attachment figure to a client. Supporting Bowlby, Mikulincer et al. (2013) state that a therapist can function as a safe haven and a secure base from where clients can explore their own experiences. For a client to experience the above security, the therapist needs to establish a therapeutic bond with him (Mikulincer et al., 2013; Obegi, 2008). The client will then feel safe and secure;



it is also important to support the client in forming an attachment relationship with the therapist (Mikulincer et al., 2013; Obegi, 2008).

Bowlby (1988) maintains that for positive therapeutic change to take place, a therapist should serve as a safe haven and secure base from where a client can explore and reflect on the challenges he is facing. This will enable him to change his internal working model, which is a cognitive framework representing his understanding of himself, others, and the world (McLeod, 2017). However, providing the client with this sense of security and a relationship different from previous relationships may be challenging, if not impossible, for the therapist (Mallinckrodt, 1991; Mallinckrodt, Coble, & Gantt, 1995). This is because the client may project his internal working models onto the therapist, even if the therapist is sensitive, attentive, and empathic (Zilcha-Mano et al., 2011b). These internal models may include feelings of rejection, criticism, and disapproval, which may result in the therapist failing to become a safe haven and secure base for the client (Zilcha-Mano et al., 2011b).

Bowlby (1973) argues that working models are unconsciously projected onto new relationships, which include relationships with therapists. It is often difficult to determine whether the therapeutic relationship between therapist and client has developed into an attachment bond that provides a safe haven and secure base (Mallinckrodt, 2010). This is because while most clients long for a sense of safety and security, many are initially cautious to seek emotional proximity to the therapist or to allow their relationship with the therapist to develop into a secure base and safe haven (Mallinckrodt, 2010). Often children do not project these internal models onto animals (Zilcha-Mano et al., 2011b), which may facilitate the establishment of a secure base and haven. The literature confirms that animals do provide a sense of comfort and safety and contribute to a decrease in anxiety. It has also been found that they can act as attachment figures (Allen, Balschovich, & Mendes, 2002; Allen, Blascovich, Tomaka, & Kelsey, 1991; Friedmann, 1995; Friedmann, Katcher, Thomas, Lynch, & Messent, 1983; Geisler, 2004; Marcus, 2007; Odendaal & Meintjes, 2003; Sable, 1995; Zilcha-Mano, Mikulincer, & Shaver, 2011a).

In order to explore the client-therapist bond, understanding is required of the four phases of attachment that occur between client and therapist, namely pre-attachment, attachment in the making, clear-cut attachment, and a goal-corrected partnership (Obegi, 2008). Bowlby (1982) and Ainsworth (Ainsworth, Blehar, Waters, & Wall, 2015) developed these phases and initially applied them to the mother-child bond. Hazan, Gur-Yaish, and Campa's (2004) research identified behavioural, physical, cognitive, physiological, and emotional markers in the process of adult attachment. Obegi (2008) applied these markers to the client-therapist relationship in the framework of the four phases of attachment by Ainsworth (Ainsworth et al., 2015) and Bowlby (1982).

In explaining the process of the development of attachment to a therapist, Obegi (2008) referred to the literature on the broader topic of psychotherapy, as the literature on therapist attachment is limited. In



order to provide a sound understanding of the phases – focusing on the caretaker and infant bond - I briefly describe what each phase entails in attachment theory. I outline each phase according to its behavioural, cognitive, physiological, and emotional markers in order to identify the progress in the client-therapist bond. This should facilitate understanding of how attachment progresses and what markers are required to identify each phase, especially in working with child clients in play therapy.

### **2.3.2.1 Pre-attachment**

According to attachment theory, the pre-attachment phase (Phase 1) between a baby and a caretaker takes place between birth and the age of 6 weeks (Ainsworth et al., 2015; Bhattacharya, Balan, Soni, & Choudhury, 2013). It is characterised by a baby's signals of crying or making noises to attract the caregiver, who in turn, comfort the baby (Ainsworth et al., 2015; Bhattacharya et al., 2013). These signals indicate the baby's underlying needs to relieve distress and experience a feeling of safety (Obegi, 2008). This need for feeling safe also applies to the client-therapist relationship in that the client seeks a feeling of safety and support from the therapist. According to Obegi (2008), the pre-attachment phase in the development of attachment to the therapist, is marked by a client's need to seek proximity to a stronger or wiser figure to gain support in dealing with distress caused by current problems (Obegi, 2008). A behaviour marker that may indicate that the client is in the pre-attachment phase is when he makes initial contact with the therapist to seek assistance (Farber & Metzger, 2009; Obegi, 2008). Another behaviour marker is when a client queries the therapist's competence or, in the case of a child, when he shows distrust in the therapist (Farber & Metzger, 2009; Obegi, 2008). This is especially true with children, as most children do not refer themselves for therapy and may therefore be cautious about the therapist and the process of therapy (Geldard et al., 2018).

The cognitive markers in this phase involve a client's attempts to understand and evaluate a therapist's behaviour (Obegi, 2008). The therapist should understand that the client's perception and expectations of her will be influenced by his experiences with previous attachment figures (Obegi, 2008). The client tries to determine if the therapist is someone he can trust and share his private thoughts and concerns with (Obegi, 2008). A child may experience a therapist as a figure of authority due to previous relationships with adults. In order to make the child feel secure and comfortable in the relationship, the therapist needs to clarify the rules in the play room and also the guidelines for therapy (Geldard et al., 2018). This helps the child understand the kind of relationship he will have with the therapist as well as know what is allowed and what not (Geldard et al., 2018).

The physiological and emotional markers that can indicate that a client is in the pre-attachment phase are high levels of distress and arousal (Obegi, 2008). Intimate disclosures to a stranger can lead to autonomic arousal, which may include increased heart rate, perspiration, and anxiety regarding rejection or shame



(Obegi, 2008). Ideally, the client should experience some relief by the end of the early sessions, which should indicate the therapist's viability as an attachment figure for the client (Obegi, 2008).

### **2.3.2.2 Attachment in the making**

According to Bowlby and Ainsworth (Ainsworth et al., 1978, 2015; Bhattacharya et al., 2013; Bowlby, 1969, 1982), the attachment-in-the-making phase (Phase 2) occurs in babies aged 6 weeks to about 6 to 8 months (Bhattacharya et al., 2013). The baby starts showing different responses towards familiar figures, compared to strangers, and also learns that his actions affect the behaviour of the people around him (Ainsworth et al., 2015; Bhattacharya et al., 2013). The baby starts to develop a sense of trust, expecting the caregiver to respond when signalled, however does not yet react when he is separated from his caregiver (Bhattacharya et al., 2013). Ainsworth et al. (2015) argue that a baby cannot be attached to a preferred figure until he reaches the clear-cut attachment phase. Only then will he be able to actively seek proximity to an attachment figure (Ainsworth et al., 2015).

The baby's underlying needs in this phase of attachment indicates attachment related behaviour by signalling the caregiver by crying, therefore indicating a need for comfort, feeling secure and maintaining proximity to a preferred figure (Obegi, 2008). This attachment principle also applies to the client-therapist relationship, in that the client is keen to interact with the therapist, expecting the therapist to be available and sensitive during times of distress, and indicating needs of feeling safe and secure in the therapeutic relationship. In the client-therapist relationship, the attachment-in-the-making phase sees the emergence of some functions of an attachment figure (Farber & Metzger, 2009). A behavioural marker that helps a therapist know that a client is in this phase is when the client regularly attends sessions or, in other words, maintains proximity to the therapist (Obegi, 2008). This indicates to the therapist that the client is willing to develop attachment to her (Obegi, 2008). The therapist also needs to know that her reactions to the client's disclosures should be encouraging, accepting, and supportive – this helps the client feel safe enough to disclose and explore his personal challenges (Obegi, 2008).

Cognitive markers are a client becoming more responsive to a therapist's encouragements (Obegi, 2008). With each positive interaction, the client's internal working model of the therapist becomes more complex, influencing his beliefs and expectations regarding the therapist's responsiveness and availability (Obegi, 2008). The therapist begins functioning as a safe haven for the client when she observes a reduction in the client's emotional and physiological arousal in her presence (Farber & Metzger, 2009). The client starts to enjoy the sessions, finding them more pleasurable and soothing, resulting in a positive effect on his emotional regulation (Obegi, 2008). At the end of this phase, the client should feel more comfortable about trusting the therapist, about relying on her, and about feeling accepted and understood by her (Obegi, 2008). The therapist begins to function as a secure base for the client when he feels more comfortable in disclosing intimate personal information to her (Farber & Metzger, 2009).





### **2.3.2.3 Clear-cut attachment**

The clear-cut attachment phase (Phase 3) takes place from 6 to 8 months to between 18 and 24 months (Bhattacharya et al., 2013). A child more actively seeks proximity to a caregiver, and attachment to a familiar caregiver is more evident now (Ainsworth et al., 2015; Bhattacharya et al., 2013). While babies display separation anxiety when their caregiver disappears from sight, they soon calm down when another caregiver is supportive and sensitive (Ainsworth et al., 2015; Bhattacharya et al., 2013). The child's underlying needs of experiencing support from the caregiver, as well as using his caregiver as a base to feel safe and secure in his environment, are evident in this phase (Obegi, 2008).

Transferred to the client-therapist relationship, in the clear-cut attachment phase the client relies on the therapist for support, which can be provided only by the therapist (Farber & Metzger, 2009). Behavioural markers include the client starting to react to separation from the therapist by expressing anger or fear (Farber & Metzger, 2009; Obegi, 2008). The client may feel the need to consult the therapist in between sessions if faced with a crisis (Farber & Metzger, 2009; Obegi, 2008). A child may dislike missing a session with the therapist and may also not want to visit another therapist (Farber & Metzger, 2009; Obegi, 2008). A child will generally not be able to contact a therapist when he needs advice or support; however, a parent can contact the therapist or consult on the child's behalf. The client may also become more organised in terms of being more responsive to suggestions from the therapist and may show interest in the wellbeing or personal life of the therapist (Farber & Metzger, 2009; Obegi, 2008).

In this phase, cognitive markers for a client include having an internal working model the client can relate to, enabling him to understand and predict the therapist's behaviour and reactions (Obegi, 2008). This working model is constructed from memories of experiences with the therapist and from beliefs about the self and the therapist (Obegi, 2008). Applying this model during times of distress is a cognitive form of proximity seeking, which either provides relief to the client or promotes independent coping with the situation (Obegi, 2008).

Physiological and emotional markers in this phase include finding therapy pleasurable and feeling accepted, trusted, and understood (Obegi, 2008). The client experiences the therapist's presence as soothing (Obegi, 2008).

### **2.3.2.4 Goal-corrected partnership phase**

The goal-corrected partnership (Phase 4) takes place between 18 months and 24 months (Bhattacharya et al., 2013). In this phase a child is able to predict the behaviour of his caregiver and also feels confident that the caregiver will return and be responsive to his needs (Ainsworth et al., 2015; Bhattacharya et al., 2013). The child also becomes less dependent on the caregiver (Bhattacharya et al., 2013). The child's need for feeling safe decreases during this phase, as well as his need to have close proximity to the



caregiver, since he feels more secure (Obegi, 2008). The child experiences trust and security towards his caregiver and that the caregiver will respond to his needs. This translates to the client-therapist relationship, in that the client is keen to interact with the therapist, signalling a feeling of safety and security in the therapeutic relationship.

In a client-therapist relationship, the goal-corrected partnership phase results in a more collaborative relationship, as the client does not doubt the therapist and, instead, focuses more on the presenting problems, which he initially needed support with (Farber & Metzger, 2009). Behavioural markers include the client focusing more on consultation and the presenting problems (Farber & Metzger, 2009; Obegi, 2008). A cognitive marker is the further development of the client's internal working model of the therapist, which influences the client's normal ways of thinking, feeling, and reacting towards the self and others (Farber & Metzger, 2009; Obegi, 2008). Physiological and emotional markers include the client continuing to feel calm in the therapist's presence. Although emotional regulation still takes place, it becomes more internalised (Farber & Metzger, 2009; Obegi, 2008).

In the following section, I explore the AAPT™ process in greater depth in order to better understand the play therapy foundations of AAPT™. Additionally, the goals of AAPT™, as well as the value of relationships in the process will be explored.

## **2.4 ANIMAL-ASSISTED PLAY THERAPY™**

AAPT™ involves integrating a specifically trained animal into the context of play therapy (VanFleet & Faa-Thompson, 2017). AAPT™ sessions are generally playful and fun while ensuring the wellbeing of both the child and the therapy dog (VanFleet & Faa-Thompson, 2017). AAPT™ is grounded in evidence-based theories and practices of child development, play therapy, child clinical intervention, and humane animal treatment (VanFleet & Faa-Thompson, 2012). In an endeavour to gain more insight into AAPT™, I have subdivided my discussion on AAPT™ below into three sections.

In the first section (2.3.1), I explore the three key foundations of AAPT™, namely the therapeutic powers of play, incorporating playfulness into interventions, and the level of structure in AAPT™ therapy sessions. In the second section (2.3.2), I discuss the five goals of AAPT™ and how these goals can be applied to directive AAPT™. Lastly, in the third section (2.3.3), I explore relationships in AAPT™, which are highly valued and impact many of the therapeutic interactions that take place in AAPT™.

### **2.4.1 FOUNDATIONS OF ANIMAL-ASSISTED PLAY THERAPY™ (AAPT)**

In this section, I foreground the three foundations of AAPT™, namely the therapeutic powers of play, incorporating playfulness into interventions, and the level of structure in AAPT™ sessions. Knowledge of the key foundations is important for a thorough understanding of AAPT™ and of the role that play-based



interventions fulfil in therapeutic change. I focus on how playfulness can be incorporated into AAPT™ and explain why it is valuable. I also explore the level of structure that a therapist can incorporate into AAPT™ sessions, since it will provide understanding of the directive approach I used in working with my therapy dog in play therapy.

#### **2.4.1.1 Powers of play relevant to AAPT™**

The therapeutic powers of play provide a framework for understanding and using play therapy (Drewes & Schaefer, 2014). These powers are supported by evidence-based research and are referred to as the forces of change in play-based interventions (VanFleet & Faa-Thompson, 2017). According to VanFleet and Faa-Thompson (2017), the powers of play in AAPT™ are overcoming resistance; communication; emotional awareness, positive emotions, and self-regulation; facilitation of learning; power and control; role play and behavioural change; facilitation of development; stress management; desensitisation and counterconditioning of fears; ego strength; problem solving; mastery; and, lastly, attachment, social competence, relationship enhancement, and empathy. These powers are discussed briefly in the following section with the focus on how they can be applied to working with a dog in therapy.

Overcoming resistance is the first power of play related to AAPT™. Children are often resistant towards therapy as a result of previous negative experiences, a fear of the unknown, or a need to defend themselves, whether the fear is real or imaginary (VanFleet & Faa-Thompson, 2017). A well-socialised therapy dog normally greets children enthusiastically, and even resistant children smile or respond to such a friendly display. The presence of a therapy dog often results in children being less resistant and more open towards engaging in therapy. Children also seem more willing to accept or change their perception of a therapist when a therapy dog is present (VanFleet & Faa-Thompson, 2017).

Communication is the second power of play related to AAPT™ as play is an important form of expression for human beings as well as animals. A therapist can encourage a child to communicate with a therapy dog by telling the dog something about himself, sharing stories, or discussing his concerns with the therapy dog. Non-verbal communication can also be encouraged through hand signals, body postures, petting, touching the animal gently, or even grooming it (VanFleet & Faa-Thompson, 2017).

Emotional awareness, positive emotions, and self-regulation are the following powers of play related to AAPT™. Children can learn to determine and interpret a therapy dog's feelings by observing the dog's facial and body expressions. Van Fleet and Faa-Thompson (2017) recommends that interpretations of feelings should be simple, e.g., happy or sad, angry or excited. The authors are of the opinion that children who are referred for being insensitive to others' feelings, may experience concern about the therapy dog's emotional state and well-being. This awareness may translate to an awareness of emotions in different situations, and their behaviour influences the feelings of someone else. A therapy animal provides an



emotionally safe space for children to explore their feelings, which the therapist then processes with them for a better understanding of the self as well as self-acceptance (VanFleet & Faa-Thompson, 2017).

Learning can be facilitated through incorporating an animal into the therapy process. The playful nature of AAPT™ allows the therapist to work on therapeutic goals without the child realising it. The lighter atmosphere associated with AAPT™ reduces performance pressure and self-evaluation, which may limit the child's ability to learn new things. A child may often teach the therapy dog a new trick or behaviour, which indirectly results in the child developing his own ability to learn new skills. Learning to solve problems can be incorporated into AAPT™ activities, often resulting in children learning skills such as better adaptability and adjusting to situations in social relationships and in mental health (VanFleet & Faa-Thompson, 2017).

Power and control, as a power of play, frequently manifest in play therapy since it is a safe space for children to express themselves. Because children may feel that they do not have much control over their lives, playing out themes of power and control often takes place in play therapy. This allows children to explore these areas without the risk of possibly getting into trouble. By involving an animal in the session, children often learn to manage their own behaviour as well as that of the animal. A child who feels he has to control in order to maintain a relationship may realise that relationships can be maintained without control when a dog chooses to be with him voluntarily. This can be a valuable moment and point of growth in his life (VanFleet & Faa-Thompson, 2017).

Role play and behavioural change as a power of play are evident in both play therapy and AAPT™. Children often engage in role play during a play therapy session, which helps them work through some of the problems they are facing. A therapist can include a therapy animal in role play through suggesting role play or dramatic play in order to achieve specific therapeutic goals (VanFleet & Faa-Thompson, 2017).

The next power of play involves facilitation of development as play is the primary process through which children develop emotionally, physically, socially, and behaviourally. As a result of children's natural tendency to be drawn to animals and play, AAPT™ can assist in their healthy development. AAPT™ reduces self-consciousness, therefore it promotes development in different areas. Moral development can also be promoted through learning about a therapy animal, caring for the animal and treating it with respect (VanFleet & Faa-Thompson, 2017).

Stress management is another power of play related to AAPT™. Playing, as well as playing in the presence of an animal, reduces stress. A child can learn to relax in AAPT™ sessions through helping a therapy dog to relax and through activities such as grooming or stroking the dog. The therapist can also help the child focus on the present, just like the therapy dog who lives in the here-and-now. By focusing



on the present and not on the past or future, the child may find new ways to deal with anxiety (VanFleet & Faa-Thompson, 2017).

Desensitisation and counterconditioning of fears, as a power of play in AAPT™, helps a child overcome his fear of an animal by gradually exposing him to a friendly and playful therapy animal. Alternatively, a child can battle the fear he is facing, alongside the therapy dog during play sessions. Children can face and overcome these fears when they have their 'friend' or 'protector' the therapy dog, by their side (VanFleet & Faa-Thompson, 2017).

Ego strength, as a power of play in AAPT™, can develop through playful interactions with a therapy dog. While playing with the therapy dog, the child learns to be responsible for his own and the dog's safety, to focus on the dog's needs, and to be considerate towards the dog. This leads the child to be less self-centred; it also helps in reducing impulsivity and gaining self-control, self-confidence, and patience. As the child achieves success in his interactions with the therapy dog, these skills can be carried over into other situations in his life (VanFleet & Faa-Thompson, 2017).

Problem solving takes place during play as children can face and resolve problems in their lives in a safe environment (Russ & Wallace, 2013). Problem solving also takes place in AAPT™ as children often need to find a way to encourage a therapy dog to behave in a certain way without forcing it into any particular behaviour. Problem-solving activities in AAPT™ help children adapt and adjust more positively in social relationships (VanFleet & Faa-Thompson, 2017). Through gaining ego strength and problem-solving skills, children can overcome problems in their lives. They may feel encouraged by the acceptance and playful nature of the therapy dog, while also learning to master skills such as training the dog, which in turn can increase their confidence (VanFleet & Faa-Thompson, 2017).

This leads to the next power of play in AAPT™, namely mastery. Mastering basic skills in the therapy room often results in children overcoming feelings, negative behaviour, or challenges. A therapy dog's acceptance and playful nature, can support children to feel encouraged to persist in challenges and feel confident (VanFleet & Faa-Thompson, 2017).

The last power of play in AAPT™ involves attachment, social competence, relationship enhancement, and empathy. This power of play is the most relevant to AAPT™. AAPT™ provides opportunities for a child to participate in social interaction, to form healthy and safe attachments with another living being, and to develop relationships. The therapist uses the child's interest in the therapy dog to facilitate empathy, taking turns, sharing, and thinking of another's needs. The relationship between a human being and a therapy animal in AAPT™ is described as one of attachment. The animal accepts the child unconditionally and does not criticise or belittle him. Through interacting with the therapy animal and developing a trusting relationship, the child can develop the skills needed for better human relationships. This is especially true if a skilled therapist facilitates the interactions between a child and a therapy animal



in AAPT™ (VanFleet & Faa-Thompson, 2017). The following section focuses on the second key foundation of AAPT™, namely incorporating playfulness into AAPT™.

#### **2.4.1.2 Incorporating playfulness into AAPT™**

The second key foundation of AAPT™ relates to the way in which play and playfulness can be incorporated into the process of AAPT™. Because play and playfulness are essential in play therapy, they are also important in AAPT™ (Sori & Hughes, 2014; VanFleet & Faa-Thompson, 2012). AAPT™ requires an appropriately trained play therapist and animal to engage with clients “primarily through systematic playful interventions” (VanFleet & Faa-Thompson, 2017, p. 17). As stated earlier, a good understanding of play therapy is important before an animal can be successfully incorporated into play therapy. The therapist needs to understand how play can be incorporated into the process of AAPT™ as well as how play and humour can be used to work with a child and an animal (VanFleet & Faa-Thompson, 2017).

Play and playfulness are imperative for establishing a sense of safety for a child in therapy (VanFleet & Faa-Thompson, 2017). It is therefore important to create a playful and light-hearted atmosphere in the therapy room (Sori & Hughes, 2014; VanFleet & Faa-Thompson, 2012). A therapist therefore needs to draw on her experience in play therapy in order to continue with the AAPT™ process (VanFleet & Faa-Thompson, 2017). These concepts include using play to create emotional safety for a child and using interactive play activities as tools to accomplish therapeutic goals. The therapist also needs to use a variety of skills from play therapy to facilitate and process interactions in therapy. These skills include responding with empathic listening and attunement, allowing and engaging in imaginary play, setting boundaries for emotional and physical safety, empowering clients, adapting activities into games, staying within the metaphors set in therapy, undertaking brief processing and debriefing of experiences, and focusing on experiences and relationships in therapy (VanFleet & Faa-Thompson, 2017).

A therapist can keep AAPT™ playful by selecting playful activities and interventions. She also needs to keep interactions between the child and animal playful as well as those between herself and the child and/or animal. Creating the right atmosphere is another way the therapist can ensure that AAPT™ is playful. Her tone of voice, use of laughter, and body language need to communicate a relaxed, fun, and playful atmosphere, avoiding tense situations. While problems and feelings are taken seriously, the general atmosphere in the therapy room should be playful and light (VanFleet & Faa-Thompson, 2017).

#### **2.4.1.3 Level of structure in AAPT™ therapy sessions**

The third key foundation of AAPT™ involves the level of structure in an AAPT™ therapy session (VanFleet & Faa-Thompson, 2017). Structure refers to a therapist’s degree of involvement in selecting and directing the therapeutic activities in AAPT™ (VanFleet et al., 2015). As discussed earlier, two approaches can be



followed when integrating an animal into play therapy, namely directive and non-directive AAPT™ (VanFleet & Faa-Thompson, 2017). The level of structure refers only to directive AAPT™ as non-directive AAPT™ is client centred. In directive AAPT™, there is a continuum of directiveness that includes a variety of different interventions classified as low, moderate, or high structure (VanFleet & Faa-Thompson, 2017).

A low-structure approach entails some initial structure from a therapist, where only broad guidelines for the activity are provided. The therapist allows the child to experience the activity and choose how he undertakes it. The therapist does not intervene or provide further direction unless a limit is required for the safety of the child, animal, or equipment. Throughout the activity, the therapist offers empathic listening responses, similar to those in non-directive therapy. The difference between directive AAPT™ with low structure and non-directive AAPT™ is the initial structure provided at the start for the activity. The therapist can also choose to have a debriefing session with the child after the activity, which focuses on the child's experiences throughout the activity (VanFleet & Faa-Thompson, 2017). An example of such a session could be to ask the child to place a collar on the dog, without giving more guidance on how to do it, but offering empathic responses throughout the activity.

Directive AAPT™ with moderate structure is similar to low structure except that the number of choices regarding how the activity should be performed is slightly limited (VanFleet & Faa-Thompson, 2017). The therapist plays a somewhat more active role as the child completes the activity, and she debriefs the session in a more structured way. An example of a directive AAPT™ activity with moderate structure could be asking the child to build an obstacle course with toys in the play room. The child then needs to help the dog go through the course without a lead or touching the dog, while offering only five treats. There is thus more structure in setting up the activity, but the therapist then steps back to allow the child more space and freedom to complete the activity (VanFleet & Faa-Thompson, 2017).

Directive AAPT™ with high structure involves more significant guidance and direction from a therapist, usually with specific therapeutic goals in mind. The therapist generally provides guidance throughout the session or teaches the child a specific skill needed to accomplish a task. An example could be where the therapist instructs the child on how to teach the therapy dog a new trick using a clicker. The goal could be to increase the child's self-efficacy or increase his positive social skills. Structure often continues throughout the session, and debriefing focuses on the skills and goals set for the session (VanFleet & Faa-Thompson, 2017).

Integrating an animal, specifically a dog, into play therapy requires some adjustments to the play therapy setting; however, the theoretical approaches underlying play therapy still apply. All approaches and levels of structure in AAPT™ are valuable and serve different purposes depending on the child's therapy plan, the animal's personality, and the therapist's preferences (VanFleet & Faa-Thompson, 2017). Also important in an AAPT™ session is the therapist's knowledge of goals, which I discuss in the next section.



## 2.4.2 GOALS OF ANIMAL-ASSISTED PLAY THERAPY™

Similarly, to play therapy, AAPT™ uses goals in therapy to determine the direction of a session as well as, depending on the needs of the particular child, the techniques to be used. AAPT™ has five goals while using directive or non-directive approaches (VanFleet, 2009; VanFleet & Faa-Thompson, 2010). Directive AAPT™ is focused on achieving particular goals whereas non-directive AAPT™ is a process-orientated form of therapy (VanFleet & Faa-Thompson, 2017). Although the following section gives specific examples of how a therapy dog can be integrated into directive AAPT™, to achieve the five goals of AAPT™, non-directive AAPT™ can also be used to address nearly all the goal areas. Non-directive AAPT™ often achieves some of these goals simultaneously and can be applied exclusively or in conjunction with directive approaches (VanFleet & Faa-Thompson, 2017). Since my approach to AAPT™ in this study was directive, my focus here is on directive AAPT™ examples.

The first goal is self-efficacy, which entails developing a child's ability to protect himself, take care of himself, do things for himself, and keep himself safe (VanFleet, 2009, VanFleet & Faa-Thompson, 2010). This goal aims at building the child's confidence and competence. It is important for the child to notice that his efforts bring about change and contribute towards making a difference. Interactions with a therapy dog often help the child to see what he has achieved as they build on his strengths and lower his defences (VanFleet & Faa-Thompson, 2017).

Teaching a child how to read a dog's body language helps the child believe that he has learned a new skill and that he may be able to share his knowledge with friends and family members. Moreover, teaching a child how to train a therapy dog, using positive methods, also increases his confidence and self-efficacy. The child can also develop skills that help build positive relationships, patience, consistency, kindness, sharing, and perseverance (VanFleet & Faa-Thompson, 2017).

VanFleet and Faa-Thompson (2017) suggest that in teaching a child how to train a dog, the therapist should describe the behaviour that is desired, more specifically the words, body signals, or cues to use. Next, the therapist can model how to do the trick, involving the dog in this step, while demonstrating how the verbal and non-verbal cues can be applied. Following this, the child is allowed to practise what was demonstrated. The therapist praises any positive attempt and encourages the child in his efforts. In the scenario where the dog does not do what the child asks, the therapist can reflect on this and make the child aware that the dog is not perfect and that he should persist and try again (VanFleet & Faa-Thompson, 2017).

Additional ways of enhancing self-efficacy include playing ball, practising mock agility, and teaching the dog new tricks. Playing ball requires the child and therapist to teach the dog cues to release or drop the ball. Mock agility involves a set of obstacles designed by the therapist and/or child and taking the dog





through these obstacles. Lastly, teaching the dog new tricks is another skill that builds a child's self-efficacy and is similar to training a therapy dog (VanFleet & Faa-Thompson, 2017).

The second goal is to develop attachment and healthy relationships (VanFleet, 2009, VanFleet & Faa-Thompson, 2010). Children often develop attachment and relationships with animals more readily than adults. Relationships and attachment are important in AAPT™ as the interactions are built on the forming of relationships between the child and therapist, the child and the therapy dog, and the therapy dog and the therapist (VanFleet & Faa-Thompson, 2017). I discuss these relationships in greater detail later in the chapter.

Attachment and relationships can be enhanced in directive AAPT™ as children may be more likely to trust therapy dogs. The playful nature of AAPT™ strengthens the attachment and relationships that form in therapy as children tend to feel emotionally safe while playing. The therapist can also facilitate a healthy relationship between the therapy dog and the child, which then often spills over into the child's relationships with people. This can be achieved through verbalising that the animal accepts the child, playing games in which, the therapy dog needs to find the child in the play room, and discussing the dog's problems with the child. These problems are based on similar problems the child himself is facing; dealing with them more indirectly can help the child feel more accepted and comfortable in overcoming his own challenges (VanFleet & Faa-Thompson, 2017).

The third goal is empathy, which involves supporting the child in seeing the world through the animal's eyes. Creating awareness of the therapy dog's feelings and behaviour can help the child recognise others' feelings and react in a caring manner (VanFleet, 2009; VanFleet & Faa-Thompson, 2010). The fourth goal is self-regulation of emotions and behaviours (VanFleet, 2009, VanFleet & Faa-Thompson, 2010). This goal can be achieved through directive AAPT™ by teaching the child about the dog's impulsivity and helping the dog to play games that make the dog more patient. The child plays these games with the dog after the therapist has described the game, modelled how to play the game, and allowed the child to practise it. Examples of such games are where the dog needs to wait for a cue and playing tug with a rope. The therapist continuously reflects on the child and the dog's behaviour, creating awareness of the emotions and behaviour involved (VanFleet & Faa-Thompson, 2017).

The fifth goal area, specific problem resolution, involves addressing specific problems in the child's life (VanFleet, 2009; VanFleet & Faa-Thompson, 2010). Each child, problem, situation, and specific therapy animal needs to be considered carefully when planning the resolution of particular problems. Examples of involving a therapy dog in directive AAPT™ activities to deal with a concentration problem could be training the dog to walk in slow motion on cue and playing a concentration game. In the concentration game the dog is required to make eye contact with the child before a treat is given. This not only requires the dog to focus, but also the child who needs to focus on both his own and the dog's behaviour. The dog



can also be taught specific behaviour that may help the child with the challenge he is facing, such as anxiety or a behaviour problem he needs to resolve (VanFleet & Faa-Thompson, 2017).

Achieving these goals in the directive AAPT™ setting requires interactions between the therapist, the child, and the therapy animal. These interactions cannot take place unless there is some form of a relationship between the three parties. VanFleet and Faa-Thompson (2017) maintain that relationships are the cornerstone of AAPT™ and that they provide the context for everything that takes place, including the relationship between therapist and animal, child and animal, therapist and child, and child with other support systems. Due to the importance of relationships in both AAPT™ and play therapy, the following section covers in more detail the relationships in the AAPT™ setting.

### **2.4.3 RELATIONSHIPS IN ANIMAL-ASSISTED PLAY THERAPY™**

In AAPT™, all relationships are considered important (Austin Main, 2017; VanFleet & Faa-Thompson, 2017). A relationship is described as a type of connection between two or more individuals, also including the interaction and dynamics between the individuals in different circumstances (Pam, 2013; VanFleet & Faa-Thompson, 2017). Relationships are built on mutual influence, and consequently one individual's actions affect the other individual (VanFleet & Faa-Thompson, 2017). Relationships change over time and are influenced by the tone and quality of the interactions between individuals (VanFleet & Faa-Thompson, 2017).

AAPT™ places a high value on relationships in the therapeutic setting and focuses on supporting children in developing healthy relationships with a therapy animal (VanFleet & Faa-Thompson, 2010). In AAPT™, the therapist shares her relationship with the therapy animal, with her clients while also encouraging and supporting them to develop their own relationship with the animal (VanFleet & Faa-Thompson, 2017). The therapist's relationship with the therapy animal serves as both a model of and a metaphor for what a healthy relationship should look like and how to achieve such a relationship. It also models the therapist-client relationship (Chandler, 2017; VanFleet & Faa-Thompson, 2017). VanFleet and Faa-Thompson (2017, p. 82) describe the ideal relationship between therapist and therapy animal as one that is "mutually respectful (considerate), empathic (attuned), attentive, nurturing, proactive, securely attached, interconnected, flexible, playful and fun, developmentally appropriate, autonomous, and humane".

Because the development and safeguarding of relationships lies at the heart of AAPT™, a therapist needs to develop a high level of competence in therapy skills, play therapy, animal behaviour, animal handling, split attention, client-animal interactions, and ethics and welfare (VanFleet & Faa-Thompson, 2017). Each of these skills are linked to relationships, which is why relationships are at the core of these capabilities (VanFleet & Faa-Thompson, 2017). These competencies also impact the therapist-animal relationship, the client-animal relationship, and the therapist-client relationship (VanFleet & Faa-Thompson, 2017). Next, I briefly discuss each competency.



The first competency is that therapists should have the basic skills in psychotherapy and/or counselling to conduct AAPT competently (VanFleet & Faa-Thompson, 2017). These skills include being consistent, being accepting, being in touch with your inner child (Geldard & Geldard, 2005), and being able to have fun (VanFleet & Faa-Thompson, 2017). Secondly, a thorough knowledge of the application of play therapy is needed, as merely playing with a dog and a child does not qualify as play therapy (VanFleet & Faa-Thompson, 2017).

Thirdly, a therapist requires knowledge of animal behaviour in order to keep the therapy animal and child, safe and unstressed (VanFleet & Faa-Thompson, 2017). The therapist should also have knowledge of classical and operant conditioning, that is, the basic principles of training a therapy animal (VanFleet & Faa-Thompson, 2017). Being able to read animal body language and learning an animal's body signals, as well as interpreting them, are important skills for an AAPT™ therapist to master (VanFleet & Faa-Thompson, 2017). This protects the animal in therapy and also the child. The therapist should be able to notice when an animal feels anxious or uncomfortable and to intervene to ensure everyone benefits from and enjoys the therapy session.

Fourthly, therapists need to know how to look after, handle, and move their animals around, for example take the dog for a walk without the leash being too tight (VanFleet & Faa-Thompson, 2017). Fifthly, competent AAPT™ therapists should be able to split their attention between the client and the therapy animal in the therapy session (VanFleet & Faa-Thompson, 2017). Therapists need to be continuously and simultaneously aware of what is happening with the client and the therapy animal (VanFleet & Faa-Thompson, 2017). The next competency required is for the therapist to be able to facilitate client-animal interactions, which involves helping the client develop a relationship with the therapy animal and to interact with it (VanFleet & Faa-Thompson, 2017). Lastly, ethics and welfare are crucial areas of competencies involving the basic ethical principles applied in practicing therapy and in ensuring the welfare of the therapy animal (VanFleet & Faa-Thompson, 2017).

The high value AAPT™ places on relationships in therapy makes AAPT™ ideal for forming a therapeutic bond in play therapy between the child and the therapist as well as between the animal and the child. In order to further explore these relationships, I shift my focus towards establishing a therapeutic bond with a child in therapy. Animals have been found to support the process of facilitating an attachment bond in therapeutic settings between therapists and clients (Zilcha-Mano et al., 2011b). In the following section, I discuss how animals can be seen as attachment figures in therapy. I also discuss the research available in the area of attachment theory and AAT, as well as how an animal can play a therapeutic role in therapy. Finally, I consider attachment-based strategies in therapy.



## **2.5 ANIMALS AS ATTACHMENT FIGURES IN THERAPY**

Pets have been a part of human history from time immemorial, indicating the universal need and affection people have for pets (Levinson & Mallon, 1997). Pets can act as attachment figures for owners, and their interaction with their owners, often meeting the criteria for an attachment bond, includes proximity seeking, safe haven, secure base, and separation distress (Ainsworth, 1991; Berget & Braastad, 2008; Crawford, Worsham, & Swinehart, 2006; Hazan & Zeifman, 1994; Zilcha-Mano et al., 2011a, 2011b). Pet owners often report that they feel emotionally close to their pets (Barker & Barker, 1988; Kidd & Kidd, 1995; Kurdek, 2008, 2009) and that their pets provide them with a safe haven, comfort, and support in challenging times (Allen et al., 1991, 2002; Friedmann, 1995; Friedmann et al., 1983; Geisler, 2004; Odendaal & Meintjes, 2003; Sable, 1995). Separation distress and grieving are triggered in the process of losing a pet, which points to the bond or attachment between people and their pets (Gerwolls & Labott, 1994; Hunt, Al-Awadi, & Johnson, 2008; Kwong & Bartholomew, 2011; Lagoni, Butler, & Hetts, 1994).

L. Beck and Madresh found in their study that many people consider their relationship with their pets as more secure than that with other people (L. Beck & Madresh, 2008). Pets are frequently viewed as family members, and children often report strong emotional bonds with their pets, considering them “friends” (Melson, 2001; Walsh, 2009). Animals thus play an important role in children’s lives (Jalango, Astorino, & Bomboy, 2004; Melson, 2001; VanFleet & Faa-Thompson, 2017). Zilcha-Mano et al. (2011b) believe that a therapy animal can facilitate the formation of an attachment bond in the context of therapy. The therapist needs to create a situation in which such a positive attachment bond can be established, despite the client’s automatic projection of working models onto the therapist (Mikulincer & Shaver, 2007; Zilcha-Mano et al., 2011b).

Next, I discuss research on attachment theory and AAT as well as the unique characteristics of an animal that can be useful in facilitating a positive attachment bond (Zilcha-Mano et al., 2011b). This provides insight into the suitability of animals to create such a bond in therapy, as well as how animals can be integrated into play therapy to establish a therapeutic bond.

### **2.5.1 RESEARCH ON ATTACHMENT THEORY AND AAT**

Research on attachment theory was done initially on human beings, and more specifically on the attachment relationships between caregivers and children (Ainsworth, 1991; Bowlby, 1958, 1960a, 1960b; Zilcha-Mano et al., 2011a, 2011b). Later the question arose as to whether or not the concepts of attachment in human relationships could be applied to human-animal relationships. Subsequent research found that pets’ interaction with human beings often meets the criteria for an attachment bond, which includes proximity seeking, safe haven, secure base, and separation distress (Ainsworth, 1991; Hazan & Zeifman, 1994; Zilcha-Mano et al., 2011a).



Attachment theory has been proposed as a theoretical framework for AAT (Bachi, 2013; Berget & Braastad, 2008; Busch et al., 2016; Geist, 2011; Kruger & Serpell, 2010; Zilcha-Mano et al., 2011b), as well as contributing to AAPT™ (VanFleet & Faa-Thompson, 2017). Children often find it easier to understand animals than people largely due to animals' honest display of emotions, which in turn strengthens the bond between children and animals, increases children's confidence, and helps children experience a more positive mood (Melson, 2003; Serpell, 2008). These positive effects and relationships with therapy animals can be generalised to relationships with human beings (Alper, 1993; Granger, Kogan, Fitchett, & Helmer, 1998; Katcher & Wilkins, 1997; Levinson & Mallon, 1997; Melson, 2003; Serpell, 2008).

Clients can find it difficult to develop a full-blown attachment relationship with a therapy animal, which is similar to the process of developing an attachment relationship with a therapist (Zilcha-Mano et al., 2011b). On this point, Zilcha-Mano et al. (2011b) argue that in their research the goal is not for the animal to become the primary attachment figure for a client, but merely one of the figures in the client's attachment hierarchy that can provide a safe haven and secure base. The unique characteristics of animals, such as being accepting loving, loyal and non-judgmental, make them suitable for facilitating attachment relationships in therapy (Zilcha-Mano et al., 2011b).

The following section elaborates on the therapeutic value of including a therapy animal in a therapy session.

## **2.5.2 THERAPEUTIC ROLE OF AN ANIMAL**

Levinson (1969) maintains that relationships with pets tend to be more predictable, more consistent, simpler and, for some people, more rewarding. Animals also often represent reality from a safe psychological distance (Bachi & Parish-Plass, 2017). This safe psychological distance helps children work through the trauma they face in real life or reality, by interacting with animals that are alive, responsive, manifest familiar behaviour such as eating, moving, showing emotions, being sick, and even dying, which allows children to relate to reality in a safe space (Bachi & Parish-Plass, 2017).

A therapy animal's presence can help in creating a safe space and can support the process of decreasing a child's initial reservations about therapy (Chandler, 2017; A. H. Fine, 2006; Parish-Plass, 2008; Reichert, 1998; Urichuk & Anderson, 2003; Wilkes, 2009). This can result in the child perceiving the therapist as less threatening and more approachable (Chandler, 2017; A. H. Fine, 2006; Glucksman, 2005; Parish-Plass, 2008; Reichert, 1998; Urichuk & Anderson, 2003; Wilkes, 2009). Children have reported less tension and feelings of being under examination in the presence of a therapy animal (A. H. Fine, 2006; Nimer & Lundahl, 2007; Parish-Plass, 2008; Schaefer, 1999). A calmer atmosphere in the therapy room has also been reported (A. H. Fine, 2006; Nimer & Lundahl, 2007; Parish-Plass, 2008; Schaefer, 1999). Some authors describe a therapy animal as a "bridge" between the therapist and the child, supporting the



process of building rapport, and developing a relationship (Bachi & Parish-Plass, 2017; Firmin et al., 2016; Glucksman, 2005; Parish-Plass, 2008; Wilkes, 2009).

Chandler (2017) states that human beings and pets have a natural tendency to form relationships, even if the animal is not the person's pet. It is this natural tendency that promotes quick rapport and empathy between clients and therapy animals (Chandler, 2017). Animals in the therapy room have also been reported to facilitate the relationship and communication between therapist and child clients (Chandler, 2017; A. H. Fine, 2006; Friesen, 2010; Urichuk & Anderson, 2003). This often results in the child feeling more open to disclosing information to the therapist (Chandler, 2017; A. H. Fine, 2006; Parish-Plass, 2008; Reichert, 1998; Urichuk & Anderson, 2003). The presence of an animal in therapy seems to contribute significantly towards establishing a therapeutic alliance, specifically with children with avoidant attachment styles (Parish-Plass, 2008, 2018; Wilkes, 2009).

As discussed earlier, clients may feel secure, accepted, and loved by a therapy animal, while not automatically projecting maladaptive models of behaviour relations onto their relationship with the animal (Zilcha-Mano et al., 2011b). This can lead to clients trusting a therapy animal, even if they cannot trust people (Wilkes, 2009; Zilcha-Mano et al., 2011b). The therapy animal can thus serve as a secure base from where clients can explore their internal world as well as provide a safe haven when they need to deal with challenging situations (Van Houtte & Jarvis, 1995; Zilcha-Mano et al., 2012).

Touching a therapy animal sometimes releases the hormone oxytocin, which has several psychosocial and physiological benefits (Chandler, 2017). Oxytocin stimulates social attachment, lowers anxiety, and has a calming effect, all of which support the process of creating an atmosphere of safety, thus linking up with the attachment perspective on therapy (Chandler, 2017). Studies have revealed that social interaction is prompted through oxytocin, thereby increasing empathy, trust, social skills, eye contact, memory of faces, positive self-perception, and generosity. These studies have also found that feelings of depression are often decreased (Cardoso, Ellenogen, & Linnen, 2012; Domes, Heinrichs, Michel, Berger, & Herpertz, 2007; Guastella, Mitchell, & Dadds, 2008; Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003; Jonas, Nissen, Ransjö-Arvidson, Matthiessen, & Uvnäs-Moberg, 2008; Kosfeld, Heinrichs, Zak, Fischbacher, & Fehr, 2005; Ohlsson et al., 2005; Rimmele, Hediger, Heinrichs, & Klaver, 2009; Savaskan, Ehrhardt, Schulz, Walter, & Schächinger, 2008; Zak, Kurzban, & Matzner, 2005; Zak, Stanton, & Ahmadi, 2007).

In the next section, I discuss the attachment-based therapeutic strategies involved in creating a suitable environment for establishing a therapeutic bond with the focus on how to work with a therapy animal to achieve the forming of such a bond.



### 2.5.3 ATTACHMENT-BASED THERAPEUTIC STRATEGIES

Therapeutic strategies are plans that determine the best treatment options for a client's specific needs. They are a combination of strategies and therapy types designed to achieve the goals set in therapy, according to the client's needs (Geldard et al., 2018). Different goals can be reached through therapeutic strategies. Some strategies specifically enhance attachment and can be applied while working with an animal and a child in therapy (Bachi, 2013; Chandler, 2017; Obegi, 2008; VanFleet & Faa-Thompson, 2017). In order to reach goals in therapy with children, therapeutic strategies frequently involve play as a tool because children often cannot verbalise their thoughts or feelings (Hall, Kaduson, & Schaefer, 2002).

The goal of many approaches in psychotherapy is to establish a connection with a client in order to understand the client. This often leads to emotional expression, insight, change, and improvement in the client's quality of life (Parish-Plass, 2008). Essential processes involved in transforming a therapist from a professional who is helpful, to someone that acts as an attachment figure, include ongoing proximity and availability, as well as the "holding" in mind, through absence or interruption of therapy (Bachi, 2013; Holmes, 2009). These processes are similar to parental love, although the therapist's role is essentially transformative and temporary (Bachi, 2013; Holmes, 2009). Attachment theory emphasises intimate bonds, the non-verbal domain, and the relation of the self to experience (Wallin, 2007).

Bachi (2013) applied these primary concepts of attachment-based psychotherapy, which include the five tasks of a therapist as well as equine-facilitated psychotherapy (EFP) theory and practice. Bachi (2013) described "the secure base and haven of safety through the provision of a holding environment, affect mirroring, mentalizing and reflective functioning, and non-verbal communication and body experience" (p. 187). Bachi's (2013) focus was on EFP, and therefore not all the strategies are applicable to working with a dog in play therapy. These primary concepts of attachment-based psychotherapy, were important in the context of this study as they guided me, through focusing on my own experiences, on how they could be applied to working with a therapy dog in play therapy. Chapter 4 provides more detail on how I was able to make sense of my own experiences, linking them with these concepts, while also providing examples from my lived experiences. In the next section, I discuss what these concepts entail and how they can be incorporated when working with other animals, especially therapy dogs.

In order to provide a secure base and haven for safety that allows a client to explore his own challenges, a therapist has to ensure containment (Bion, 1970) and holding (Winnicott, 1971). A holding environment is the setting in which the therapy takes place, which includes the physical environment (Abram, 2007). Winnicott states that what truly matters is a therapist's behaviour in the physical environment and that "holding" in a therapeutic setting need not involve the therapist touching a client (Abram, 2007). The therapist should be reliable, empathic, and attentive, which generally leads to the provision of a secure base (Bowlby, 1988). A holding environment is associated with the therapist's ability to create an



emotional space where the client feels safe, understood, and experiences empathy; it also requires a safe physical environment (Scharff & Scharff, 1995; Slochower, 1996). Wilkes (2009) argues that animals support the process of creating a holding environment by enhancing trust and acceptance in the therapy environment, as well as providing a warm, friendly, and safe environment. Bachi (2013) concurs by stating that the acceptance and non-judging demeanour of a horse in EFP can contribute to a client's sense of being held.

Similarly to working with a horse, working with a dog can provide a child with a sense of acceptance and non-judgment (Chandler, 2017; VanFleet & Faa-Thompson, 2017). Glucksman (2005) reports that while working with his dog in therapy, he found that the dog provided a holding environment for patients because they felt less threatened. A therapist can reflect on a dog's behaviour, explaining how its behaviour conveys acceptance (Chandler, 2017; VanFleet & Faa-Thompson, 2017). An example of this is explaining to a child that the dog's tail wagging indicates that the dog likes him. The dog's presence can also help the child feel accepted and not judged as dogs are generally friendly and happy to see people (Chandler, 2017). Also, games can be played with the dog to enhance the child's experience of feeling accepted and not being judged in therapy. VanFleet and Faa-Thompson (2017) suggest playing "hide-and-seek", requiring the child to hide and the therapy dog to find him. This helps the child feel that the animal cares about him, which is an important aspect of the attachment relationship (VanFleet & Faa-Thompson, 2017). Training the dog to lick (kiss) the child, or pressing the dog's nose against the child's hand, can also provide the child with a sense of acceptance (VanFleet & Faa-Thompson, 2017).

The second concept, affect mirroring, involves a child looking at his caregiver's face, and how he feels is reflected back, by the expression on the caregiver's face (Phillips, 1988). The caregiver provides a visual and auditory representation of the infant's emotional state, and the only way an infant can discover how he feels is to see it reflected in the caregiver's face (Bachi, 2013). In EFP, along with the horse's tendency to mirror affect, the therapist provides verbal processing (Bachi, 2013). In order to promote exploration and close interaction (Holmes, 2009; McCluskey, 2005), affect regulation by the therapist, which results in mirroring, should become a dialogue (Bachi, 2013; Holmes, 2009). This is vital in scenarios where a client unknowingly misinterprets an animal's behaviour or emotions; however, it can also provide deeper insight into the client's projections (Bachi, 2013). As these projections can impact the establishment of a secure base, the therapist should verbally promote a sense of security and mediate the situation (Bachi, 2013). Reflections give the client a sense of seeing the self (Phillips, 1988; Winnicott, 1967) as well as giving him a sense of security that can lead to a secure base and understanding of the self (Chandler, 2017; Holmes, 2009).

Affect mirroring can also be applied in therapy with animals through working indirectly using projection or helping a child project feelings or experiences onto the therapy animal. This can enhance feeling safe in the therapy setting as well as provide verbal processing (Urlichuk & Anderson, 2003). VanFleet and Faa-





Thompson (2017) believe that dogs can demonstrate empathy. Dogs also seem able to read people's body language and tone of voice and to sense different human reactions and moods (VanFleet & Faa-Thompson, 2017). VanFleet and Faa-Thompson (2017) maintain that therapy dogs can adjust their behaviour according to a client's moods and that it is not important whether or not a dog shows genuine empathy, but rather that it comes across as genuine to the client (VanFleet & Faa-Thompson, 2017). If a client feels that a dog is empathetic, it is sufficient to provide a therapeutic benefit in a session (VanFleet & Faa-Thompson, 2017). While applying affect mirroring, the therapist can also help the client experience empathy through the therapy animal.

Strategies to enhance affect mirroring in AAPT™ sessions with a therapy dog can include reflecting on the dog's behaviour towards a child, as well as projecting some of the feelings the child may experience onto the therapy dog (Chandler, 2017). This can support the child in recognising these emotions in himself while feeling safe as well as ensure that the child understands the animal's behaviour (Bachi, 2013; Chandler, 2017). VanFleet and Faa-Thompson (2017) suggest grooming a dog, giving the dog treats, healthy touching and massaging of the dog, as well as the "three second rule." The "three second rule" entails the therapist helping the child find areas on the dog's body where the dog enjoys to be touched or stroked. The child then touches these areas and, to determine if the animal enjoys it, the child stops and waits for three seconds to see if the dog indicates that he should continue or not (VanFleet & Faa-Thompson, 2017). This encourages awareness of the dog's feelings and gives the therapist the opportunity to reflect the dog's feelings back onto the child (Chandler, 2017; VanFleet & Faa-Thompson, 2017).

Mentalisation is a child's ability to pay attention to mental states, which includes the mental states of others or, more specifically, explaining the child's behaviour and how it affects others (Bateman & Fonagy, 2006; Fonagy, Steele, Szele, Moran, & Higgitt 1991). Mentalisation involves a child's ability to reflect on his own behaviour and to gain insight into what he is feeling and the reason for feeling as he does (Hoermann, Zupanick, & Dombeck, 2019). Mentalisation results in increased awareness in social situations (Hoermann et al., 2019) and has also been linked to attachment security and helping children to be flexible and to adapt to different situations (Bateman & Fonagy, 2006; Hoermann et al., 2019). Reflective functioning refers to a child's awareness of the nature of mental states and behaviour and how they influence each other (Fonagy, Target, Steele, & Steele, 1998; Steele & Steele, 2008). Bachi (2013, p. 192) argues that reflective functioning enables a therapist to respond to her "experiences on the basis of not only observed behavior, but also of the underlying mental states, including desires, feelings and beliefs that make behavior understandable and give it meaning".

Applying mentalising and reflective functioning in therapy can increase a client's sensitivity and awareness of someone else's behaviour and emotional needs (Bachi, 2013). In EFP a therapist can use mentalising and reflective functioning to support a client in determining how a horse feels and in reflecting



on the animal's feelings (Bachi, 2013). Similarly to EFP, caring for a therapy dog and creating awareness of the therapy dog's feelings can be applied to enhance mentalising and reflective functioning (Bachi, 2013). Unlike in Bachi's (2013) study, a therapy dog can of course not be ridden, but activities such as training, making "joint" decisions, and taking the therapy dog for a walk can also involve creating awareness of the dog's feelings (Chandler, 2017; VanFleet & Faa-Thompson, 2017). Dogs are described as social animals with a focus on attachment (VanFleet & Faa-Thompson, 2017). They have the ability to engage and connect with clients that enhances trust and social interaction (VanFleet & Faa-Thompson, 2017). Reflecting the dog's feelings indirectly can also help the client form a bond with the therapist sooner, as the child connects with the dog (VanFleet & Faa-Thompson, 2017).

Non-verbal communication and body experience are important in attachment theory-based psychotherapy, as emotions are considered experiences of the body (Wallin, 2007). Bachi (2013) states that when a therapist translates the language of the body into the language of feelings, she supports the interactive regulation of emotion, which may help a client experience the therapist as a secure base and attachment figure. Focusing on the non-verbal domain enables the therapist to connect with facets of the self, which the client has not been able to articulate, and a deeper exploration of body experience is achieved (Wallin, 2007). Bachi (2013) maintains that a horse's back can act as a therapeutic setting and that the movement of riding the horse can be a therapeutic process through touch and movement.

While working with a dog in therapy, a therapist can reflect on the dog's behaviour and emotions in order to create awareness of the non-verbal domain. Dogs enjoy physical contact and offer a safe medium of touch during AAPT, leading to healing for the dogs as well as people (VanFleet & Faa-Thompson, 2017). By focusing on a dog's non-verbal behaviour and reflecting on the dog's behaviour, a therapist can help a child feel safe enough to connect and project onto the dog (Chandler, 2017). The animal moving closer to the child, petting the animal, grooming the animal, or sitting close to the animal can also enhance the non-verbal experience (Chandler, 2017; VanFleet & Faa-Thompson, 2017). Playing games can promote patience or the ability to wait, and playing tug with a dog can enhance self-regulation (VanFleet & Faa-Thompson, 2017) and body experience in the child, as he may project onto the therapy dog's behaviour.

## **2.6 SUMMARY**

In this chapter I reviewed the literature on play therapy and animal assistance and focused on the therapeutic bond in play therapy through the lens of attachment. I also explored the attachment process and an animal's role in establishing a therapeutic bond. The following chapter provides a discussion on the study's methodology, as well as the ethical considerations and quality criteria.



## Chapter 3

### Research Approach and Methodology

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#### 3.1 INTRODUCTION

Chapter one provided a brief overview of the study's research methodology. This chapter offers a more in-depth discussion of the methodology, starting with the paradigmatic perspective and methodological paradigm. I then explain data collection methods used. The data analysis and interpretation methods are also discussed in detail, followed by an explanation of the steps I took to ensure the quality and trustworthiness of the study. The chapter concludes with a discussion of the ethical considerations that applied in the study.

#### 3.2 PHILOSOPHICAL STANCE

This study was situated in the interpretative world-view. In the following section, I discuss the meta-theoretical perspective, hermeneutic phenomenology, after which I focus on the advantages and disadvantages of hermeneutic phenomenology. I then discuss auto-ethnography as research methodology, as well as criticism of auto-ethnography.

##### 3.2.1 META-THEORETICAL PERSPECTIVE: HERMENEUTIC PHENOMENOLOGY

The overarching theoretical perspective in the study was interpretivism. Interpretivism focuses on the meaning that individuals assign to their experiences, thus making intersubjective meanings vital to the attainment of understanding and meaning (Jansen, 2007). The different paradigms that form part of interpretivism are all concerned with the meanings and experiences of people (Williamson, 2006). These paradigms include symbolic interactionism, phenomenology, realism, hermeneutics, and naturalistic inquiry (Gray, 2013). Hermeneutic phenomenology informed the paradigmatic perspective in this study.

Hermeneutic phenomenology emerged from German philosophy (Sloan & Bowe, 2014), particularly the writings of Martin Heidegger (1889-1976), a follower of Edmund Husserl who was known for his work on phenomenology (Kafle, 2011). In pedagogy, Max Van Manen's (1990) hermeneutic phenomenology strives to be both descriptive (phenomenological) and interpretive (hermeneutic). Van Manen (1990, 1997) viewed hermeneutic phenomenology as a human science with its focus on the human world.

Hermeneutic phenomenology's premise is that the most elementary experiences of the world are filled with meaning (Merleau-Ponty, 1962; Van Manen, 2014). As Kafle (2011) and Sloan and Bowe (2014) state that hermeneutic phenomenology is concerned with subjective human experiences based on people's life stories. Built on the view that lived experience is the start and end of hermeneutic



phenomenological research, the aim of hermeneutic phenomenology is to transform lived experience into text in order to communicate its essence (Van Manen, 1990). The phenomenological researcher strives to create a rich and deep account of an experience through intuition, focusing on uncovering rather than on accurate reporting (Kafle, 2011). In sharing lived experiences, researchers need to be honest, avoid generalisations, and describe their emotions, feelings, and moods in detail (Van Manen, 1990). Hermeneutic phenomenological researchers often present data through texts (Hein & Austin, 2001) and explore how people read, understand, and interpret these data (Thiselton, 2009).

According to Lopez and Willis (2004), hermeneutic phenomenological research is based on four assumptions. First, the relation of the individual to his lifeworld should be the focus of the inquiry (Heidegger, 1962; Lopez & Willis, 2004). “Lifeworld” can be defined as how people’s reality is influenced by the world in which they live, and how they cannot exist in isolation from their culture, social context, or the historical context in which they find themselves (Campbell, 2001; Creswell & Miller, 2000; Draucker, 1999; Geanellos, 1998; Kumar, 2012; Lopez & Willis, 2004; Maggs-Rapport, 2000; Mayoh & Onwuegbuzie, 2015; Orbanic, 1999; Wojnar & Swanson, 2007). Van Manen (1997) describes the lifeworld, or world of lived experiences, as the source and object of phenomenological research.

The second assumption involves Heidegger’s (1962) description of being-in-the-world or *Dasein*. This means people cannot remove themselves from the various contexts surrounding them, which influence their choices and give meaning to their lived experiences (Bradbury-Jones, Irvine, & Sambrook, 2010; Heidegger, 1962; Lopez & Willis, 2004; Mayoh & Onwuegbuzie, 2015; Wojnar & Swanson, 2007).

The third assumption involves situated freedom (Lopez & Willis, 2004), which means that while people are free to make choices, these are limited by the context of the person concerned (Lopez & Willis, 2004). Hermeneutic phenomenology is about understanding the meaning of people’s worlds and how this meaning influences the choices they make (Lavery, 2003; Lopez & Willis, 2004).

The final assumption acknowledges the value of the expert knowledge of researchers in making the research process meaningful (Lopez & Willis, 2004). However, since researchers cannot be separated from their knowledge, they should acknowledge and explain their research assumptions and indicate how these assumptions are used in the research process (Lopez & Willis, 2004). In the following section, I discuss the advantages and disadvantages of hermeneutic phenomenology.

### **3.2.2 ADVANTAGES AND DISADVANTAGES OF HERMENEUTIC PHENOMENOLOGY**

Hermeneutic phenomenology has advantages as well as disadvantages. One advantage is that subjective lived experiences are filled with meaning (Kafle, 2011; Merleau-Ponty, 1962; Sloan & Bowe, 2014; Van Manen, 2014). Seen as the source and object of phenomenological research, lived experiences can result in rich and descriptive data ideally suited to create meaning and understanding in qualitative research



(Van Manen, 1997). This involves taking into consideration the context in which people find themselves, which influences and provides meaning to their lived experiences (Bradbury-Jones et al., 2010; Heidegger, 1962; Lopez & Willis, 2004; Mayoh & Onwuegbuzie, 2015; Wojnar & Swanson, 2007).

Hermeneutic phenomenology acknowledges the researcher's knowledge and perspective as important, while also creating more meaning in the research process (Lopez & Willis, 2004). The researcher is seen as central in the research process (Giorgio, 2015), and reflecting on past experiences, biases, personal values, assumptions, and limitations helps make researchers aware of their own influence on the research process (Creswell, 2018; Creswell & Miller, 2000; Kumar, 2012; Laverly, 2003).

Regarding the disadvantages of hermeneutic phenomenology, researchers' lived experiences and prior knowledge influence their understanding of the world and can result in lack of objectivity during the research process (Davidsen, 2013; Lopez & Willis, 2004; Maggs-Rapport, 2000; Mayoh & Onwuegbuzie, 2015). Also, when people interact, language can be a subjective experience (Holroyd, 2007; Schwandt, 1999) and language cannot always convey lived experience clearly (Hein & Austin, 2001). Understanding the meaning of lived experience through language is further complicated by the use of vague or contradictory language – interpreted explicitly or implicitly by the researcher – resulting in confusion or misinterpretation regarding what the researcher is describing (Hein & Austin, 2001).

In this study, I have acknowledged that my lived experiences have influenced my understanding and view of the world. I have not experienced this as problematic since the purpose of this study, as stated in Chapter 1, was to describe my experiences. I endeavoured to be as truthful and genuine as possible in relating my lived experiences in this study. These experiences were informed by my observation notes and therapeutic process notes which I gathered during therapeutic sessions.

Being truthful in my recollections supported reflexivity in the study as I continuously aimed to acknowledge my internal dialogue through self-evaluation and acknowledgement of my own thoughts, feelings, and perspectives. I also tried to be aware of how I was influencing the research process through reflecting on it and at times revisiting my reflections and comparing them with the knowledge I had gained over time. The following section discusses in greater detail the research methodology chosen for the study, namely auto-ethnography.

### **3.2.3 RESEARCH METHODOLOGY: HEURISTIC INQUIRY (AUTO-ETHNOGRAPHY)**

Pioneered by American humanistic psychologist Clark Moustakas, the term *heuristic* originates from the Greek word *heuriskein*, which means finding or discovering (Hiles, 2008). Heuristic inquiry has gradually infiltrated education, psychology, psychotherapy, and counselling, as well as the fields of theological and transpersonal studies (Hiles, 2008). Significantly departing from mainstream social science, heuristic inquiry explicitly accepts the researcher's lived experience in research (Hiles, 2008). Moustakas (1990)



states that heuristic inquiry is a way of knowing that involves personal encounter and autobiographical connections. The “self” of the researcher is present throughout the process as she grows in self-awareness and self-knowledge, stimulated by self-discovery, self-exploration, and self-dialogue (Hiles, 2008).

Heuristic inquiry generally starts with a question that is of a personal nature and that deals with something that has been a challenge to the researcher in her quest to understand the “self” as well as the world in which she lives (Hiles, 2008; Moustakas, 1990). Heuristic inquiry is a method of engaging in scientific research through self-inquiry and interaction with others, focused on finding the underlying meanings of important human experiences (Gray, 2013; Moustakas, 1990). Gray (2013) points out that heuristic inquiry is autobiographical, implying a deep subjective personal description. It is believed that the deepest meaning and knowledge take place in individuals through their own senses, beliefs, perceptions, and judgements (Moustakas, 1990).

Auto-ethnography has three core elements: “auto” (personal experience), “ethno” (the researcher’s cultural beliefs, values, and practices), and “graphy” (a methodology of self-narrative inquiry) (Doloriert & Sambrook, 2012; Ellis, Adams, & Bochner 2011; Wall, 2008). Ellis and Bochner (2000) point out that auto-ethnographers can vary in their emphasis on these elements. Related to narrative inquiry and ethnography, auto-ethnography differs in that the researcher is the subject of study (Hughes & Pennington 2017). Auto-ethnography is defined as an emerging qualitative research method that allows the researcher to write in a personal style, using personal experience to understand a societal phenomenon (Adams, Holman-Jones, & Ellis, 2015; Wall, 2006). In addition, auto-ethnography involves a social process as researchers have to examine their interaction with people in social-cultural settings in order to determine how social factors have influenced their lived experiences (Chang, 2013). The purpose of auto-ethnography is not only to tell personal stories but also to broaden understanding of social realities through researchers’ personal experiences (Chang, 2013; Giorgio, 2015).

Auto-ethnographic studies emphasise the way a study is written and how the author expresses herself (Chang, 2013; Ellis et al., 2011). Auto-ethnography requires researchers to draw on lived experiences, specifically in relation to the culture of which they are members (Allen-Collinson, 2013). The expert on the lived experience is the person living it (Richards, 2008), which is why a researcher cannot be seen as neutral in this process (Hertz, 2006). According to Pathak (2013, p. 595), “to examine oneself and one’s life in a way that fosters thoughtful, engaged, genuine, and rigorous critique requires immense time, introspection, honesty, and courage”. An auto-ethnography demands courageous, challenging, and high levels of personal, interpersonal, cultural, theoretical and political reflexivity (Turner, 2013).

The two main auto-ethnographic approaches are evocative and analytic auto-ethnography (Anderson, 2006; Ellis & Bochner, 2006). Evocative auto-ethnography focuses on writers’ personal stories (Ellis &



Bocher, 2006), enabling them to share stories told through the lens of culture (Adams et al., 2015). Evocative auto-ethnography calls on the reader to care, to feel, to empathise, and to take action (Ellis & Bocher, 2006). Analytical auto-ethnography, like evocative auto-ethnography, evokes emotional responses (Cook, 2014) but entails a more direct method of understanding social processes and structures (Anderson, 2006). Different from evocative auto-ethnography, analytical auto-ethnography employs existing theory to analyse experiences and to lend a sense of objectivity to a study (Anderson, 2006; Chang, 2008; Denshire & Lee, 2013). Similar to evocative auto-ethnography, analytic auto-ethnography views the researcher as the research subject and uses ethnography and narrative to obtain an understanding of the researcher's autobiographical experiences (Austin & Hickey, 2007; Butz & Besio, 2004; Starr, 2010).

I used analytical auto-ethnography in this study. Anderson (2006) proposed five key features of analytic auto-ethnography that resonated with my study, the first being complete member research (CMR), where the researcher is viewed as a complete member in the social world being studied (Anderson, 2006). Analytic auto-ethnography uses first-hand data to gain insight into a broader set of social occurrences than those provided by the data and acts as a method to directly understand and criticise social forces, processes, and structures (Anderson, 2006).

Analytic reflexivity is the second feature and involves self-examination guided by the desire to better understand the self and others through studying one's own behaviour and perceptions in reference to those of others (Anderson & Glass-Coffin, 2013). Here, reflexivity entails an awareness of a shared influence between auto-ethnographic researchers and their settings and co-participants (Anderson & Glass-Coffin, 2013). According to Berry (2013, p. 212): "Reflexivity entails taking seriously the self's location(s) in culture and scholarship, circumspectly exploring our relationship to/in auto-ethnography, to make research and cultural life better and more meaningful." This requires self-awareness on the part of researchers to enable them to reflect on personal reflections and to be actively involved in the research process (Clarke, 2009; Lambert, Jomeen, & McSherry, 2010; Palaganas, Sanchez, Molintas, & Caricativo, 2017). This can be a challenging task as the particular researcher needs to apply criticism and judgement to the self in a cultural and political setting where the research is shaped by the perceptions and positioning not only of the researcher but also of the participants (Clarke, 2009).

The third feature is narrative visibility of the researcher's self (Anderson, 2006). This feature involves the visibility of the self in research and writing (Anderson & Glass-Coffin, 2013). Here, it is important that the researcher shares a part of herself, since it is a highly personal research method requiring her to fulfil a dual role as a member of the social world being studied as well as being a researcher (Anderson, 2006). This feature implies that auto-ethnography has become a medium for sharing thoughts, feelings, and experiences, which normally would not have been shared with others (Turner, 2013). These feelings and experiences are important data for understanding the social world, as seen by the researcher, and



demonstrate the researcher's personal engagement in the social world being studied. Anderson (2006) recommends that auto-ethnographers illustrate analytic insights by describing their own experiences and thoughts as well as those of others involved. Also, researchers should be transparent in their discussions about the changes they experienced in their own beliefs and relationships during the course of the research process, presenting themselves as people facing challenges relevant to a changing social world (Anderson, 2006).

The fourth feature is self-experience in that "analytic auto-ethnography is grounded in self-experience but reaches beyond it as well" (Anderson, 2006, p. 386). Anderson (2006) emphasises the importance of engaging with others in the field, even in an auto-ethnographic study. The fifth and final feature is commitment to an analytic agenda, indicating that analytic auto-ethnography is about more than evoking an emotional response as it focuses also on enhancing theoretical understanding (Anderson, 2006). Curtis and Curtis (2011) explain this as follows: for Anderson (2006) auto-ethnography should represent not only the social world but should also analyse it and develop theory. The applicability of these five features to this study is discussed in Section 3.2.5.

Since my study was based in the Department of Educational Psychology of the University of Pretoria (UP), my supervisors and I, as mentioned earlier, decided that I should employ analytic auto-ethnography to ensure that I adhered to the requirements for qualitative research. However, because of my love for stories, we thought that I could also incorporate elements of evocative auto-ethnography in the study. Interweaving the two approaches would align my study with the general trend currently found in the field (Metta, 2013; Tedlock, 2013).

The following section focuses on the advantages and disadvantages of auto-ethnography.

### **3.2.4 CRITICISM AGAINST AUTO-ETHNOGRAPHY**

Like all methods, auto-ethnography has also received its share of criticism. A recurring criticism is the emphasis placed on the self (Méndez, 2013), leading it to be seen as narcissistic, exaggerative, self-absorptive, and self-indulgent (Bochner & Ellis, 1996; Coffey, 1999; Ellis, 1998; Ellis et al., 2011; Holt, 2003; Soyini Madison, 2006; Sparkes, 2000). Because of their emphasis on personal experience, auto-ethnographers are also often accused of bias (Anderson, 2006; Gans, 1999) and of not fulfilling their scholarly responsibilities of hypothesising, analysing, and theorising (Ellis et al., 2011). Walford (2013) is concerned that some of the events presented in auto-ethnographies may simply be inventions of the author. Ellis and Bochner (2000), however, accept the researcher's subjectivity as part of the value of auto-ethnography.

The aim of auto-ethnography is to recreate the researcher's experience in a reflexive manner in order to create a connection with readers and to help them think about their own experiences (Méndez, 2013).





This had led to the criticism that auto-ethnography has therapeutic rather than analytic value (Atkinson, 1997). Walford (2004) fails to see the value of auto-ethnography as he believes that auto-ethnographers should present their claims logically and systematically, supported by empirical data. Auto-ethnographic researchers have also been criticised for not doing sufficient fieldwork or data collection (Delamont, 2009; G. A. Fine, 2003).

According to Ellis et al. (2011), many critics hold auto-ethnographers accountable to criteria generally applied to traditional ethnographies or autobiographies and consequently criticise them for being either too artful and not scientific enough, or too scientific and not artful enough. Furthermore, the criticism is sometimes heard that auto-ethnographers are viewed as catering to the sociological, scientific imagination, while attempting to achieve legitimacy as scientists (Ellis et al., 2011). Finally, auto-ethnography is criticised for being too emotional, therapeutic, and aesthetic, and dismissing social-scientific standards as insufficiently rigorous, theoretical, and analytical (Ellis, 2009; hooks, 1994; Keller in Ellis et al., 2011).

While it is important to acknowledge such criticisms, it is also important to note the advantages of auto-ethnography. Wittig (2013) maintains that auto-ethnography's primary advantage is its intimacy as it allows both the reader and researcher to connect deeply with the text. Because the researcher's past experiences form the core of auto-ethnographic data, through sharing lived experiences and exposing aspects of herself, the researcher can create an emotional consonance with the reader (Anderson, 2006; Chang, 2008; Wittig, 2013). Academic writing is therefore often disregarded, and, as McIlveen (2008) points out, meaningful accounts or authentic narratives are offered, allowing the reader to embrace experiences and develop a deeper understanding of the auto-ethnographic study. Wittig (2013) states that auto-ethnographers have access to information that may otherwise be difficult to obtain and publish. As full members of the culture being studied, they have access to insider meanings (Wittig, 2013). The personal nature of the research provides useful insights as researchers continually think about and reflect on the research subject, which may not occur otherwise (Wittig, 2013). Ellis et al. (2011) state that auto-ethnographers believe that auto-ethnographic research can be rigorous, theoretical, analytical, emotional, and therapeutic and also include social and personal phenomena.

As an auto-ethnographic researcher, I acknowledge the criticism this method has received. As previously indicated, my aim was to embrace the meanings people assign to their experiences; differently phrased, I believe intersubjective meanings are important to achieve understanding and insight (Jansen, 2007). I consider my subjectivity in this study as an advantage, because I believe that value was added through sharing my lived experiences. Because others may have limited access to my lived experiences, by sharing my experiences and knowledge gained in practice, I hope to contribute to the knowledge base of AAPT™ and play therapy. In addition, my lived experiences may also help practitioners learn from what I



have done, thereby broadening their own experience and practice. The following section discusses why hermeneutic phenomenology and auto-ethnography were considered appropriate for this study.

### **3.2.5 JUSTIFICATION FOR HERMENEUTIC PHENOMENOLOGY AND AUTO-ETHNOGRAPHY**

This study was feasible and possible only if I could share my lived experiences of how a therapy dog assisted me, as a play therapist, in establishing a therapeutic bond with my child clients. These lived experiences were filled with meaning and descriptive data. In this study, I was firstly in the role of therapist, and then, secondly, I researched my lived experiences as a therapist. As therapist, I had intimate knowledge and awareness of what was transpiring in the sessions, and, while I was in the therapy room, I was able to observe and experience interactions and moments of how my therapy dog supported the process of establishing a therapeutic bond between child clients and me.

Hermeneutic phenomenology, as a paradigmatic perspective, enabled me to describe, analyse, interpret, and create meaning from my lived experiences, as well as answer the primary research question in the study: “How did my therapy dog assist in establishing a bond between me as a play therapist and child clients?” The prominence given to the experiences of the researcher in terms of this paradigmatic perspective made it the most suitable paradigm for this study. The paradigmatic perspective also emphasises the value of language and texts in creating meaning, which suited the study as my observations and experiences were captured in various formats, firstly in five vignettes and then in an auto-ethnographic tale.

Hermeneutic phenomenology provided me with the means to share my lived experiences through auto-ethnography. Auto-ethnography focuses on subjective human experiences as reflected in a person’s life story that is told through storytelling. Hermeneutic phenomenology and auto-ethnography enabled me, as a researcher, to reflect on the extent to which my own experiences in a therapeutic AAPT™ session helped me offer some insight into a dog’s role in establishing a bond in therapy with a child. Although this paradigm allows my experiences to be viewed as expert, meaningful knowledge, I still continuously reflected on my own feelings, thoughts, biases, and perceptions in order to evaluate their effect on my reflections and interpretation of the data.

The five features of analytic auto-ethnography were applicable to this study, as mentioned earlier. I was firstly a complete member of the study. As therapist, as well as auto-ethnographic researcher, I had access to first-hand experiences and observations that gave me the insight needed to make sense of the lived experiences I gained as a therapist. Secondly, I applied reflexivity throughout the study, which helped make the research process more transparent and open (Palaganas et al., 2017). In order to apply reflexivity, I continuously had to reflect on my values and on how they could influence my views and make sense of my experiences (Hesse-Biber, 2007; Parahoo, 2006). I strove throughout to give an honest and complete account of the research process as well as acknowledge the changes I experienced in myself



throughout the process (Palaganas et al., 2017; Reay, 2007). I endeavoured to apply reflexivity. In Chapter 6 (Epilogue), I reflect on my research journey, looking back on the research process and what I learned, the decisions I made, how I changed, and what I would have changed.

Thirdly, narrative visibility was evident in the study as I chose to share personal feelings, thoughts, and experiences. In doing so, I was able to share a part of myself in this highly personal auto-ethnographic study. Writing these texts, filled with personal and often strong feelings, thoughts and experiences, I tried to be as honest, genuine, and open as possible, similar to writing in a journal. Fourthly, I was the main source of information in the study; however, a recursive and in-depth literature review balanced my personal view with that of the scientific community. This allowed for richer understanding as well as dialogue with the literature. I wanted to link my auto-ethnographic tale in Chapter 4 with the literature in order to initiate a dialogue with informants beyond myself (Anderson, 2006).

Lastly, I integrated evidence-based literature with the themes identified through analysis, which provided the theoretical basis for viewing the study. This supports Anderson's fifth feature of analytic auto-ethnography as I aimed to provide more than just my own emotional response to my experiences – I also wanted to enhance theoretical understanding through the study.

In order to ensure that the information I shared in this study was as truthful and accurate as possible, I supported my recollections with therapeutic process notes on the therapy sessions with the clients. I transformed my lived experiences into text, which provided a way to communicate and share these experiences.

### **3.3 RESEARCH DESIGN: EXPLORATORY INTRINSIC CASE STUDY**

Qualitative researchers often use some form of case study since it enables them to gain understanding of the meaning subjects give to their life experiences (Marschan-Piekkari & Welch, 2012). The need for a case study arises from a desire to understand complex social phenomena, thus allowing for an investigation that preserves the holistic and meaningful characteristics of real-life events (Yin, 2003). A researcher will often consider a case study design when the focus of a study is to answer “how” and “why” questions (Yin, 2003). Representing, analysing, and interpreting the uniqueness of real people and situations, case studies provide plausible accounts of real-life experiences (Cohen, Manion, & Morrison, 2000). Other components of a case study include framing complex and situational behaviour, supporting action and intervention, and communicating reality by giving readers a sense of being present (Cohen et al., 2000).

This study used an exploratory intrinsic case study as the research design. Exploratory and intrinsic case studies are concerned with meaning, which links to the central theme of this study's methodology, namely creating meaning from lived experiences. More specifically, exploratory case studies investigate distinct



experiences or occurrences where there is a lack of research in the specific fields being investigated (Yin, 2003). An intrinsic case study is the study of a case itself, such as a person, occupation, or a specific group, where the specific case itself is the primary interest in the research (Baxter & Jack, 2008; Stake, 1995).

Researchers who conduct research using the philosophical and methodological paradigm of hermeneutic phenomenology and auto-ethnography endeavour to create meaning and understanding from lived experiences (Detmer, 2013; Ellis & Bochner, 2000; Ettore, 2005; Palmer, 1969; Schwandt, 2007; Sokolowski, 2000; Sparkes, 1996; Wall, 2006; Zimmerman, 2015). Such a research design was suitable for this study as it aligns with auto-ethnography by drawing on lived experiences (Allen-Collinson, 2013) and allowing the self to be seen in the research and writing (Anderson & Glass-Coffin, 2013). More particularly, applying an exploratory intrinsic case study design enabled me to examine my context-dependent personal experiences without having to generalise but, rather, to focus on understanding, creating meaning, and my personal experiences (Stake, 1995; Yin, 2003). This type of design called for context-dependent knowledge, and, through auto-ethnography, my personal experiences were the research subject. It was not my purpose to generalise, but to focus on my lived experiences, which supported the process of developing a deeper understanding and making sense of the experiences I gained. As research subject, I cannot deny bias and subjectivity, nevertheless I consider my involvement and subjectivity as adding value to the study.

According to Chang (2013) and Ellis (2004), a case study design seen through the lens of auto-ethnography allows for honest writing and broadens understanding. Another characteristic of an exploratory case study is that data collection takes place prior to defining the research question (Hancock & Algozzine, 2006). This complements an auto-ethnographic study as it supports the process of focusing on understanding and making sense of the researcher's experiences (Hancock & Algozzine, 2006; Stake, 1995; Yin, 2003).

Case study designs have also received some criticism, although this is generally due to a misunderstanding of opposing worldviews (Babbie, 2016). Flyvbjerg (2006) offers more accurate explanations of the key misunderstandings regarding case studies. First, regarding the statement that general, theoretical knowledge is more valuable than context-dependent knowledge, he argues that since universal truths cannot be found in the study of human relationships, context-dependent knowledge is more valuable. Second, with regard to generalisability not being possible on the basis of a single case, he argues that formal generalisation is often overvalued while the strength of a single example is underestimated (Babbie, 2016; Flyvbjerg, 2006; Terre Blanche & Durrheim, 2002). Third, it is sometimes said that a case study can contain bias that confirms the researcher's preconceived notions, yet case studies have been found to contain no greater bias than any other research methods (Flyvbjerg, 2006). Lastly, it is also sometimes said that it is difficult to summarise and develop general propositions and



theories on the basis of a specific case study; however, even though it is agreed that it is difficult to summarise a case study, Flyvbjerg (2006) believes that summarising is often not needed and that a good case study should be read in its entirety.

The following section clarifies the specifics of this case study, more particularly my experiences chosen for the study.

### **3.4 UNIT OF ANALYSIS AND BINDING A CASE STUDY**

Rule and John (2011) state that in order to bind a case study, the unit of analysis needs to be defined. A unit of analysis can be an individual or a case under study and is related to the primary research questions in a study (Baxter & Jack, 2008; Yin, 2009). It is described as being the “what” and the “who” that is being studied and is considered the main entity analysed in a study (Fletcher & Plakoyiannaki, 2012). Once the unit of analysis has been determined, the researcher should indicate what lies outside the study’s focus to avoid having too many research questions and objectives for the study (Baxter & Jack, 2008). Binding a case study ensures that the study stays within its scope (Baxter & Jack, 2008). Boundaries should therefore be set for all case studies (Stake, 1995; Yin, 2003). These boundaries can be described in terms of four factors: time, location, type of project, and point of view (Creswell, 2003; Duncan, 2004; Miles & Huberman, 1994; Stake, 1995; Yin, 2014).

As described by Fletcher and Plakoyiannaki (2012), in this study I represented the “who” part, while my lived experiences during AAPT™ sessions with child clients represented the “what” part of the unit of analysis. Since 2008, I collected observations of how my therapy dog supported me in establishing a therapeutic bond with the child clients I saw in therapy. In these sessions, I began noticing that the children were much more willing to interact with Morkie, my therapy dog, than with me, and that through her, I was able to “connect” with the children. Recollections in which the therapy dog was not present were excluded from the study.

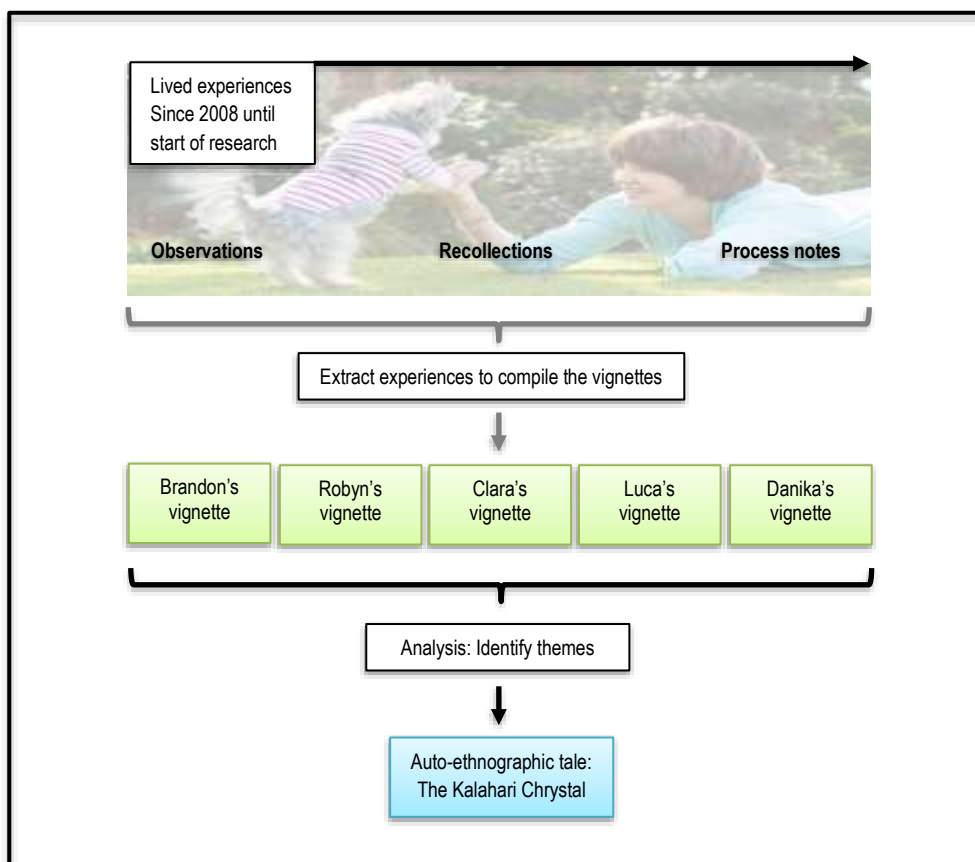
The following section provides more details regarding the experiences I gained and how I used them in the study.

### **3.5 SELECTION AND DESCRIPTION OF LIVED EXPERIENCES**

The purpose of selecting experiences or data collection in qualitative research is to provide evidence for the experiences being investigated, which is in the form of accounts from people who lived the experiences or, in the case of this study, the researcher’s own lived experiences (Polkinghorne, 2005). In qualitative research, data collection generally takes place in natural and social settings, requiring interviews and/or observations as well as sensitivity towards the people and places being studied (Creswell, 2007; Lichtman, 2013). I decided to use nonprobability purposive selection as I purposely



selected my recollections of how my therapy dog helped establish a bond in therapy between me and my child clients (Morse, 1991). Figure 3.1 illustrates the process I followed to select, describe and present the lived experiences, which will be discussed in the section to follow.



**Figure 3.1: Process of selecting, describing and presenting lived experiences in this study**

In this study I described my lived experiences from 2008 to the conclusion of this study. Since I relied on my recollections of therapy sessions, I had to be able to recall my observations, which were supported by process notes. In order to make sense of what I experienced and observed within the therapeutic sessions, I decided to create five evocative accounts (vignettes) of my experiences and observations. Each of these vignettes represented fictional child clients. The vignettes represented a reflective process, in which I reflected back on how I worked with various clients to gain their trust. It allowed me to extract significant moments or epiphanies which I wanted to share with others.

Personal vignettes are considered appropriate for auto-ethnographic studies, as auto-ethnography combines the techniques of writing autobiographies with those of doing ethnographies (Adams & Manning, 2015; Ellis et al., 2011). In order to demonstrate both autobiography and ethnography, auto-ethnographies should combine recollection, reflexivity, and storytelling techniques (autobiography) with observation, fieldwork, cultural participation, acknowledgement of existing research and theories, and cultural analysis (ethnography) (Adams & Manning, 2015). When authors write autobiographies, they write about selected



past experiences (Ellis et al., 2011). These experiences are often assembled in hindsight in order to make them part of a document (Bruner, 1993, Denzin, 1989, Freeman, 2004, in Ellis et al., 2011), which was also the case in this study. I never intended using my observations in a therapeutic setting for my doctoral study; however, in hindsight, I realised how much I learned and how valuable my lived experiences were for research purposes.

I embraced the value of introspection and reflexivity (Babbie, 2016), as my personal processes provided important insights. While writing the vignettes, I continuously examined my own thoughts, actions, fears, and prejudices in order to obtain deeper understanding as well as to be aware of researcher bias (Babbie, 2016). Saunders, Lewis, and Thornhill (2016) state that reflexivity is a more complex process than reflection, which involves observing and examining only your own research practice. In this study, as suggested by the above authors, I aimed to apply reflexivity through incorporating interpretation and reflection, while also thinking about my experiences and questioning the manner in which I do things. This was documented in my vignettes, which was like journaling exercise (Saunders et al., 2016).

To demonstrate self-consciousness and consideration of my own role and impact, I used reflexivity as suggested by Hiller and Vears (2016). Through reflexivity, I endeavoured to reduce bias and to be transparent about my impact on the study. I also aimed to deepen understanding of my own behaviour as well as the interactions in the therapeutic setting between the client and me, the client and the therapy dog, and the therapy dog and me (Ellis & Bochner, 2000). Reflexivity was applied through describing and reflecting on myself and my experiences at different points in time (Anderson & Glass-Coffin, 2013).

After I compiled the vignettes, I analysed them to identify themes related to what I experienced and observed. I then decided to use the themes I extracted from the vignettes and to present them in one coherent story which is presented in the auto-ethnographic tale. In compiling the vignettes to write an auto-ethnographic tale, I aimed to gain new and deeper insights into my own lived experiences (Ellis, 2009). Wall (2006) maintains that individuals can describe their experiences more accurately than anyone else. I agree with Wall (2006) and furthermore, because I am uniquely situated as researcher, I believe that by sharing my experiences, I was able to provide in-depth knowledge of how a therapy dog can facilitate establishing a bond in play therapy (Wall, 2006), which would not have been possible for a researcher standing on the side line (Adams et al., 2015).

The auto-ethnographic tale kept me focused on what I experienced, sharing my experiences in one, coherent and emotive story. I agree with Boyle and Parry (2007) that the emotive power of writing evocatively offers more insight and meaning in describing research phenomena than research presented in other ways. Evocative writing allows the reader to become an active participant, rather than a passive spectator, by making a connection with the text (Sparkes, 2002). In order to create this connection between reader and text, Sparkes (2002) states that the text should be written in an evocative and



engaging manner. In order to engage the reader in such texts, the basics of fictional writing should be applied, including setting the scene, characterising, developing the plot, and adding some tension and mystery (Bochner, 2000; Ellis, 2004; Richardson, 2000). In my endeavour to engage and provide the reader with a clear picture of my experiences, I made use of metaphors throughout the auto-ethnographic tale. Fisher and Phelps (2006) contend that metaphors make writing come alive and add colour.

I believe that by following the process I described above I was able to create multiple opportunities to reflect on and make meaning of my observations and recollections. This also enabled me to move through different layers of complexity from becoming aware of significant experiences to making sense of them by structuring and connecting them to client cases and finally to restructure all my insights into one auto-ethnography tale that represents how I worked alongside Morkie to establish relationships with clients.

The following section focuses on the processes of data analysis and interpretation in this study.

### **3.6 DATA ANALYSIS AND INTERPRETATION**

Qualitative data analysis is inductive, aiming to establish patterns or themes to gain deeper understanding and/or insight (Creswell, 2007; Denzin & Lincoln, 2018). The challenge in qualitative data analysis is making sense of large amounts of data by reducing the volume of raw information, deciding which information is significant, identifying significant themes, and developing a framework to communicate the essence of the data (Patton, 2002; Schurink, Fouché, & De Vos, 2011). In addition to sharing personal experiences through the vignettes in this auto-ethnographic study, analysis of personal experiences was also required (Anderson, 2006; Ellis et al., 2011). I applied inductive reasoning to this study, meaning that data were collected and then analysed to determine if any patterns or relationships emerged and whether generalisations and/or theories could be constructed (Gray, 2013).

Data analysis in this study was guided by the meta-theoretical paradigm of hermeneutic phenomenology, therefore interpretive phenomenological analysis (IPA) was done (Larkin & Thompson, 2011). IPA was suitable because of its hermeneutic phenomenological epistemology (Larkin & Thompson, 2011). Larkin and Thompson (2012) state that the key criteria for IPA are ideography and hermeneutic phenomenology because the meaning of an experience for a specific research participant is important as is recognising the impact of the experience for that participant. In other words, IPA is a qualitative research approach that is dedicated to the examination of how people make sense of important lived experiences (Smith, Flowers, & Larkin, 2009). IPA is based on the view that in order to understand the world, experience has to be understood (Larkin & Thompson, 2011). Furthermore, in order for researchers to be involved with others' experiences, they need to be able to identify and reflect on their own experiences (Larkin & Thompson, 2011). See Appendix F for an example of the analysis in this study.





The five vignettes I compiled from my personal recollections, observations, and therapeutic process notes, illustrated in Figure 3.1. Important to note, in order to write the vignettes, I had to extract the most important experiences and recollections I gained, which I then structured to compile my vignettes. This provided me with a more structured approach of presenting the experiences in five vignettes, which I then analysed to extract themes to write the auto-ethnographic tale in this study.

As stated in Chapter 2, the data were analysed according to the phases of attachment in therapy (Bowlby, 1982; Obegi, 2008) and the primary concepts of attachment theory (Bachi, 2013, p. 187). Analysis in IPA does not involve a prescriptive approach, but rather a set of flexible guidelines that can be adjusted by a researcher according to a study's aims (Eatough & Smith, 2008). In the following section, guidelines are provided for data analysis in IPA, as described by Smith et al. (2009).

### **3.6.1 STEP ONE: READING AND RE-READING**

This step involves immersing oneself in the data and reading and “re-reading” the data in order to focus on the research participant (Smith et al., 2009). In this step in this study, I read through each vignette in order to get a broader view of my experiences and to familiarise myself with the holistic view of all the experiences I shared in the vignettes. This also prepared me for the process of coding the data, which consisted of my experiences and observations. As both participant and researcher, this process enabled me to re-engage with my experiences. Afterwards I re-read the vignettes in order to get an even deeper and more holistic perspective of these experiences.

### **3.6.2 STEP TWO: INITIAL NOTING**

Smith et al. (2009) state that since detail is required, initial noting can be time consuming. As the researcher reads through the data, she starts adding comments, which Smith et al. (2009) suggest should be divided into descriptive comments, linguistic comments, and conceptual comments. Descriptive comments describe what particular research participants have said; linguistic comments focus on participants' specific use of language; and conceptual comments focus on engaging at a more interrogative and conceptual level.

In this study, I used hard copies of the vignettes, with broad margins, to provide enough space to write comments on the documents. This helped me feel more involved with the data as I could then make notes and gain a deeper understanding through actively working with the data. Descriptive comments enabled me to highlight the things that are important in a research participant's world (Smith et al., 2009), thus also in my world. I focused on the behaviour I described in my vignettes, more specifically my own behaviour, and how I worked with my therapy dog to establish a bond with child clients. I was guided by literature, in terms of identifying behaviour linked to forming an attachment relationship with a child, while I looked at the process of therapy with a child, the stages of attachment in therapy, concepts I needed to



establish attachment, as well as the foundations of AAPT™. Even though I compiled the data as a research participant, it was a very different experience going through the data as a researcher. It allowed me to systematically develop an understanding of the themes in the data.

Linguistic comments enabled me to explore how language can be used to reflect content and meaning (Smith et al., 2009). I used mainly metaphors, associations, and repetition in the vignettes. Seeing that the vignettes were based on my experiences, linguistic comments focused on how I described my experiences, feelings, thoughts, and observations. Lastly, conceptual comments were more interpretive in nature and allowed me as researcher to develop a more comprehensive understanding of the meaning in my experiences and observations (Smith et al., 2009). This stage took time as I needed to develop a deeper understanding and to draw on my own understandings, reflections, and interpretations (Smith et al., 2009). The conceptual comments often came at a later stage when I was able to demonstrate more insight.

Initially this process was challenging, especially since I was both the participant and the researcher. I accordingly followed a suggestion on exploratory commenting by Smith et al. (2009) and underlined all the concepts I thought were important in the data. Next I re-read the vignettes and then commented next to each section exactly what was important and why I considered it so – this enabled me to write the comments with more ease.

### **3.6.3 STEP THREE: DEVELOPING EMERGENT THEMES**

In the third step, the researcher attempts to reduce the volume of detail while still maintaining complexity through indicating interrelationships, patterns, and connections (Smith et al., 2009). The researcher develops concepts, insights, and understandings from repetitions in the data (Taylor, Bogdan, & DeVault, 2016). The themes identified during the inductive process are not driven by the researcher's theoretical interests in a topic but, rather, are coded without trying to fit them into any existing framework, thus making them more data driven (Braun & Clarke, 2006; Nieuwenhuis, 2016). The themes are consequently directly linked to what emerged from the data (Patton, 1990). However, while themes reflect research participants' original words and/or behaviour, they also reveal the researcher's interpretation (Smith et al., 2009).

In this study, I focused on the five vignettes to identify themes. These themes included words or short phrases, which added to the meaning of the study, as well as themes that linked to the conceptual framework discussed in Chapter 2. They included behaviour identified by me according to the phases of attachment in therapy (Bowlby, 1982; Obegi, 2008), themes adapted from the constructs on linking attachment theory to EFP (Bachi, 2013), as well the process of therapy with a child (Geldard et al., 2018) and the goals of AAPT™ (VanFleet & Faa-Thompson, 2010).



### **3.6.4 STEP FOUR: SEARCHING FOR CONNECTIONS ACROSS EMERGENT THEMES**

This step entailed developing a system to indicate how the themes fitted together (Smith et al., 2009). I made use of abstraction to find connections between the emergent themes (Smith et al., 2009). I then combined themes that were similar and provided a heading for the cluster of themes. I also used colour pens to mark the overarching themes as well as the themes that could be divided into each overarching theme.

I then wrote an auto-ethnographic tale that gave an overall view of the vignettes as well as the themes that emerged from the data analysis. The auto-ethnographic tale was based on the themes and constructs identified by me. The tale was written in two sections although it was still part of one overarching fictional story to convey the themes and constructs to the reader. The first section of the tale (see Chapter 4A) did not include any theoretical literature and was only a reflection of my experiences in a fictional story. This allowed me to offer an evocative account to enable readers to grasp the complexity of my experiences (Ellis et al., 2011). The aim of the second section of the tale (see Chapter 4B) was to link the identified themes and concepts to a wider audience of theory and literature. I presented this section as a fictional conversation with a friend, which allowed me to discuss the findings and link them to the literature and theory. The practice of linking stories or vignettes to academic concepts is in line with the analytic agenda of analytic auto-ethnography (Anderson, 2006). I was thus able not merely to document emotional responses and experiences, but to use empirical data to gain insight into my experiences as well as the broader context (Anderson, 2006).

### **3.7 MY ROLE AS A RESEARCHER**

It was ethically important for me to be aware of my own potential influence on the data in the study. The steps I took to acknowledge my awareness of my own potential influence in this study, are discussed in the following section. Ellis (2004) argues that it is impossible to separate therapeutic and research roles when one is working on emotional topics.

I acknowledged from the outset that I would not be able to remain completely objective during the research process as subjectivity often occurs without the researcher realising it (Robinson, 2011). In order to deal with my own subjectivity, I engaged in the process of reflexivity as do many other auto-ethnographers (Adams et al., 2015; Adams & Manning, 2015; Mertens, 2010). Reflexivity involves people looking back at their experiences, relationships, and identities in order to contemplate how they influenced their present work (Adams et al., 2015). In my own case, it involved looking at my own past experiences, the roles I had to fulfil, and my views and how they might influence the research process (Tracy, 2013). Mertens (2010) states that all researchers have a point of view, opinion, or way in which they see the world, and, rather than denying their background, they should celebrate it, as it shapes their approach towards various topics and research in general.



As an auto-ethnographic researcher, I did my best to explain my personal identity, limitations, how I viewed the world, and acknowledged how my experiences as a person guided me so that readers could understand scientific evidence, as well as my own subjectivity as researcher. This was done by writing personal stories, similar to a journal entry, in which I shared my own experiences, fears, and limitations. Some of these reflections are discussed in Chapter 6 where I consider the research process, what I have learned, and the challenges I faced throughout the study. This allowed me to refer back to the vignettes and create more awareness of my own subjectivity.

As primary participant and researcher, I strove to adhere to the above quality concerns. I aimed to provide thick descriptions of my own understanding in order to create meaning throughout the study.

The issue of enhancing quality research is discussed next.

### **3.8 STRATEGIES TO ENHANCE THE QUALITY OF A STUDY**

Qualitative research is underpinned by assumptions about reality that are different to those of quantitative research, with the latter's standards not being appropriate to evaluate qualitative research. Merriam and Tisdell (2016) argue that qualitative researchers should consider reliability and validity from a perspective that is in line with the philosophical assumptions underlying a particular research paradigm. Quality criteria in auto-ethnography are, firstly, to provide clear and detailed descriptions of how the data were collected and what counted as data in a study. Secondly, to provide clear and precise descriptions of how the representation of data was constructed, and, thirdly, to demonstrate that multiple sources of data were used. Lastly, qualitative research aims to show that the research resulted in change or contributed to scientific knowledge.

Two prominent qualitative researchers, Lincoln and Guba (1985), propose alternative constructs to establish the "truth value" of a qualitative research project. The constructs are credibility, transferability, dependability, and conformability, of which credibility is considered the most important (Schurink et al., 2011).

I discuss below how I strove to achieve instrumental utility, credibility, dependability, confirmability, transferability, and authenticity in order to ensure quality data in the study.

#### **3.8.1 INSTRUMENTAL UTILITY**

Instrumental utility, also referred to as the usefulness of an auto-ethnographic study, indicates how an auto-ethnographic study can be useful to others (Duncan, 2004). Eisner (1991) identified three ways of judging the usefulness of a qualitative study. Firstly, such a study is useful if it helps readers better understand a situation that may otherwise be confusing. For example, establishing a bond with a child in



play therapy and showing how to work through a therapy dog to establish that bond can be problematic, since it is not always accessible due to confidentiality in therapy. This auto-ethnographic study endeavoured to be descriptive and to provide a clear picture of how I made sense of my experiences of how I worked through my therapy dog. The auto-ethnographical tale in Chapter 4 shares my experiences and connects them to the literature.

Secondly, qualitative studies can be considered useful if they can help readers anticipate future scenarios or possibilities (Eisner, 1991). This study focused on my experiences; however, other therapists who would like to work with an animal in play therapy might be able to predict to some extent how they would be able to work with a therapy dog to establish a bond with a child. I use the words “to some extent” advisedly, as each therapist is different, each therapy dog is different, and each client is different. However by providing full descriptions and indicating exactly how I conducted the study, other therapists should be able to understand how I worked with my therapy dog and apply it to their practice.

Thirdly, Eisner (1991) suggests that a qualitative study is useful if it acts as a guide by highlighting certain aspects of a scenario that may otherwise not have been noticed (Duncan, 2004). Because of its descriptive nature, this auto-ethnographic study did serve as a guide about how I worked in therapy as well as about the techniques I applied. As mentioned earlier, I consistently aimed at being transparent, honest, and descriptive about how I worked in therapy, as well as about what I experienced and observed in working with a therapy dog to establish a bond between child clients and me in therapy. I continuously reflected on the process of my study, how I conducted it, and the challenges I faced during the study. This was done through my vignettes as well as in my auto-ethnographic tale in Chapter 4, and in Chapter 6, as I looked back on the research process.

### **3.8.2 CREDIBILITY**

Credibility can be seen as an alternative to internal validity, its aim being to show that the research was conducted in a manner that ensured that the subject was accurately identified and portrayed (De Vos, Strydom, Fouché, & Delport, 2005). It refers to trustworthiness and dependability (Lincoln & Guba, 1985) and, in the case of this study, to the trustworthiness and plausibility of the findings (Tracy, 2010). Credibility refers to the extent to which readers can believe the results of a study, as well as draw their own conclusions. Credibility can be achieved through thick description, triangulation or crystallisation, and multivocality and partiality (Tracy, 2010, 2013).

Thick description means providing a complex and expansive representation of the research topic, “showing data” to readers instead of telling, which allows them to draw their own conclusions (Tracy, 2010). Triangulation is used extensively in quantitative studies to facilitate the generalisation of research results (Nieuwenhuis, 2016). Crystallisation occurs when the results of a study are validated through the use of multiple methods of data gathering and analysis (Maree & Van der Westhuizen, 2007). Lastly,



multivocality can be seen as a manner of carrying out crystallisation – it involves analysing social action from various participants' points of view and highlighting the differences (Tracy, 2010).

In this study, I used thick description and crystallisation to provide detailed descriptions of my experiences and observations, as auto-ethnographies are highly descriptive in nature. I also supported my experiences and recollections with therapeutic process notes on the therapy sessions to ensure I shared them as accurately as possible. With a view to further enhancing the credibility of the research, I requested colleagues to scrutinise my data and findings and also sought the opinions of my supervisors. I believe that the in-depth discussions with my supervisors as well as my own personal thoughts throughout the research contributed to the study's credibility (Adams et al., 2015). Lastly, I endeavoured to be as transparent as possible in sharing the detailed research steps in the study, some of which I recorded in my research journal.

### **3.8.3 DEPENDABILITY**

As an alternative to reliability, Lincoln and Guba (1985) propose “dependability”. Dependability refers to the ability to replicate the data collection process of a study, with the expectation that the same results will be obtained (Lincoln & Guba, 2002). It is suggested that instead of aiming to achieve the same results, the focus should rather be on determining if the results are consistent with the collected data (Merriam & Tisdell, 2016). Here, as Jensen (2008b) points out, dependability may be problematic, since the research context often changes and evolves in qualitative research. In order to increase the dependability of a study, researchers should track any changes that differ from the design in the proposal (Jensen, 2008b). This tracking process is referred to as an inquiry audit, where an external agent later reviews the changes to ensure that the research design has sound methodological and theoretical foundations (Jensen, 2008b). The transparency and relevancy in this process increases the dependability of a study (Jensen, 2008b).

In this study, I aimed to ensure dependability by keeping records as thoroughly as I could during each phase of the research. The records included five vignettes compiled from my lived experiences, recollections, therapeutic process notes, and observations. They also included reflections on my personal experiences of the research process, my emotions, challenges, and meetings with my supervisors. I also kept an electronic record of all the e-mails, WhatsApp messages, and text messages I received from my supervisors in addition to engaging continuously with them to ensure transparency and relevancy.

### **3.8.4 CONFIRMABILITY**

Confirmability is the extent to which research results can be confirmed or corroborated by others (Trochim, 2006). Confirmability concerns the degree to which a study's results are based on the purpose of the research and not on any bias introduced by the researcher (Jensen, 2008a). For the sake of transparency,



the researcher should describe clearly how the data were collected and analysed. She should also ask research participants to review her interpretations to see if they are consistent with their own perceptions (Jensen, 2008a).

The aim of this study, as an auto-ethnographic study, was not objectivity, but rather the provision of an in-depth description of my experiences and memories in AAPT™. In the interests of transparency, I provided comprehensive descriptions of how I collected and analysed the data. Also, in order to ensure consistency in the reflections I shared, I asked a colleague to review my experiences.

### **3.8.5 TRANSFERABILITY**

Transferability occurs when readers feel that research findings correlate with something important in their own lives (Tracy, 2013). In other words, a study's ability to generalise its findings to other populations or settings (Lincoln & Guba, 1985), which may be difficult because of the nature of qualitative research (De Vos et al., 2005). However, I dealt with this difficulty through having multiple sources for the vignettes, which became the data for my study. As the main participant, I reflected on my experiences, memories, observations, and discussions with my supervisors. The findings in this study may in some cases be transferable, especially for a psychologist working in AAPT™. Transferability was, however, not crucial in the study, as the purpose was not to replicate results, but rather to provide rich descriptions of lived experiences of how a therapy dog facilitated the establishment of a therapeutic bond in therapy.

### **3.8.6 AUTHENTICITY**

Cohen, Manion, and Morrison (2006) list several fundamental types of internal validity, one of which is the authenticity of the data, which can be seen as the ability of the research to tell a story or report a situation through the eyes of the participants. Authenticity is demonstrated when researchers can prove that they have represented a variety of different realities in their research (Seale, 1999). In order to apply authenticity to this study, I had to be aware of my own perspectives and opinions, also appreciating the perspectives and opinions of my supervisors and peers. I had to ensure that I was being fair and thorough at all times.

Patton (2015) proposes also artistic and evocative criteria for authenticity in an auto-ethnographic study. I now discuss artistic and evocative criteria and how I dealt with them in this study, followed by an explanation of the writing style and presentation of the study.

### **3.8.7 ARTISTIC AND EVOCATIVE CRITERIA**

Bochner (2001) states that researchers associated with "the narrative turn" in social science accentuate qualitative inquiry's artistic and evocative characteristics. Patton (2002) argues that one should not regard



these characteristics as mutually exclusive or as ideal types: artistic criteria concern aesthetics, creativity, interpretive vitality, and expressive voice. Case studies become literary works where poetry or the performing arts, for example, can be used to intensify the audience's experience of the analysis. "Artistically-oriented qualitative analysts seek to engage those receiving the work, to connect with them, move them, provoke and stimulate" (Patton, 2002, p. 269). Also, creative nonfiction and fictional portrayals can cloud the boundaries "between what is 'real' and what has been created to represent the essence of a reality, at least as it is perceived, without a literal presentation of that perceived reality" (Patton, 2002, p. 269).

Artistic expressions of qualitative analysis attempt to provide an experience with the findings where "truth" or "reality" is understood to have a feeling dimension that is every bit as important as the cognitive dimension. The audience feels, as much as knows, the truth of the presentation because of the essence it reveals. In the artistic tradition, the analyst's interpretive and expressive voice, experience, and perspective can become as central to the work as depictions of others or the phenomenon of interest. I found writing this thesis far more challenging, difficult, cathartic, and illuminative than run-of-the-mill academic and evaluation reporting. Qualitative inquiry illustrative of this emergent approach includes the work of Bochner and Ellis (1996), Denzin (2000), Ellis and Bochner (1996, 2000), Goodall (2000), and Richardson (2001).

Throughout this study, I endeavoured to incorporate an evocative and artistic dimension in my writing. I focused on revealing myself (auto) by being honest and open and sharing how I made sense of different aspects of the study. In addition, reflexivity became important in promoting the quality of the research (W. J. Schurink, personal communication, October 15, 2011). Self-reflexivity refers to considering the ways in which a researcher's perspective, values, background, beliefs, and subjectivity can influence the research process (Tracy, 2013).

Richards (2008) maintains that the expert on lived experiences is the person living them, from which it follows that the researcher cannot be seen as neutral in this process (Hertz, 2006). Muncey (2010) states that expanding on the qualitative ideal of exploring individuals' stories in depth, auto-ethnographers appreciate that they cannot be separated from studying aspects of their own lives. Ellis (2000) believes that it is impossible to separate therapeutic and research roles when working with emotional topics.

According to Pathak (2013, p. 595): "To examine oneself and one's life in a way that fosters thoughtful, engaged, genuine, and rigorous critique requires immense time, introspection, honesty, and courage." Nevertheless, you need to do your very best. With regard to auto-ethnography and in particular its embracement of the autobiographical genre, the auto-ethnographer has "an explicit commitment to reflexivity as a means of generating and analysing data" (Curtis & Curtis, 2011, p. 282).





In applying reflexivity, I took care to be aware of my personal thoughts and actions and how they could influence the study and others around me (ethno). In sharing my experiences throughout the study, I had to be continually aware that others were implicated in my writing. Consequently, I obtained the consent of my family and friends to share their stories. As a psychologist and researcher, I had an ethical obligation to protect child clients with whom I worked in therapy. Focusing on my personal experiences, I changed certain details to camouflage their identities. I believed that by creating an auto-ethnographic tale to share my experiences, I achieved more distance between me and my clients.

I weaved analytic and evocative auto-ethnography together in an attempt to secure a balance between emotion, creativity, and methodological rigour, all the while actively seeking others' opinions, especially those of my supervisors. I also used creativity in the form of a story to share my experiences, which I believe will enable readers to relate more easily to some of my experiences. In addition, I discussed the findings with a friend and asked my supervisors, family members, and friends to read through some of my creative writing to let me know if it made sense, seemed authentic, and whether readers would be able to relate my experiences to some of their own experiences.

### **3.9 ETHICAL CONSIDERATIONS**

Research ethics are considered particularly critical in auto-ethnographic work (Chang, 2008; Ellis, 2000, 2016; Tolich, 2010; Tullis, 2013). Auto-ethnographic researchers' relationships are interconnected with those of other people; however, unlike researchers using other research strategies, they write about these relationships in detail (Wittig, 2013). Ellis (2009, p. 342), for example, states, "whatever you write has consequences", indicating the responsibility for ethical practice on the "self" of the auto-ethnographic researcher. When writing an auto-ethnographic story, the writer writes not only about himself, but also about others (Chang, 2016; Ellis, 2009; Wittig, 2013). According to Ellis (2007), the most important ethical challenge in auto-ethnographic writing is to consider the impact of the writing on those close to you. You should therefore acknowledge the power of your words and interrogate why you chose to tell your story in a particular way (Andrew, 2017).

In the following section, I discuss ethical considerations specifically in respect of auto-ethnography as well as more general ethical considerations such as informed consent; privacy, anonymity, and confidentiality; taking care of myself; and the ethical documentation required.

#### **3.9.1 ETHICAL CONSIDERATIONS IN AUTO-ETHNOGRAPHY**

Andrew (2017) proposes a set of ethical procedures to assist auto-ethnographers in their work because, in his view, auto-ethnography lacks a coherent ethical framework, especially for the writing of auto-ethnographic accounts or vignettes. He maintains that after writing and editing each vignette, researchers should re-read the vignettes with "ethical eyes" in order to orientate themselves towards the overall ethical



tone of the writing (Andrew, 2017). Researchers should therefore ask themselves a number of questions (see Figure 3.1) in order to guard against unethical writing (Andrew, 2017). After the texts have been read with “ethical eyes”, each auto-ethnographic vignette should be passed through two grids: an *exposure grid* and an *ideas and duties grid* (Andrew, 2017).

The aim of the exposure grid is to identify people or groups who are recognisable and could be criticised and/or exposed (Andrew, 2017). Here, people are classified into three groups of which the first is “known by name”, referring to people who could be identified by name in the text (Andrew, 2017). Second, “known by connection” refers to people whose identities are not directly stated but could be linked to the researcher via association, while “unknowable” refers to people who cannot be identified and who are unnamed (Andrew, 2017). The second grid focuses on passages of writing highlighted by the first grid, with the aim of making researchers conscious of their own values as researchers, the values embedded in the research methodology and, finally, the wellbeing of individuals mentioned in the stories (Andrew, 2017).

<p><b>‘Ethical eyes’ questions:</b></p> <ul style="list-style-type: none"><li>✿ Does anything in the text leap out as being potentially harmful to others (or me) if published?</li><li>✿ Was I venting, boasting, scoring points, maliciously undermining, or attacking people or organisations named in the text?</li><li>✿ Was I projecting my own neuroses onto the descriptions I had created on the page?</li><li>✿ Did I want revenge; to hurt and injure those who had in some way hurt me?</li><li>✿ What is my ‘gut’ response if I imagine this particular piece of writing being out in the world and read by the people mentioned in my writing and by those known to them?</li></ul>
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**Figure 3.2: Questions to ask in orientating a researcher’s global ethical mood towards a piece of writing (Andrew, 2017, pp. 95–96, 214)**

Ellis (2007), too, proposes guidelines for ethical consideration in auto-ethnography. She states that researchers should always consider the greater good of others and ensure that their writing does not affect others’ or their own lives negatively (Ellis, 2007). Researchers do not “own” their own stories, as others are also involved; therefore they should conduct research from an “ethic of care” approach (Ellis, 2007, p. 25). They should be aware of how they present themselves and be prepared to rewrite their work (Ellis, 2007). Lastly, Ellis (2007) maintains that there are no clear rules to follow and that over time there may be challenges on the journey, which researchers should be prepared to deal with (Ellis, 2007).

In this study, I endeavoured to adhere to the above ethical considerations. After I wrote each vignette on my experiences and observations, followed by an auto-ethnographic tale (a combination of the vignettes), I applied Andrew’s (2017) first step by looking at the texts through “ethical eyes”. I used the questions in



Figure 3.2 as a guide and answered them truthfully in order to consider others who might be affected by my writing, even though the focus was on me. The second step, as set out by Andrew (2017), included passing all the auto-ethnographic accounts through the two grids. I focused on the exposure grid that identified people throughout the study who might have been exposed or criticised (Andrew, 2017). The ideas/duties grid made me aware of my own values and the wellbeing of those mentioned in my recollections. Although the study was on my experiences and observations, I still considered the possibility of exposing anyone I might have worked with. I changed some details, names, and events in the vignettes to protect the clients I had based my recollections on, but, as mentioned, the focus was on myself and my experiences.

I bore Ellis's (2007) considerations in mind throughout the study, which also involved protecting others and considering how my writing might affect others. I obtained permission from my close friends and family members, to share my experiences which included them, mentioned in the study. I rewrote some sections, as suggested by Ellis (2007), in order to protect people who might have been identified through the study. In order to create even more ethical distance to protect clients, I compiled an auto-ethnographic tale from the vignettes. The tale was a combination of the vignettes, enabling me to share my observations and experiences through one tale or story.

### **3.9.2 INFORMED CONSENT**

Respecting human freedom comes with two conditions, namely that research participants must agree voluntarily to participate in the research and that the agreement must be based on open and full information (Christians, 2011). These are the foundations on which informed consent in research is built. As this study was an auto-ethnography and the research participant was me, I made use of several personal reflections and recollections, thereby also naming some of my family members and friends in the study. I duly obtained their verbal consent for including their names and some personal details in the vignettes.

As mentioned, I based this study on my observations and experiences in conducting five clinical cases. Even though I took care to protect identities, the focus in the vignettes and auto-ethnographic tale was not on the cases, but rather on my own personal experiences and observations and how I made sense of them through connecting them with the literature on the subject. I was not required to obtain permission from the Animal Use and Care Committee at the University of Pretoria, as in the study I reflected on my own recollections of doing AAPT™.

### **3.9.3 PRIVACY, ANONYMITY, AND CONFIDENTIALITY**

As an educational psychologist and therapist, confidentiality is particularly important to me. I need to observe confidentiality when working with clients, which means not disclosing information that is shared



with me in therapy, unless the person is in danger or other people or the public need to be protected (Allan, 2008). As the researcher in the study, I had to treat the information that was given to me in the therapy sessions as confidential (Mouton, 2001). Even though I made use of my recollections, interpretations, and memories, they might still have caused harm, embarrassment, or exposed people (Ellis, 1995); I therefore took care to hide identities as well as to apply the ethical considerations described in 3.8.1.

While auto-ethnographers have often grappled with how to protect others in their self-narratives, they have only recently started considering how to protect themselves (Chatham-Carpenter, 2010). I and my supervisors carefully considered which personal material to include in the thesis, which to modify, and how to present the material as well as my experiences to protect myself from harm.

#### **3.9.4 TAKING CARE OF MYSELF**

Auto-ethnographers often write to make sense or gain a deeper understanding of something for themselves, which then requires awareness of how to take care of themselves and how to handle tension and conflict with others (Adams et al., 2015). Throughout the study, I reflected my emotions through my writing in addition to having regular discussions with my supervisors. This supported me in dealing with some of the feelings and emotions that emerged during the study.

#### **3.9.5 ETHICS PROTOCOL DOCUMENTATION**

As the primary data source of this auto-ethnographic study, I had to ensure that the study adhered to the highest standards of ethical practice. Since the study was registered at the University of Pretoria (UP), it had to meet UP's standards of ethical practice (see the ethical clearance certificate, p. vi). I was not required to include other informed consent documentation as the study was based on my own recollections, introspections, and reflections on the AAPT™ therapy cases I had conducted in the past.

#### **3.10 SUMMARY**

This chapter covered the methodology used in the study. The methodological paradigms were discussed, as well as the methodological choices and data collection methods. The data analysis and interpretation methods were also discussed in detail, followed by the steps I took to ensure quality and trustworthiness in the study. The chapter concluded with a discussion on the ethically responsible research practices applied throughout the study. The next chapter focuses on data analysis.

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## Chapter 4A

### The Kalahari Crystal

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#### 4.1 INTRODUCTION

In this chapter, I offer a personal account of my play therapy experiences. More specifically, using a story, I share the knowledge I have gained as a play therapist and show how my dog Morkie facilitates a trusting relationship with child clients. I discuss the strategies I use when working with her and reveal how she acts as an attachment figure for children.

This story is set on our farm in the Green Kalahari in the Northern Cape Province of South Africa where I grew up and where I was exposed to the Afrikaans and Khoi San cultures. These two cultures are rich in stories of people, animals, and the environment. My parents used to tell my sister and me stories in which human characteristics were ascribed to animals. These stories became my frame of reference for observing, understanding, and interacting with others; they also taught me valuable life lessons. In my practice as an educational psychologist, I use fantasy play and story techniques to include Morkie in play therapy with my child clients. It was this natural inclination towards stories that led me to convey my research experiences, here, in story format.

To set the scene, I first introduce you to the different domains of my life through visual representations (Figure 4.1). As background, I use a photograph of the farm to show its physical setting of dunes, grasslands, and vineyards. The events and characters are the meaningful episodes and people in my life.



My interactions and roles on different domains

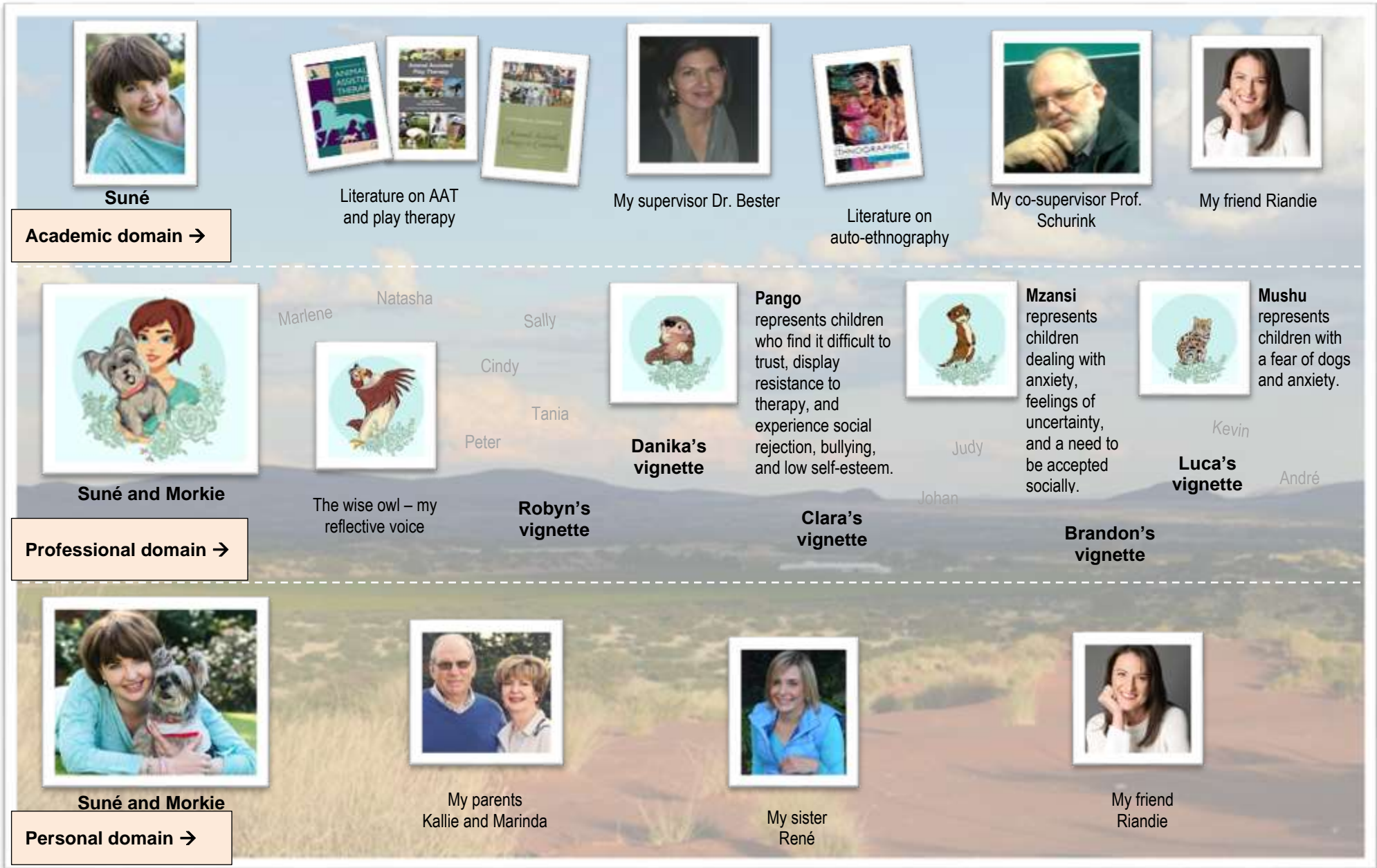


Figure 4.1: Collage or visual representation of my interactions in different domains



The personal domain represents my life and who I am, privately at home, as well as my relationships with those closest to me. The first photograph is of Morkie and me. Even though Morkie is my therapy dog, she also plays an important role in my personal life. Having Morkie in my life provides me with constant companionship, happiness, and laughter and has taught me how to love unconditionally, how to be patient, how to forgive, and how to live fully in the moment. I will forever be grateful for this little dog, and I will always strive to be the person I believe she thinks I am.

This domain also includes my parents, Kallie and Marinda, my sister, René, and my best friend Riandie. I firmly believe I am the person I am today as a result of my parents' influence and how they've brought me up. As mentioned earlier, they are both from the Kalahari and surrounding areas, and I inherited their love of animals and nature. Their influence has also helped me develop a vivid imagination where animals can talk and interact in human ways, which I still use in my practice today.

When we were growing up my sister was my best friend, and we've always had a close relationship. My relationship with my sister and my experiences with her influenced my decision to become an educational psychologist. A specific incident in 1996, when I was in Grade 6 and René was in Grade 4, stands out. It all started in her English class ... René was the type of child who thrived on compliments, praise, and feeling good about herself and her work. Instead, her English teacher shouted at her and humiliated and belittled her in front of the class. Trying to be more objective, I have to admit that I do not think that the teacher was targeting only my sister. My own experience in that teacher's class was the same, but I was able to deal with what seemed to be her teaching style. Perhaps I was more resilient and better able to deal with her unkind behaviour? I do not know, but it did have a traumatic effect on René when her book was flung across the classroom floor, and she was told that she would fail and would never achieve anything in her life.

René withdrew and did not tell anyone about what was happening at school. Slowly my vibrant, happy, and energetic sister was transformed into a quiet, sad, and scared little girl. Many hurts are softened by time, the great healer, and I cannot recall many of my thoughts and experiences about that awful period, only that I loved her so much and wanted to help her, but I was powerless. Eventually my parents heard what was happening at school from a young boy in her class, and they were able to take control and resolve the situation. René was moved to another school, diagnosed with symptoms of childhood depression, and treated by an educational psychologist. Fortunately, she adjusted well to life in her new school and soon started showing signs of the person we once knew. I believe that this experience was a strong motivator for me to pursue a career as an educational psychologist. I wanted to help families and children in similar situations and give them the support they needed. Hopefully, I am living up to this ideal today.



My best friend Riandie, who is an educational psychologist herself, is a friendly and caring person. We have a wonderful relationship and often support each other personally and professionally. She is a supportive and fun figure in my life. We can talk for hours and still have a lot more to say. We met at the University of Pretoria where we both enrolled for the master's course in educational psychology. Thirteen years later, we are still friends and colleagues.

The professional domain represents who I am as a therapist – how I developed into the therapist I am, the knowledge I have gained, as well as the challenges I have dealt with professionally. As a play therapist, different personal characteristics have influenced my professional life. These characteristics include being playful, fun-loving, caring, getting to work with Morkie, applying my love for animals, and using my imagination through stories. I added a sketched picture of Morkie and me in this domain as it illustrates how we are able to relate to the child's world of fantasy and play through play therapy.

To be a good therapist I need to be aware of my own behaviour, skills, and biases and to be able to reflect on my personal experiences. The owl in this story represents my reflective voice as a therapist. I specifically chose an owl as owls in stories often symbolise knowledge, wisdom, and good judgement. An owl's ability to see at night, making sense of a world that is dark and obscure to almost all other animals, resonates with me as I often have to use my intuition when navigating the unknown or unseen worlds of my clients.

My professional life background as depicted in Figure 4.1 shows the pseudonyms for the many child clients Morkie and I have worked with. The foregrounded five child clients are the clients that stood out when I reflected on my experiences of working with Morkie. I wrote a vignette on each of these clients using the pseudonyms, Brandon, Clara, Robyn, Danika, and Luca (see Appendix A). These vignettes reflect my personal experiences, thoughts, and challenges in working with Morkie during play therapy with each of these children. Writing these vignettes helped me structure my thoughts on how I worked with Morkie and also enabled me to express how I experienced working with Morkie on a deeper level. The process of writing the vignettes helped me process my experiences, as I initially found it overwhelming to recall each child's experiences, how I worked with Morkie, and what I learned.

I created three fictional animal characters in the story I tell later. They were a combination of the characteristics of the five child clients described in the vignettes. Pango represents children who find it difficult to trust others, are resistant to therapy, and experience social rejection, bullying, and low self-esteem. Mzansi represents children who have to deal with anxiety, feelings of uncertainty, and a need to be accepted. Mushu represents children who experience anxiety and a fear of dogs. These characteristics may also apply to other child clients; however, they all found it difficult to establish a trusting relationship with me, as therapist, within the play therapy context.





The academic domain covers the knowledge I gained from various scholars and the literature that guided the thesis. My discussions and reflections with my two supervisors are situated here. Also, Riandie my friend has fulfilled the role of peer mentor in my life as I often share ideas with her. She has been part of my journey with Morkie right from the start – when I began working with Morkie, learning, making mistakes and thinking of ways to incorporate Morkie into play therapy. As one of the few educational psychologists in South Africa familiar with AAPT™, Riandie’s input and knowledge have been invaluable.

The following section covers the three domains and the story of my lived experiences. The story starts on a personal level, with Riandie, Morkie, and me on our way to my family farm. Morkie and I then enter the professional domain in a dream I have during my visit to the farm. This part of the story is in the form of a fantasy. I chose a fantasy because I often engage with my clients in this way in play therapy with Morkie. We engage with animal characters linked to the “real world” clients who feature in my professional life. In our interactions with these characters, I share my experiences of working with a therapy dog. I present my academic domain in the dialogue with Riandie as my mentor and colleague discussing the findings of other scholars in the field of AAPT™. Finally, I allude to significant literature informing the thesis and to discussions with my supervisors on my experiences.

## 4.2 THE KALAHARI CRYSTAL DREAM

“Suné, the road seems endless,” Riandie remarks.

“This is the worst part of the entire journey,” I sigh, referring to the last stretch of road before one reaches Upington from where we have to drive another 60 kilometres in the direction of Keimoes and Kakamas before reaching the family farm. “I sometimes wonder why I dislike this part so much. Perhaps it is because of my excitement to get there and also because, having completed so much of the journey, one is close yet it still feels far.”

Staring at the straight road stretching out in front of us, Riandie laughs and says, “this sounds like your PhD [Doctor of Philosophy] journey.”

“So close, yet still so far,” I mutter, smiling as I look at my *vriendin* (friend), as we call each other.

“However, *vriendin*, you need to be given a lot of credit as it hasn’t been easy for you. You recently had to come to terms with losing your grandmother and two close friends. That would be hard on anyone, yet you remained strong. I am very proud of you!” Riandie says.

“Yes, it was very tough,” I reply, feeling an ache in my heart, as I think of them.

“You also had several health scares,” she adds.



“Only two, several sounds very serious,” I quickly respond.

“Okay, but the health issues were serious. First you had a melanoma, and then your appendix burst,” Riandie says with a serious expression on her face.

“Okay. I know I am downplaying it now, but you are right, it wasn’t easy at all. The melanoma was a huge scare, and I still have to go for tests every 6 months to see if it hasn’t spread to other parts of my body.” I pause for a few seconds as I overtake a car. “The appendix was the worst. I thought I was going to die.”

“How many days did you spend in hospital before they told you that your appendix had burst?” Riandie asks.

“Seven days; at first, the staff didn’t realise my appendix had burst,” I answer. “They kept telling me that I had swallowed some sea water while on holiday at the coast and that I possibly had a stomach bug. Then they told me it was stress and that I needed to relax. While all of this was happening, I was in considerable pain, and my stomach was swollen out of all proportion.”

I take a sip of water and carry on, “the doctor told my parents that I was not going to make it. It was that bad!”

“That must have been terrible for them,” Riandie says sympathetically.

Turning the vehicle to miss a nasty pothole, I reply, “It was. On the second last day, before I had the operation, I told my father that I was going to die. I did not remember this, but he told me afterwards. What I do remember is that on the first day of January 2013, an unknown surgeon, who had apparently just returned from holiday, walked past my room, saw me and asked the doctor in charge whether he could perform a laparoscopy. It was him who discovered that my appendix had burst and that I had severe septicaemia.”

“Vriendin,” says Riandie, looking serious, “that was God’s hand!”

“Without a doubt, God sent that surgeon. I will forever light a candle on the first day of January to thank Him,” I reply.

I stop talking when I see a sign indicating that Uppington is 10 kilometres away. The landscape is slowly changing and turning greener as we move closer to the town, Uppington. I am elated since I know that very soon vineyards will appear and then the farm will come into view. Also, I am looking forward to seeing my parents again, who have been on the farm for some time now.

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I invited Riandie to join me on the farm. We met during the selection process for the honours course in educational psychology, and we just hit it off. As mentioned, we have become really good friends and colleagues. We have a tendency to buy or wear the same kind of clothing (see Figure 4.2), which at one stage resulted in our sending each other messages on what we were going to wear that day to ensure we didn't look like twins! Riandie, an educational psychologist too, completed her practical work alongside me when I started working with Morkie. As she worked according to the school holidays, she did not have to take leave and was therefore able to join me on this trip to the farm.



**Figure 4.2: Best friends, Riandie and I**

I decided to spend time on the farm to work on the thesis without the normal interruptions of having to go to work, perform therapy, or run daily errands at home. In particular, I have found it difficult to write a chapter on my experiences over the past years in private practice working with Morkie. It is easy for me to talk about what I have observed and experienced ... but much harder to describe these experiences in academic terms. The farm has always been a place where I can clear my mind and make sense of my life, and it was therefore the logical place to retreat to when reaching this impasse.

“Riands, we are here!” I exclaim.

“We are?” Riandie cries out, looking around excitedly and pointing across the road, to my right.

“Yes, this is where it starts,” I answer as I slow the car down and turn. The tar road becomes a gravel road that winds through a few hectares of pecan nut plantations, after which we reach Quiver tree hill, which is adorned with beautiful Quiver trees. This hill is unique to our farm as it is rare to find so many quiver trees in such a small area (see Figure 4.3). The trees are so called because, traditionally, the bushmen used their branches to make quivers. Many beliefs surround these trees such as that they are blessed and bring good luck. Another belief is that there are diamonds under Quiver trees; however, because the trees are blessed, no one dares dig them up.





**Figure 4.3: Main road on our farm, also showing Quiver Tree hill**

As the wheels touch the gravel road, I hear a sneeze and a scratching sound from the back seat. “Morkie, you know where we are, don’t you?” I laugh because I know she is excited and wants me to open her travel crate door. She loves being on the farm and probably smells that we have reached our destination. Riandie opens the crate door, and Morkie hops onto my lap, popping her head out the window as I roll it down. I love having her with me and hug and kiss her on the head.





**Figure 4.4: Some vineyards on the way to our farmhouse**

The gravel road makes a crunching noise as we drive slowly to the farmhouse, passing lush green vineyards (see Figure 4.4). In a month's time the grapes will be picked, and this quiet scene will resound with hard work and excitement, as the entire year's work is aimed at achieving a good harvest. I park the car in a shaded area in front of the house, and Morkie jumps out as I open the car door. I hear my mother's voice greeting Morkie. My parents hug Riandie and me. As always, I feel loved and welcome. The long journey was certainly worth it!

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The next morning Riandie and I are up early and soon enjoying a cup of coffee outside at the braai<sup>7</sup> area. This area consists of a large circular platform and is located next to the Springbuck camp, with a fence separating the house from the camp. Sitting with my legs crossed, enjoying the morning sun, I say, "I will work on my thesis tomorrow. Today I am going to relax and enjoy the farm. Riandie, let's have a look in this camp next to the house," and I point to my right (see Figure 4.5). "We have a few springbucks and tortoises in there."

Riandie gets up and walks to the fence. "I see some springbucks," she whispers, as she doesn't want to frighten them. "Being a camp, I assumed it would be small, but it is really big, isn't it?"

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<sup>7</sup>A typically South African word for cooking or grilling food on an open fire.



“Yes, the animals have a lot of space. They can go up towards the dune or down into the dry riverbed where one often cannot see them,” I explain.

“Why do you keep tortoises?” Riandie asks, pointing to one eating some grass.

“We don’t really keep them,” I reply. “With the drought a few years ago, there was a food shortage. Tortoises started moving towards our house and the camp, noticing the water and food. We opened the gate, and they walked into the camp. Since then, they’ve been living here. Later on we built dams for them so that they can enter the water safely. In summer, some of the larger tortoises are found here, completely submerging themselves in the water.”

“What an interesting story,” remarks Riandie, sipping her coffee.

“Yes, in times of drought, when people in the area find a tortoise, they bring it to our ‘tortoise camp,’” I add smiling.

“Wouldn’t they want to leave, now that there is more food?” Riandie asks.

“Whenever some gather in front of the gate, wanting to get out, we open the gate. However, we find that after 3 or 4 days they return, waiting at the gate to re-enter the camp. Clearly, once they explore other areas, they decide it is much nicer to stay here,” I answer laughing.

“Yes, the grass isn’t always greener on the other side,” Riandie comments, smiling.



**Figure 4.5: Springbucks in the camp next to our house (left) and a tortoise (right) drinking water from a shallow dam**

“Riands, it is still early and not that hot yet. Would you like to join me for a short trip on the quadbike?” I enquire.

“Yes,” Riandie responds.



“Great, I’ll get the key.”

Riandie collects the coffee cups, and we both return to the house. As I pick up the quad’s key, Morkie jumps up from where she was lying on the couch and runs outside. I laugh and say, “Morkie loves the quadbike and that is where she is heading now. We will find her on the bike, ready to go!”

Morkie stands on the seat in front of me (see Figure 4.6), while Riandie sits at the back, holding onto the bars on the side of the bike. We drive off. I have my left hand under Morkie’s chest steadying her when I turn. I steer the bike with my right hand and push the accelerator with my right thumb. It is a lovely drive, and the cool wind in my face makes me feel free and relaxed. In the distance, I see some springbucks at the watering hole, looking up at us curiously. Far away, the mountains are coloured golden by the sun’s rays. They look amazing and breathtakingly beautiful.



**Figure 4.6: Morkie waiting on the quadbike**

In about 20 minutes, I slow down and stop the quadbike. After the vehicle’s noise, it takes our ears a few seconds to adjust to the sudden overwhelming quietness. Then, a few seconds later, we hear birds chirping, crickets singing, and bush leaves rustling in the breeze. Morkie starts exploring the area, probably looking for mice.

“Riandie, do you see that nest in the tree?” I ask, pointing towards a camel thorn tree (see Figure 4.7). As she nods, I continue, “It belongs to sociable weavers; large nests can accommodate up to 500 smaller nests.”

“That is a lot!” Riandie exclaims, as we walk closer to the nest, feeling the sand beneath our feet. “How on earth do they build such a nest?” Riandie wonders as she looks up at it.

“Nature is incredible. I can’t weave a nest with my hands, but a little weaver manages it with its small mouth and tiny feet,” I say, shaking my head. Despite our presence, birds continue to fly in and out of the nest.







**Figure 4.7: Sociable weaver nest**

As we walk back to the bike, I remark, “one often finds a falcon living in a tree close to a sociable weaver nest. The weavers have an interesting relationship with the falcon. In return for watching over the nest, protecting it from snakes, the falcon will eat a weaver’s chick, every now and then.”

“No!” Riandie cries out. “If I was a weaver, I would make sure that my nest is very far from the falcon. While it may be a good arrangement, I feel sorry for the poor chicks.”

“I know, I would have been a very sad little mommy weaver,” I say laughing, as we climb onto the bike. I call Morkie, and she jumps onto the bike and we head back home. The rest of the day is filled with laughter, reading books, and relaxing in the shade.

At about 7 o’clock we join my parents for a sundowner on the dune (see Figure 4.8). What a perfect way to end the day, sitting on the warm sand, with people I care for very much, and my dog. The rays of the setting sun paint the clouds and sky into a masterpiece, and I wish I could capture this perfect moment forever in my mind.







**Figure 4.8: Sunset on the red dunes**

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The following day I start working on the chapter I have been struggling with for weeks. I simply have to overcome this obstacle, as it is hampering my progress. I am grateful that Riandie understands and gives me the necessary space. She keeps herself busy reading, walking, and spending time with my parents.

It is already dark when I hear the sound of the “bakkie” (pickup truck) with Riandie and my father arriving home.

“Vriendin,” Riandie says, walking towards me, “we just saw a porcupine.”

My father smiles, places his hand on Riandie’s shoulder and jokingly says, “Suné is going to be jealous, she loves porcupines.”

“I am! I seldom see them! I cannot believe you got to see one!” I cry out.

My mother interjects, “Come on, the food is ready, you can continue your porcupine stories later.”

After dinner, Riandie is exhausted and goes to bed early. My parents also retire to their room, and I am alone with Morkie in the living room. I decide to work a while longer. The couch seems comfortable, and with my laptop, I make myself at home on it. Morkie lies down next to me, and soon her breathing changes to a deep, slow rhythm. My eyes feel dry and my eyelids are heavy. I blink a few times, but opening my eyes becomes more difficult each time I blink. Perhaps I need to just rest them for a few seconds....



“Come on Morks, let’s go!” I call as I leave the house. Morkie darts past me, hopping up and down with excitement. She really loves the outdoors. It is late afternoon, and I decide to go for a walk. This is the place I visit to clear my head and find peace. Sitting quietly on a red sand dune is therapeutic for me. Luckily, I have this little four-legged companion, who shares this love with me.

We walk out the gate and almost immediately my feet touch the red sand. Walking in the deep sand of the dune becomes more of an effort. Each step forward feels as though I am moving backwards as the sand shifts beneath my feet. Morkie does not seem to experience this at all. She runs up the dune effortlessly, making me feel like a sloth (see Figure 4.9). When I finally get to the top, I take a minute to catch my breath. I look up and, as always, the view is breathtaking. While I have seen this panorama countless times, I always find the wide stretches of land filled with golden grass moving slightly in the breeze, the red sand dunes, and ancient camel thorn trees totally captivating.



**Figure 4.9: Morkie waiting patiently while I battle to walk up the dune**

I start walking slowly down the dune heading towards the *windpomp* (windmill), a few hundred metres away. Morkie runs past me in the direction of the old well, which is just to the left of the *windpomp* (see Figure 4.10). My mother once told me that the well had been dug in the hope of finding diamonds. However, all that was found was rose quartz, known for its light pink colour. Not like in typical storybooks, the well is simply a large hole in the ground, with rocks fortifying the sides as it descends into the earth. I have tried numerous times to see the bottom, but it is completely dark.





**Figure 4.10: The *windpomp* and camel thorn tree, with the well in the shade, to the left of the tree**

“Morkie wait,” I shout. “Be careful of the well.” I raise my voice and start running towards the well. Anxious, I find Morkie standing at the edge of the well. She appears quite calm. Fixated on something in the well, she stretches her neck to have a better look and then slips and falls into the well.

“MORKIE!” I scream and, without thinking, jump after her.

I know that I am falling but am unable to reach the bottom of the well. Suddenly I start floating and come to a halt in front of a big wooden door, right next to Morkie. The door has an enormous rustic brass knocker, and I wonder what to do. I look down at Morkie, who also looks at the door. “Morks, you really scared me! What do we do now?”

“Perhaps we should knock,” Morkie says looking up at me.

“What?” I respond in shock.

“I said, perhaps we should knock,” Morkie repeats calmly.

“Mo-Morkie, you can talk!” I stutter, trying to make sense of this.

“I know!” Morkie says excitedly, “it must be this place. I like it!”

I take another few seconds to understand that Morkie can talk. I try to wake up because I am convinced, I’m dreaming. All of this is in vain. I look at Morkie and decide to take her advice and knock on the door. At first nothing happens, but then the door slowly creaks open.



We step through the door. I see an all too familiar scene – we are standing on our farm, right next to the well we have just fallen into. This time, however, everything looks like the animation in a children’s storybook. Looking down at Morkie, I see to my amazement that she has changed into a fairy tale character. I raise my hands and, to my great surprise, my skin is smooth and perfect. I think to myself, “maybe I have been spending too much time playing with children in my practice!” I laugh at this thought and decide to embrace the experience.

“Oh, my word Morkie, we are storybook characters!” I say excitedly.

“I know,” Morkie replies. “Look at my silky tail; it moves even better than my real one,” and she swishes her tail.

I giggle at this sight but realise that she is still my little Morks, even though she can now talk. “Morks, you look amazing ...”.

“Hoo-hoo, hoo-hoo,” we hear what sounds like the hooting of an owl. I feel goose bumps all over my body as it would be highly unusual to find an owl on our farm during the day. Then we hear someone saying, “finally you have arrived!”

We look to our left, and in the camel thorn tree next to the well sits an owl! He looks wise as he stares down at us. After a while, he continues, “welcome to this side of the farm. This is the enchanted side.”

“Enchanted side?” I ask without expecting an answer. “I didn’t know our farm had an enchanted side! This is amazing. Everything looks as if it belongs in a storybook, and animals can talk!”

“Hoo-hoo-hoo,” the owl laughs. “My dear child, we have always been able to talk, you just haven’t listened.” He ruffles his feathers, shifts on the branch, and says, “the reason I brought you here is because of the Kalahari Crystal quest.”

“You brought us here?” I repeat.

“Yes child,” he says, looking at me intently. “It is related to the Bushmen legend of the water snake.”

“Wait, what is the water snake?” asks Morkie, confused.

“Morkie, it is a legend of the Bushmen, and it is still believed today by people living in the Kalahari and close to the Orange river. According to the legend, there is a giant water snake living in the river, and on her head is a huge and very bright diamond. She wears it as a crown and is very proud of it. It is said that anyone who can get hold of this diamond will enjoy great happiness. However, one has first to outwit the



snake to get it. If you fail, and you get distracted by the brilliant shine of the snake and her diamond, she will lure you under the water, and you will be gone forever.”

“Has anyone ever been able to get hold of this diamond?” Morkie asks.

“No, I don’t think so,” I answer. “I have heard that the snake is dangerous, but will harm someone only if they intend to harm her. Apparently, she can take on many forms, such as turning into another animal and travelling in a *warrelwind* (whirlwind). Also, some people believe they have to ask her permission to enter into the river.”

“Did you do that when you were a child?” Morkie enquires.

“No, we just went ahead and swam in the river, so I haven’t ever experienced the water snake,” I answer, thinking back to my carefree and happy childhood. “Wait, what is the link between the Kalahari Crystal and the water snake?” I ask, looking at the owl.

“A secret bushman legend holds that the water snake first had a crystal on her head,” he answers. The owl looks to his left and then to his right, almost as if he wants to ensure no one can overhear him. “When she found the diamond, she loved it so much, she placed it on her head. The snake had to be very careful as it was difficult to balance both a diamond and a crystal on her head. She looked spectacular, but others also liked the diamond and crystal and, on several occasions, tried to outwit her to get hold of the diamond or the crystal. They pretended to be her friends but, to her shock, she discovered they were only after her diamond and crystal crown.”

The owl ruffles his feathers and continues, “as I said, she had to balance both the crystal and the diamond on her head, which became very difficult after a while. Unfortunately, her head wasn’t big enough, and the crystal kept falling off and eventually broke into six pieces. The snake was so upset about her shattered crystal that her tears and anger caused a huge dust storm, strong winds, and heavy rains, and the six crystal pieces were blown, flooded, and washed all over the Kalahari and the Orange river.” The owl pauses for a few seconds and adds, “the two of you are here to search for the six pieces of the Kalahari Crystal and to discover its mysteries. I had a dream about you and Morkie needing to pursue this quest.”

“Sorry, I don’t follow why we would want to find the Kalahari Crystal and solve its mystery,” I say politely, thinking that I have far more important things to do, like my thesis. However, I still hear myself saying, “what is the mystery, if I may ask?”

“According to Kalahari legend, once all six pieces are reunited to form the crystal, it will open and give you wisdom to solve all your problems,” the owl explains.





“That sounds amazing,” I reply, suddenly interested, while thinking I need all the help I can get at this stage with my thesis. Although I want to escape from this dream to work on my thesis, I also feel myself being pulled deeper into the dream. I hear myself ask, “so where can we find these crystal pieces?”

“Not so fast, my dear child. There are a few challenges in finding the crystal pieces,” the owl explains. “Because so many people attempted to steal the snake’s diamond and crystal, she has learned to distrust everyone around her. The storm that dispersed the crystals was filled with the snake’s tears of distrust. As a result, the crystals cannot be found merely by searching for them. Instead, they will reveal themselves only to those who trust one another, and only if that trust is as strong as the strength of a diamond. Moreover, those individuals, or in other words the two of you, will also have to complete certain tasks. Once you’ve completed them, only then will the crystals reunite and reveal themselves to you.”

“I can’t help but feel sorry for the snake – everyone should be able to trust someone,” I respond. “What are the tasks that we need to do?”

“You will require five stones of trust, as well as a complete t’Naba<sup>8</sup> act.” I giggle and think to myself, this owl really knows the Kalahari well. Only someone with extensive knowledge of the Kalahari will know what a t’Naba is. It is a rare brown truffle that is found in the dunes after heavy rains. I think back to my childhood, and how we often went digging for t’Nabas. A clue for finding one was a crack in the dune surface, which sent us racing towards it, to see who would find it first. I hear the owl clearing his throat, and I quickly refocus my thoughts.

“Once you have all five stones and you have completed the t’Naba act, the Kalahari Crystal will reveal itself to you,” the wise owl explains calmly. “Before you ask,” he says, holding up his wing, indicating that we need to wait, “I will tell you how to gain the stones of trust. The two of you,” pointing at Morkie and me, “will have to win the trust of two animals who need your help. As a result of unfortunate events in their lives, they find it difficult to trust others, and this isolates them. I believe you can help them if you work together as a team. Once you have succeeded in restoring their trust in others and have completed the t’Naba act, you will receive the stones of trust.”

I cannot help but think to myself, “no problem, I do this at work every day. Surely there is no difference between how I work with children to gain their trust, and how I’ll work with the animals.”

“I know what you are thinking, Suné,” the owl says. “Let’s see how things work out for you here on the farm.”

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<sup>8</sup> Pronounced with a click sound. A t’Naba is a rare underground truffle grown only in the Kalahari Desert. Two weeks after rain, locals dig in the dunes. A crack on the surface of the sand is often a sign that a t’Naba is present (<https://www.nabalodge.co.za/home.html>).



Shocked that the owl seems also to be a mind reader, I try to explain my thinking to him. “In my practice, I often work through Morkie to gain children’s trust. I am sure that I ...”

“Yes, yes,” the owl interrupts me, “use all your experiences, but I will also give you some signs that will help you gauge whether or not you are making progress in building trust.” He lifts his wing and waves it, which causes a gush of wind to blow over us. Then I feel something on my right arm, and as I look down, I see a bracelet on my wrist. It has five small rose quartz stones in it. This can’t be a coincidence, I think to myself, as the well Morkie and I fell into was once used to mine rose quartz.

“This bracelet represents the stones of trust and, depending on how you work with each animal, the stones will light up,” the owl explains. “I can’t tell you how to gain their trust, but at least you will know if you are doing something right or not.”

I touch the light pink bracelet. It is absolutely beautiful, and the smooth stones feel cold under my fingertips. It looks magical, and I am certain I can see sparkles deep inside the stones. I am excited and, having seeing that the bracelet has five stones, I am even more certain that I know what to do.

As if the owl is reading my mind again, he says, “like the Bushmen, you also have words in your body.”

“I know that saying, it is a bushman proverb<sup>9</sup>,” I reply smiling. “It refers to bushmen who often have feelings or premonitions when something is going to happen. Then they know what to do in advance.”

“Exactly, you have the answer to building trust inside you,” the owl replies. As if he senses that I need some time to think, he calmly directs Morkie’s attention to a bush close by where she will likely find some mice.

“Oh my, please can I go,” Morkie asks excitedly, wagging her tail at me.

“Of course, Morks,” I reply, knowing that she loves chasing but never actually catches any mice. “I’m going to sit here for a while.”

I watch her speed towards some bushes close to the *windpomp*. The owl flies towards her and directs her to the perfect place, and I can see her excitement as she bounces in-between the bushes, sniffing everything. As I sit down under the giant tree, I find an indent in the camel thorn’s trunk, providing the perfect place to rest my back.

My thoughts drift back to what the owl said, “you have the answer to building trust inside you ...”. If I already have the answer to this quest, I need to focus on what I know, which leads me to think how I work

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<sup>9</sup> See *Namibia: Land and Peoples: Myths and Fables* (Knappert, 1981).



with a child in therapy. I am convinced that building trust with an animal in this enchanted world will be similar to how I build trust with a child in my play therapy sessions. “Okay, how do I gain a child’s trust in therapy,” I whisper to myself. “Easy,” I work with Morkie and also ensure that the interactions and activities are fun and playful, as a child’s natural language is play. That is the first step I take to gain a child’s trust in play therapy. Suddenly, I see the first stone on the bracelet is glowing and it is beautiful. Now I definitely know what to do!

The following steps involve applying the four attachment concepts that provide a wide range of strategies and techniques I can use with Morkie to gain the child’s trust. I smile as I remember the academic term for the first, or in my case the second step: “*Secure base and haven of safety through the provision of a holding environment.*” This refers to creating a space in which a child feels safe, accepted, understood, and is free of judgement. Such a space resembles a mother’s care and how her child feels secure in her presence. If the child feels safe and secure enough, he or she will start to explore the surrounding world.

Thinking back to how I create a holding environment in play therapy with Morkie, I clearly see my large play room where Morkie and I have spent many hours. It is fun, warm, inviting, and has lots of colourful toys for child clients and Morkie. But most important is Morkie’s presence in the room. I believe her being in the room helps children feel safe and no longer alone. I have seen countless children enter the play room for the first time, feeling anxious, uncertain, and sometimes resistant to play therapy, but, on seeing Morkie, their worried expressions change into broad smiles.

Then of course there is the emotional safety of the child, and to achieve that, I always work through Morkie as the medium. I have found that when I initially work with a child, he seems more interested in Morkie, but when I express comments “coming” from Morkie, he pays attention and finds the environment less threatening. In order to promote the child’s emotional safety or security, I say aloud that Morkie seems to like him, as she wags her tail. I do this to create a space where the child can feel accepted and not judged, especially if this acceptance comes from Morkie. Children are usually eager to interact with her. I use another technique called suggestibility when I voice or suggest that Morkie feels safe in the room. This is indirectly aimed at making the child feel safe as he may feel more at ease if he knows that Morkie feels safe.

I remember that initially I found it difficult to comment on both Morkie and a child’s behaviour because I first had to observe the body language, interactions, and comments of the child. This is a skill I have grown into, and nowadays I believe I automatically observe the behaviour of both. Predicting what will happen in the session helps me keep them both safe, as well as gauge how the child feels.

“Hoo-hoo.”

“Oh my, you gave me such a fright,” I say looking up into the tree.





“I saw you were deep in thought,” the owl says, and I am sure I can hear some amusement in his voice.

“Yes, I am busy reflecting on how I build trust with a child, as I believe I can use similar techniques when working with animals.”

“Can you explain them to me?” the owl asks, and I explain my thoughts on the first and second steps to him, also showing him the glowing stone on my bracelet.

“You may have a point, Suné,” the owl says slowly. “And the third step?”

“*Affect mirroring*,” I reply. “In practice, I aim to match what a child feels through words – almost like a mirror for emotions. Morkie, like most dogs, has the ability to mirror what a child is feeling, based on her behaviour. She can smell and sense the child’s emotions. Thus, without even realising it, she will adjust her own behaviour to the child’s feeling. As I know Morkie really well and the child doesn’t, I explain to the child what Morkie is doing and why she is behaving in a particular way.”

“Why do you have to explain what Morkie is doing?” the owl asks.

“Because when Morkie mirrors or behaves similarly to a child, the child may not understand what she is doing or, even worse, misinterpret her behaviour. As therapist, I am able to interpret or understand Morkie’s behaviour, therefore I will then reflect the behaviour and feelings that I observe, to the child, in order to determine if my interpretation is correct. Also, to create awareness for the child of his feelings. Let me provide an example: I once worked with a child who showed signs of feeling depressed and seemed quite sad. I found it difficult to verbalise how the child felt. In our therapy session, instead of being the bubbly, cheerful, and happy little dog she normally is, Morkie simply sat in front of the child, staring at her. After some time, the girl remarked that Morkie’s eyes were wet and that she thought she was sad and crying. She wanted to know why this was the case and said she was concerned that *she* was making Morkie sad. I explained to her that Morkie has the ability to sense what she (the child) is feeling, and this was why she looked sad. The child then responded, that Morkie knows her really well. Therefore, I may have supported the child by explaining her behaviour and this, in turn, helped her to understand herself, acknowledge her feelings, and process them.”

“That is powerful and something really special,” the owl said softly. “I assume that when you explain Morkie’s behaviour to a child, or when you pretend a comment comes from the dog, the child is more open to discuss the challenges he faces?”

“Yes, that is absolutely correct,” I say, wondering how the owl senses these things. “When I project challenges or situations similar to the child’s onto Morkie, or allow the child to project onto Morkie, I create some psychological distance between the child and the challenges he faces, but at the same time provide



the child with a way in which he can communicate and work through his problems.” I smile as I think that projections have become one of my favourite ways of providing children with a safe psychological distance from their problems. They help children feel safe enough to interact and to express themselves. Working through Morkie provides the necessary psychological distance, so that the child does not feel threatened or overwhelmed.

“Children seems to love your Morkie,” the owl comments, and my thoughts return to our conversation.

“Oh yes, working through her helps me gain children’s trust much faster, without pressurising them,” I reply.

The owl nods, “of course, she is an animal and probably does not make them feel threatened in any way.”

“Indeed, Morkie really does assist me brilliantly, and as a therapist I absolutely love working alongside her,” I answer. “So, the following step involves supporting a child in developing awareness of Morkie’s feelings and needs, as well as in responding appropriately to those needs. In therapy with the child and Morkie, I comment on Morkie’s feelings, to help a child develop awareness of what Morkie is feeling. I comment also on how Morkie feels when a child does certain things for her,” I explain the fourth step, “*mentalising and reflective functioning*”.

“What kind of things can a child do for Morkie?” the owl asks.

“Pouring some water for her, giving her a snack, or teaching her new tricks. This is effective because it allows me to reflect on how Morkie is feeling. This in turn enables my child clients to develop not only awareness of how others feel but also eventually to explore their interactions with others and gain insight into themselves. When a child’s behaviour affects Morkie, I have found that the child is often more open to changing his behaviour, as the child values its interactions with Morkie.”

“Ah yes, then it spills over into the child’s relationships with humans, right?” the owl asks.

I nod and add, “this introduces the last step, ‘*non-verbal communication*’. Here, I focus on behaviour that a child can experience and feel on a physical level. Words are not always needed for this, as it involves touching, and Morkie interacting with the child. Therefore, at times, I verbalise Morkie’s behaviour as I work with the children. They do not always understand her or their own behaviour, so when I feel my comments will help, I add them.” I shift and feel the cool sand under my feet.

The owl nods, ruffles his feathers, spreads his wings, and flies in Morkie’s direction. He does not say anything, and I decide to wait and see what he is going to do. I still wanted to add that in our play therapy sessions, it is important always to have fun and, as far as possible, to choose activities that are playful.



When children have fun and play, they generally feel safe enough to trust and then eventually to process and accomplish the changes or events needed in their lives.

“Ah well, I guess I can always add it later,” I say to myself.

I see the owl returning and Morkie running towards me, smiling broadly.

“Hey Morks, did you have fun?” I ask as she jumps onto my lap and stands up against my chest.

“I loved it! So many smells and interesting things,” she says excitedly.

I laugh, hug her, and tell her that she is a very good dog. “Oh Morkie, I was thinking while you were away exploring, and I now know we can manage this quest. We will do what we do in play therapy with the children.”

I see Morkie’s face light up as she cries out: “We play!”

“Indeed, but remember we do much more!” I reply. “If a child comes to therapy, he is often unsure of what to expect. Most of the time he didn’t choose to come to therapy on his own – his parents or caregivers decided for him. We’ve seen this a lot in our practice, right?”

“We have, yes,” Morkie nods.

“I believe that each of these stones,” I go on, touching the bracelet, “represent a part of building a relationship with a child. But do not worry about that now, I will tell you what to do.”

“That is great, but before we continue, what about the t’Naba act?” Morkie asks.

“A t’Naba is a rare thing to obtain here in the Kalahari, but that is all I can tell you,” the owl replies.

“I know it is rare, because we’ve often dug for t’Nabas, but what I don’t know is what this rare act involves.” The owl looks at me, shrugs his feathered shoulders, and I realise that I need to figure this out on my own. As I have so much work to do on my thesis, I do not feel I have time to figure things out, but I decide not to push any further right now. “So, owl, the last question, which animals do we need to help?” I ask.

“Follow me,” he says and flies ahead. We have no choice but to follow him as best we can along the rough ground. He flies towards the red sand dune on the other side of the *windpomp*. Morkie and I have to jog to keep up. After a while, he lands in front of a giant bushy shrub the size of a small tree. Out of breath, we reach him where he points towards the shade under the bush. At first, I don’t see anything, but then I see something moving....



I slowly move closer and, deep under the bush, I see a young pangolin rolled up in a ball. Apart from his body moving slightly from his breathing, he does not move at all. I know a little about pangolins, and my mind races through facts I can recall. They are solitary animals, usually active at night, that sleep in burrows. They can roll their bodies into balls when threatened, wrapping their tails around their bodies. Apparently not even a lion can break them open once they are in that position. Most importantly, they are an endangered species and need protection.

The owl again gestures that we must follow him. This time he flies towards an enormous camel thorn tree and lands on a low branch. “So, that is Pango,” he informs us. “Only a teenager, he has already been through a lot in his short life.”

“What do you mean?” asks Morkie softly.

“Pango’s father was taken to a zoo, so he has lived with his mother and older brother up till now. Unfortunately, they found it impossible to cope with his behaviour at home and asked us to take him away. He now lives here in our little place of safety for animals that need support,” the owl explains, gesturing towards the dune.

“What behaviour did they find difficult?” I enquire.

“He didn’t obey any of the rules at home and was often disrespectful towards his mother. He is also very self-conscious about his appearance.”

“Why is that?” I ask.

“He once ran into a group of poachers who tried to remove several of his scales. Some people believe pangolins have magical scales with healing powers, but that is the biggest lie ever! As a result of the attack by the poachers, some scales on his back are missing or broken,” the owl explains.

“That is terrible!” I cry out. Morkie shakes her head in disbelief.

“Yes indeed. Oh, the other thing is, Pango also refused to go to school and wandered around the *veld*<sup>10</sup> during the day. No one knows where he went, but obviously it is dangerous for a young pangolin to be out on his own in the veld.”

“You have a school here? On our farm?” I ask the owl.

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<sup>10</sup> Open, uncultivated grassland in South Africa.



“My dear child, of course we have a school. How do you think the animals learn all their skills?” he replies, looking surprised.

As I listen to the owl’s description of Pango, I feel as if my mind is playing tricks on me. I think to myself, “I’ve lived and experienced this dream before ... I know this story.” Still trying to make sense of everything, I get a feeling someone is staring at me, and then I realise it’s the owl.

“Sorry, my thoughts wandered off.”

The owl nods and continues, “we have tried several other ways to help Pango, but he has been quite aggressive and uncooperative. I haven’t been able to find anyone else willing to work with him. That is where the two of you come in,” and he gestures to Morkie and me, “I dreamt that you will be able to help him trust others again.”

I look at Morkie, who nods thoughtfully and, looking in the owl’s direction, indicates that I need to answer. “Yes, of course we will try,” I say quickly.

“One more thing,” the owl adds hurriedly. “Morkie, please note that while you are able to talk to us, you will not be able to talk to the animals.”

“Why not?” Morkie asks, looking surprised.

“That is part of the challenge, my dear Morkie. I will see you a bit later to introduce you to Mzansi, the meerkat. I need to sleep a bit now. Owls are not supposed to be flying around in daylight,” he remarks, and with a soft, swooping sound, flies off and disappears from sight.

I look at Morkie whose eyes are as big as mine. “Morks, what on earth have we got ourselves into?” I whisper.

“Well, we’ve never worked with a pangolin before, but we have worked with many children. It is like you said earlier, we can do this,” Morkie replies. “I think you need to go and say hello to Pango. I will be here, enjoying the shade.”

“You are right, Morks!” I agree. I walk slowly towards the giant shrub. “Hello Pango,” I say, doing my best to sound friendly. He doesn’t respond and rolls himself into a tighter ball. “You do not have to feel scared,” I add, as he rolls himself into an even tighter ball. I decide to remain sitting and wait for a while in case he warms to me. However, after what felt like ages, there is still no movement. Perhaps I need to say something again, I think. “Pango, I am here to help you. I will not hurt you.” Still no reaction, I decide to take a break and walk back to Morkie.



Walking along the dune, I feel the warm sun on my skin. It is amazing that in this enchanted world I do not get sunburnt. The sun doesn't affect me as it would in the real world. I sigh, as my thoughts return to Pango. He is clearly hesitant to have any contact with me, and I can see why the owl needs someone to gain his trust. While I haven't experienced any aggressive behaviour, I suspect that he may be feeling insecure and scared. If Pango was a child, how would I have dealt with him in the therapy sessions, I wonder to myself. Suddenly, it dawns on me that instead of talking to him, I need to do what I usually do in my first therapy session, which is apply sand tray therapy. I often start a session by telling the child she or he can "build any picture in the sand box, using all the toys in the cabinet". Sand tray therapy may be really valuable here as I am not directly involved, unless Pango chooses to involve me. It is also less direct than talking to him, but he still gets a chance to express himself emotionally and to experience the calming sensory effect of working with sand and toys. Seeing that I am not directly involved, Pango may also not experience any fear of judgement. From what he has built, I should be able to gain some insight into how he is emotionally. I turn around and head back.

I place a few stones, leaves, and twigs in front of Pango. He seems to be curious, and I notice that he is looking at what I am up to. "Pango, my name is Suné, and I would like to help you," I explain. Remembering the owl saying that others had tried to help him, but without success, Pango is probably thinking that I am like the others who tried to help, and perhaps that is why he hasn't moved. However, he has not once looked at me directly. "Would you like to build a picture in the sand for me? You can use anything that is in front of you, and you can build anything you want."

Finally, to my relief, Pango moves a bit, nods, and slowly a trembling arm reaches for a stone. Still in a hunched position, and refusing to make eye contact with me, he builds a structure with the sticks that looks like a cage. After what seems an eternity, he stops and looks down at his creation.

"Are you done?" I ask softly, careful not to scare him.

He nods.

"You did a really good job, Pango. Would you like to tell me about what you've built?" But this time there is no response. As a play therapist, and looking at the scene he built in the sand, I notice a number of themes indicating his emotional state. From what he has built, I can tell that he may be uncertain and needs to feel protected. I notice too that he seems to need some structure in his life, which may be related to his need for protection, since he is probably finding it difficult to cope with all the changes in his life.

I decide to try again. "Would you like to tell me what you made?" I ask, but there is no response. In my practice, I have learnt to deal with long pauses, so I decide to wait a bit longer, but he rolls back into a ball. I understand that he needs to trust me before he will feel safe enough to tell me what he has created. I reassure him that he did really well and does not have to tell me about his picture at this stage. I inform



him that I will be back shortly, get up slowly, and walk towards Morkie who is stretched out on the sand dune enjoying the warm sunshine. She is fast asleep.

I sit down next to her, my head spinning with ideas to get through to Pango. I need to find a way to build trust with him to get him to feel safe. As the thought crosses my mind, I realise that I need to be true to myself and work in the way I would normally with Morkie.

“Hoo-hoo, hoo-hoo,” and looking up, I see the familiar face of the owl. “A penny for your thoughts, my child?” he says calmly, looking a bit sleepy.

“I am thinking about building trust with Pango,” I say, trying to keep my voice down so as not to disturb Morkie.

Nodding, the owl replies, “My dear child, please remember that Pango hasn’t had any positive relationships lately. So, his first reaction would be not to trust you.” He yawns and slowly closes his eyes.

I know he is right. I need to be patient and get Pango to feel safe. He reminds me of Brandon<sup>11</sup>, a boy I worked with several years ago. Brandon’s background was similar to Pango’s. He was 14 years old and had been removed from his home environment at his mother’s request. Brandon’s father was absent, and Brandon would refuse to go to school – he would disappear during the day and on one occasion encountered a group of teenagers who threw a benzine bomb in his face, which left him with scars across his face and hands. The first time I met Brandon he wore a hooded top, which he pulled over his face and, by crossing his arms, he shielded himself from me. He was hunched forward so that I could not see his face. He provided yes or no answers to some of my questions, and at times he would not answer at all.

Working with a child such as Brandon, who had lost trust in people, was challenging. I remember that after 4 weeks, he was still reluctant to interact with me. Initially, similarly to what I’ve done with Pango, I made use of sand play. Brandon built a picture every week, but what made the difference was when I started working with Morkie. Morkie’s presence, and how I worked through her, allowed Brandon to feel safe enough to start a trusting relationship with her, which eventually supported the process of interacting with me.

I am suppressing the urge to work on my thesis as I believe that this dream may help me in some way. There are so many similarities between my real-life experiences and what I am facing here. Surely I can do this, or rather we can, as I look at Morkie next to me.

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<sup>11</sup> Pseudonyms are used to protect the identity of child clients. Some personal details are also altered to conceal their identity.



“Morks,” I whisper and wait a few seconds. “Morks, wake up!” Morkie stretches and slowly opens her eyes. As she sees me, her ears go down and pop back up -- her typical way of acknowledging my presence and greeting me.

“Sorry to wake you Morks,” I say.

Morkie stretches a second time and yawns. “It’s okay, I feel so relaxed here I fell asleep. “What’s going on?”

“I need to ask you something,” I reply and continue, “do you remember when we worked with Brandon?”

“Sure, I do,” she answers, looking puzzled.

“Morks, the dream we are having is based on our experiences in play therapy! I’m not yet sure precisely how. Let me try to explain -- Pango reminds me of Brandon. He shows so many similar characteristics and has to deal with challenges similar to Brandon’s. I can still recall how difficult I found it to establish a relationship with him, until the day you accompanied me.”

“That was a special day, wasn’t it?” Morkie adds, wagging her tail.

“Yes! I remember Brandon’s smile clearly when he first met you. This after he had barely interacted with me over 4 weeks. Later, I learned that working with a therapy dog often supports the process of overcoming a child’s resistance to therapy.”

“Yes, that is precisely what happened,” Morkie replies. “However, I think he was probably surprised when he saw me, as he didn’t expect a therapist to have a dog.”

“Yes,” I laugh. “But also, if a therapist arrives with a dog, the therapist may appear more approachable. The child may reason that if the therapist can interact with a dog, she may be a nice person. The child may then be more open to therapy, thus decreasing his or her anxiety and resistance to therapy.”

“Then the next week, you used letters in Brandon’s session,” Morkie adds.

“Yes, he was willing to communicate through letters that came from you. It was a gamble because I wasn’t sure how he would react, but I simply had to find a way to communicate with him. Projecting the letters onto you enabled me to communicate with him – he believed the letters were from you, making him feel safe. I think he perceived me to be at a distance, which helped him feel comfortable. He responded so well to your letters that he even agreed to write back to you. That was probably the first time he was able to communicate his feelings to someone else,” I thought. I will never forget that day, as it changed me and how I work in play therapy. Actually, that day was a major learning curve in my life as I learned that





it was much easier to establish a relationship with a child by working through a therapy dog. Morkie just made gaining a child's trust, so much easier, and Brandon was more comfortable establishing a relationship with her. Dogs never judge people and always offer unconditional acceptance, which is why most people feel at ease with them.

"What are you thinking about?" Morkie asks, looking at me.

"Sorry, Morks," I said as my thoughts caught up with me. "What did you say?"

"I just said that Brandon loved working with me."

"Indeed, he did! I believe it motivated him enough to work with you and to participate in therapy. Also, he seemed to feel calm in your presence, I do too! I know from all my reading about dogs and therapy that dogs have the ability to lower people's anxiety, blood pressure, and allow them to feel calm. So, will you join me when I return to Pango?" I ask.

"I would love to," Morkie says, smiling and wagging her tail. "Let's go!"

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A while later, I find myself in front of Pango again, trying to talk to him, but with no success. He only nods a yes or no answer, or completely ignores me. Next, I plan to get him to build a picture in the sand as I believe he is familiar with this strategy, and he needs stability. Morkie is lying close to me out of Pango's sight, but where he can certainly smell her.

"May I please, please, please say hello to Pango?" Morkie begs softly.

"Let me check with him first, Morks," I reply, knowing that I need Pango to feel safe and in control of the situation. He has had enough instability in his young life.

"Pango, before you build your picture, I want to tell you that I have brought Morkie with me," I say slowly. "She is my little dog and is very friendly. She would like to say hello to you, but only if you are comfortable with it." Pango unrolls a bit, and I see him stretching his neck to get a better view of Morkie. He looks at her intently.

"Are you comfortable with Morkie saying hello to you?" I ask. "Otherwise, she stays here, next to me," I say reassuringly. He nods affirmatively, without saying anything. I look down at Morkie, nod too, and she walks over to Pango and stands in front of him, wagging her tail. He slowly unrolls from his ball and smiles broadly at her. This is the first time he has smiled, and he has no problem making eye contact with Morkie!



I take a step forward, but as he curls back into a ball, I retreat immediately, realising that I have to keep my distance, at least for now. Morkie sits down, not too far to him, waiting patiently. After a while, he starts unrolling again and begins walking towards her! He sits down next to her, watching her. Morkie lowers her ears quickly, then pops them back up, acknowledging his presence. After a few minutes, Morkie stretches towards Pango and starts sniffing at his scales. I hear a soft noise and see the scales moving as Pango giggles. It is clear that he enjoys Morkie's interest and slowly uncurls. After some time, I give him the option of having Morkie sit next to him when he builds his picture in the sand. My aim is gradually to offer him options, which, should he choose one, will boost his self-esteem and help him make choices. He whispers that he would like Morkie to sit next to him. Morkie, clearly very comfortable, moves close to him as he builds his picture. I notice that he glances at her a few times, and every time this results in a faint smile on his face.

As Pango finishes his picture, I ask, "can you tell me about your picture?" He does not answer, and I decide to use the technique I first used with the boy Brandon, and have used ever since in my practice, that is, pretending that the therapy dog is asking the question. This is like using a puppet or other toy. However, the difference is that a dog is a living animal, which I believe is much more effective since, by seeking interaction, the dog proves to children that he is interested in them. Also, children generally relate well to animals and seem to find them less threatening.

"What's that Morkie?" I ask, leaning over to her. "Oh okay," and then looking up at Pango, I say, "Morkie wants to know what you've built?"

Looking at his picture for a few seconds, Pango turns to Morkie, sitting right next to him wagging her tail, and says, "I made a house. There are spiders in it as well as army tanks, so the walls need to be strong."

"Morkie says you are really good at building a picture in the sand," I spoke on her behalf. "She also says that it looks as if you built really strong walls."

"Thank you," Pango whispers, looking at Morkie.

"Pango, Morkie and I have to leave now, but she wants to know if we can come and visit you again tomorrow?" I ask, again through the Morkie, but this time including myself.

"Yes," Pango replies softly while still looking at Morkie. I am pleased that Pango is less resistant to engaging with Morkie. Even more, he started to communicate, as he was willing to talk to her. At least he is starting to explore and express his emotions in a way that makes him feel safe.

As we leave, I notice Pango rolling himself into a ball again. Morkie and I decide to walk to an area on the dune that has fewer plants and less grass growing on it. The sand is warm from the last few rays of the



sun, and the red sand seems to have a golden glow. As I sit down on the sand, it feels even softer than I remember it in reality. Morkie starts digging a small hole and curls up into it. I lie back, feeling the warmth on my back.

“Morkie, this is the weirdest but best dream ever,” I say. “How amazing was it when Pango answered my, or should I rather say, your questions?”

“Hee hee,” Morkie chuckles. “It was indeed amazing.”

“I still get excited when a child, now also an animal, is willing to answer questions that I project onto you. I am just so happy that Pango felt safe enough to start talking, even if only indirectly. That is a huge step forward, Morks.”

“Do you think Pango trusts us yet?” Morkie asks, yawning.

“I do think he is starting to trust you and, through you, his trust in me will slowly grow as well,” I answer and notice that she is almost asleep. “Night Morks....”

As the sky fills with stars scattered across the heavens, I think how desperately I wanted to escape from this dream and that, strangely enough, I am no longer sure that is still the case. I have a feeling of belonging here, and perhaps I will gain the insight I require to continue with my PhD.

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“Wake up, wake up, wake up,” Morkie says.

“My goodness Morks, what is going on?” I ask, as I try to make sense of what is happening.

“We are still in the enchanted world!” Morkie shouts. “Are you hungry?”

Slowly, I push myself up into a sitting position. Then I remember the enchanted side of the farm and the animals. I smile, “you are a good dog, Morks,” and I praise her as her excitement is contagious. “To answer your question, no, I am not hungry, which is strange, but I guess we need to get going.”

We head back to the pangolin. As we arrive, I notice that he is watching Morkie intently. “Hi Pango, I have brought Morkie with me again.” Pango runs towards Morkie, who in turn also starts running towards him. As Morkie reaches Pango, she naturally assumes the play bow, bending down, bum in the air, and wagging her tail. Typical of an AAPT™ dog, she is very playful.

Pango gasps and pulls himself into a ball quickly. I immediately realise that he misunderstood Morkie’s behaviour and feels unsafe. The same possibly happens when he interacts with others. I know that as a



therapist, I need to explain to him what just happened and that there is no need for him to be frightened. Creating awareness and helping him process what he misunderstood may help him feel safe, support his social development, and social interaction with others. Again, I will work indirectly through Morkie, as Pango is already anxious as a result of what happened. As a client may feel exposed or embarrassed, the last thing a therapist should do at this point is address him or her directly. I will therefore pretend to be speaking to Morkie about how her behaviour may have affected Pango. Also, I need to keep my voice friendly and encouraging so that he does not think Morkie is in trouble. Hopefully, this will bring the message across that we are kind and friendly, but that we also make mistakes in life.

“Morks, I think you just gave Pango a fright,” I say gently. “He may be a bit concerned that you may hurt him, but I know you are actually showing him that you really like him. I know this because you are wagging your tail, showing that you are friendly. I can see that you want to play with Pango because you are even bowing down into a play bow. You go down into the play bow only if you really want to play with someone.” I notice Pango peeking at Morkie but then rolling back into a ball.

I wait a few seconds and then say, “Mmm, you know what Morkie, I think you feel safe with Pango, otherwise you wouldn’t have asked to play right now.” I hope to create a feeling of safety through using Morkie as a medium once again.

Pango unrolls slowly and smiles. Looking at Morkie, he whispers, “you really like me, don’t you?”

“Oh, she likes you a lot, don’t you Morkie?” I answer, feeling relieved at managing to get through to Pango. Morkie’s tail starts to wag, and I notice Pango smiling broadly. As I watch him stroking Morkie, I think back on my experiences in the play room with Morkie. Pango not only reminds me of Brandon, but also of a young boy named Luca. When Luca first came to play therapy, Morkie also ran to him, and he too got a fright, even though he had agreed that she could be in the room. I had to explain Morkie’s behaviour to him as he found it difficult to understand what she was trying to communicate to him. This also happened in Luca’s relationships with his friends; he often misunderstood what his peers were doing or why they were behaving in a certain way. After I explained what Morkie was actually doing, I remember Luca being very proud that she liked him.

At this point, I suddenly experience a tingling sensation on my arm and, as I look down, I see that the second stone in the bracelet has lit up into a soft glowing pink. I am bubbling with excitement as I think to myself, “we have received the second stone, acknowledging that with Morkie’s assistance, I have managed to provide Pango with a holding environment, a secure base and haven of safety!”

“Morkie look,” I whisper, “the second stone on my bracelet is glowing!”



Running towards me, she exclaims, “how amazing – we are one step closer to finding the Kalahari Crystal! What did we do to make it glow?”

“We created an environment in which Pango felt safe,” I answer.

“But Pango actually became frightened when I tried to play. How did that make him feel safe?” Morkie asks, looking puzzled.

“Yes Morks, Pango was frightened, but what did I do afterwards?”

“Well, you told me that you think Pango got a fright and then explained that I actually wanted to play with him,” Morkie answers.

“Exactly!” I say. “I spoke to you because I did not want to tell him that he misunderstood your behaviour, as he might then have felt unsafe, ashamed, or anxious. Instead, as typically happens in play therapy, when I pretended to speak to you, he heard the explanation, but it was done subtly through you.”

“So Pango felt safe,” Morkie confirms.

“Yes Morks, but there is more to it. I also reflected that you felt safe, which might have resulted in him also experiencing feelings of being safe. He clearly likes you, and I think he trusts you, so if you feel safe, it is reasonable to assume that he will also start to feel safe. Moreover, to create an environment for Pango to feel safe in, I reflected that you liked him. Experiencing that you accept him and that he is not being judged, he will also feel more secure and therefore safe.”

“Pango did not notice that you were doing these specific things?” Morkie asks.

“No, he didn’t, but as a therapist, I knew that I had to do certain things to make him feel safe. That is the magic of play therapy with you, Morkie. He was so unsure of himself, but just simply interacting with you and understanding your behaviour, gave him a sense of safety. The physical environment is also crucial in creating a secure base. The environment was fun as it had some twigs and stones, resembling toys, to make it inviting. Also, you were present in the actual environment, Morkie. You went over to Pango and sat next to him, which provided some form of comfort and sense of safety. More importantly, he wanted you to sit next to him, which indicates his interest in you.”

“Ah okay, yes. I remember all of that and, honestly, I also felt safe,” she replies, wagging her tail.

I smile at Morkie’s insight, and together we walk back to Pango. As we approach him, I see two small eyes blinking while he watches Morkie closely. As Morkie returns to Pango’s side, wagging her tail, he unrolls, stretches his neck to see her better while smiling at her.



“Pango, Morkie and I are on a special journey. She wants to know if you would like to hear about it,” I explain, hoping that he will answer the question if it comes from Morkie and not from me. He has been hesitant to talk to me directly, and I know from experience that he will feel safer if I direct the questions from Morkie. I don’t mind doing it, as the goal here is to gain his trust, and if this is the way to do it, it is fine with me.

Pango looks at Morkie and nods. “We are looking for the Kalahari Crystal because it will give us wisdom,” I explain, trying to keep my explanation easy to understand. “Part of the journey is that we help animals and make their hearts feel happy.”

“Maybe Morkie is scared that the animals will be mean to her,” Pango says while looking at Morkie. I am delighted that Pango is busy projecting onto Morkie, allowing him to express himself in a way that feels safe. This was the first time he spoke to me more directly, even though he was still not looking at me. I realise that this too forms part of the stone we have just received, enabling me to process these feelings with him and to support him further.

“Pango, you are right,” I compliment him, and he smiles broadly, still looking at Morkie. “Morkie you are lucky to have a friend like Pango, who understands you,” I reflect, wanting to reinforce and praise the pangolin for sharing his thoughts, in order to feel safe and valued. Morkie wags her tail at him.

“Pango, you are so good with Morkie, I wonder if perhaps you can help me to help Morkie?” I ask, once again working through my dog.

“I also want to help Morkie,” I hear a voice say behind me. Startled, I swing around and see a young, smallish meerkat.

“You must be Mzansi,” I say. She nods. Her body is rigid while moving from side to side, giving me the impression that she is nervous and uncomfortable. I say quickly, “Morkie, I think Mzansi wants to help you, but she seems a bit worried.”

“I bet Morkie also feels worried,” Mzansi responds while looking at her.

“I think she does,” I reply and notice that she didn’t want to be the only one feeling anxious. Clearly, Mzansi felt safer projecting her anxiety onto Morkie and having Morkie in the same situation. “How do you think we can help Morkie?” I continue to project, trying to see if Mzansi will tell me what she needs, once again, through Morkie.

Before Mzansi can answer, we hear, “hoo-hoo, hoo-hoo.”



Mzansi dives into a meerkat hole nearby, kicking sand towards me. I jump up, dust the sand off, and calmly say to her, “it is okay, it’s just the wise owl.” As she peeks out from the hole, I see the little meerkat slowly relaxing as she walks back to us.

“May I quickly talk to Suné and Morkie?” the owl asks, looking at Mzansi and Pango.

Mzansi nods and Pango, still in his little ball, whispers softly, “yes.”

Morkie and I walk towards the owl sitting in a nearby tree.

“You gave us a fright,” Morkie remarks.

“I am very sorry, I didn’t want to startle you,” the owl says, looking surprised. “But I had to see you to tell you about Mzansi. I didn’t expect her to find you!”

“She seems a bit anxious,” I voice my thoughts.

“Yes, she is a lovely little meerkat, but she is often very anxious, and at times she can be inappropriate in her interactions with others.”

“Inappropriate?” I ask, since this has various definitions.

“She can get overly excited, and at times she will do her best to get attention from others. This often upsets the other animals,” he replies.

“But why?” Morkie asks.

“Well, I think she just wants to fit in, which is normal for everyone. Keep in mind that she is a lot smaller than the other meerkats, and perhaps she feels different to them. Also, she finds school challenging because she is easily distracted and continuously asks her teacher for help. I will not be surprised if she is worried about something,” the owl explains.

“Mmmm, okay, we will try our best to gain her trust and support her,” I reply.

“Good luck, I sincerely hope you complete the journey,” he says as he stretches his wings and gracefully flies away.

“Listening to what the owl just said, Mzansi reminds me of Clara and Luca. Do you remember them?” Morkie asks.



“Yes, I do. You are right, Clara was also very anxious, which often affected her social relationships. She frequently acted in an inappropriate way to gain others’ attention.” Morkie nods, and I continue, “I remember her being so anxious that she struggled to interact with you. She was also not keen to discuss her anxiety, but what stood out was that she absolutely loved you. That made a huge difference, and even though she was reluctant to engage in therapy, the moment I started working with you, she was willing to participate. She even shared some of her feelings about her anxiety when she projected them onto you, thinking that you were also trying to deal with your own anxiety. Also, I remember she was very unsure of herself and often tried to get the attention of her friends, which frequently resulted in inappropriate behaviour on her part. I can still recall how she tried to hug her friends or made jokes about them, which they never appreciated.

“You know what, Morkie, now that I think back, both Clara and Luca reacted well to therapy. I recall continuously telling them how you were feeling and how their behaviour affected you. It worked well as they were both keen to be your friend and therefore had a good reason to adjust their behaviour accordingly.”

Morkie wags her tail, and I smile, feeling more assured that while I need to work on my thesis, I can’t do so straight away and have to focus on where I find myself right now, with Morkie and me walking back to Pango and Mzansi.

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“I know, I know! A hug will help Morkie feel less worried!” Mzansi shouts as she runs towards Morkie, throwing her arms around her neck. Morkie doesn’t enjoy hugs and moves away immediately.

“She hates me!” Mzansi cries, at Morkie’s reaction. I don’t know Mzansi that well yet, but I feel she may be transferring or directing what she has experienced with someone else onto Morkie. This often happens in play therapy, and it will be wonderful to help Mzansi move past it.

“Mzansi, Morkie does not really enjoy hugs. Did you notice she is moving away?” I ask, trying to make her aware of Morkie’s behaviour while also creating some empathy for Morkie. “Perhaps you can stroke her back, she does enjoy that.” I offer an alternative option as I do not want her to feel rejected. When working with Morkie in therapy, I am always mindful of her safety as well as the children’s or, in this case, the meerkat’s. Clients and the therapy dog are equally important, and their safety and enjoyment during sessions needs to be ensured. While I do not want Mzansi to experience rejection, I also cannot have her place Morkie in an uncomfortable situation. As therapist, my job is to remedy this situation.

Mzansi strokes Morkie’s back and smiles broadly as she, in return, moves closer to her again. “Wow Morks, you really like that, don’t you!” I comment while at the same time reinforcing Mzansi’s behaviour.





Looking at my dog, I am so grateful that she is so well trained. She stays calm and tolerates many things, making her ideal in play therapy.

Smiling, Mzansi remarks, “Morkie, I also don’t like it when someone touches my whiskers.”

“Everyone has something they don’t like,” I respond, “and as friends we need to understand and respect that”. I am happy that I can create some emotional awareness as this will hopefully also change Mzansi’s behaviour with her friends.

As Morkie licks her left paw, I say, “Morkie appreciates that you understand that she doesn’t like hugs, but she wants me to tell you that she likes you.” Knowing that I’ve reinforced how Mzansi’s behaviour affected Morkie, and also since Mzansi really likes Morkie, I believe I can take further advantage of this opportunity to highlight the importance of behaviour that shows respect for others. What is amazing about working with Morkie in this way is that Mzansi won’t even realise that we are actually engaging in therapy and dealing with an important therapeutic concept. To her, this is fun, and she is happy to interact with her new friend Morkie.

Mzansi giggles and replies, “Morkie really does like me. I like you too, Morkie.”

As Mzansi starts grooming herself, Morkie and I move over to Pango. I notice that he is no longer curled up in a ball but is sitting in an upright position watching us. “Pango, Morkie is still waiting for your answer,” I say and add, “she says that we need to find the Kalahari Crystal, and to find it, we need to work together.”

Looking at Morkie and, for the first time, turning to me, Pango whispers, “yes, I will help you.”

Morkie starts running in circles, twisting and jumping. “My oh my, Morks, look how happy and playful you are,” I exclaim. She makes a quick turn, and a wave of red dune sand flies towards us. Pango and Mzansi laugh loudly, and I join them. Morkie continues to run and play, so I look for a quiet place to sit down where I can still watch them. At this moment, I notice the third stone on my bracelet glowing, and I realise that we’ve managed four steps, “*affected mirroring*” being the fourth. I had explained Morkie’s behaviour to Mzansi and had also succeeded in explaining how Mzansi’s behaviour affected Morkie. In addition, I had projected onto Morkie by pretending she could speak when, in fact, I was actually talking directly to Mzansi.

Projection is very powerful, I realised anew. Mzansi became relaxed when I projected the challenge she was dealing with, as well as her fear onto Morkie. Pango also projected onto Morkie by saying that she might be worried that others might hurt her. This also contributed to the third glowing stone since we offered Pango a safer option by allowing him to project onto Morkie. This enabled him to share some of his own concerns indirectly, which supports the process of building a relationship of trust.



Later that afternoon, Pango decided to rest while Morks and I spent time with Mzansi. Again, I was struck by how much she reminded me of Clara. Working with Morkie to build trust with Clara had been very successful. She frequently projected onto Morkie, which helped her master her own anxiety, while also making her feel she was helping Morkie. I would then discuss her projections with her, and in a way process them with her by talking about Morkie.

As I look up, I notice that Mzansi seems anxious, fidgeting and frequently biting her nails. I get up to sit closer to her, albeit still a few metres away. Morkie walks over to her and starts pawing at her foot, making a sneezing sound, which is her way of drawing someone's attention when she wants something. Mzansi seems tense and with a soft voice asks, "what does she want?"

"Mmm, I think she is asking for something, perhaps some water," I reply, hoping to give her some control and power, which in turn should increase her confidence and also teach her that in social relationships one can care for and help others.

"Me, really? Okay," Mzansi replies as she gets up, runs across the dune, and returns with a small calabash filled with water. As she places it in front of Morkie, Morkie immediately starts drinking. This results in a broad smile from Mzansi.

"How wonderful Morkie, that Mzansi is helping," I say. "She is a good friend, as you were thirsty and she brought you water. I can see you feel happy and safe now. Good dog." Again, Mzansi smiles broadly, and I notice that she seems more relaxed. Perhaps it is because she believes that she was helpful, and/or because she believes she made Morkie feel happy.

Looking at her with a smile, I say, "Mzansi thank you so much for caring for Morkie. She really likes you, so I wonder if you can help me train her?" My reason for giving her the opportunity to help Morkie is to make her realise that she has choices. In play therapy, I often give the children choices, as the play room is a safe space for them to make a choice and to feel more confident when making one. This may also help them with future decision making.

"Why does she need help?" Mzansi asks.

"Well, I am busy training her to find things, and I welcome all the assistance I can get" I reply, but my reason is actually that I want children in a therapy session to interact and cooperate in an activity. This supports the building trust process and also makes them feel more confident about learning something new and achieving success.

"Yes, I want to help you very much!" Mzansi replies.



We must first find three flat stones and a small grass seed. The idea is to hide the seed under one of the stones and ask Morkie to find it.

After Mzansi and I set up the stones and the seed, she says, “okay Morkie, go now!”

Morkie eagerly jumps towards the stones, sniffs each one, and returns to the middle one, pawing it.

“I think Morkie chose that one,” I say, pointing to the middle stone. “Can you lift it, so that we can see if she chose the correct one?”

Mzansi lifts it and, indeed, it is the right stone. She does not say anything, even though she smiles. After another try, I reflect on the matter as I want to create awareness about how Morkie may feel.

“Wow Morkie, I see you are working really hard for Mzansi, and I am sure you would like to know that you are doing a good job.” I am grateful that I have trained Morkie to do various tricks as they’ve come to be very useful and fun in play therapy. Children often have so much fun teaching Morkie tricks that they do not realise that we are busy with therapy.

Mzansi smiles at me, and we repeat the trick, but no praise is forthcoming from the young meerkat.

“Well done Morkie, you are such a clever dog,” I say to her. “Morkie is wondering why you aren’t complimenting her? She is worried that you may not like her attempts to help you,” I say to Mzansi. Mzansi clearly loves interacting with Morkie, so if I use her interest in Morkie to encourage social interaction and empathy, she may respond well and be more open to change. I have read that children are more willing to self-regulate and work on emotional awareness when a therapy dog is present in play therapy. I am sure this will be the case with Mzansi as well.

“I do like her tricks and attempts to help me,” Mzansi cries out, looking at Morkie.

“Did you hear that, Morkie? Mzansi is impressed by what you are doing.” Turning to Mzansi, I ask, “do you like it if someone praises you for what you are doing?” She nods, and I continue, “Mzansi, Morkie also loves it, so maybe you can try to say good dog or well done?”

After another trick, I hear a very soft, “good dog” from Mzansi.

“Yay Morkie, did you hear that Mzansi complimented you!” I shout. “Aren’t you lucky to have such a good friend?” Mzansi smiles broadly and then keeps telling her that she is a good dog. Also, she seems to have calmed down regarding hugging Morkie, and rather strokes her.

Later that afternoon, Morkie asks, “did you notice how proud Mzansi was of herself and how she actually became aware that I also have feelings?”



“Yes Morks, she did well and so did you,” I say smiling. “I also think it may help Mzansi to interact with other animals, as she may be more aware of how they feel now.”

I smile as I notice the fourth stone starting to glow. I look down at the glowing stone, and I know why it has started to glow. As part of the process to gain the animals’ trust and build a secure relationship with them, I had reflected on Morkie’s feelings, created an awareness of her needs, and also guided Mzansi towards responding to her. Working together doing tricks and caring for Morkie had also helped Mzansi become more aware of Morkie’s feelings and how to respond to them. Staring at the soft glow of the fourth stone, Morkie and I know that we are getting closer to the Kalahari Crystal.

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Both Pango and Mzansi responded really well to our interactions and therapy, if one can call it such here in the enchanted world. We need to find a place where we can rest. Pango suggests an old camel thorn tree with branches touching the sand and providing some shelter. I start a small fire, and we listen to nature’s nocturnal choir. The crickets and frogs are performing at their very best, and I can feel my whole being slowly coming to a peaceful rest.

Suddenly there is a loud YAP and a high-pitched howl that disturbs the peaceful evening! It is a jackal’s call! Pango rolls himself into a ball and Mzansi screams. Morkie and I immediately move a bit closer to them to support them. Through all the chaos, I notice Pango moving closer to Morkie, and after a while I see him stroking Morkie’s fur.

“That jackal sounds quite far away, but fortunately we are safe here by the fire,” I say, trying to calm everyone.

“Also, we are safe being in a group, aren’t we?” Morkie asks, looking at me.

“Indeed,” I say, nodding my head.

“I do feel safe and not as scared as I would have been if I was alone,” Mzansi remarks.

I smile, as we all start relaxing and listening to the evening sounds of nature. We soon drift into a peaceful sleep, dreaming of dunes, animals, friends and happiness....

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Early the next morning, we wake up with Mzansi hopping up and down excitedly announcing the dawn of yet another new day. “Wake up, wake up, wake up,” she shouts. “It is a beautiful day!”



Clearly not a morning creature, Pango cries out, “quiet! I feel like burying you in the sand!” He stretches and his scales make a noise as they rub against each other. “I think I understand why I felt safe last night, even when there was a jackal close by,” he remarks.

“Pango, Morkie wants to know why you say that?” I ask.

“I wasn’t alone,” he answers. “I was raised with the rule that pangolins are solitary animals that should live on their own. But I realised last night that I do not like being alone. Knowing that Morkie likes me and was lying next to me made me feel safe.”

I smile at Pango as I can see he truly has grown a lot through our interactions. Morkie moves closer to him, placing her paw on his arm.

“Ah Morkie, that is really nice of you to show Pango that you care about him,” I say to reinforce Pango’s feelings of being accepted.

“I also feel I belong,” Mzansi says softly. “Often other meerkats tell me that I worry too much, or that I am too busy, which I really cannot help. Being here with you helped me appreciate that I can be myself and that I can be accepted.”

“Relationships are important, aren’t they?” I remark. Everyone nods.

“So where to now?” asks Morkie.

“Honestly, I am not sure where we need to go now,” I reply.

I notice Mzansi’s breathing becomes faster, and she starts pacing up and down.

“Mzansi, you seem a bit upset. Morkie wants to know why you are upset,” I reflect.

“I am,” she says, and places her left paw close to her mouth. She starts biting her nails.

“Would you like to tell us about it?” I ask.

“I just feel very worried that we do not know where to go.” She is anxious and continues, “why do we not know where to go? What will happen now?”

“Okay, you are allowed to feel a bit overwhelmed,” I say as I try to validate her feelings, “but perhaps we can first do something to help you feel less worried?”

“What do you have in mind?” Mzansi asks.



“Sometimes it helps Morkie to imagine the worry, draw it on the sand, and then jump on it to destroy it. Alternatively, we can do some calm breathing.”

“I think the drawing and jumping will help,” she answers and starts drawing a picture in the red sand. After a while she looks up and announces that she is done.

I walk over to her and ask, “are you ready to jump on it?” She nods and we both start jumping. She jumps really hard and focuses on landing exactly on the drawing.

Without any warning, Morkie joins Mzansi in jumping. “She wants to help me!” Mzansi cries out, jumping up and smiling.

“She certainly does,” I say, smiling broadly. This is one of the amazing aspects of working with a therapy dog – Morkie has just symbolically helped Mzansi battle her anxiety. Also, I am really grateful that I trained Morkie to jump. When a child or I jump, it generally turns out to be very useful in therapy!

After a while they both stop jumping. “It worked. I feel so much better. Thank you Morkie,” says Mzansi, sounding a bit out of breath. Then pointing at my arm, she shouts, “look at your bracelet!”

We all look at the last stone glowing. How remarkable; I marvel how emotions are also a bodily experience. Morkie had demonstrated non-verbal communication, enabling Mzansi to experience a sense of belonging and security.

“Now what, Morkie?” I ask.

“I don’t know, I guess we have to complete the t’Naba act.”

“Yes, but I do not know what that is,” I reply, frustrated.

Suddenly we hear a rustling in the bush next to us. As we turn to look at what is causing the noise, we hear a loud hissing sound.

“It sounds like a cat,” Morkie says surprised, cautiously walking towards the bush. As Morkie gets closer, the hissing becomes more intense and develops into a growl.

“Morkie wait, that really does sound like a cat,” I say. “I don’t think she likes you.”

“Oh, that is Mushu,” Mzansi exclaims right behind me. “She doesn’t like dogs at all. I don’t think she will be able to fit into our group, especially since we have a dog in the group.”



“Can you guys give me a little bit of time with Mushu?” I ask Mzansi and Pango. They agree and move towards an open space on the dune where they start playing.

“Morks, I know Mushu is not part of the quest, but we need to see if she’s okay,” I explain. “I have always been fascinated by black-footed cats. They are the smallest wild cats in Africa and are classified as vulnerable. Unless they are protected, they are likely to become endangered. Also, they prefer digging in the sand, compared to climbing trees, and they are highly unsociable.”

“Mmmm, and scared of dogs,” Morkie adds.

I laugh at her remark and then remember Danika. “Morks, I think we can help her. Do you remember when we worked with Danika?”

“Yes, I really liked her. She was actually also scared of dogs,” Morkie answers. “But please don’t put in my crate again. I love my crate, but I really wanted to play with Danika and I couldn’t.”

“I know Morks, but even though you had to stay in your crate for Danika’s sessions, it was actually very important, as eventually you still helped her. Do you remember how we worked with her?”

“Well, at first I wasn’t even in the room,” Morkie replies.

“Yes, because she was scared, I wanted her to feel she had control over the situation. Children with such fears often feel they have no control over them, so I reassured Danika that she was safe and that you were in another room in your crate. I was actually surprised at how curious she was about you. She kept asking about you, what you like, what you would do, and eventually asked if she could see you. That is when I took her next door to ‘meet you’. She then asked if you could come into the therapy room, still in your crate.”

“I was actually surprised at how much she interacted with me,” Morkie responds. “She kept on asking you if she could show me her drawing or play dough creation. She even gave me treats, and I remember I licked her hand once, which she loved.”

“Yes, I then taught her about dog behaviour as I thought it would give her more stability and help her understand why dogs behave the way they do. Danika enjoyed the technique where she had to pretend to be a tree. Even though she attended therapy because of her fear of dogs, I was actually able to work through you to reach her. Honestly, that went against most of the literature, which states that you should not be in the room if and when a child has a fear of dogs.”

“Maybe you are right, staying in that crate was eventually a good thing,” Morkie concedes. “So, what about Mushu?”



“Perhaps I can use the same approach and first ask her permission for you to be close by,” I reflect. “I think we can use the same techniques we just used with Pango and Mzansi to build her trust, even if you are not able to touch her.”

“Okay, let’s do it. I will go to the other side of the dune so that I cannot scare her,” Morkie replies, and I walk slowly towards the bush where Mushu is hiding.

As I approach, I hear a hissing sound and Mushu saying, “I don’t like dogs.”

“Okay, that’s fine. Morkie, my dog, is not here with me right now, Mushu. You are safe,” I reassure her.

There is a rustling of leaves, and slowly she approaches me. She has the most beautiful green eyes, and I am again surprised at her small size.

“Hi Mushu, my name is Suné. I am here to help animals feel happy in their hearts.”

“Hi,” she answers, cautiously looking around. “Are you sure your dog isn’t here?”

“Yip, she is on the other side of the dune. Her name is Morkie.”

“Is she a friendly dog, or does she bite?” Mushu asks.

“Oh no, she does not bite. She is very friendly, loves all animals, and really likes playing with them. We do not have to work with Morkie – she can stay on that side, and we can work on this side. Would you like to scratch out a picture on a piece of wood?”

“Yes, but if she really doesn’t bite, she can come here, I don’t mind,” Mushu says, clearly showing some interest in Morkie.

“Mmmm, okay. What if I build a tiny stick pen for Morkie, and she stays in it?” I ask, wanting to create a secure environment where Mushu will feel safe, physically and emotionally.

She agreed, and when I had finished the pen, Morkie hopped into it. As we made our wood picture, Mushu kept asking questions about Morkie. She also seemed to relax in Morkie’s presence, which often happens in play therapy with a dog. The dog’s presence alone, has been found to support relaxation and feeling calm. I then started making comments on behalf of Morkie, similar to how I had done with Danika.

“Wow Morkie! Mushu is working super hard on her picture. She is really good at making pictures,” I comment on behalf of Morkie. Mushu smiles and glances over towards Morkie.

“Do you like my picture, Morkie?” she asks, holding it up for Morkie to see.





“Morkie says she loves it,” I reply, and Mushu smiles broadly, looking quite happy with herself. “Do you see her tail wagging? That means she likes you and is feeling happy.”

“Oh,” says Mushu. “I think people or animals may think Morkie is a mean and angry dog, but she actually wants to be friends.”

“I think you may be right,” I answer and notice that she is also projecting her own feelings and experiences onto Morkie. “How do you think that makes Morkie feel, if she is misunderstood?”

“Sad and lonely,” Mushu answers.

“That is not a nice feeling, hey, Morks,” I say. “Perhaps we can work together to make you feel better?” I point, and Morkie immediately touches her paw to where I point. “Morkie agrees with what we are saying.”

“She just needs to tell people and animals that she is actually a friendly dog,” Mushu adds.

“Morkie, that is a brilliant idea! I think from now on we need to practise saying ‘hello’ to everyone and being friendly, so people will not misunderstand you,” I say to Morkie. “Thank you for caring for and helping Morkie, Mushu.”

“Dogs aren’t that bad, I guess,” Mushu replies. “But I still don’t want to touch her.”

“They aren’t, but you don’t have to touch her, if you don’t want to,” I reassure her. Mushu climbs onto a dry branch so that she is out of Morkie’s reach, and she asks me remove some of the pen sticks to let Morkie out. She laughs at Morkie jumping and playing in the sand, saying that she is funny and makes her laugh.

Suddenly my bracelet glows very bright; brighter than ever before!

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The glow is so bright that Pango and Mzansi rush towards Morkie, Mushu, and me.

“Aaaah, Pango, you are glowing!” shouts Mzansi.

Pango looks at his body, and smiling at Mzansi, shouts: “So are you!”

Suddenly I realise that Morkie, Mushu, and I are also glowing. The glowing cloud moves up to our heads and swiftly leaves our bodies, hovering right in front of us. Mzansi in vain tries to catch it.

“Look, the cloud is changing into something,” Pango observes.



We all stare into the glowing haze, and I see six small crystals slowly forming.

As if Morkie can read my mind, she says, “the crystals are reuniting, as we developed trust...”

The crystals move closer to one another and in a bright flash turn into a single crystal. A burst of light from Mushu’s side moves towards the seed and, as we look down, we see an enormous rock appearing out of nowhere, settling in the middle of our circle.

“That is not the Kalahari Crystal, only a rock,” Morkie remarks disappointedly.

“Wait Morks, look closer, there is a sparkle in the middle of the rock.” Moving closer, I see small purple crystals appearing and they are sparkling. Then it dawned on me: This is the Kalahari Crystal!

“So now we will know what truly matters in life,” says Morkie.

“Yes, Morkie, we will know what makes us happy and what matters the most. We only need to look into the crystal.”

“I want to go first,” cries Mzansi. We watch her as she gets up, stands over the crystal, and carefully looks down into it. “Huh?” she utters, “it can’t be! It’s me. I will make everyone happy.”

“No, no, no!” says Pango, and in his eagerness gently pushes Mzansi out of the way to get his turn to look into the crystal. “You are wrong, Mzansi, it’s me, I am going to make everyone happy!” he exclaims.

“Morkie, now it is your turn,” I say, as I watch her moving closer.

“It is me!” says Morkie, moving out of the way to allow Mushu to have a look.

After climbing down the branch, Mushu also stares into the crystal. “I think it is me!” she says, and quickly rushes back up onto the branch, allowing me to get a turn.

As I look down into the Kalahari Crystal, it sparkles with purple shimmers, and very clearly, I see my own reflection in the crystal. “I think it is me!” I say to the others. “I will make everyone happy.”

“Hoo-hoo. Hoo-hoo!” Startled, we all jump up, not expecting the owl.

“Hoo-hoo-hoo,” he hoots again. “You are all correct, but you are also all wrong.”

“Huh,” we all exclaim together.



“My dear children, how wonderful to see how happy you all are. The image you saw in the crystal is truly you – only you can make yourself happy, and only you have the wisdom to solve your problems. The power is in you!” the owl says.

Morkie is the first to break the silence. “This is amazing! I didn’t realise I had so much power, but at the same time I realise it goes with responsibility.”

I nod.

“This really makes me feel special,” Mzansi says softly.

Everyone seems to be filled with happiness, feeling as if they have received the greatest treasure of all.

Looking at me, the owl asks, “do you realise what the rare t’Naba act was?”

“I think so,” I reply. “Morks and I did something that was rare and out of the ordinary.”

“Which was?” he asks.

“Well, Mushu was terrified of dogs, and I didn’t think it would be possible to build trust between us while working with Morkie,” I reply.

“Yes, but child that was also a selfless act. You didn’t force Mushu into a relationship with Morkie, instead you made her feel safe and in control.” The owl takes a deep breath, nods, and I notice that he seems proud as he fluffs his chest feathers.

“Well, Morks, I guess our journey is complete, and it is time for us to go back to our world,” I say.

“I guess so,” Morkie agrees, looking up at me and smiling.

We all say our goodbyes. Mzansi, Pango, and Mushu seem happy and feel they have received a treasure. The owl gives us one last gentle nod before flying away. Morkie and I head back to the well. As we get closer, the giant wooden door swings open. It looks different than before – instead of our needing to climb out of the well, a beautiful bridge between the enchanted world and the real world awaits us!

“Wow! Morkie, it is quite unbelievable that so much has changed in such a short time.”

“Indeed, but as always, we will deal with the future together. A good relationship remains the most precious thing, allowing everything else to grow,” Morkis says with a broad smile.

“Well put, you are such a clever dog!” I praise her as we cross the bridge back to reality....



## Chapter 4B

### The Awakening of Insight

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As I wake up, I find it strange to see myself lying on the couch in our farmhouse with Morkie next to me. “Hey, Morks,” I whisper. She lifts her head looking at me, but no sound comes from her mouth. Confused, I repeat, “hey Morks”. Slowly she wags her tail, making the “tuk-a-tuk-a-tuk” sound I know so well. I quickly lift my hand and notice that my smooth, perfect, enchanted skin is gone! “Oh no, Morkie no longer talking and I having lost my beautiful skin means I dreamt it all! But it felt so real!” I mutter to myself.

I move slightly and feel my muscles ache from sleeping on the couch. I stretch my legs and arms and yawn. The house is quiet. Everyone is still sleeping. I slowly get up from the couch, careful not to make a noise. I instinctively move towards the kitchen as I need coffee to wake me up! My hand finds the light switch on the wall, and the fluorescent light in the kitchen flickers three times before it settles. I press the power button on the kettle, and as I look up at the giant clock ticking away on the wall, I notice it is early morning, just past five. As the kettle begins to boil, I can hear the birds in the background. So many different sounds of cheerful birds, already starting their day’s work!

My thoughts return to the dream. Although I often dream, I have never had such a vivid dream as the one last night. As a psychologist, I can’t help thinking about Sigmund Freud’s theory on dream analysis. He viewed dreams as a window into the subconscious mind. Last night’s dream speaks volumes about what is most prominent in my mind at the moment, as a warm feeling comes over me.

The boiling kettle’s switch “clicks” me back into reality. The water is still bubbling as I pour it into the cup. I enjoy the familiar coffee smell filling the air. I fetch milk from the fridge, add it to my coffee, and place it back in the fridge. Coffee cup in hand, I unlock the back door, walk outside onto the *stoep*, and sit down on the steps leading to the lawn (see Figure 4.11). The *stoep* is one of my favourite places because of its panoramic view of the farm. I breathe in the fresh morning air, which now also contains hints of coffee. It is now dawn, with daylight slowly appearing, and I notice some blue wildebeest grazing on the hill in front of me. I love watching these rather awkward looking animals with their curious habits exemplified by their tendency to run away from things in a figure eight and return at some point to take a closer look at what they were running from. Small wonder they are known as clowns in this part of the world.





**Figure 4.11: View from the *stoep* (porch)**

I notice Morkie next to me slowly descending the few steps to the lawn. My thoughts drift back to the dream. I know dreams are linked to the experiences we have in our daily lives. I remember reading an article about a year ago in which the researchers stressed the importance of sleep in the consolidation of newly acquired memories.<sup>112</sup> I cannot help but wonder how busy my mind has been over the past few years when I have constantly reflected on my therapeutic experiences working with Morkie and what I have learnt. With many thoughts racing through my mind, I sit back, take a deep breath, and whisper to myself, “I have so much to share, Riands, I can’t wait for you to wake up and join me!”

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“Good morning *Vriendin*,” Riandie calls out cheerfully.

“Oh, my goodness, sheesh, you gave me a fright!” I say laughing, while I instinctively place my hand over my heart.

“Sorry!” Riandie laughs, “you are up early. It is 10 past 6. Anyway, I had a feeling I might find you out here, and I brought you some coffee.”

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<sup>12</sup> Appendix G contains the references used in Chapters 4A and 4B.



“Thank you, I am just about ready for my second cup! Did you sleep well?” I enquire as she hands me the cup.

“Yes, very well. It is so quiet here, and I love listening to all the crickets and frogs singing their songs throughout the night. How did you sleep?” she asks.

“I too love the sounds of the night. I also slept well, thanks. I slept so well that it almost feels as if I have been sleeping for days, or perhaps it was the fascinating dream I had that makes me feel so rejuvenated!”

“What did you dream?” Riandie asks, giving me a quizzical look.

“I dreamt Morkie could talk!” I say excitedly.

“Seriously?” Riandie laughs, looking both surprised and interested.

“YES! But wait, there is more! I need to tell you about the entire dream while it’s still fresh in my memory. It really stimulated my thoughts, and I would love to share it with you,” I say.

“Of course, and I would love to hear about it!” Riandie replies.

“I am really enjoying the fresh air, do you mind if we sit outside?” I ask.

“Sure, I also love the outdoors,” Riandie answers, smiling warmly.

“I just want to get us some rusks from the kitchen and also my laptop,” I say, as I get up.

Riandie nods, and as she walks down the steps, she shouts, “I’m going to sit next to the camel thorn tree.”

“Perfect, see you there,” I shout from the kitchen.

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As I sit down next to Riandie, I experience a sense of calm. The crisp morning air and the birds chirping in the large camel thorn tree add to my relaxed mood. Riandie inhales the coffee smell as she lifts the cup to her mouth and makes herself comfortable in her chair.

“Suné, don’t keep me in suspense any longer!” she cries out, moving forward in her chair.

I repeat the dream in great detail, having to stop to catch my breath at times. Riandie listens intently, only moving when she sips her coffee.

After I have completed my account, Riandie exclaims, “*Vriendin*, it’s an amazing dream!”



“It is, isn’t it? It really amazingly reflects my daily experiences in my practice, including working with Morkie in therapy. We both know that working with a therapy dog can be very effective and that an animal can act as a bridge between therapist and client, supporting the process of building rapport and developing a relationship,”<sup>2, 3, 4</sup> I say. Looking down at my laptop, I click on an article by Bachi (2013) where she discusses how attachment theory can inform and enrich equine-facilitated psychotherapy (EFP). This is one of the AAT studies that has inspired me the most to reflect on the importance of attachment in the therapist-client relationship.

I spontaneously start telling Riandie about this study, which is now on the screen in front of me. “In 2013, Keren Bachi published a paper in which she reported on how attachment theory could be applied to EFP. Bachi<sup>5</sup>, like other AAT therapists, believes that the ability of people to form a close bond with animals is the foundation of AAT. She raises awareness in the article on how attachment theory can provide insight into the bond that exists between people and animals.”

“What did she find?” Riandie asks.

“Bachi<sup>6</sup> believes that horses can serve as attachment figures. To explore this in more depth, she applied several of the primary attachment concepts from Bowlby’s research on the importance of infant/caregiver relationships to the corresponding primary concepts of EFP.<sup>7, 8, 9</sup> These concepts include creating a holding environment that provides a secure base and haven of safety, affect mirroring, mentalising and reflective functioning, and non-verbal communication and body experience.”<sup>10</sup> I take a breath and continue, “I found her descriptions and examples of how she applied the attachment concepts to EFP very valuable”.

“It probably gave you a much clearer picture of the practical side to applying EFP concepts in therapy,” Riandie surmises.

“Yes definitely, but her practical application also inspired me to use attachment theory as a lens in my study,” I answer and double click on the literature chapter I have saved on my laptop. “Developing a bond with a child client and providing a secure and safe space, in my experience, is a prerequisite for developing a trust relationship. The emphasis in AAPT™ is on developing relationships, which is also a core concept in attachment theory.”<sup>11, 12, 13, 14, 15</sup>

“Attachment theory certainly seems to be a suitable theory for your study,” Riandie comments.

“Exactly,” I say. “There is research that maintains that animals can support therapists in the process of developing an attachment bond with a client, acting as a bridge between the client and the therapist.<sup>16, 17</sup> In my practice, I have often observed children, who were initially resistant to or anxious about receiving therapy, overcome that resistance the moment they meet and start to interact with Morkie. My



observations are also supported in the literature by VanFleet and Faa-Thompson<sup>18</sup> who found that a therapy dog often lowers resistance in children and makes them more open to participating in therapy.”

“Well, who wouldn’t love to be greeted by Morkie?” Riandie says, smiling. “However, I also know that it goes much deeper than merely having a little dog in the room. I am thinking of Roger’s core conditions of change that therapists often use to overcome resistance.<sup>19</sup> We studied them so thoroughly for the exams during our training, I actually still remember them! Do you remember them?”

“Yes, I remember them,” I reply, smiling broadly, because I also included them in my literature chapter. “They are genuineness, acceptance, and empathy.”<sup>20</sup>

“I know we both use these conditions as therapists, but I am curious, do you think Morkie shows or communicates any of them?” Riandie enquires.

Thinking about these core conditions, I scroll back to my literature review chapter to Section 2.4.2 and say, “Riands, I think Morkie communicates some of the conditions. Starting with genuineness, which refers to the therapist believing in a child, but it should be a deep, authentic belief, which is visible in the therapist’s behaviour and communication.”<sup>21, 22, 23, 24, 25, 26</sup>

“Sorry to interrupt,” Riandie says, “but what you’ve just mentioned is important, because children continuously study our behaviour.”

“That’s true, children are very sensitive to the therapist’s behaviour and any inconsistencies she may show,”<sup>27, 28</sup> I agree, remembering reading this in the literature. “So back to Morkie, yes, I do think she communicates genuineness, but I don’t think she does so consciously. Dogs live in the here-and-now, they do not judge, they accept you for who you are, and their body language is easy to read. I believe that children experience this as genuine.”

“I agree with you that dogs, and Morkie in particular, come across as genuine. You also touched on the second core condition, acceptance, as Morkie also accepts and does not judge,” Riandie adds.

“Morkie comes across as friendly, positive, and totally accepting, which are characteristics required of a therapist.<sup>29, 30</sup> This is important because it may help a child feel understood and accepted and eventually lower his defence mechanisms, which will strengthen the therapeutic bond,”<sup>31</sup> I say, shifting in my seat. “So, the third core condition is empathy, which is the ability to understand how someone else is feeling. This is difficult, because how will I ever know what Morkie really understands and what not?”

“Okay, so what do you think?” Riandie asks.





“I believe Morkie is able to feel or experience how someone else is feeling,” I answer. “On numerous occasions, I have witnessed her changing her behaviour to suit the mood of a child.”

“What do you mean?”

“When a child enters our play room, and his behaviour indicates that he is feeling happy, playful, energetic, or excited, I have noticed that Morkie will run towards him, stand up on her back legs, paw the air, and wag her tail. Throughout the session she will be very playful, happy, and energetic, just like the child,” I explain. “However, if a child enters my therapy room feeling anxious or tense, Morkie will be calmer, still wagging her tail, but will not jump up and down, or run in circles. I have noticed that when a child seems anxious or tense, especially when there are long awkward silences, Morkie will either go and gently lie down next to the child or she will roll on her back, bring a toy, or paw the child.”

“Almost as if she is trying to lighten the atmosphere and reach out to the child?” Riandie suggests.

“Yes, often this will divert the child’s attention towards her or provide us with a topic of conversation. Sometimes we will just laugh at Morkie, but she certainly manages to lighten the mood. Look, I play a direct role in how I want the child to perceive Morkie’s behaviour by communicating to the child what she is doing or I feel she is trying to do, for example saying that Morkie is trying to attract his (the child’s) attention or that she is trying to be funny. This I do to make the child feel special and accepted, while also suggesting that Morkie wants to be friends with him.”

“It also gives the child a sense of purpose,” Riandie adds. “If Morkie paws the child or fetches a toy, she is asking to interact with him. This implies not only that she needs the child, but also that she accepts him and wants to interact with him. But tell me, how does she react with a child who feels overwhelmed or shows signs of depression?”

“Children who are overwhelmed, and who show signs of depression, are often less energetic. Morkie will again wag her tail, but will walk calmly towards them. She will either lie down next to the child while he strokes her, or she will sit right in front of the child, looking directly at his face. She makes eye contact with the child and, while he strokes her, she keeps staring at him. When he stops, she moves closer to him, while still looking at him. I have found that she often does this with children experiencing depression, and I can only conclude that she must be able to sense their emotions,” I explain. “Usually, I will allow them to sit for a while before I comment on her behaviour. I have had children ask me questions such as why is Morkie is staring at them, why is she looking so sad, or what Morkie is thinking.”

“Your answers?” Riandie asks.



“They are usually along the lines of saying that Morkie likes them, or asking a child why he thinks Morkie is staring at him, or why he thinks Morkie is sad,” I answer. “I have so often had replies such as, ‘Morkie knows how I feel’ or ‘Morkie is the only one who really understands me’. Then there is another form of behaviour that Morkie frequently displays that lets children know that she understands them. Her little eyes will become damp and tears will form in them. Children often interpret this as crying, believing that she knows how they are feeling or that she is the only one who really knows how they are feeling. I cannot explain her behaviour really, but Morkie must be able to sense something related to children’s emotions. Also, remember that this is purely my adult interpretation of tears reflecting sadness, but children may also see it this way.”

“*Vriendin*, I have goose bumps on my arms,” Riandie says, rubbing her hands on her forearms. “Have you found any research that explains her behaviour?”

“Not specifically related to crying, however I have read some research that states that dogs can smell emotion and adjust their behaviour according to a person’s emotions.<sup>32</sup> Other studies have found that dogs are unique in their ability to interpret and respond to people’s attentional state as reflected in their gestures, body position, and gaze.<sup>33, 34, 35</sup> One example of how dogs are unique in their interactions with people is their ability to understand pointing.<sup>36</sup> Another example is that dogs often make eye contact with people and are able to follow a person’s gaze,”<sup>37</sup> I say, looking up from my notes on my laptop.

“Also, a British study found that dogs’ responded to human distress and that their patterns of response were consistent with expressing empathic concern and offering comfort.<sup>38</sup> When owners and their dogs were confronted by a stranger pretending to cry, the dogs left their owners’ side and gently approached the stranger, touching him and licking him, similar to providing reassurance or comfort.<sup>39</sup> The researchers did say, however, that the dogs’ behaviour could possibly be interpreted as emotional contagion, coupled with a history of reward for approaching their owners in distress.<sup>40</sup> They added that they had found no evidence that the dogs indicated sympathy or cognitive understanding, such as understanding why the person was crying,”<sup>41</sup> I explain.

“Even so, they still found behaviour similar to empathic concern and offering comfort,” Riandie comments.

“Exactly,” I reply. “That being said, I remember reading that it does not really matter if the therapy dog shows empathy, what is important is that the child perceives the dog as emphatic.<sup>42</sup> To achieve this, I have to communicate empathy to the child. I have often noticed a change in Morkie’s behaviour, which the child did not notice. In these instances, I point this behaviour out to the child.”

“Yes, that’s true! I remember how part of your AAPT™ training focused on a dog’s behaviour and knowing when a dog feels anxious or playful,” Riandie recalls. “How do you make sure a child understands Morkie’s behaviour?”



“I help the child make sense of Morkie’s behaviour. Sometimes I will talk to Morkie and say, ‘Morkie, I can see you are really interested in how he is feeling, that is why you keep moving closer to him’, and other times I will simply tell the child that I notice Morkie is looking directly at him and that it seems she likes him when she licks his hand.”

“You have a wonderful little dog but, more importantly, how you work with her is amazing,” Riandie says softly.

“I know, and I am so grateful having her. I think each therapy animal has its own unique personality and contributes to the therapy environment in its own unique way.”

“We got a bit distracted by my question, but I am glad we discussed it,” Riandie comments. “So back to the article, did Bachi also focus on play therapy?”

“No, play therapy or the concept of play did not feature in her study,” I reply, “but there are several other scholars who support incorporating play with AAT.<sup>43, 44, 45, 46, 47, 48, 49</sup> Risë VanFleet and Tracy Faa-Thompson, for example, focus specifically on AAPT™. I actually met them when I attended the APPT training course they presented in the UK.”

“Oh yes, now I remember, you have spoken about them so often,” Riandie replies, smiling.

“They believe that play and playfulness are essential components of AAPT™,”<sup>50</sup> I explain and place my laptop in the chair next to me.

Riandie nods, and I take a sip of coffee.

Bending down, I pick up a dry twig lying on the sand. I move my foot across the reddish sand to smooth it out evenly and then start drawing a dog’s paw print in the sand. When I have finished, I look up at Riandie and say, “this is my conceptualisation of how Morkie and I build a relationship with a child in therapy”.

Riandie leans forward to get a better look.





**Figure 4.12: My conceptual depiction of establishing a bond with a child in play therapy while working with a therapy dog (adapted from Bachi, 2013)**

“I created this conceptual framework based on what I’ve observed and experienced and what emerged from evidence-based practices of other scholars. It is based on several theoretical constructs, including play therapy, AAPT™ and attachment theory,” I explain.

“Okay, and what does it include?” Riandie asks, looking at the paw drawing in the sand.

“I use five constructs to establish a therapeutic relationship with a child, which are aimed at making the child feel safe and more trusting,” I say, pointing at each part of the paw (see Figure 4.12). “Each of the toes represents one of the attachment-based concepts from Bachi’s adaptation of Bowlby’s work, and as adapted for my work with Morkie, namely a holding environment, affect mirroring, mentalising and reflective functioning, and non-verbal communication and body experience. The paw pad represents play and playfulness, which you and I both know are requirements for play therapy, but they are also very important in AAPT™.<sup>51, 52, 53</sup> Wait, I actually have a summary in my laptop bag.” I bend down and take out five sheets of paper. Handing them to Riandie, I say, “perhaps describing it as a summary is a bit formal, in reality it’s a table for each construct in the framework and includes notes the strategies and techniques involved, to achieve each construct.”



**Table 4.1: Construct one of the conceptual framework**

Constructs adapted from play therapy, AAPT™ and attachment theory.	Strategies for operationalising the five constructs	Techniques applied in therapy
<b>Play and playfulness</b> (play therapy, AAPT™)	<b>Creating a playful atmosphere</b>	<ul style="list-style-type: none"> <li>✿ Use laughter and humour with the therapy dog and child to create a fun and playful atmosphere.</li> <li>✿ Adjust my tone of voice to be fun-filled, happy, and cheerful when speaking to the therapy dog and child.</li> <li>✿ My body language needs to communicate a relaxed and playful atmosphere in the presence of the therapy dog and child.</li> </ul>
	<b>Initiating playful interactions</b>	<ul style="list-style-type: none"> <li>✿ Keep all interactions between the child and therapy dog light and playful.</li> <li>✿ Keep all interactions between the therapy dog and me light and playful.</li> <li>✿ Keep all interactions between the child and me light and playful.</li> </ul>
	<b>Creating playful activities</b>	<ul style="list-style-type: none"> <li>✿ Choose activities that involve play and playfulness between the therapy dog and child.</li> <li>✿ Both the child and therapy dog need to have fun.</li> </ul>

Riandie studies the pages (see Table 4.1) for a while and then remarks, “I see play and playfulness form the largest part of the paw”.

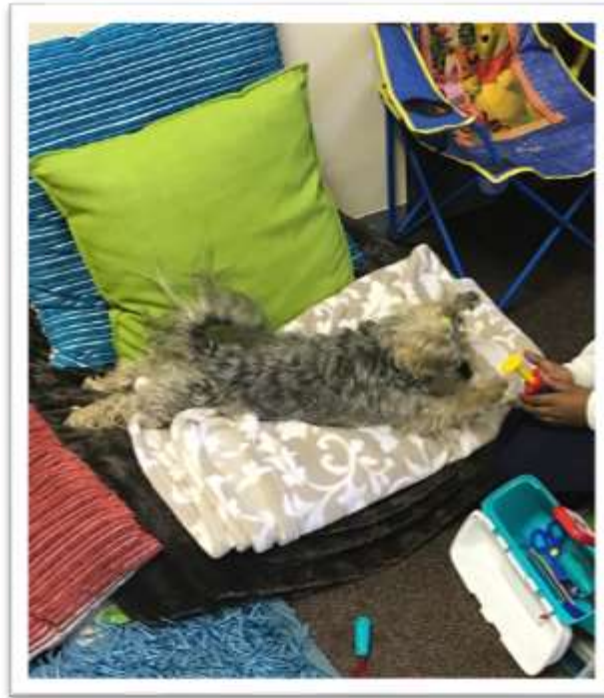
“Yes, they are central to how I work with Morkie,” I reply enthusiastically and add, “I won’t be able to work as effectively with the children, or establish a relationship with them, without play and playfulness. Play is a natural process to create an emotional space with children where they can feel safe and play through the challenges they are facing,”<sup>54</sup> I explain, and Riandie nods her head.

“The thing about play is that it’s not only important to children, it is also a natural process for dogs.”<sup>55, 56</sup> Therefore, it is important for me to incorporate play and humour so that I can keep the interaction between the child and Morkie, as well as relations between and her and me, light and playful. I create a playful atmosphere by using laughter, adjusting my tone of voice so that it is full of fun and cheerful, while also using my body language to communicate a relaxed, fun, and playful atmosphere. Also, I joke, or make funny comments about Morkie and her behaviour. Children always laugh at this, and I find that it relieves the pressure, placing the focus on Morkie, and not on them. Once a young boy told me that Morkie makes the best jokes he has ever heard! Clearly, my playful comments on behalf of Morkie were funny and made the boy feel safe enough to laugh. Being a child and using his imagination, he accepted that the jokes and comments came directly from Morkie.”



Riandie laughs, and I continue, “*Vriendin*, then there is the actual play in therapy. Fortunately, Morkie is very playful (see Figure 4.13), and it is easy to get her into a light-hearted mood. I would play with her, allowing the children to watch and, as they join in, I sometimes urge them on to do something”.

“I am sure this puts the children at ease and also breaks the ice,” Riandie remarks thoughtfully.



**Figure 4.13: Using the doctor's set: Morkie playing a healing game with a child**

“Definitely, I also believe they experienced feeling safe, otherwise they would not have ventured to take part in play activities. In their book, VanFleet and Faa-Thompson<sup>57</sup> state that play and playfulness are essential for establishing a sense of safety for a child in therapy. Also, making the child feel secure creates a holding environment, the second construct in my framework.”

“Oh yes, attachment theory’s holding environment!” Riandie exclaims.

“Yes, as various scholars point out, this stems from a mother’s symbolic holding of a child, which communicates safety, security, and love to the child.<sup>58, 59, 60, 61</sup> It provides the child with a sense of safety as well as an environment where he will feel safe enough to explore the challenges he is facing,”<sup>62</sup> I add, looking up from my laptop.

“Suné, how do you go about creating a holding environment with Morkie?” Riandie asks, while looking at the second sheet of paper in her hand (see Table 4.2).



**Table 4.2: Construct two of the conceptual framework**

Constructs adapted from play therapy, AAPT™ and attachment theory.	Strategies towards achieving the five constructs	Techniques applied in therapy
<b>Creating a holding environment</b> (play therapy, AAPT™, attachment theory)	<b>Create a physical environment that is a holding environment</b>	<ul style="list-style-type: none"> <li>✿ Actual play room environment.</li> <li>✿ Morkie's presence.</li> <li>✿ Greet/Talk to Morkie to break the ice.</li> </ul>
	<b>Enhance trust and feeling safe in the therapeutic setting</b>	<ul style="list-style-type: none"> <li>✿ Write letters from Morkie to the child.</li> <li>✿ Ask the child: What does Morkie want to do?</li> <li>✿ Explain a situation to Morkie, instead of directly to the child.</li> <li>✿ Help the child understand Morkie's body language.</li> </ul>
	<b>Create an environment of acceptance and non-judgement</b>	<ul style="list-style-type: none"> <li>✿ Communicate Morkie's interest in the child.</li> <li>✿ Communicate acceptance and non-judgement through Morkie.</li> </ul>

“I have three strategies. First, I develop trust and feelings of being safe, after which I create an atmosphere of acceptance and non-judgement,” I reply, looking at her.

“Great. Let’s start with the first one, developing trust and feeling safe,” Riandie suggests.

“It is important that we remember that I have found that working through Morkie makes it much easier to gain children’s trust. I use quite a few strategies to provide feelings of safety and to build a relationship of trust with children. For example, I will write letters from Morkie to a child. I do this when the child is resistant to therapy, doesn’t trust people, or doesn’t want to talk to me. I have found that a letter coming from Morkie works well since it gives the child a safe medium through which to communicate. It is not direct and threatening, and it provides the child with the distance to slowly feel more comfortable and safe. I have noticed that when a child receives a letter from Morkie, she smiles broadly and is eager to read it. I believe it makes the child feel appreciated, which eventually allows him to feel safe in my presence.”

“I believe children may then feel more in control because they can then decide whether they want to write a letter back to Morkie, and also decide what to write. I read an article a while ago on therapeutic letter writing between therapist and client, which argued that such letters should be aimed at maintaining a connection, supporting a relationship, and providing emotional support,”<sup>63</sup> Riandie adds.

“That is exactly what I found,” I reply. “Even though the letters are from Morkie, they provide emotional support and reassurance, which helps develop trust. Another strategy I use to make children feel safe, especially when they are hesitant to choose an activity or say what they want to do, is to ask them what they think Morkie wants to do. In choosing an activity on Morkie’s behalf, a child may experience the



safety of working through Morkie as a medium while also expressing himself emotionally, because he is still voicing his choice.”

“Yes, and the child may even experience that you believe it is Morkie’s choice, so once again enhancing feeling safe and eventually gaining trust,” Riandie comments.

“Explaining a situation to Morkie can also prove to be less a threatening strategy since the child does not feel as if I am explaining it to him”, I add.

Riandie laughs and asks, “do you look at the child or Morkie when you use this technique?”

I can’t help smiling, realising that she has the picture. “I look directly at Morkie and offer my explanation to her. The child still hears the explanation but won’t feel I am focusing on him, if he is hesitant to work with me.”

“Yes, Suné, I agree, this will make the child feel safe,” Riandie answers, nodding her head.

“Another strategy that often works is to explain Morkie’s behaviour to the children. Here, I teach them about dog language and also how they can use their bodies to communicate with Morkie. I believe their being able to understand Morkie’s behaviour provides a sense of control, since the children then understand the dog better and interact with her more successfully, which was also found by VanFleet and Faa-Thompson.<sup>64</sup> Also, it helps in gaining children’s trust, since they can observe Morkie’s behaviour. An example of this is when I say that Morkie likes a child or feels safe. If the child is able to make sense of Morkie’s body language, he will be able to witness this behaviour for himself and know that I spoke the truth.”

“I can see that this will make things more convincing,” Riandie says thoughtfully.

“Exactly, as a therapist, one strives to be reliable and empathic and to focus on a child’s needs, which should make the child feel safe,<sup>65</sup> even if one needs to work through a medium such as Morkie”, I add.

After a few minutes’ silence, Riandie continues, “I am aware of the literature that states that the therapist’s behaviour has been found to be the most important factor in the physical environment.<sup>66</sup> She needs to create an emotional space where the client feels safe and understood and experiences empathy as well as a safe physical environment, all of which supports your points.”<sup>67, 68</sup>

“This reminds me that my relationship with Morkie also serves as a model of what a healthy relationship should look like, and at the same time demonstrates what the child can expect from a relationship with me,”<sup>69</sup> I say.





“The child will probably feel much safer when he sees that Morkie, whom he likes, interacts with you and is enjoying the interaction. It creates predictability and enhances trust in you,” Riandie comments.

“Absolutely,” I reply. “The second way of creating a holding environment involves the physical setting or therapy room, since it literally provides a place of holding. As you know, I call my therapy room, Morkie’s room, and I decorated the door with colourful letters spelling her name. Children are often curious about Morkie and ask if the room really belongs to her, and I reply that she loves playing and sharing and that the room is for everyone who comes to therapy. Also, as suggested by various scholars, associating the room with Morkie makes the therapist and therapy room less threatening and more approachable for children.”<sup>70</sup>

“Yes, I must say,” Riandie agrees, “Morkie’s room sounds a lot less threatening compared to the typical therapy or consultation room. Also, telling the children that Morkie likes to play and share, communicates acceptance. By doing this you are communicating that the child is accepted and welcomed into therapy”.

“Exactly, I read a research report indicating that associating the therapy room with a dog, in this case Morkie, who is a cute and approachable, makes both the therapist and therapy room less threatening and thus contributes to creating a holding environment.<sup>71, 72</sup> I decorated the inside of the therapy room in such a way as to convey the impression of a happy space that is both child and dog friendly. I added several soft and squeaky toys as well as puzzles specifically made for dogs, in which children can hide treats. I also filled the room with play therapy toys for children. Finally, I placed colourful cushions on the floor, a blue sensory carpet, and some fun dog pictures on the wall,” I say with a smile (see Figure 4.14).



**Figure 4.14: Morkie in Morkie’s room**



“Surely, Morkie’s presence also contributes to the children feeling safe?” Riandie asks.

“Yes, it does. The literature clearly indicates that the presence of an animal in a therapy room creates a sense of normalcy and encourages natural and spontaneous behaviour and communication.<sup>73</sup> I read that if the therapist manages to make the therapy animal feel safe, it sends a message to children that they too will be safe.<sup>74</sup> I truly believe I convey the message to children that they will be kept safe. For example, I will demonstrate to a child how to greet Morkie, turning to the side and holding out his hand, while explaining that Morkie does not find this threatening and will feel safe. I will also explain that Morkie’s crate is there and that she can go into it whenever she wants to be alone, because she feels safe in her crate.”

Riandie nods and I continue, “moreover, AAT research has found that animals create a relaxed environment and promote feelings of being safe.<sup>75, 76, 77, 78</sup> I also came across literature indicating that even if a dog only lies down next to a child, the child may experience feeling safe.<sup>79, 80, 81, 82</sup> How powerful is that?”

“It is remarkable,” Riandie agrees. “Now that I think about it, I have read that children often reveal an improved attitude and willingness to establish rapport in therapy if a therapy dog is present.”<sup>83</sup>

“So true, most children love Morks,” I say, smiling. “I want to tell you about a study I found. Let me just find my summary of it. Ah, here it is! O’Callaghan and Chandler<sup>84</sup> conducted a survey in 2011, to determine the techniques most often used in AAT. Among their findings were that an animal’s presence supports building rapport in the therapeutic relationship. They state that the therapy animal’s breed, age, etc. often encourages clients to touch the animal which, in turn, helps build rapport.<sup>85</sup> This is in line with my experiences as I have found that another strategy for creating a holding environment is to touch, greet Morkie or to talk about Morkie. This acts as an ice-breaker since children then seem to feel less pressured to immediately talk about the problems they are facing. This, therefore, also helps create an emotional safety or holding space.”

“So, the therapy session may start off completely differently to what the children expected,” Riandie ponders.

“*Vriendin*, I have had numerous children telling me that coming to therapy is much nicer than they expected initially. They often mention that they were anxious and scared and thought that I would be strict and ask them a lot of questions. Instead, they say that Morkie is friendly and is fun to have around. They also often ask if they can see us again for therapy,” I add, thinking how fortunate it is that Morks and I can change their perceptions!

“Yes, because this is fun and not as threatening as they expected,” Riandie comments.



I nod in agreement and then continue. “The final way in which I create a holding environment is to communicate acceptance and non-judgement from my therapy dog”. I pause as I scroll through the document. “Bachi<sup>86</sup> states that the holding environment can contribute to the client’s sense of being held. She notes that animals do not make judgements or care about a client’s physical appearance or past mistakes. Instead, they react to emotions and a person’s behaviour, whether reacting to kindness, love, and care or to aggression, anxiety, and maltreatment. *Vriendin*, just like Bachi, I believe that a therapy dog’s acceptance and non-judgement of a child can contribute to the child’s sense of being held.<sup>87</sup> I have read several sources stating that children often experience therapy dogs as non-judgmental, loyal, unconditionally accepting, not threatening and giving children a sense of belonging in their presence.”<sup>88, 89, 90, 91, 92, 93, 94, 95</sup>

“Once again, Morkie’s natural ability to live only for the moment and never to judge a child’s appearance or past mistakes will help the child feel liked and therefore accepted by her,” Riandie summarises.

“Yes, and she also responds to a child’s behaviour,” I add. “If a child is kind, playful, and gentle with her, she will respond with a wagging tail, sitting close to the child and even licking his hand. This, I believe, often leads to the child experiencing feeling accepted and liked by her. Similarly, she has a way of communicating with a child when the child’s behaviour is inappropriate, such as aggressive behaviour or being aggressive towards Morkie herself. She will simply withdraw by retiring into her travel crate, which she can open and close on her own. As soon as the child modifies his behaviour, she will come out of the crate and interact with him again.”

“What a powerful message Morkie is sending the child!” Riandie exclaims. “She is basically showing the child that she is afraid of his behaviour by removing herself, and when the child has calmed down, she rewards him by returning to him.”

“Yes, it really is. Also important is that, in addition to her behaviour, I always comment on the situation to create awareness of the child’s behaviour. I will do this by asking the child why he thinks Morkie behaved the way she did and then discuss his answer with him. I will also pretend to speak to Morkie, telling her that I noticed the child’s behaviour made her feel a bit uncertain and scared and that I know she feels safer in her crate. I believe the discussion and awareness are important since they may eventually transfer an increased awareness to the child of how his behaviour is also affecting other people, such as his interaction with friends and family members,” I say, looking at my friend.

“Of course! If you are aware of something, you can change it,” Riandie comments.

“So, the point is, Morkie’s behaviour towards a child plays an important role in providing an environment where the child feels accepted and not judged.<sup>96, 97, 98</sup> Also, I have read that animals can reduce feelings of rejection or stigmatisation.<sup>99</sup> *Vriendin*, this supports my experiences of children feeling accepted by



Morkie. Another strategy I often use when Morkie interacts with a child is to communicate acceptance and non-judgement.”

“Wait, how do you do that?” Riandie asks with a puzzled expression on her face.

“I will comment on the relationship between the child and Morkie, for example, that Morkie really seems to like him or that she seems happy and wants to be close to him. Then I will comment on spontaneous behaviour from Morkie, indicating that she likes the child, such as wagging her tail. Sometimes I will communicate acceptance in a letter that I write from Morkie to a child.”

“Can you give me an example?” Riandie asks, and I see her eyes narrowing as she concentrates.

“For example, saying that the child is a good friend, or that Morkie likes it when he (the child) is friendly towards her,” I answer. “Commenting on the child and the therapy animal’s relationship or interactions are part of the techniques identified by O’Callaghan and Chandler<sup>100</sup> to build rapport and enhance trust and feelings of being safe in therapy.” I look up from my notes, take a breath and say, “oh, and I just remembered, that developing attachment and healthy relationships is one of the goals of AAPT™.<sup>101, 102</sup> Verbalising that the animal accepts the child is a good way to achieve this goal”.<sup>103</sup>

“Great! The way you’ve been working with Morkie is clearly supported by other scholars” Riandie states.

“Yes, and it is so reassuring.”

Suddenly, I remember another example. “Wait, I have one amazing example to share, can I quickly tell you about it?”

Riandie laughs, “of course!”

“Morkie and I once worked with an 8-year-old girl. She was extremely self-conscious about her glasses and often hid them at school and even in therapy. Because she loved Morkie, I started making positive comments about the glasses, from Morkie. I said that Morkie loves her glasses and thinks she looks very nice wearing them. I believed that Morkie’s comments might be more valuable to her as several adults had tried to convince her that her glasses were beautiful, but clearly without success. Remarkably, the young girl informed us after some sessions that she had a really good idea, namely to make glasses for Morkie! *Vriendin*, I didn’t know what to do, but we made cardboard glasses. The girl loved them and, when we had finished making them, we decided to try them on. I had already thought of an excuse, in case Morkie shook them off, since, as I told you earlier, I will never subject her to anything she is not comfortable with.”

“And, what did she do?” Riandie interrupts, looking at me in suspense.



“She accepted the glasses on her face! What’s more, she wore them the entire session (see Figure 4.15). I couldn’t believe it, and obviously the little girl was beaming. From that day on, she started wearing her glasses without hiding them!”

“How absolutely amazing, you must have been very thrilled!” Riandie laughs.



**Figure 4.15: Morkie wearing the glasses a child made for her**

“It was great fun but, more importantly, I felt I had accomplished something amazing with Morkie’s help. The young girl felt accepted by Morkie willingly wearing the glasses, which I believe increased her self-esteem. Also, the fact that she had made the glasses herself increased her self-assurance.”

“Oh, speaking of her, here comes little Miss Morkie,” Riandie jokes. I notice Morkie walking towards Riandie, who greets her cheerfully, while telling her what a really good dog she is....

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“Riands,” I say, as I place my empty coffee cup on the sand next to me, “‘affect mirroring’ is the following construct in my paw print and involves mirroring a child’s feelings, either visually or auditorily.<sup>104</sup> It helps a child make sense of how he is feeling, but it also supports a child in scenarios where he may misinterpret someone else’s behaviour or emotions,”<sup>105, 106</sup> I explain from my notes.



Riandie, now sitting on the grass next to Morkie, looks down at the page with my informal outline of the framework (see Table 4.3). After a while, she says, “I see you indicate three ways you can achieve affect mirroring with Morkie”.

**Table 4.3: Construct three of the conceptual framework**

Constructs adapted from play therapy, AAPT™ and attachment theory	Strategies towards achieving the five constructs	Techniques applied in therapy
Affect mirroring (play therapy, AAPT™, attachment theory)	Verbal processing of the therapy dog’s behaviour	<ul style="list-style-type: none"> <li>✿ Pretend to explain Morkie’s behaviour.</li> <li>✿ Comment on Morkie’s ability to mirror affect.</li> </ul>
	Projection by the therapist	<ul style="list-style-type: none"> <li>✿ Project the child’s challenges onto Morkie.</li> </ul>
	Projection by the child	<ul style="list-style-type: none"> <li>✿ Allow and help the child to project onto Morkie.</li> </ul>

“Yes, but please remember my aim is only to develop the relationship between therapist and child with the help of a therapy dog.” I then continue reading from my notes. “Bachi<sup>107</sup> explains that in addition to the therapist’s mirroring, a horse has a natural tendency to mirror affect because, being a prey and herd animal, its biological defense mechanism results in its constantly sensing and reacting and responding to the emotional expressions of people or other animals in its environment. This can be seen as affect mirroring, and it is important to incorporate the horse’s behaviour into therapy, accompanied by the therapist’s verbal processing of the events.”<sup>108</sup>

“Along with the therapist’s processing, the client will sense that the horse knows how he feels,”<sup>109</sup> Riandie comments.

“Exactly, the therapist’s processing is very important and, as part of mirroring, she needs to promote further exploration and interaction to ensure that the client grows. Mirroring then becomes a dialogue, and affect regulation takes place. In order to prevent the client from misinterpreting the horse’s behaviour, a continuous dialogue will take place between the horse, therapist, and client in which emotional awareness occurs. Some of these misinterpretations take place through the client’s projections onto the horse.<sup>110</sup> This process is especially important because the child’s projections onto the horse may impact establishing a secure base.<sup>111</sup> Therefore, it is important for the therapist to facilitate a sense of security verbally, which will then lead to a secure base and an understanding of the self, and then enabling the child to ‘feel felt,’”<sup>112, 113</sup> I read from my notes.

“Oh yes, and once there is awareness, the client will have more insight into and understanding of himself,” Riandie comments, while scratching Morkie behind her ear. “Also, when the child feels ‘felt’, as you put it, and a secure base is established, it will support your process of developing a relationship with the child.”



“Riands, definitely, because he will feel safe. I have found that a dog can also mirror affect. We discussed empathy in dogs earlier, and I have read that dogs seem to show empathy. They can also read people’s body language and tone of voice and seem to be able to sense different human reactions and moods. If people experience that a dog feels empathy, this in itself is sufficient to produce a therapeutic benefit.<sup>114</sup> That is why the first way of achieving affect mirroring is verbal processing of the dog’s behaviour,” I said, looking up.

“So, how does your Mom do this with you in play therapy?” Riandie playfully asks Morkie.

“Morkie, let me answer,” I joke. “I have found that I often need to verbally process or explain Morkie’s behaviour to a child to prevent inaccurate interpretation by the child.”

“It is so important for you to explain and verbalise Morkie’s behaviour because you are, in fact, busy processing the child’s experiences and supporting him in understanding himself,” Riandie adds.

“Yes, it is important,” I answer. “As we discussed earlier, Morkie senses the children’s feelings and often mirrors their feelings or behaviour, through her behaviour. I like the description that Chandler,<sup>115</sup> an animal-assisted counsellor, gives, namely that her dog is sensitive to the internal state of clients. This describes Morkie accurately as she changes her behaviour according to a child’s internal state. As therapist, I am able to understand Morkie’s behaviour and to give the child insight into his own behaviour and feelings, according to what I interpret from the child and Morkie, I comment on how Morkie behaves. I do this by describing Morkie’s behaviour and what she is doing, as well as stating that the child might also feel this way. In addition, this is also a way in which I can determine if my interpretation of the child’s feelings and/or behaviour is accurate. Sometimes I use Morkie as a medium, and on other occasions I speak to the child directly. It really depends on each child and how resistant the child is, and which strategy I believe will make him feel safest.”

“How do the children respond?” Riandie enquires.

“Usually, they agree when I verbalise how they may be feeling, pretending it is Morkie saying it and not me. Sometimes they provide more details as to why they are feeling the way they are, and sometimes they don’t. One example that comes to mind is a young boy who was very resistant to discussing any of his problems. In an attempt to gain his trust and give him deeper insight into his own behaviour, I decided to work through Morkie as a projection medium. I told the young boy that Morkie had informed me that he was dealing with certain problems, and I then asked him if this was true. He looked at Morkie for a while and then said she was a liar.” Looking at Morkie, I say with a smile, “it was funny to hear you being called a liar, but I was grateful that he still communicated with me”.



“Oh yes, indeed he did,” Riandie adds enthusiastically. “He was clearly not ready to deal with those problems, or perhaps you worked too directly, and he may have preferred to work indirectly, focusing less on himself.”

“Exactly, realising that he was not ready for us to work directly on his problems, we then shifted the focus and worked on Morkie’s challenges. He was more than happy to help Morkie. I believe this made him feel safe because he eventually admitted that he too, at times, felt like Morkie,” I say, smiling as I remember the sessions with the boy.

“Pretending in play therapy helps children to feel safe and to project their feelings or problems,”<sup>116</sup> Riandie confirms.

“Let’s now talk about projection,” I say. I use it in two ways, one, as a therapist, I project onto Morkie, and two, I allow the child to project onto Morkie.”

“Suné, projection is wonderful. It creates a safe distance for the child to express himself and to process his thoughts or emotions. The distancing element in projection is also very valuable because, when the child projects his problems, it provides him with emotional distance to gain more insight into his problems or behaviour,”<sup>117</sup> Riandie remarks.

“I couldn’t agree more. Projecting onto Morkie works brilliantly! The distance created is especially valuable when working with children because it makes them feel safe and, as you say, gives them insight into themselves. In my experience, children are often more prepared to help Morkie, compared to working on their own challenges. I recently read an article on working with puppets in therapy and, similar to a puppet, projecting onto Morkie acts like a screen onto which children can externalise their inner lives,” I explain, thinking that projection is a technique frequently used when working with therapy dogs.<sup>119</sup>

“So, you mentioned that you use projection in two ways, and I also see it here on my summary page,” Riandie replies, encouraging me to continue.

“Working through Morkie as a projection medium, I project either a situation or the feelings the child may be experiencing onto her with the aim of encouraging the child to recognise these emotions in himself.<sup>120</sup> <sup>121</sup> Discussing the dog’s problems with the child, and basing them on similar problems the child is facing, is a good technique for building healthy relationships and attachment.<sup>122</sup> Dealing with these problems indirectly may result in children feeling more accepted and comfortable in overcoming their challenges,”<sup>123</sup> I say, looking at my notes. “Applying projection in this context with Morkie also meets another goal of AAPT™, namely specific problem resolution.<sup>124</sup> This involves working with a therapy dog to deal with a specific behaviour, or teaching the therapy dog a specific behaviour that a child needs to correct. Teaching the dog to wait is a good example if the child deals with impulsivity problems.”





“Any examples of how you’ve done this?” Riandie asks.

“There are several, but one that comes to mind right now was when I worked with a 9-year-old girl who was referred to me because of being bullied at school. She was not prepared to discuss this with me. However, she was very interested in Morkie so, needless to say, I decided to work through Morks. I told her that Morkie was upset at going to dog school on Saturdays and that I really had no idea why she didn’t want to go. I mentioned that perhaps some of the other dogs were mean to her, but that I wasn’t sure. The little girl immediately responded and said that perhaps they were saying mean things to Morkie, and gave several examples. Morkie, clearly sensing the child’s emotions, moved closer to her, looking sad as she kept pushing her head into the girl’s hand, asking for a scratch. Thus, Morkie’s behaviour allowed me to project that Morkie was saying that she was in fact bullied at school. This encouraged the girl to provide more details and, I believe, supported emotional expression on her part,” I say, turning to Riandie.

“It also offered a layer of protection, so that the girl could eventually work through her conflicts while feeling safe,”<sup>125</sup> Riandie adds.

“Yes, then of course, as the girl demonstrated, a child can also project onto Morkie,” I continue. “This again provides a safe distance from the problem, while also allowing us to address and process the problem in therapy. Encouraging children to share their concerns with a therapy animal is one of the techniques used to support a client in feeling safe and building trust and rapport.”<sup>126</sup>

“*Vriendin*, I believe that this will indeed help you gain any child’s trust because he will most likely feel safe working through Morkie at first and then later translate the experience to his own life,” Riandie comments.

“Do you girls want some fresh juice?” my mom asks.

“Mom, you startled us!” I say, placing my hand on my chest.

“You were so drawn into your discussion that it seems you forgot where you were and that we are here,” my mom says, laughing at our reaction.

“Mom, that will be most welcome, thank you,” I reply.

She places a tray of fresh fruit juice and some fruit, with yogurt and honey, next to us. She also thinks of Morkie and includes a small treat for her on the tray. We help ourselves to some breakfast, and I hand Morkie her treat.

“Okay girls, I will leave the fruit here and bring you some coffee a bit later,” my mom says, as she collects the tray and walks back towards the house.



“We now turn to the fourth construct in my framework, namely mentalising and reflective functioning,” I say. Looking at my notes, I continue, “in the therapeutic context, mentalising and reflective functioning increase a child’s sensitivity, appropriate responsiveness, and awareness of his own and others’ signals, behaviour, and emotional needs”.<sup>127, 128, 129</sup>

I notice Morkie stretches herself out on the grass. Riandie smiles at Morkie, and reaches forward to the summary page, as she calls it (see Table 4.4). “Got it, please continue.”

**Table 4.4: Construct four of the conceptual framework**

Constructs adapted from play therapy, AAPT™ and attachment theory	Strategies towards achieving the five constructs	Techniques applied in therapy
<b>Mentalising and reflective functioning</b> (play therapy, AAPT™, attachment theory)	<b>Create awareness of someone’s feelings</b>	<ul style="list-style-type: none"> <li>✿ Comment on how Morkie is feeling by pretending to speak to her.</li> <li>✿ Direct comment about the child made to Morkie.</li> </ul>
	<b>Comment on the therapy dog’s feelings to provide attachment security</b>	<ul style="list-style-type: none"> <li>✿ Suggestibility: Suggest that Morkie feels safe.</li> <li>✿ Use animal metaphor or story to share that Morkie feels safe.</li> </ul>
	<b>Cooperation/Interaction</b>	<ul style="list-style-type: none"> <li>✿ Cooperate on an activity between the therapy dog and child.</li> <li>✿ Train Morkie.</li> <li>✿ Perform tricks with Morkie.</li> </ul>
	<b>Look after the therapy dog</b>	<ul style="list-style-type: none"> <li>✿ Take Morkie for a walk.</li> <li>✿ Pour water into Morkie’s bowl.</li> </ul>

“In therapy, similar to Bachi’s work with horses, I create awareness of Morkie’s feelings for children. Several children have told me that dogs don’t have feelings, and I have found that most of these children also experience social difficulties in their lives,” I say.

Riandie lifts her hand, “sorry to interrupt, but I remember a while ago you told me about a child you worked with, and something about a high-5 and lying to Morkie. This just popped into my head as you were explaining mentalising and reflective functioning.”

“Yes, that is actually a good example,” I respond. “The boy was around 8 years old, and he often had difficulties with friends, lying to them or making promises he never kept. He adored Morkie, and I told him I believed we could do tricks with her. He chose to do a high-5 with her. Every time she stretched her paw up to touch his outstretched hand, he moved it away, and she would drop back to the floor. He found this very funny and laughed. After having done this the third time, he asked Morkie once again for a high-5, but she remained sitting, just staring at him. He kept showing his hand to her and gave the command continuously, but she didn’t respond. Eventually he asked why she refused to do the high-5. I said that I



noticed he moved his hand away every time Morkie tried to high-5 him, and that I thought she no longer believed him. I added that because he lied, Morkie might feel she could no longer trust him. Shocked, he asked how he could change this. I told him that he would need to change his behaviour and prove to her that he could be trusted. We started slowly by giving Morkie treats, asking her to touch an object, then his hand, and eventually she did a high-5 again.”

“Thanks, that is a really powerful way to teach a child about his own actions and how they can affect others!” Riandie exclaims.

“Yes, it really worked well, and I can give you many similar examples. I have found it easier to work through Morkie to create awareness of feelings as children are usually very interested in her. Once they are aware of Morkie’s feelings and how their behaviour affects her, this translates into their interactions with people as well. Also, this confirms Bachi’s<sup>130</sup> article where she says that creating awareness through a therapy animal is far less threatening to a child, compared to discussing it directly with a child, because animals are non-judgemental. This, of course, also applies to Morkie. Thus, one way I achieve mentalisation and reflective functioning is by creating awareness of feelings. Commenting on Morkie’s behaviour creates awareness.”

“Wait, you need to give me some examples of how you create awareness in a child,” Riandie demands, smiling.

“Oh, there is the strategy where I pretend to speak to Morkie. I will say, for example, ‘Morkie, I think you feel a bit uncertain if he (the child) throws the ball against the wall because you move away from the sound’. Alternatively, I will make a comment about the child to her. I would say, ‘Morkie, I wonder if he (the child) feels angry today because it looks as if by throwing the ball against the wall, he is trying to get rid of an angry feeling?’ Here, I help the child become more aware of his own feelings, while also allowing emotional expression, even if it is by means of my comments to Morkie.”<sup>131</sup>

“This basically allows the child to feel safe, creating a safe space to learn about others and himself,” Riandie comments.

“In AAPT™, this links up with a goal called self-regulation of emotions and behaviours.<sup>132, 133</sup> The therapist will continuously comment on the child and dog’s behaviour, creating awareness of the child’s emotions and behaviour.”<sup>134</sup> I stop reading from my notes to stretch my legs out in front of me. “Another way to achieve mentalising and reflective functioning is to comment on Morkie’s feelings to provide attachment security,” I say. “I use this strategy because I believe that if clients feel secure, they will be able to build a relationship with a therapist sooner than if they feel unsafe.”

“Yes, and that will create empathy as well,” Riandie comments.



“Yes, it does. In AAPT™, creating awareness of the therapy dog’s feelings and behaviour may enable the child to recognise others’ feelings and possibly react in a caring way.<sup>135, 136</sup> Therefore, empathy and feeling safe are encouraged,” I say, looking up from my notes.

“Here you use suggestability as a strategy to communicate on Morkie’s feelings,” Riandie adds. “You often made suggestions that Morkie feels safe, and I know even though you’ve made these suggestions through Morkie, it is actually aimed at what you would like the child to feel.”

“Indeed. I have found that children like Morkie much more than me, especially initially, thus trusting her sooner. Suggesting that Morkie feels safe is an effective means of creating feelings of safety and attachment security in children. I often use animal metaphors or storytelling to convey a message I want to share with a child. This strategy is effective because it distracts children and causes them to focus briefly on the animal’s story while still processing the animal’s experience or story through their own perspective formed by their own life experiences.<sup>137</sup> *Vriendin*, thanks for reminding me of this,” I say with a smile.

“That is great. Because most children relate to stories and animals, they will probably also make the connection in therapy. Thus, if Morkie feels safe and trusts or likes me, I should also be safe,” Riandie observes.

“Indeed, Riands. I also use cooperation and interaction for mentalising and reflective functioning. Here my strategies include either working together in an activity, or teaching Morkie new tricks while commenting on both her and a child’s behaviour and feelings. Confirming the AAPT™ literature, I have found that children often develop their own ability to learn new skills when they teach Morkie a new trick or behaviour,”<sup>138</sup> I add.

“Suné, I love the tricks, and I bet children are eager to work with Morkie on them,” Riandie says, looking at me with a broad smile.

“*Vriendin*, they love them! I have noticed that children become more attuned to Morkie’s needs and feelings when working and doing tricks with her. They will actually often question her behaviour. Also, when I notice something they did not pick up on, or need to be aware of, I will comment on it out loud. They also gain insight into their own feelings and behaviour, especially if it is something that affects Morkie’s ability to perform a trick or something she may not enjoy. They will always be open to changing their own behaviour to support Morkie or to get the trick executed successfully,” I say, stretching my shoulders, which feel rather stiff.

“At the same time, the children also learn about dog training,” Riandie adds, laughing.



“True”, I agree and look down at the notes on my laptop. “In AAPT™, it is stated that this supports self-efficacy since children then build confidence and competence.<sup>139</sup> My demonstrating how to perform a trick and allowing a child to perform it afterwards is in line with O’Callaghan and Chandler’s<sup>140</sup> findings on enhancing relationships, facilitating being safe, and developing trust between client and child. Also, doing tricks and playing games with Morkie (see Figure 4.16) promotes interest and engagement and also develops relationships through play.”<sup>141</sup>



**Figure 4.16: Morkie performing some of her tricks, from left to right: Ringing a bell, playing the piano, and phoning**

“Once again, interacting with Morkie supports the goal of developing a bond with children. Now that I think of it, surely you also allow children to take Morkie for a walk or pour water in her bowl?” Riandie asks, looking at me in anticipation.

“Gosh, I almost forgot! I do allow it as a way of supporting mentalising and reflective functioning,” I reply. “This forms part of looking after Morkie and involves strategies such as taking her for a walk and filling her bowl with water. An example of how this creates awareness is that in order to walk Morkie, a child needs to be aware of her needs. If the child walks only where he wants to go and does not consider her, it may confuse her and probably cause her to stop walking. The child may also not enjoy the walk as the dog’s lead will probably end up tangled around his legs. To solve this problem, I continuously communicate what Morkie wants or may think, or even misunderstands, for example, ‘Morkie, it seems as if both of you are getting tangled up in the lead, perhaps the child can shorten it?’ or ‘Morkie, I wonder if you are thirsty, perhaps you are asking for water?’ Through talking to Morkie or communicating what I would like to say to the child, to Morkie, the child is made aware of his behaviour or Morkie’s needs, without feeling judged or criticised.”

“That will also promote self-efficacy,”<sup>142</sup> Riandie adds.



“Yip, as well as trust, rapport, and feeling safe, while being aware of Morkie’s and the child’s own feelings,”<sup>143</sup> I add from my notes, smiling at Morkie and Riandie.

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I look at my laptop, scroll down a bit, and see the last concept I want to discuss. “Non-verbal communication and body experience is the final construct we need to talk about. I read recently that in an attachment-orientated framework, it is important to focus on the body because emotions are considered an experience of the body.<sup>144</sup> A client will experience a therapist as a secure base when the therapist is able to translate the language of the body into the language of feelings, thus supporting emotional regulation.”<sup>145</sup>

“Yes, this is a very important part of the process,” Riandie remarks as she turns her note pages to the last table (see Table 4.5).

**Table 4.5: Construct five of the conceptual framework**

Constructs adapted from play therapy, AAPT™ and attachment theory	Strategies towards achieving the five constructs	Techniques applied in therapy
<b>Non-verbal communication and body language</b> (play therapy, AAPT™, attachment theory)	Non-verbal communication	<ul style="list-style-type: none"> <li>✿ Allow and support child to touch and be close to Morkie.</li> <li>✿ Provide insight on Morkie’s non-verbal behaviour.</li> <li>✿ Teaching non-verbal signals to child, to communicate to Morkie.</li> </ul>

“Riands, yes, it is. I know of one author, who argues that the non-verbal domain allows for deeper exploration in therapy as a client will be able to explore issues that cannot be articulated in words.<sup>146</sup> To achieve non-verbal communication, my strategies involve allowing a child to be close to and touch Morkie as well as giving the child insight into what Morkie’s non-verbal or body language implies. Bachi<sup>147</sup> provides examples of touch, alongside movement, while riding a horse. Obviously, that cannot work with Morkie, however she can climb onto a child’s lap and cuddle with a child. “Non-verbal communication can also be encouraged by teaching a child hand signals, encouraging petting, touching the animal gently, or even grooming the animal,”<sup>148</sup> I say, looking up from my laptop.

“Morks probably loves that!” Riandie laughs.

“Oh, she does! I guess most dogs enjoy physical contact. Dogs offer a safe medium of touch during AAPT™, which is described as a healing process for dogs as well as people.<sup>149</sup> At times, I will verbalise



that Morkie cares and that she knows how a child feels, but sometimes that is not necessary. Often her behaviour is enough,” I say.

“Sometimes I wonder if that is not enough, just to know that someone else knows what you are experiencing and that, instead of trying to solve your problems, they are there for you in that moment,” Riandie reflects.

I nod in agreement.

“*Vriendin!*” Riandie says loudly. “Does Morkie being there, in the moment, with the child, and the child clearly knowing how she feels about him, not remind you of immediacy?” Before I can answer, she continues, “think about it, she may not verbally disclose how she feels about the child, but her body language does communicate it, as well as your comments on her behaviour in the here-and-now.”<sup>150, 151</sup>

“Riands, I have never thought of it as immediacy, but you have just broadened my thinking about a dog’s non-verbal interaction with a child. Dogs are such social animals, and I have read that they are focused on attachment and have the ability to engage and connect with clients, which enhances trust and social interaction.<sup>152</sup> This supports my experiences with Morkie because she is clearly focused on interacting with each child we see and most definitely connects with them sooner than I do. I believe that her playful nature plays a significant role in her interactions with children, which is why the first construct of play and playfulness is so important.”

“Well, again it demonstrates that therapy needs to be enjoyable and fun. Here, in my view, you and Morkie have contributed to some new insight,” Riandie exclaims.

“Yes, *Vriendin*, even though some of my findings merely confirm what other authors have found. However, I do believe there are some areas where I have provided some small new insight,” I respond excitedly.

“Don’t make me wait, tell me!” Riandie exclaims.

“As you know, Bachi’s<sup>153</sup> article is significant in my study as I relied on her research to provide some of the direction I needed to explore my experiences. Hers was the only research I was able to locate that applied attachment-based concepts to the field of AAT, more specifically EFP. I would like to believe that my study is unique in that I have managed to use the ways in which Bachi achieved each of the four attachment-based concepts and to adapt them to establishing relationships with children through working with Morkie. I devised my own conceptual framework, as discussed earlier, which included the four attachment-based concepts, namely creating a holding environment, affect mirroring, mentalising and reflective functioning, non-verbal communication and body experience, as well as play and playfulness.”



Riandie nods, and I continue. “I was also able to use my conceptual framework to build a relationship with the young girl who was afraid of dogs.”

“Oh wow, that’s quite rare, isn’t it? You being able to work with the very thing a child is scared of to gain her trust,” Riandie declares. “Honestly, I would have thought that getting a child to feel safe when afraid of dogs, you would need to remove the dog from the therapy room!”

“*Vriendin*, of course it is not uncommon for someone who is afraid of dogs to be referred to a therapist who works with a therapy dog. I did some reading on how to use therapy to support children who are fearful of dogs. I wanted to know what other therapists had found. What is crystal clear is that children should never be pressured into interactions with a therapy dog.<sup>154, 155</sup> It is important to allow them some control over the distance and duration of the interaction.<sup>156, 157</sup> I have also read that playful interactions with a therapy dog can desensitise a child regarding future interactions, and that educating and training a child on how to behave with familiar or unfamiliar dogs can be very effective.<sup>158</sup> Also, if a dog can demonstrate any natural or trained behaviour that is relatively funny, anxiety can be reduced,”<sup>159</sup> I explain, looking up from my notes.

“Okay, how then do you go about this?” Riandie enquires, looking somewhat puzzled.

“Riands, I never pressure children into interacting with Morkie. I believe they should have a sense of control, which will help them feel safe. I also allow them to choose whether or not they want her to be in the therapy room. I will discuss Morkie with them, tell them about her, and show them some photos, as well as introduce some of her toys to them. The author of a book I read recently had similar experiences with her therapy dog. She said that most of the children she worked with who were fearful of dogs eventually requested the therapy dog’s presence during therapy sessions and even initiated interaction with the dog.<sup>160</sup> *Vriendin*, while I have also experienced this, I additionally found that I am able to work through Morkie to gain a child, who is fearful of dogs, trust.”

“I see, you create a holding environment in which a child can feel safe,” Riandie replies contemplatively.

“Yes! In my view, you can’t trust someone who doesn’t make you feel safe. So, in therapy, I let the child decide whether Morkie should be allowed in the therapy room. If this is what Morkie wants, I still keep Morkie in her travel crate. This seems to make children feel comfortable and safe since Morkie is in the room, but still in her crate. I also say aloud that she is safe. I thus make use of affect mirroring as I frequently process a child’s behaviour, pretending I am talking to Morkie, or sometimes projecting onto Morkie.”

“All of this taking place while Morkie is in her crate?” Riandie asks.





“Yes,” I say, smiling. “The girl I saw in therapy was not keen to touch Morkie but was eager to learn about Morkie’s feelings. Her being interested in and sensitive to Morkie’s feelings created quite some awareness when I commented on Morkie’s behaviour as well as on hers. Eventually the girl asked me to open Morkie’s crate door, which again provided her with control. We then did some tricks with Morkie without any physical touching between the two of them. The girl sat on a table and Morkie was on the floor, following her commands.”

“I like it that you also added cooperation and interaction, from the construct mentalising and reflective functioning,” Riandie comments.

“Thank you, *Vriendin*, I learnt so much,” I say softly. “One doesn’t need to touch a dog to benefit from its presence in therapy. There was even non-verbal behaviour and communication since I could still explain what the dog was doing while having the young girl close to it. However, I have to accept that not everyone is as crazy about my Morkie as I am!”

“That is true, but also part of life,” Riandie says.

“Then, lastly, my study, which of course is based on my perspective as a therapist. I believe that I have reported accurately not only on what I have done but also on how I felt during the therapy, including the experiences of the therapy dog and the children’s behaviour,” I say.

“I agree, the study offers an in-depth perspective of your experiences of working with Morkie,” Riandie replies.

We notice Morkie jumping up and running towards the house, seeing my mom approaching with coffee.

“Ah Mom, you are a life saver, thank you,” I say as she places the tray on the chair next to me.

“It is a huge pleasure,” she answers and hands a cup of fresh coffee to both of us, announcing that she will be back soon.

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While sipping my coffee, looking at the laptop, I discover that I have not discussed how Morkie acted as an attachment figure to children. I open the folder, saved “attachment figures”, and click on the document. I am so grateful for all the notes I made and scanned to my computer even though at the time it felt as if I was going a bit overboard. However, now I have much less work.

“Hey, you look quite preoccupied, something wrong?” Riandie suddenly asks.



“Sorry, Riands, I just remembered something that was confirmed in my dream and am wondering if I can share that with you as well.”

“Of course, you must, you can’t say that and not tell me!” she cries out.

“Okay, okay,” I say, looking at the document with all the summaries and notes on attachment figures. “Let me start off by saying that we know from research that children respond well to animals and often find it easy to understand them. This is because animals do not hide their emotions, and children feel accepted by animals.<sup>161, 162, 163, 164, 165</sup> While therapists can be attachment figures to children, and pets to their owners, I believe Morkie acts as an attachment figure to children in play therapy. I have read research findings stating that children often find it easier to establish a secure base and haven when a therapy dog is present because they do not project internal models onto animals.<sup>166</sup> By providing a sense of comfort and safety, animals can also act as attachment figures.”<sup>167, 168, 169, 170, 171, 172, 173</sup>

“I agree, as children tend to trust Morkie first, don’t they?” Riandie enquires and places her feet on the chair opposite mine. “But does she comply with what is required of someone to be an attachment figure in a therapeutic setting?”

“I have read that because the relationship between a therapy dog and a child does not have the same depth of attachment as the relationship or bond between a pet dog and its owner,<sup>174</sup> a child may find it difficult to develop a complete attachment relationship with a therapy dog.<sup>175</sup> Even though the depth of attachment may be different, a therapy dog and a child’s relationship will still involve attachment processes and can still be a strong and positive relationship. The first function of an attachment figure is proximity maintenance, which means being physically close to the attachment figure, especially when a challenging situation presents itself. In my therapy sessions with Morkie, children often gravitate to her, asking to be close to her and enjoying her physical closeness and touch. I always comment on this, supporting Morkie’s behaviour or the child’s by saying that Morkie enjoys being close to him or that Morkie feels safe.” I pause to catch my breath and continue after a few moments. “Riands, the second function involves the attachment figure providing a safe haven in situations of danger or moments of distress, relieving stress and providing protection, comfort, relief, and support.”<sup>176, 177, 178</sup>

“Okay, so how would you say Morkie does this?” Riandie asks, looking at me and smiling.

“Dogs lower stress and blood pressure and help people feel calmer,” I reply. “However, it has been my experience that Morkie’s ability to mirror emotion allows me to process what I have observed in Morkie’s behaviour, with children, create awareness, and then deal with the emotions and behaviour that surface, in therapy. Obviously, she seeks closeness and will sit close to a child, which may also help him feel safe.”



“Definitely, but also showing interaction and interest, and the child experiencing that she cares will probably lead to his feeling accepted and safe,” Riandie adds.

“Yes, that is very true. The third function of an attachment figure entails the therapist becoming a secure base from which unfamiliar settings and experiences can be explored, as well as being a trusting source of comfort.<sup>179, 180</sup> I interpreted this as Morkie being part of the process, resulting in a child no longer feeling alone, either physically or emotionally. Often I will project the child’s challenges onto Morkie, while some children project their own challenges onto Morkie. Be that as it may, in my experience projecting difficulties onto Morkie provides emotional distance and a safe space for children to explore the projected challenges and assist Morkie.”

“As children often respond better to indirect therapy, this is a powerful technique to use in play therapy. A physical source of comfort can be just sitting next to Morkie, or stroking her, or when Morkie climbs onto the child’s lap,” Riandie comments.

“Ah yes, that is so true. The release of oxytocin through the interaction between a child and Morkie may also support the process of her acting as an attachment figure. Oxytocin stimulates social attachment and lowers anxiety, which creates a calming atmosphere of safety, thus supporting the process of forming an attachment in therapy.<sup>181</sup> Looking back on my experiences, it is clear to me that an important part of presenting Morkie as an attachment figure in the therapy room involves my facilitation of the session. Of course, Morkie naturally also interacts with children out of her own free will. However, my behaviour, comments, and facilitation of her activities is vital to the therapeutic process with a child. Therefore, I do feel Morkie is able to act as attachment figure in therapy, supported by my facilitation of the attachment process. Generally speaking, she creates wonderful opportunities for me to exploit in therapy.”

“Of course, *Vriendin*,” Riandie says. “However, I have no doubt that you would also manage very well without Morkie. But I fully agree, your dog enhances your therapy and makes it much more fun. Children find it easier to establish a relationship with you as a result of their enjoyable interaction with Morkie.”

Riandie gets up, stretches, and says, “now I am going for a quick shower before having another adventure, this time in the form of a book I have been waiting to read for some time!”

Laughing and chatting, with Morkie trailing behind, we head towards the house....

### **4.3 CONCLUSION**

This chapter is divided into two sections. In the first, represented as a dream, I share my lived experiences with my therapy dog in play therapy, and how I work through her in establishing trust with children. The second section involves analysis of these experiences on the basis of relevant literature and discussions



with my therapy friend. The following chapter, the final one, reflects on the research questions posed in the study. It also includes a summary, the implications of the findings, and the research story. It concludes with relevant, doable recommendations.



## Chapter 5

### Answering the Research Questions

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#### 5.1 INTRODUCTION

In this auto-ethnographic study, I set out to analyse my lived experiences of how Morkie, my therapy dog, assisted me in establishing relationships with my child clients. After reviewing the literature on animal-assisted intervention (AAI) and animal-assisted therapy (AAT), I identified several areas where knowledge could be expanded. Apart from a need for methodological advancement in the field of AAT, it was also evident that there is a lack of knowledge on the role animals can play in therapy. Another area of study that needed investigation was how attachment theory could help us understand how dogs can assist therapists in establishing a bond with children.

My professional career has been devoted largely to play therapy interventions with a therapy dog. I have benefited from many wonderful instances where my dog Morkie has assisted me in forming strong bonds with child clients. Numerous breakthrough moments over the years working with children have made me realise that an in-depth study of some of these moments could provide useful insights to other scholars and practitioners who use AAPT™. My introduction to auto-ethnography, and the lack of such research in the field at the time, inspired me to employ this postmodernist qualitative strategy (auto-ethnography) in this study.

In this chapter, I (i) answer the study's research questions, (ii) indicate the study's key contributions, (iii) indicate the study's possible limitations, (iv) and offer some recommendations for future research. I also provide a personal account of my doctoral journey. In the epilogue following this chapter, I share what I have learnt and how I have grown during the course of this research.

#### 5.2 ANSWERING THE RESEARCH QUESTIONS

In this section, I answer the study's research questions.

##### 5.2.1 WHAT ARE MY AUTO-ETHNOGRAPHIC EXPERIENCES ON HOW THE THERAPY DOG ASSISTED IN ESTABLISHING THE BOND BETWEEN ME AS PLAY THERAPIST AND CHILD CLIENTS?

Embarking on this research journey, I knew that children are often hesitant to trust and bond with a therapist, especially since they rarely refer themselves for therapy. Children may question the therapist's agenda, trustworthiness, and accessibility. Viewed from an attachment perspective, children's perceptions of therapists can be influenced by past relationships with adults, projecting existing internal models onto the relationship with their therapists, either positive or negative. These internal models



involve the children's understanding of others, their world and of themselves, based on their relationships with their primary caregiver.

The therapeutic bond or relationship between a child and a play therapist is considered the most important variable in ensuring effective outcomes in therapy. It involves trust and emotional connection. A prerequisite for a trusting relationship is an environment where a child feels safe enough to grow and change. From an attachment perspective, the therapeutic bond is about the social-emotional connection between two people. Similarly, a prerequisite for successful play therapy is a child's feeling of safety. Attachment theory emphasises the need for safety and comfort in any attachment relationship. For this reason, my aim in play therapy is to create a sense of safety in children. Once a child feels safe, he may more easily connect with me, develop trust, and start exploring the problems or challenges he is facing.

Following best practice procedure, I discuss working with a therapy dog with the particular child's parents and the child and ensure that they are comfortable with the presence of a dog in the therapy room prior to any sessions with the child. I also allow Morkie to exit her crate only if the child is comfortable with her and agrees to her presence. In my experience, a friendly therapy dog in play therapy room helps "break the ice" during my initial meeting with a child. I have also observed that even children who are fearful of dogs are keen on having Morkie in the therapy room, provided she stays in her crate.

Animals in a therapy room facilitate the communication and relationship between children and therapists. I start the process by discussing Morkie's breed, what she likes, what she dislikes, as well as how to greet her. Children respond naturally to this by sharing stories of their own animals. Sometimes while stroking Morkie, they ask questions about her. Shifting the focus from the child in the therapy room to Morkie appears to give my child clients the space to settle in and to feel less anxious and safer.

Setting boundaries in therapy helps create a safe space where a child knows what is expected of him. With a therapy dog in the room, this can be done by linking the boundaries to the animal's needs. By explaining Morkie's likes and dislikes, I help ensure Morkie and the child's safety. At the same time, I also set the limits for the child's relationship with Morkie and me. I address confidentiality by stating that Morkie will not share what we discuss with anyone else unless the child is in some kind of danger. Since Morkie is a dog, children often laugh at her when I talk about "not telling anyone"; however, I believe this fosters understanding of the concept of confidentiality in therapy.

The presence of a therapy animal generally makes a therapist seem more friendly and approachable to child clients. It is also widely accepted that a therapy animal can act as a model for a child. My experience is that my relationship with Morkie allows children to observe who I am and how I react or respond in a therapeutic relationship. More specifically, by keeping my interactions with Morkie playful and full of fun, children are given non-threatening examples of what they can expect from me. Children often mention that I am really nice to Morkie and that they can see we are having fun. Such feedback supports my belief



that Morkie and I serve as models for my child clients on what they can expect from our therapy relationship.

To overcome resistance to and anxiety about therapy and therapists, child clients need to perceive therapists as genuine, accepting, and empathic. I endeavour to communicate these characteristics in my interactions with Morkie by showing that I believe in her ability to do tricks, by praising her for her efforts, by accepting her, and by having a positive attitude towards her, even when she makes a mistake. Also, by explaining her body language to children, I communicate that I understand how she feels. I believe that these vicarious learning experiences through Morkie help my child clients perceive the therapeutic environment as non-threatening and safe.

We know that children do not project maladaptive models from previous relationships with humans onto dogs. Therapy animals can therefore act as a bridge between therapists and clients, enhancing relationship development. We know also that relationships with animals are likely to be more predictable, simpler, consistent, and accepting for children. I have often observed how my child clients are more open to Morkie than to me and trust her. Working through her has enabled me to connect with my child clients much sooner since I am part of this triadic relationship.

Children are generally more comfortable expressing themselves through make-believe, playing, and projection. Projecting problems or challenges onto a therapy animal or play object promotes communication, relationship building, and emotional expression. Allowing children to project their own problems onto Morkie, or by projecting through her, or by asking questions on behalf of Morkie, I can create a safe emotional distance between my child clients and their problems. It also enables me to explore the children's problems indirectly and provide support at a safe emotional distance. I generally get responses from children fairly quickly when "Morkie asks a question" or when I ask the children to "help Morkie with a problem". I believe that Morkie acts as an emotional buffer between the children and the problems or challenges they may face in therapy. I find that children are more open to working on problems when this is done through Morkie. It has also been my experience that Morkie assists in creating a safe space when I communicate messages of safety and acceptance to children through her. I believe that I achieve this by telling children that Morkie feels safe and secure and that she accepts them. Morkie thus becomes a proxy trust figure through whom I communicate trust.

Play is an important way of creating safety and acceptance and forming relationships. Play helps children relax and process situations. Morkie and my child clients share play and its functions, and Morkie's natural playful personality helps me incorporate playful behaviour into the therapy sessions. I have often observed how Morkie, whether spontaneously or through planned activities, encourages children to participate in play activities. My role is to foster acceptance and safety by continuously stating that Morkie enjoys the



play, feels safe, and likes children. My child clients often smile at these comments of mine, sometimes agreeing or questioning how I know that she likes children. This supports communication.

Unlike a puppet or toy, a therapy dog reacts to children, seeks their attention, initiates play, and responds to their behaviour. Morkie's presence in the therapy room, as well as when she chooses to seek contact with them, appears to make the children feel supported and not alone. Many children have proudly commented on how Morkie "chose" them and sided with them by electing to sit next to them in therapy. Her natural interaction with children, and choosing to be close to them, seems to encourage them to engage with her and, by association, also with me. I use this feeling of comradery between Morkie and children to develop a relationship in which I too am included. This often facilitates active engagement and creates immediacy between child clients and me.

### **5.2.2 HOW DID THE THERAPY DOG ACT AS AN ATTACHMENT FIGURE IN PLAY THERAPY?**

Developing attachment to establish physical and psychological security is considered a normal process for children and adults. It involves a social relationship with a stronger, more competent figure, also called an attachment figure. Interactions with a supportive attachment figure, who is available in times of need, supports the development of attachment security and positive internal working models. An attachment figure serves three functions: proximity maintenance and providing a safe haven and a secure base. Proximity maintenance involves a child seeking and maintaining close proximity with an attachment figure, especially in difficult times. An attachment figure also needs to provide a safe haven in situations of distress by offering comfort, protection, support, and relief. The third function, namely providing a secure base, involves an attachment figure becoming a foundation from where unfamiliar settings and experiences can be explored. It has been established that a therapist can fulfil these functions as an attachment figure. Similarly, the unique characteristics of animals, such as being non-judgemental, loyal, and unconditionally accepting and loving, make animals ideal for facilitating attachment relationships in therapeutic settings. Since animals do not hide their emotions, children generally respond well to them and tend to find it easy to understand them.

Close proximity to a therapy animal comforts and supports clients and alleviates their stress. I have often observed how Morkie initiates physical closeness with my child clients by moving towards them, sitting next to them, or touching them. They seem to enjoy being physically close to her, especially when they feel insecure, vulnerable, or in need of support. My role in providing children with proximity maintenance through Morkie includes arranging opportunities for physical interaction and closeness. I have organised my therapy room in such a way that it facilitates close proximity. For seating purposes, I arrange pillows and cushions on the floor, creating a comfortable space for Morkie next to the children, or enabling her to sit on the desk while the children are busy with other activities. The children seem to find this comforting and welcome Morkie's closeness. This is particularly evident when they move to create space for her next





to them on a cushion. Also, the children sometimes move their books and paint on the table to ensure there is enough space for her to sit next to them.

It is ethically appropriate for a play therapist engaging with child clients to limit physical contact as far as possible. Working with a therapy dog helps a therapist limit physical contact between child clients and herself by encouraging the children to interact physically with the dog. Touching and physically interacting with therapy animals supports proximity maintenance and allows children to feel loved, liked, and accepted.

Therapy animals' eagerness to interact and play with children supports attachment behaviour and staying in close proximity to the children. Morkie's spontaneous interactions with children, which include moving closer to them, pawing their hands or shoes for attention, licking their hands, climbing onto their laps, or initiating play with them has helped me on numerous occasions promote proximity maintenance. Here my role involves continuously commenting on Morkie's and the children's interactions and behaviour. I create awareness in children that Morkie wants to be close to them, which makes them feel liked and accepted. Selecting play activities such as teaching Morkie tricks, training her, and playing with her also encourages interaction and closeness between Morkie and the children in the therapy room.

Creating a safe haven involves giving clients a sense of protection, comfort, relief, and support, particularly in times of danger or distress. A therapist's interactions and relationship with a therapy animal can help clients experience the therapy room as a safe haven. By observing that the therapist accepts and responds positively towards the animal, even when the animal makes a mistake, generally helps clients believe that the therapist will respond similarly to them. Clients often identify with the therapy animal's needs and uncertainties and therefore also feel unconditionally accepted by the therapist.

I have noted how my child clients observe my interactions with Morkie. How I treat her and respond to her creates expectations in them on what they can expect from me. Since I verbalise compliments to Morkie, forgive her for her mistakes, and encourage her, my relationship with her communicates unconditional positive regard.

Children who are processing grief, anxiety or other problems, or who are feeling emotionally overwhelmed, often seek out a therapy animal as a kind of safe haven. I have seen how children move closer to Morkie when we discuss problems or challenges in their lives, sitting near her, stroking her, allowing her to climb onto their laps, or sometimes lying down on the cushions next to her. This seems to calm them down – they relax their hands, their fidgeting decreases, and their tempo of stroking Morkie slows down. They also start talking more about Morkie or their own pets, ask questions about her, or become quiet and are just present in the moment. My role is to verbalise what I see, how Morkie reacts, and how the children react and also to create awareness of their being safe, calm, and accepted.



Dogs are known to show empathy, to read people's body language, to understand tone of voice, and to sense human behaviour and feelings. Therapy dogs in particular are known to adjust their behaviour according to clients' moods. I have often observed how Morkie's behaviour changes when she interacts with my child clients. The change in her behaviour and what she is mirroring seem to reflect the children's feelings, experiences, and behaviour. I interpret her behaviour and tell the children what I observe she is doing, which then allows me to assess if my interpretation of Morkie and the children's behaviour is accurate. I share my observations directly with the children, for example: "Morkie seems to be feeling sad." Sometimes I ask the children to confirm if Morkie is feeling a certain way, for example: "It seems like Morkie is feeling a bit sad, what do you think?" On other occasions, I ask about Morkie's feelings but relate them back to the children, for example: "Morkie seems to feel a bit sad, but I wonder if it is because she can sense what you are feeling?" This strategy often supports my interpretation of Morkie's behaviour as well as that of the children. Empathy is thus communicated.

A secure base enables children to feel safe enough to explore unfamiliar settings and experiences. In a secure base, an attachment figure needs to be a trusting source of comfort. It is well known that children tend to trust animals when they are not able to trust human beings. I have observed how Morkie's presence and her physical proximity creates a secure base for children. Children seem to experience comfort from being close to Morkie – they often move closer to her, even when she is in her crate. I have also noticed children commenting on Morkie wanting to be with them, or that she is on their team, indicating that they feel comforted, reassured, and supported by her presence. In order to create awareness and feelings of being safe, I verbalise to my child clients, when I observe Morkie displaying behaviour of feeling safe, as well as when I notice the children relax and feel safe.

I am able to create a secure base for my child clients through Morkie by exploring the problems or challenges they are facing in their own lives. I achieve this by projecting the children's problems onto Morkie, which often results in their feeling safe enough to explore these problems indirectly through Morkie. I also encourage them to project their own problems or challenges onto Morkie or to share them with her. I then assist the children in exploring options to "support Morkie" in dealing with the problems they projected. The emotional distance and expression that takes place, while working through Morkie as medium, creates a secure base for the children and enhances their feelings of safety.

Research has shown that children who are afraid of dogs can still benefit from working with them in therapy. By supporting children to feel safe and in control, and by slowly desensitising them, they can overcome their fear and continue to enjoy a beneficial therapeutic experience. In my practice too, I have found that I can work through Morkie in instances where children are fearful of dogs. I achieve this by making the children feel safe, by giving them control over their choices, and by never forcing them to interact with Morkie. In difficult cases, I keep Morkie in her travel crate in another room. While she is still in her crate, I offer the children the choice of allowing her into the therapy room. In my experience, such



children seem comfortable when Morkie is allowed into the room, on condition that she remains in her crate. In my sessions with her in the crate, I have found that the children sit close to the crate or ask me to move it closer to where they are seated. Even though they do not express a wish to touch her physically, I believe this is akin to proximity maintenance. With her in the crate, and especially when she paws at the crate's door, it seems that she likes the children, feels safe, and wants to interact with them. When I tell the children that Morkie wants to interact with them, they smile or ask if this is really true and why this is the case. This opens up an opportunity for me to communicate further with them by using Morkie.

Even with Morkie in her crate, I comment on the children's feelings and on how she feels, or ask questions on her behalf. I often touch Morkie through the crate's door, praising her and encouraging her. This, I believe, models how my interactions with the children will be and also helps them feel safe. Moreover, the children often ask more questions when I interact with Morkie through the cage door, play with her, or make comments on her behalf. It seems that the children feel more comfortable talking to me when I am kind to Morkie in her crate despite their fear of dogs.

I evaluate attachment in my child clients by using evidence-based attachment indicators. These indicators have four phases, namely the pre-attachment, attachment-in-the-making, clear-cut attachment, and goal-corrected partnership phases.

As stated earlier, children rarely refer themselves for therapy and consequently may initially be cautious about interacting with a therapist. The pre-attachment phase is accordingly frequently characterised by anxiety, fear of rejection, and distress. I often notice signs of anxiety when I meet children during the initial sessions; however, interactions with Morkie or discussions about her seem to reduce the anxiety and help in successfully navigating the pre-attachment phase.

Indicators that children are moving towards the second phase – attachment-in-the-making – include regularly attending sessions, being excited about the sessions, and willingness to see the therapist again. During this phase, the therapist needs to be supportive, accepting, and encouraging. I find that my child clients initially prefer closer proximity to Morkie, and Morkie's acceptance of them seems to be more important at the commencement of therapy than seeking my acceptance. They often ask if Morkie likes them, and I continually respond that she does and that she accepts them. I believe that by working through Morkie as medium and praising the children's interactions with her – while being supportive, accepting, and encouraging towards her – I can model these interactions to the children. I have observed that the children then often become more interactive and take part in activities and experience therapy as fun, soothing, and positive. Morkie's participation in the games they play, such as training her and teaching her new tricks or commands, helps the children experience therapy as fun.

The clear-cut attachment phase generally includes more suggestions from the therapist, and the children being more amenable to these suggestions to support themselves, while also asking for advice from the



therapist. I have observed that it is beneficial for children to experience emotional distance in order to feel safe in dealing with the problems or challenges they are facing in therapy. I achieve such distance by working through Morkie. I find what works well is pretending that Morkie can speak and has her own ideas. On occasion, I offer ideas to Morkie directly, pretending that I am giving Morkie ideas. I have found that the children usually agree with my ideas to Morkie, since they want to help Morkie. These ideas are aimed at supporting the children in solving the problems confronting them. During this phase, the children frequently ask me directly for advice and guidance. This is a good indicator that they are feeling safe enough to start forming a bond with me, even though Morkie remains an important part of the therapy process.

The last phase, the goal-corrected partnership phase, is characterised by a more collaborative relationship with the therapist where children may be more open to suggestions from her. Since they start to form a bond with me in this phase – while I am still working with Morkie – I do fewer interventions through her as medium. The interactions become more direct as the children tend not to feel the need to communicate through Morkie, feeling comfortable enough to talk to me directly.

### **5.2.3 HOW CAN MY CONCRETE EXPERIENCES AND ABSTRACT SCHOLARLY CONCEPTS BE USED TO EXTEND CURRENT KNOWLEDGE ON AAPT™?**

Based on what I have observed and experienced in practice, and supported by evidence from the fields of play therapy, AAPT™, and attachment theory, I have developed a conceptual framework for working with my therapy dog to foster bonds with my child clients.

My conceptual framework contains the following five theoretical constructs: (i) play and playfulness, (ii) creating a holding environment, (iii) affect mirroring, (iv) mentalising and reflective functioning, and (v) nonverbal communication and body experience. I have also formulated various strategies and techniques that have enabled me to operationalise the various theoretical constructs when working with my therapy dog. These strategies represent the decisions that direct my actions during play therapy, while the techniques are the actions that I take and the skills that I use when I work with Morkie.

Table 5.1 shows the five constructs. The strategies linked to each of these constructs can be seen in the middle column, while the last column describes the techniques I used to skilfully integrate a dog in therapy.



**Table 5.1: Conceptual framework for establishing a bond with a child, assisted by a therapy dog (adapted from Bachi, 2013, pp. 190–194)**

Constructs adapted from play therapy, AAPT™, and attachment theory	Strategies for operationalising the five constructs	Techniques applied in therapy
<b>Play and playfulness</b> (play therapy, AAPT™)	<b>Creating a playful atmosphere</b>	<ul style="list-style-type: none"> <li>✿ Use laughter and humour with the therapy dog and child to create a fun and playful atmosphere.</li> <li>✿ Adjust my tone of voice to be fun-filled, happy, and cheerful when speaking to the therapy dog and child.</li> <li>✿ My body language needs to communicate a relaxed and playful atmosphere in the presence of the therapy dog and child.</li> </ul>
	<b>Initiating playful interactions</b>	<ul style="list-style-type: none"> <li>✿ Keep all interactions between the child and therapy dog light and playful.</li> <li>✿ Keep all interactions between the therapy dog and me light and playful.</li> <li>✿ Keep all interactions between the child and me light and playful.</li> </ul>
	<b>Creating playful activities</b>	<ul style="list-style-type: none"> <li>✿ Choose activities that involve play and playfulness between the therapy dog and child.</li> <li>✿ Both the child and therapy dog need to have fun.</li> </ul>
<b>Creating a holding environment</b> (play therapy, AAPT™, attachment theory)	<b>Create a physical environment that is a holding environment</b>	<ul style="list-style-type: none"> <li>✿ Actual play room environment.</li> <li>✿ Morkie's presence.</li> <li>✿ Greet/Talk to Morkie to break the ice.</li> </ul>
	<b>Enhance trust and feeling safe in the therapeutic setting</b>	<ul style="list-style-type: none"> <li>✿ Write letters from Morkie to the child.</li> <li>✿ Ask the child: What does Morkie want to do?</li> <li>✿ Explain a situation to Morkie, instead of directly to the child.</li> <li>✿ Help the child understand Morkie's body language.</li> </ul>
	<b>Create an environment of acceptance and non-judgement</b>	<ul style="list-style-type: none"> <li>✿ Communicate Morkie's interest in the child.</li> <li>✿ Communicate acceptance and non-judgement through Morkie.</li> </ul>
<b>Affect mirroring</b> (play therapy, AAPT™, attachment theory)	<b>Verbal processing of the therapy dog's behaviour</b>	<ul style="list-style-type: none"> <li>✿ Pretend to explain Morkie's behaviour.</li> <li>✿ Comment on Morkie's ability to mirror affect.</li> </ul>
	<b>Projection by the therapist</b>	<ul style="list-style-type: none"> <li>✿ Project the child's challenges onto Morkie.</li> </ul>
	<b>Projection by the child</b>	<ul style="list-style-type: none"> <li>✿ Allow and help the child to project onto Morkie.</li> </ul>
<b>Mentalising and reflective functioning</b>	<b>Create awareness of someone's feelings</b>	<ul style="list-style-type: none"> <li>✿ Comment on how Morkie is feeling by pretending to speak to her.</li> <li>✿ Direct comment about the child made to Morkie.</li> </ul>



Constructs adapted from play therapy, AAPT™, and attachment theory	Strategies for operationalising the five constructs	Techniques applied in therapy
(play therapy, AAPT™, attachment theory)	<b>Comment on the therapy dog's feelings to provide attachment security</b>	<ul style="list-style-type: none"> <li>✿ Suggestibility: Suggest that Morkie feels safe.</li> <li>✿ Use animal metaphor or story to share that Morkie feels safe.</li> </ul>
	<b>Cooperation/Interaction</b>	<ul style="list-style-type: none"> <li>✿ Cooperate on an activity between the therapy dog and child.</li> <li>✿ Train Morkie.</li> <li>✿ Perform tricks with Morkie.</li> </ul>
	<b>Look after the therapy dog</b>	<ul style="list-style-type: none"> <li>✿ Take Morkie for a walk.</li> <li>✿ Pour water into Morkie's bowl.</li> </ul>
<b>Nonverbal communication and body language</b> (play therapy, AAPT™, attachment theory)	<b>Use nonverbal communication to promote a bond</b>	<ul style="list-style-type: none"> <li>✿ Allow and help the child touch and be close to Morkie.</li> <li>✿ Provide insight into Morkie's nonverbal behaviour.</li> <li>✿ Teach nonverbal signals to the child to communicate with Morkie.</li> </ul>

In the following section, I discuss the constructs as well as the strategies and techniques contained in the conceptual framework.

### ✿ Play and playfulness

I use three strategies to promote play and playfulness during play therapy. These strategies are creating a playful atmosphere, initiating playful interactions, and devising playful activities. A playful atmosphere creates a feeling of safety for children and helps build relationships. The techniques I use to create such an atmosphere include laughter and humour. Making jokes or comments about Morkie's behaviour often "breaks the ice" since the children do not feel they are the centre of attention. I have found that it is often more effective to make jokes about Morkie's behaviour or silly things she thinks about than making jokes with the children. For example, children laugh when I jokingly say that Morkie likes them and wants to share her dog treats with them – they respond by laughing and threatening to "tell" Morkie that they do not eat dog treats. Without realising it, the children start interacting with me, through Morkie.

It is generally acknowledged that a therapist's tone of voice and body language are important in communicating a relaxed and playful atmosphere. By adjusting my tone of voice to sound happy, cheerful, and full of fun when I speak to Morkie, children are encouraged to be playful themselves. Similarly, my body language is valuable in communicating a playful and relaxed atmosphere to children as well as Morkie. Some children seem surprised when I sit on the floor with them and Morkie and ask me if I always do this. Joining them on the floor creates a feeling of being on the same level as the dog and the children.



Since Morkie takes her cues from my body language, this may also make her feel safe and comfortable interacting with the children. She seems to sense the atmosphere and often interacts playfully or performs some activity to gain the children's attention. When she does this, I comment that she likes the children and wants them to like her in return.

I facilitate playful interactions by commenting on Morkie's behaviour and thereby giving the children insight into her behaviour. I endeavour to keep this full of fun, light, and playful, while communicating messages of safety and acceptance. Examples of the activities I use are hiding treats and placing my hand under a pillow, which often results in Morkie pouncing on the "imaginary mouse". The children enjoy this and ask if they too can try to be the "imaginary mouse".

### **✿ Creating a holding environment**

The second construct, creating a holding environment, involves creating a physical and emotional space where children feel safe.

A therapy room is crucial in creating a physical holding environment. I have therefore developed a therapeutic space that seems inviting and safe to children. The therapy room's décor and furniture have been designed to provide a child and dog friendly environment that includes child therapy toys, dog toys, and dog puzzles for Morkie. I have called the room, "Morkie's room", since I believe a friendly and non-threatening little dog can remove any stigma that may be attached to a "therapy room". Children (including children with a fear of dogs) have been curious about this, asking if it really is Morkie's room, whether she stays there, and if she really likes children. Morkie's physical presence in the room contributes to creating a safe space where children feel supported, accepted, and welcomed by a friendly little dog.

Techniques I often use to enhance trust and feeling safe include writing letters from Morkie to the children; explaining a situation to Morkie instead of discussing it directly with the children; and asking the children what Morkie would like to do. These techniques are all focused on making children feel safe and in control.

In my experience, children who are initially resistant to therapy, or who feel uncertain about making choices, are often more willing to make choices on Morkie's behalf since they feel they are not making the choice themselves. Such children seem to feel more in control as I do not force them to make choices. Furthermore, children seem to feel safe when I explain Morkie's behaviour to them, which gives them some understanding and predictability in the session. I also help the children understand what their own body language communicates to Morkie. The children seem to gain insight and appear to feel more in control and may therefore to a greater extent experience being safe in the therapy environment.

The final strategy, creating an environment of acceptance and non-judgement, is achieved through Morkie's natural and spontaneous interest in children. Like most dogs, Morkie lives for the moment, offers



unconditional acceptance, and is perceived as non-judgemental, regardless of the problems or challenges children may face or behaviour they may feel ashamed of. In addition to Morkie's natural interaction with children, I interpret what I understand from her behaviour and communicate it to the children, support the children feeling accepted.

### ✿ **Affect mirroring**

Affect mirroring is a caregiver's visual and auditory feedback on a child's emotional state. Working alongside Morkie, I use verbal processing and projection as strategies to achieve affect mirroring. It is generally believed that affect mirroring should include dialogue, as dialogue may prevent situations where children unknowingly misinterpret behaviour. Although affect mirroring occurs between Morkie and me, children seem to experience it more as a discussion. This enables me to present scenarios where children's possible misinterpretation of the dog's behaviour may result in feelings of rejection. By pretending to speak to Morkie, I reflect the emotions and insight I want the children in the group to become aware of in order to support them in feeling protected and safe.

As indicated earlier, dogs seem to mirror affect naturally by smelling and sensing behaviour. Therefore, whenever I notice a change in Morkie's behaviour, I verbalise it in an attempt to determine if my interpretation of the behaviour is correct. This generally involves to reflect the children's behaviour to show empathy, to allow them to feel heard, and to gain insight into their feelings and behaviour. In addition, the children may gain insight into Morkie's behaviour, which often translates into understanding their own and other people's behaviour. An example here is: "I can see from Morkie's behaviour that she feels a bit sad, and I wonder if you also feel sad." This strategy has often worked well as the children then seem to open up and trust me. This may be as a result of their feeling understood, safe, and not alone.

It is well known that projection facilitates affect mirroring. Furthermore, it helps children express themselves, which in turn may help the therapist gain insight into their thoughts and feelings. I use projection in two ways: by projecting behaviour onto Morkie and by encouraging the children to project onto the dog. Projecting problems or situations similar to the children's onto Morkie can increase their feeling of being safe and can indirectly give them insight into how to deal with their own problems. Often I find that children undergoing therapy will admit to Morkie that they too face a problem or challenge similar to the one I projected onto her. By encouraging them to project onto Morkie, I focus on helping them experience feelings of being safe and protected. More importantly, I continually verbalise and exude a sense of security, which may assist the children in feeling secure.

### ✿ **Mentalising and reflective functioning**

Mentalising and reflective functioning are known to support attachment security and feeling safe. In therapy, it is acknowledged that this construct increase children's sensitivity and awareness of other





people's behaviour and emotional needs. I use four strategies to achieve this construct: creating awareness of someone's feelings, reflecting on the dog's feelings to provide attachment security, cooperation/interaction, and looking after the dog.

I have often experienced that children seem more interested in Morkie than in me. They are also concerned about Morkie's feelings and her wellbeing. Once children are aware of Morkie's feelings and how their behaviour affects her, they want to rectify or change their behaviour. This change and awareness eventually translate into the children's interactions with other people. I aim to create awareness by projecting feelings onto Morkie: I pretend to speak to Morkie while I verbalise what Morkie "feels" as a result of the children's behaviour. I also "speak" to Morkie and comment on the children's behaviour. Thus, while my discussion is with Morkie, the children hear my comments.

Commenting on a therapy dog's feelings to facilitate attachment security is another strategy used in mentalising and reflective functioning. Using suggestibility as a technique involves verbalising that Morkie feels safe in the children's presence or in the therapy room. As a result of the children's responsiveness to Morkie, they seem more open to suggestions from her or ideas involving her. Hearing that Morkie feels safe transfers to the children, helping them feel safe as well. Other techniques that can be used in achieving attachment are animal metaphors or storytelling. Conveying a message through a story, either involving a therapy dog or using an animal metaphor or experience, is known to assist children in processing the animal's experience or story. It is also known that children process and experience animal stories from their own perspective.

Cooperation/Interaction between children and a therapy dog is a well-known strategy for creating awareness of the therapy dog's and others' behaviour. The techniques include cooperating in an activity between the therapy dog and the children, training Morkie for a new behaviour, or performing a trick with Morkie. These three techniques, which are popular in therapy, require cooperation and interaction between Morkie and the children. Children seem to enjoy working with Morkie, and Morkie in turn loves the attention and treats she gets as rewards from working with them. The therapist's facilitation of the cooperation and interactions is important in creating awareness in children.

The last strategy, mentalising and reflective functioning, entails looking after the therapy dog. It has been established that children experience control and a sense of responsibility when they are tasked with looking after a therapy animal. This can also indirectly nurture the children's own need to be looked after and to feel needed. In my practice, I ask my child clients to give Morkie water and food or to take her for a walk. Most children enjoy this. Shifting the focus and reason for undergoing therapy to the dog and her needs seems to calm children initially. Once again, I facilitate the sessions through my comments to Morkie, which can enhance understanding and insight on the part of the children.



## **❁ Nonverbal communication**

Translating a therapy animal's behaviour into words by verbalising what she is doing, feeling, and most probably experiencing, supports nonverbal communication. Working with Morkie, I reflect on her nonverbal behaviour, in order to give the children under therapy insight into nonverbal behaviour and to create feelings of safety. Verbalisation is not always required; for example, Morkie sometimes seeks close interaction with the children, especially when they seem anxious or depressed. Where they receive nonverbal support from Morkie, words are not needed – in fact, talking may ruin the moment. I therefore allow the children and Morkie to spend time together until they involve me or stop the interaction. In situations where Morkie just sits with the children, stares at them, or where they stroke her often leads them to say that they feel she understands them.

Lastly, another strategy to support nonverbal communication, especially evident in AAPT™ constructs, involves teaching children nonverbal cues to communicate. These include hand signals and using their bodies to communicate with a therapy animal. This teaches children additional communication skills and gives them control over their own behaviour, which they can use to interact with others.

### **5.3 KEY CONTRIBUTIONS**

Chapter 1 provided a brief introduction to the anticipated contributions of this study to the literature and the methodology and practice in the field. The following section covers how I believe the study has delivered on these anticipated contributions.

#### **5.3.1 LITERATURE**

The challenge posed to auto-ethnographical researchers is to link lived experiences with theory. In this study, I endeavoured to do just that. I linked my personal lived experiences to the literature and theoretical constructs in the fields of play therapy, the therapist-child client relationship, attachment theory, and AAPT™. I provided detailed descriptions of the role my therapy dog played in establishing a therapeutic bond between my child clients and me, and of how I worked with my therapy dog. By incorporating constructs from play therapy, AAPT™, and attachment theory in a conceptual framework, I was able to demonstrate how I applied these constructs in my lived experiences with child clients and working with my therapy dog.

I believe that through demonstrating how I explicitly linked my personal experiences to theoretical concepts in the literature, I showed how a therapist can work with a therapy dog to establish a relationship with child clients and how attachment theory can be applied to AAPT™ to increase trust and develop a relationship between children and a therapy animal, and eventually between children and a therapist. I



also showed how an attachment perspective can assist a therapist in using a therapy dog to fulfil the role of an attachment figure in play therapy.

### **5.3.2 METHODOLOGY**

The study demonstrated how auto-ethnography as a qualitative research strategy can be applied to AAT and AAPT™. Sharing my understanding and interpretation of auto-ethnography as a play therapist may also help other therapists in the application of auto-ethnography in play therapy and AAPT™. More specifically, the study illustrated how auto-ethnography can be applied to mental health, psychotherapy, and other health-related fields in South African research on AAT/AAPT™.

### **5.3.3 PRACTICE**

In promoting innovative therapeutic techniques, the study can contribute to the advancement of mental healthcare. Therapists can apply the knowledge acquired during the process of forming a therapeutic bond with clients with the use of a therapy dog to obtain greater insight into the application of AAPT™. The conceptual framework based on constructs of play therapy, AAPT™, and attachment theory offers some useful ideas on how to form a bond with children in play therapy with the help of a therapy dog. It also offers constructs and concrete strategies and techniques based on my experiences in working with a therapy dog.

Therapists can benefit from applying these strategies and techniques to their own therapeutic practice by working through a therapy dog to gain children's trust. Therapists can also gain insight into the practical application of these strategies and techniques in establishing a relationship with children who have a fear of dogs. Practical strategies and techniques of how I work with my therapy dog as an attachment figure can help practitioners expand their own skills and ways of supporting children in therapy, especially when the focus is on play and playfulness in creating a safe and secure environment for children.

## **5.4 LIMITATIONS OF THIS STUDY**

One of the limitations (which could easily also be one of the biggest challenges I faced) was the extent to which I embraced auto-ethnographical research. I state this as a limitation as it took many hours to arrive at the conclusion that I was the primary and most important data source in this study and not my clients and their stories. This meant that I had to adjust my data collection strategy to overcome this limitation. One example is the vignettes I wrote for the study. These vignettes reflect my struggle to accept that my lived experiences are important enough and are valued. I started writing these vignettes thinking that I needed hard evidence from clinical cases that I could quote in my study to make my lived experiences valid and legitimate. In writing the five vignettes, I later realised that my focus was on the clients and not on my own experiences. This brought me to an impasse. I had either to let go of the vignettes completely



or to use them in the best way possible, which was for them to act as reminders of all the memories and my lived experiences. Instead of using quotes from the vignettes as initially planned, I opted to use them to compile an auto-ethnographic tale. This served two purposes, namely to keep me focused on sharing what I had experienced and lived and also to build my characters in the tale around real life clients who had taught me so much about myself and my method of therapy without compromising their identity. The vignettes also reminded me how the study challenged me to be adaptable and, most importantly, how far I had come in my journey.

A second limitation that I could not foresee was how my passion for what I do and Morkie's role in my practice would interfere with sharing my lived experiences in this study. Initially, I wanted to ascribe all my experiences to Morkie's involvement, and to a certain extent I wrote as if she was the one who effected change in so many of my clients. Again, I think this relates to my difficulty in acknowledging that in this study I was the source of knowledge and that this was acceptable. This became a limitation in the study as I believe it cost me a lot of valuable time and also to some degree influenced the depth to which I was able to write about my own experiences. It felt almost felt like a betrayal of my dog to move the limelight from her and to shine it on my own observations, thoughts, ideas, and insights. I think I still struggle with this since I am regularly reminded by my supervisor (even now towards the end of the thesis) about how I need to be careful not to make Morkie the "magic bean" in this story. I constantly have to manage this limitation (challenge if you like), and at this point I have to say that I rely on the voice of my supervisor to keep me true to my study's focus.

Looking back now, I realise how much I have grown, since I now view Morkie as my assistant. The fear of not acknowledging Morkie for her work has disappeared since I still acknowledge the amazing dog she is. The difference in my perspective now is that I can also acknowledge that I am the therapist and that I do the therapy, alongside Morkie. This limitation was strong in the study, and whether I succeeded in overcoming it fully is open to question. I did, however, try to be more objective, and I believe grew as a person, therapist, and researcher when I started to acknowledge the limitation.

## **5.5 RECOMMENDATIONS FOR FUTURE RESEARCH**

In the light of the preceding, I offer the following recommendations for further future research should --

- ❁ Include a broader study on operationalising the suggested conceptual framework in this study.
- ❁ Investigate other play therapists' experiences, feedback, and suggestions on the application of the strategies and techniques contained in the conceptual framework described in this study.
- ❁ Focus on the outcome of applying the techniques and strategies used in this study to establish a relationship through a dog working with children with a fear of dogs.



- ✿ Explore how child clients with a fear of dogs experience the play therapy process when the therapist is working with a therapy dog while working with children with a fear of dogs.
- ✿ Explore how a bond can be established between a play therapist and child clients when working from, for example, Gestalt, person-centered or psychoanalytic perspectives.

## 5.6 SUMMARY

In this chapter, I answered the research questions, indicated the study's key contributions, discussed the possible limitations, and offered recommendations for future research. In the epilogue in the next section, I share my personal account of this doctoral journey. I indicate also what I have learnt and how I have grown during the research process.



## Chapter 6 Epilogue

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### 6.1 INTRODUCTION

I have frequently been asked whether I prefer a sunrise or a sunset and, in all honesty, I choose a sunset. I find that there is something magical about a sunset; perhaps it is the soft rays gently touching everything for the last time, giving off a warm glow (see Figure 6.1). It may be the changing sky, creating a canvas of colours ranging from orange and pink to eventually sky blue. Maybe it is the clouds, perfectly outlined against the golden rays of the sun, creating a magnificent picture. Be that as it may, I find that watching the sun set, prompts me to think back on the day's events, reflecting on what was rewarding as well as what was challenging and the lessons I learnt that day. Sunset is the time of day when I try to make sense of the challenges in my life, speak to God, or just reconnect with myself.



**Figure 6.1: Sunset on our farm**

Watching a sunset allows me to experience closure of the day, with the promise of second chances tomorrow. Similarly, this epilogue is the sunset of my research journey. In this chapter I reflect on my research journey and share some of the important decisions I made or events that shaped the journey. It has been an incredible journey, and I am proud to have been part of it; however, before the sun can finally



set on my journey, I ask myself a few questions about its outcome. I share these questions and answers with readers in the following sections.

## **6.2 DID I LIVE UP TO THE EXPECTATIONS OF ANALYTIC AND EVOCATIVE AUTO-ETHNOGRAPHY?**

I chose to combine analytic and evocative auto-ethnography in the study because both these methods have strengths that I wanted to exploit. Evocative auto-ethnography allowed me to share my personal experiences and incorporate my love for stories in the study. At the same time, analytical auto-ethnography allowed me to analyse my experiences, linking them with theory to provide broader insight into how my experiences made sense on a scholarly level. In the following section, I briefly reflect on how I believe I met the expectations of these two approaches.

Analytic and evocative auto-ethnography both evoke emotional responses. Both approaches also share features such as viewing the researcher as a complete member of the research process, and treating her or him as visible and active in the narrative. I was a complete member of the research process in that I shared my personal experiences as a play therapist. As a researcher, I then analysed these experiences, linking them to theoretical concepts in order to gain deeper insight into my experiences. I thus fulfilled dual roles as research subject and researcher. Even though this is frowned upon in positivist research methodologies, in auto-ethnographic studies, it is considered a strength.

As researcher, I wanted to be visible and active in the study and in the text, and I believe I succeeded in this. Throughout the study, I wanted to play an active role by sharing my experiences and endeavouring to be transparent and open. I focused on sharing my personal thoughts to show that I was personally engaged in the concepts and the topic being studied. An example that comes to mind is where I related how I practically engaged with child clients while linking this engagement to attachment concepts. This was not an easy task as I felt exposed. Of course, I wanted to share my personal insights and experiences, but by making myself visible, I also opened myself up to criticism. I would be lying if I said that I never worried that other therapists might criticise my way of working with children and my therapy dog. I had doubts, but I had to push them aside and remind myself that this was a personal study, that I believed in myself, and that I hoped others could learn from my experiences and even from my mistakes.

Analytic auto-ethnography has three features that differ from those of evocative auto-ethnography. The first distinguishing feature is analytic reflexivity, which entails self-reflection and self-examination. I found it challenging to reflect and examine myself as I did not always see my own biases or opinions. They were such a strong part of me that I had to work on gaining some perspective on how I viewed myself and my research. Reflecting on my research journal, reading other auto-ethnographic studies, and lengthy discussions with my supervisors helped me become more reflexive. I nevertheless believe that reflexivity is a continuous process and not merely a once-off reflection. I had to work really hard at thinking about



my own reflections and opinions. Initially, I was offended if my supervisors criticised my thoughts or reflections; however, later I realised that they were simply challenging me to apply self-reflexivity. I also had to accept that I influenced the study as it was, after all, based on my experiences. This required deeper and more intensive reflections to understand where I positioned myself in the research process, and how I was able to feel more comfortable sharing my experiences while also analysing them.

The second feature that sets analytic auto-ethnography apart from evocative auto-ethnography is that the researcher commits herself or himself to dialogue with “informants beyond” the self. This was challenging since I did not focus on my child clients’ experiences, but on my own experiences of working with the children. There were therefore no other research participants apart from myself. In order to achieve a meaningful and scientific dialogue, I focused on the literature and theoretical concepts based on AAPT™ studies and on applying attachment concepts to therapeutic practice. I thus entered into a dialogue with other scholars through the literature, enabling me to gain greater insight into my own experiences.

Commitment to an analytic agenda is the third feature of analytic auto-ethnography that distinguishes it from evocative auto-ethnography. I endeavoured to adhere to such an agenda by focusing not only on evoking emotional responses but also on enhancing theoretical understanding. I aimed to achieve theoretical understanding by linking my experiences to attachment-based concepts, play therapy, and AAPT™. I also compared my experiences to relevant theoretical concepts and, to accomplish this, I had to draw several mind-maps of my experiences that were linked to theoretical insights. Discussions with peers greatly assisted me in making sense of my experiences since I found all the information overwhelming at times.

A book by Adams et al. (2015) assisted me in making sense of my adherence to the goals of evocative auto-ethnography, namely contributing to knowledge, valuing the personal and experiential, demonstrating my craft, showing responsibility and power in stories and storytelling, and taking a relationally responsible approach to research practice and representation. With regard to the first goal, I believe I contributed to knowledge in the field since I not only shared my personal experiences but also linked these experiences to theory. I identified the different strategies and techniques I used in AAPT™ and demonstrated how they were aligned to the various theoretical constructs described in the study.

I honoured valuing the personal and experiential by incorporating myself in the text. I believe I achieved this by including my perspectives in the context of my experiences and by exploring these experiences to gain insight into social situations. I endeavoured to use emotions and even bodily experiences to describe and make sense of my observations. I embraced the risks of presenting myself and sharing who I am on the different levels in my life, namely the personal level, the academic level, and the therapeutic level.

I was anxious about how readers might perceive my experiences and therefore also how they might perceive me as a person, researcher, and therapist. I had to share my deepest thoughts and experiences





as therapist, researcher, and person. This opened me up to criticism, especially as a therapist and psychologist. I am in general very reserved about sharing personal experiences with clients. I have dealt with this by working through Morkie as a medium, often diverting attention from my own life and rather sharing information on Morkie's life. This was clearly not possible in my auto-ethnographic writing, and suddenly I was faced with the fear of people disagreeing with me, of other therapists criticising how I worked with Morkie, and doubting whether my work was "good enough". As a way of dealing with these fears, I had several in-depth discussions with Dr. Bester and also took time off to reflect on my reasons for choosing to share my experiences. I came to the realisation that there would always be people who disagreed with me and that my reasons for sharing my experiences were linked to my passion for working with my therapy dog. I had to acknowledge my self-worth and believe that others might benefit from what I shared with them in this study and that they might even learn something new about AAPT™.

Demonstrating skill in writing stories and storytelling was another area in which I had grown a lot. Starting off, I remember clearly thinking, "this is going to be easy; I just need to write about my own experiences". I was right in thinking that I had to write about my own experiences, however this was definitely not easy. I started off by writing vignettes on my experiences with five clients. I focused on incorporating creativity, emotions, and insights to these vignettes. I then wrote an auto-ethnographic tale in which I again recalled my experiences, but in addition I incorporated an element of fantasy. This was firstly to protect my child clients on whom I based my recollections and experiences and, secondly, it was to create a story element to help readers understand how I practically worked with Morkie. I hoped that I would be able to engage readers fully, immerse them in the flow of the story, and retain their interest.

The final point of reflection on evocative auto-ethnography regards being relationally responsible. I at all times endeavoured to be responsible and ethical towards everyone mentioned in the study. I focused on my experiences but, needless to say, other people were also implicated. I did all I could to protect my child clients' identities by changing details and by using pseudonyms and the auto-ethnographic tale. I had to rewrite my vignettes and the auto-ethnographic tale several times as my supervisor repeatedly pointed out that my focus should not be only on my experiences. After careful consideration and re-reading, I realised that she was right and that, without noticing, I had often shifted my focus towards the children I worked with. Also, my family and friends gave me permission to share information but, again, my focus had to be on myself and the impact the experiences had on my life. I believe that I succeeded in keeping the focus on myself and not exposing others. I did my best to be aware always of my responsibility towards others in the study.

### **6.3 AM I A "REAL" RESEARCHER?**

"So, are you a real researcher?" I have been asked this countless times when people hear that I am writing about my own experiences. At first, I actually laughed about it, answering that of course I was a



real researcher; however, the question stayed with me. I kept wondering why people doubted my study or my ability to do research when my personal experiences were the subject of my study. Perhaps it was the storytelling element, or perhaps it was the element of writing about what I observed? The more I thought about it, the more it became clear to me that people have a fixed idea about what research is. They subscribe to the mainstream narrative that “real” researchers are objective, do not use their own personal experiences as data, and most definitely do not write stories. I had to challenge this! In the next section I relate some of the insights I gained during my journey of discovering that I am a real researcher.

I stated upfront that objectivity was not the aim of this study. Embracing my own subjectivity was the aim. Believe me, this was not an easy task. Not only did I have to embrace my own subjective awareness, I had to be objective about doing so. My own biases about my lived experiences and observations could not interfere with my making sense of my experiences on an objective scholarly level. I had such a strong conviction about the importance of Morkie’s role in therapy that I often overlooked my own role. I had at all times to guard against being too biased. Once I realised that my focus should be on sharing my experiences – enriching people with what I had learnt and observed, and how I had worked with my therapy dog – it all became much easier. I believe my subjective involvement strengthened the study. I was able to provide detailed descriptions of my experiences and share specific experiences and memories, which from a strictly objective perspective would not have been possible. I was also able to reflect on my bias and subjectivity, creating more insight for myself and hopefully also for readers. I was mindful at all times of not imposing my views on readers, nor did I make claims beyond what I observed. I believe this provided some form of objectivity as I endeavoured always to be true to my observations, experiences, and insights gained throughout the study.

The more I read about data in qualitative and specifically auto-ethnographic studies, the more I realised why people are often sceptical about my using my experiences as data. Personal experiences are widely considered “soft” data and not “hard” data. I could clarify this for myself after reading an article by Wall, in which she wrote about facing the same challenge. She argued that if someone else was doing a case study in which she was the participant, her experiences would be accepted; however when sharing her own experiences, this did not apply. This brought home to me that my memories and experiences were real data in the study. I lived them, experienced them, and learnt from them. The fact that I was self-reporting should not make a difference to the reality of the data. All of my experiences reported in the study were supported by my therapeutic process notes. I believe this enhanced the credibility of my memories and recollections.

Auto-ethnography may strike some as a superficial, story-type methodology in which the researcher merely shares a few experiences. However, the more one reads up on and explores this methodology, the more one realises how important the role of the researcher is in ensuring rigour in a study. I felt anxious and somewhat overwhelmed by the weight of this responsibility as I had recently read several



articles criticising the auto-ethnographic approach in research. I did not want to complete the study and hear other scholars say that it lacked rigour and was unscientific. Previous research on AAT have also been slated for being flawed and methodologically unsound, which added to my concern. I therefore focused on being true to my experiences in my vignettes and auto-ethnographic tale, and on linking them to theoretical constructs as I wanted to make a contribution to counselling practice, counselling methodology, and counselling literature as a therapist and researcher. Being truthful, honest, reliable, and transparent were important to me, while I also continually reflected on the research process in my research diary as well as in discussions with my supervisors.

#### **6.4 LOOKING BACK AS THE SUN SETS ON MY PHD – WHAT DO I SEE?**

Looking back on the entire research journey, I feel almost overwhelmed by my emotions. I have grown so much as a person, a researcher, and definitely as a therapist. I have had so many mountain tops and valley lows, and have learnt so much from all of this.

I am not the same person I was when I started this study, and I am grateful for that. Yes, I have put on weight, and I am really exhausted at this moment; however, I have gained so much on a research, professional, and personal level. Looking back, I feel proud of myself. I achieved something significant, since it was always a dream of mine to complete a PhD study. I pushed myself to new heights during the study; it was one of the most difficult things I had ever taken on. After all, it took me 9 years to complete, but I did it!

I gained many new skills during the course of the study and am now more confident in giving my opinion on topics related to the study. I have learnt to deal with criticism constructively. Instead of taking everything personally, I have learnt to take a step back and to ask myself what I can learn from the criticism, how I can apply it in my life, and then move on. Problem solving is definitely a skill of mine that has improved. A lot of unforeseen challenges occurred during the study, but I learnt to brainstorm, to think about different possibilities, and to find solutions calmly. This also contributed to heightened critical thinking skills as I got to know how to solve problems systematically, to look for similarities and links in ideas and concepts, and then to analyse them and reach considered conclusions. These skills will support me on a personal as well as a professional level in future.

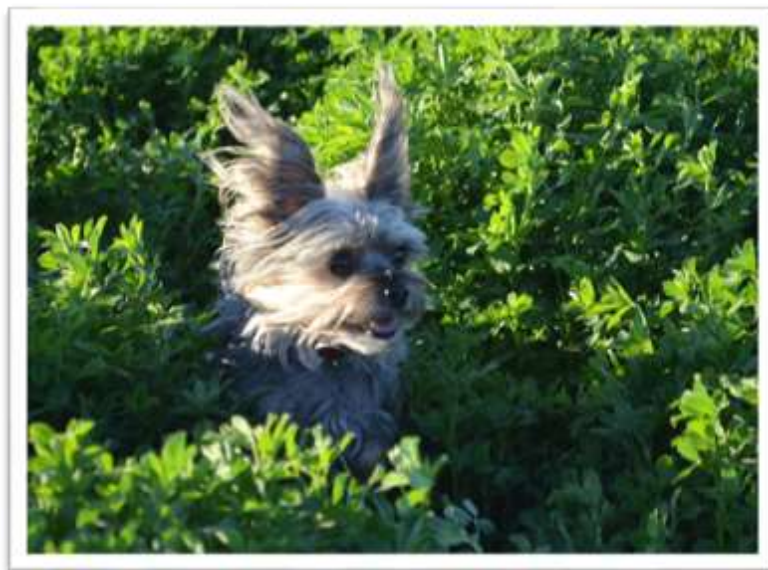
In my practice as therapist I have improved my ability to manage and organise myself and my workload more effectively. I believe my writing skills have improved, and I am now more confident in writing scientifically as well as evocatively. I have also acquired valuable knowledge in the fields of AAPT™, play therapy, and working from an attachment perspective. In addition, I have gained practical skills that I can apply in therapy sessions with my child clients.



Academically, I feel excited and believe I have contributed to the fields of AAPT™ and play therapy. I am so passionate about working with a therapy dog in play therapy that I genuinely want to inspire others and enable them to learn from my experiences. I have always had a childlike curiosity and a love for learning, which this research study helped fulfil. Who knows where I might go next, but for now, as the sun is setting on this journey, I feel calm, content, and am looking forward to an amazing future because the sun will rise again....

## 6.5 FINAL WORDS

While I am relieved that I have at last completed this enormous task, I also feel excited about the future research possibilities that have emerged from the study. I am curious and interested to know how other therapists will experience using the suggested conceptual framework in the study, which should improve the efficacy of working with a dog in play therapy. This research journey has inspired me to keep learning and to keep exploring new experiences to support this innovative and fun approach of working with a dog in play therapy. Heading into the future, I will try my best to live my life inspired by the energy Morkie shows every day (Figure 6.2). I will endeavour to be cheerful and happy, to accept everyone and to live life to the fullest, every second....



**Figure 6.2:** Photo, showing Morkie's fun and happy personality

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## References

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- Abram, J. (2007). *Language of Winnicott: A dictionary of Winnicott's use of words* (2nd ed.). London, England: Karnac Books.
- Adams, T. E., Holman Jones, S., & Ellis, C. (2015). *Autoethnography*. New York, NY: Oxford University Press.
- Adams, T. E., & Manning, J. (2015). Autoethnography and family research [Special issue]. *Journal of Family Theory & Review*, 7, 350–366. doi:10.1111/jftr.12116
- Ainsworth, M. D. (1963). The development of infant-mother interaction among the Ganda. In B. M. Foss (Ed.), *Determinants of infant behavior* (Vol. 2, pp. 67–112). New York, NY: Wiley.
- Ainsworth, M. D. (1972). Attachment and dependency: A comparison. In J. L. Gewirtz (Ed.), *Attachment and dependency* (pp. 97–137). Oxford, England: V. H. Winston & Sons.
- Ainsworth, M. D. S. (1991). Attachment and other affectional bonds across the life cycle. In C. M. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 33–51). New York, NY: Routledge.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (2015). *Patterns of attachment: A psychological study of the strange situation*. New York, NY: Psychology Press.
- Allan, A. (2008). *Law and ethics in psychology: An international perspective*. Somerset West, South Africa: Inter-Ed.
- Allen, K., Blascovich, J., & Mendes, W. B. (2002). Cardiovascular reactivity and the presence of pets, friends and spouses: The truth about cats and dogs. *Psychosomatic Medicine*, 64, 727–739.
- Allen, K. M., Blascovich, J., Tomaka, J., & Kelsey, R. M. (1991). Presence of human friends and pet dogs as moderators of autonomic responses of stress in women. *Journal of Personality and Social Psychology*, 61, 582–589.
- Allen-Collinson, J. (2013). Autoethnography as the engagement of self/other, self/culture, self/politics, and selves/futures. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 281–299). Walnut Creek, CA: Left Coast Press.



- Alper, L.S. (1993). Chapter 19 The child-pet bond. *Progress in Self Psychology*, 9, 257–270.
- Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography*, 35, 373–395. doi:10.1177/0891241605280449
- Anderson, L., & Glass-Coffin, B. (2013). I learn by going: Autoethnographic modes of inquiry. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 57–83). Walnut Creek, CA: Left Coast Press.
- Andrew, S. (2017). *Searching for an autoethnographic ethic*. New York, NY: Routledge.
- Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 23–55). Washington, DC: American Psychological Association.
- Atkinson, P. (1997). Narrative turn or blind alley? *Qualitative Health Research*, 7, 325–344. doi:10.1177/104973239700700302
- Austin, J., & Hickey, A. (2007). *Autoethnography and teacher development* (Doctoral thesis, University of Southern Queensland, Toowoomba, Australia).
- Austin Main, J. (2017). *Understanding child-centered canine assisted play therapy: A qualitative collective case study* (Doctoral dissertation, The University of Mississippi). Retrieved from <https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=1501&context=etd>
- Axline, V. (1981). *Play therapy*. New York, NY: Ballantine.
- Axline, V. M. (1969). *Play therapy*. New York, NY: Ballantine Books.
- Babbie, E. (2016). *The practice of social research* (14th ed.). Boston, MA: Cengage Learning.
- Bachi, K. (2013). Application of attachment theory to equine-facilitated psychotherapy. *Journal of Contemporary Psychotherapy*, 43, 187–196. doi:10.1007/s10879-013-9232-1
- Bachi, K., & Parish-Plass, N. (2017). Animal-assisted psychotherapy: A unique relational therapy for children and adolescents. *Clinical Child Psychology and Psychiatry*, 22(1), 3–8.
- Barker, S. B., & Barker, R. T. (1988). The human-canine bond: Closer than family ties? *Journal of Mental Health Counseling*, 10(1), 46–56.
- Bateman, A., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide*. New York, NY: Oxford University Press.



- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13, 544–559.
- Beck, L., & Madresh, E. A. (2008). Romantic partners and four-legged friends: An extension of attachment theory to relationships with pets. *Anthrozoös*, 21(1), 43–56.  
doi:10.2752/089279308X274056
- Bekoff, M. (2018, February 10). Companion animals help people with mental health problems [Web log message]. Retrieved from <https://www.psychologytoday.com/us/blog/animal-emotions/201802/companion-animals-help-people-mental-health-problems>
- Bender, D. S. (2014). Therapeutic alliance. In J. M. Oldham, A. E. Skodol, & D. S. Bender (Eds.), *The American psychiatric publishing textbook of personality disorders* (2nd ed., pp. 189–216). Arlington, VA: American Psychiatric Publishing.
- Berget, B., & Braastad, B. O. (2008). Theoretical framework for animal-assisted interventions – Implications for practice. *International Journal of Therapeutic Communities*, 29, 323–337.  
Retrieved from <http://www.greenfingersproject.com/wp-content/uploads/2012/11/Care-Farming-in-the-UK-Contexts-Benefits-and-Links-with-Therapeutic-Communities.pdf#page=107>
- Bernier, M., & O'Hare, J. (Eds.). (2005). *Puppetry in education and therapy: Unlocking doors to the mind and heart*. Bloomington, IN: AuthorHouse.
- Berry, K. (2013). Spinning reflexivity, cultural critique, and negotiating selves. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 209–227). Walnut Creek, CA: Left Coast Press.
- Bhattacharya, J., Balan, P., Soni, S., & Choudhury, S. (2013). Theory of attachment – John Bowlby [PowerPoint slides]. Retrieved from <https://www.slideshare.net/preethibalan9/bowlbys-theory-of-attachment>
- Bion, W. R. (1970). *Attention and interpretation*. London: Tavistock. (Reprinted in: *Seven servants: Four works* by Wilfred R. Bion. New York: Aronson, 1977).
- Blom, R. (2006). *The handbook of gestalt play therapy: Practical guidelines for child therapists*. London, England: Jessica Kingsley.
- Bochner, A. P. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6, 266–272.  
doi:10.1177/107780040000600209
- Bochner, A. P. (2001). Narrative's virtues. *Qualitative Inquiry*, 7, 131–157.  
doi:10.1177/107780040100700201



- Bochner, A. P., & Ellis, C. (1996). Talking over ethnography. In C. Ellis, & A. P. Bochner (Eds.), *Composing ethnography: Alternative forms of qualitative writing* (pp. 13–45). Walnut Creek, CA: AltaMira Press.
- Bondi, L. (2013). Research and therapy: Generating meaning and feeling gaps. *Qualitative Inquiry*, 19(1), 9–19. doi:10.1177/1077800412462978
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252–260. doi:10.1037/h0085885
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 39, 350–373.
- Bowlby, J. (1960a). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child*, 15(1), 9–52. doi:10.1080/00797308.1960.11822566
- Bowlby, J. (1960b). Separation anxiety. *International Journal of Psycho-Analysis*, 41, 89–113.
- Bowlby, J. (1969). *Attachment* (2nd ed., Attachment and Loss, Vol. 1). New York, NY: Basic Books.
- Bowlby, J. (1973). *Attachment and loss* (Separation, Anxiety and Anger, Vol. 2). New York, NY: Basic Books.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52, 664–678. doi:10.1111/j.1939-0025.1982.tb01456.x
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London, England: Routledge.
- Boyle, M., & Parry, K. (2007). Telling the whole story: The case of organizational autoethnography. *Culture and Organization*, 13, 185–190. doi:10.1080/14759550701486480
- Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2010). Phenomenology and participant feedback: Convention or contention? *Nurse Researcher*, 17(2), 25–33. doi:10.7748/nr2010.01.17.2.25.c7459
- Bradley, L. J., & Gould, L. J. (1993). Individual counseling: Creative interventions. In A. Vernon (Ed.), *Counseling children and adolescents* (pp. 83–117). Denver, CO: Love Publishing.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. doi:10.1191/1478088706qp063oa
- Brickel, C. M. (1985). Initiation and maintenance of the human-animal bond: Familial roles from learning perspective. In S. B. Sussman (Ed.), *Pets and the family* (pp. 31–48). New York, NY: Routledge.





- British Toy and Hobby Association. (2011). *Active play and healthy development*. Retrieved from <http://www.btha.co.uk/consumers/template.php?id=169>
- Brown, S. L. (1994). Animals at play. *National Geographic Magazine*, 186, 2–35.
- Bruner, J. (1993). The autobiographical process. In R. Folkenflik (Ed), *The culture of autobiography: Constructions of self-representation* (pp. 38–56). Stanford, CA: Stanford University Press.
- Burnard, P. (2007). Seeing the psychiatrist: An autoethnographic account. *Journal of Psychiatric and Mental Health Nursing*, 14, 808–813. doi:10.1111/j.1365-2850.2007.01186.x
- Busch, C., Tucha, L., Talarovicova, A., Fuermaier, A. B. M., Lewis-Evans, B., & Tucha, O. (2016). Animal-assisted interventions for children with Attention Deficit/Hyperactivity Disorder: A theoretical review and consideration of future research directions. *Psychological Reports*, 118(1), 292–331. doi:10.1177%2F0033294115626633
- Butz, D., & Besio, K. (2004). The value of autoethnography for field research in transcultural settings. *The Professional Geographer*, 56, 350–360.
- Campbell, R. (2001). Heidegger: Truth as *Aletheia*. In R. Small (Ed.), *A hundred years of phenomenology: Perspectives on a philosophical tradition* (pp. 73–89). London, England: Routledge.
- Cardoso, C., Ellenbogen, M. A., & Linnen, A. M. (2012). Acute intranasal oxytocin improves positive self-perceptions of personality. *Psychopharmacology*, 220, 741–749. doi:10.1007/s00213-011-2527-6
- Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training*, 43(3), 271–279.
- Chandler, C. K. (2017). *Animal-assisted therapy in counselling* (3rd ed.). London, England: Routledge.
- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chang, H. (2013). Individual and collaborative autoethnography as method: A social scientist's perspective. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 107–122). Walnut Creek, CA: Left Coast Press.
- Chang, H. (2016). Autoethnography in health research: Growing pains? *Qualitative Health Research*, 26, 443–451. doi:10.1177%2F1049732315627432
- Chatham-Carpenter, A. (2010). 'Do thyself no harm': Protecting ourselves as autoethnographers. *Journal of Research Practice*, 6(1), M1. Retrieved from <http://jrp.icaap.org/index.php/jrp/article/view/213/222>



- Christians, C. G. (2011). Ethics and politics in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 61–80). Thousand Oaks, CA: Sage.
- Clark, C. D., & Miller, P. J. (1998). Play. In H. Friedman (Ed.), *Encyclopaedia of mental health* (Vol. 3, pp. 189–197). San Diego, CA: Academic Press.
- Clarke, C. (2009). An introduction to interpretative phenomenological analysis: A useful approach for occupational therapy research. *British Journal of Occupational Therapy*, 72(1), 37–39. doi:10.1177/030802260907200107
- Coalter, F., & Taylor, J. (2001). *Realising the potential of cultural services: The case for play*. London, England: Local Government Association.
- Coffey, A. (1999). *The ethnographic self: Fieldwork and the representation of identity*. London, England: Sage.
- Cohen, L., Manion, L., & Morrison, K. (2000). *Research methods in education* (5th ed.). London, England: Routledge Falmer.
- Connolly, K., & Reilly, R. C. (2007). Emergent issues when researching trauma: A confessional tale. *Qualitative Inquiry*, 13, 522–540. doi:10.1177/1077800406297678
- Cook, P.S. (2014). 'To actually be sociological': Autoethnography as an assessment and learning tool. *Journal of Sociology*, 50, 269–282. doi:10.1177/1440783312451780
- Crawford, E. K., Worsham, N. L., & Swinehart, E. R. (2006). Benefits derived from companion animals, and the use of the term “attachment”. *Anthrozoös*, 19, 98–112. doi:10.2752/089279306785593757
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Research design: Quantitative, qualitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2018). *Research design: Qualitative, quantitative and mixed methods approaches* (5th ed.). London, England: Sage.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, 39, 124–130. doi:10.1207/s15430421tip3903\_2
- Curtis, B., & Curtis, C. (2011). *Social research: A practical introduction*. Thousand Oaks, CA: Sage.



- Cusack, O., & Smith, E. (1984). *Pets and the elderly: The therapeutic bond*. London, England: Routledge.
- Custance, D., & Mayer, J. (2012). Empathic-like responding by domestic dogs (*Canis familiaris*) to distress in humans: An exploratory study. *Animal Cognition*, *15*, 851–859. doi:10.1007/s10071-012-0510-1
- D’Aniello, B., Semin, G. R., Alterisio, A., Aria, M., & Scandurra, A. (2018). Interspecies transmission of emotional information via chemosignals: From humans to dogs (*Canis lupus familiaris*). *Animal Cognition*, *21*(1), 67–78. doi:10.1007/s10071-017-1139-x
- Davidson, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology*, *10*, 318–339. doi:10.1080/14780887.2011.608466
- Delamont, S. (2009). The only honest thing: Autoethnography, reflexivity and small crises in fieldwork. *Ethnography and Education*, *4*(1), 51–63. doi:10.1080/17457820802703507
- Denshire, S., & Lee, A. (2013). Conceptualizing autoethnography as assemblage: Accounts of occupational therapy practice. *International Journal of Qualitative Methods*, *12*(1), 221–236. doi:10.1177/160940691301200110
- Denzin, N. K. (1989). *Interpretive biography*. Newbury Park, CA: Sage.
- Denzin, N. K. (2000). Aesthetics and the practices of qualitative inquiry. *Qualitative Inquiry*, *6*, 256–265. doi:10.1177/107780040000600208
- Denzin, N. K., & Lincoln, Y. S. (2018). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed, pp. 1–19). Thousand Oaks, CA: Sage.
- De Souza Vasconcelos, E. F. (2011). “I can see you”: An autoethnography of my teacher-student self. *The Qualitative Report*, *16*, 415–440. Retrieved from <https://files.eric.ed.gov/fulltext/EJ926622.pdf>
- Detmer, D. (2013). *Phenomenology explained: From experience to insight* (Vol. 9). Chicago, IL: Open Court Publishing.
- De Vos, A. S., Strydom, H., Fouché, C. B., & Delport, C. S. L. (2005). *Research at grass roots for the social sciences and human services professions* (3rd ed.). Pretoria, South Africa: Van Schaik.
- DiGiuseppe, R., Linscott, J., & Jilton, R. (1996). Developing the therapeutic alliance in child—adolescent psychotherapy. *Applied and Preventive Psychology*, *5*, 85–100. doi:10.1016/S0962-1849(96)80002-3



- Doloriert, C., & Sambrook, S. (2012). Organisational autoethnography. *Journal of Organizational Ethnography*, 1(1), 83–95. doi:10.1108/20466741211220688
- Domes, G., Heinrichs, M., Michel, A., Berger, C., & Herpertz, S. C. (2007). Oxytocin improves “mind-reading” in humans. *Biological Psychiatry*, 61, 731–733. doi:10.1016/j.biopsych.2006.07.015
- Draucker, C. B. (1999). The critique of Heideggerian hermeneutical nursing research. *Journal of Advanced Nursing*, 30, 360–373. doi:10.1046/j.1365-2648.1999.01091.x
- Drewes, A. A., & Schaefer, C. E. (2014). Introduction: How play therapy causes therapeutic change. In C. E. Schaefer & A. A. Drewes (Eds.), *The therapeutic powers of play: Twenty core agents of change* (2nd ed., pp. 1–7). Hoboken, NJ: John Wiley & Sons.
- Duncan, M. (2004). Autoethnography: Critical appreciation of an emerging art. *International Journal of Qualitative Methods*, 3(4), 28–39. doi:10.1177/160940690400300403
- Dunn, K., Moore, M., & Murray, P. (2004). *Research on developing accessible play space - Final Report*. London, England: Office of the Deputy Prime Minister. Retrieved from <https://webarchive.nationalarchives.gov.uk/20120920045253/http://www.communities.gov.uk/documents/communities/pdf/158484.pdf>
- Dutta, R., & Mehta, M. (2006). Child-centered play therapy in management of somatoform disorders. *Journal of Indian Association for Child and Adolescent Mental Health*, 2, 85–88. Retrieved from <https://files.eric.ed.gov/fulltext/EJ840396.pdf>
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179–194). London, England: Sage.
- Eichenlaub, J. B., Cash, S. S., & Blagrove, M. (2017). Daily life experiences in dreams and sleep-dependent memory consolidation. In N. Axmacher & B. Rasch (Eds.), *Cognitive neuroscience of memory consolidation* (pp. 161–172). Cham, Switzerland: Springer. doi:10.1007/978-3-319-45066-7
- Eisner, E. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York, NY: Macmillan.
- Elkind, D. (2007). *The power of play: Learning what comes naturally*. New York, NY: Da Capo Lifelong Books.
- Ellis, C. (1995). *Final negotiations: A story of love, loss, and chronic illness*. Philadelphia, PA: Temple University Press.



- Ellis, C. (1998). "I hate my voice": Coming to terms with minor bodily stigmas. *The Sociological Quarterly*, 39, 517–537. doi:10.1111/j.1533-8525.1998.tb00516.x
- Ellis, C. (2000). Creating criteria: An ethnographic short story. *Qualitative Inquiry*, 6, 273–277. doi:10.1177/107780040000600210
- Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: AltaMira Press.
- Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13(1), 3–29. doi:10.1177/1077800406294947
- Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work*. Walnut Creek, CA: Left Coast Press.
- Ellis, C. (2016). I just want to tell my story: Mentoring students about relational ethics in writing about intimate others. In N. K. Denzin & M. D. Giardina (Eds.), *Ethical futures in qualitative research: Decolonizing the politics of knowledge* (pp. 209–227). New York, NY: Routledge.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research*, 12(1), Art. 10. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1589/3095#g44>
- Ellis, C., & Bochner, A. P. (Eds.). (1996). *Composing ethnography: Alternative forms of qualitative writing* (Vol. 1). Walnut Creek, CA: AltaMira Press.
- Ellis, C. S., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733–768). Thousand Oaks, CA: Sage.
- Ellis, C. S., & Bochner, A. P. (2006). Analysing analytic autoethnography: An autopsy. *Journal of Contemporary Ethnography*, 35, 429–449. doi:10.1177/0891241606286979
- Ettorre, E. (2005). Gender, older female bodies and autoethnography: Finding my feminist voice by telling my illness story. *Women's Studies International Forum*, 28, 535–546. doi:10.1016/j.wsif.2005.09.009
- Ezzey, P. (2017). *Cicada, the summer screamer*. Retrieved from <https://www.ingwelala.co.za/archives/fauna-flora/cicada-the-summer-screamer.html>
- Farber, B. A., & Metzger, J. A. (2009). The therapist as secure base. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 46–70). New York, NY: The Guilford Press.



- Faw, L., Hogue, A., Johnson, S., Diamond, G. M., & Liddle, H. A. (2005). The Adolescent Therapeutic Alliance Scale (ATAS): Initial psychometrics and prediction of outcome in family-based substance abuse prevention counseling. *Psychotherapy Research, 15*(1-2), 141–154. doi:10.1080/10503300512331326994
- Fine, A. H., O'Callaghan, D., Chandler, C., Schaffer, K., Pichot, T., & Gimeno, J. (2010). Application of animal-assisted interventions in counseling settings: An overview of alternatives. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 193–222). San Diego, CA: Academic Press.
- Fine, A. H. (Ed.). 2006. *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed.). San Diego, CA: Academic Press.
- Fine, G. A. 2003. Towards a people ethnography: Developing a theory from group life. *Ethnography, 4*(1), 41–60. doi:10.1177%2F1466138103004001003
- Firmin, M. W., Brink, J. E., Firmin, R. L., Grigsby, M. E., & Trudel, J. F. (2016). Qualitative perspectives of an animal-assisted therapy program. *Alternative and Complementary Therapies, 22*, 204–213. doi:10.1089/act.2016.29073.mwf
- Fjermestad, K. W., McLeod, B. D., Heiervang, E. R., Havik, O. E., Öst, L. G., & Haugland, B. S. M. (2012). Factor structure and validity of the Therapy Process Observational Coding System for Child Psychotherapy–Alliance Scale. *Journal of Clinical Child & Adolescent Psychology, 41*, 246–254. doi:10.1080/15374416.2012.651999
- Fletcher, M., & Plakoyiannaki, E. (2012). Sampling. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp. 837–840). Thousand Oaks, CA: Sage.
- Flom, B. L. (2005). Counseling with pocket pets: Using small animals in elementary counseling programs. *Professional School Counseling, 8*, 469–471.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*, 219–245. doi:10.1177/1077800405284363
- Fonagy, P., Steele, M., Szele, H., Moran, G. S., & Higgitt, A. C. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal, 12*, 201–218. doi:10.1002/1097-0355(199123)12:3%3C201::AID-IMHJ2280120307%3E3.0.CO;2-7
- Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual, version 5.0, for application to adult attachment interviews*. London, England: University College London. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.466.3207&rep=rep1&type=pdf>



- Foster, K., McAllister, M., & O'Brien, L. (2005). Coming to autoethnography: A mental health nurse's experience. *International Journal of Qualitative Methods*, 4(4), 1–15. doi:10.1177/160940690500400401
- Friedmann, E. (1995). The role of pets in enhancing human well-being: Physiological effects. In I. Robinson (Ed.), *The Waltham book of human–animal interaction: Benefits and responsibilities of pet ownership* (pp. 33–53). Oxford, England: Pergamon Press.
- Friedmann, E., Katcher, A. H., Thomas, S. A., Lynch, J. J., & Messent, P. R. (1983). Social interaction and blood pressure: Influence of animal companions. *Journal of Nervous and Mental Disease*, 171, 461–465. doi:10.1097/00005053-198308000-00002
- Friedmann, E., Son, H., & Saleem, M. (2015). The animal–human bond: Health and wellness. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions* (4th ed., pp. 73–88). San Diego, CA: Academic Press.
- Friesen, L. (2010). Exploring Animal-Assisted programs with children in school and therapeutic contexts. *Early Childhood Education Journal*, 37, 261–267. doi:10.1007/s10643-009-0349-5
- Gans, H. J. (1999). Participant observation in the era of “ethnography”. *Journal of Contemporary Ethnography*, 28, 540–548. doi:10.1177/089124199129023532
- Geanellos, R. (1998). Hermeneutic philosophy. Part I: Implications of its use as methodology in interpretive nursing research. *Nursing Inquiry*, 5(3), 154–163. doi:10.1046/j.1440-1800.1998.530154.x
- Geisler, A. M. (2004). Companion animals in palliative care: Stories from the bedside. *American Journal of Hospice and Palliative Medicine*, 21, 285–288. doi:10.1177/104990910402100411
- Geist, T. S. (2011). Conceptual framework for animal assisted therapy. *Child and Adolescent Social Work Journal*, 28, 243–256. doi:10.1007/s10560-011-0231-3
- Geldard, K., & Geldard, D. (2005). *Counselling children: A practical introduction* (2nd ed). London, England: Sage.
- Geldard, K., Geldard, D. & Yin Foo, R. (2018). *Counselling children: A practical introduction* (5th ed). London, England: Sage.
- Gerwolls, M. K., & Labott, S. M. (1994). Adjustment to the death of a companion animal. *Anthrozoös*, 7, 172–187. doi:10.2752/089279394787001826
- Giorgio, G. A. (2015). Reflections on writing through memory in autoethnography. In S. H. Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 406–424). Walnut Creek, CA: Left Coast Press.



- Gleave, J., & Cole-Hamilton, I. (2012). *A world without play: A literature review*. London, England: Play England and BTHA. Retrieved from <http://www.playengland.net/wp-content/uploads/2015/09/a-world-without-play-literature-review-2012.pdf>
- Glover, G. J., & Landreth, G. L. (2000). Filial therapy with Native Americans on the Flathead Reservation. *International Journal of Play Therapy, 9*(2), 57–80. doi:10.1037/h0089436
- Glucksman, M. L. (2005). The dog's role in the analyst's consulting room. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 33*(4), 611–618. doi:10.152/jaap.2005.33.4.611
- Goldberg, S. (2000). *Attachment and development*. London, England: Arnold.
- Goodall, H. L., Jr. (2000). *Writing the new ethnography* (Vol. 7). Lanham, MD: AltaMira Press.
- Google. (n.d.). [Google Maps directions for driving to SMB Farming, Northern Cape, South Africa]. Retrieved 20 April 2019, from <https://www.google.co.za/maps/@-28.8160868,20.5291231,10z>
- Grandgeorge, M., & Hausberger, M. (2011). Relazione uomo-animale: Dall'interazione quotidiana alle terapie assistite [Human–animal relationships: From daily life to animal assisted therapies]. *Animal-Assisted Interventions in Mental Health, 47*(4), 397–408. doi:10.4415/ANN\_11\_04\_12
- Granger, B. P., Kogan, L., Fitchett, J., & Helmer, K. (1998). A human-animal intervention team approach to animal-assisted therapy. *Anthrozoös, 11*, 172–176. doi:10.2752/089279398787000689
- Gray, P. (2013). Definitions of play. *Scholarpedia, 8*(7), 30578. doi:10.4249/scholarpedia.30578
- Griffin, J.A., McCune, S., Maholmes, V., & Hurley, K. (2011). Human-animal interaction research: An introduction to issues and topics. In P. McCardle, S. McCune, J. A. Griffen, & V. Maholmes (Eds.), *How animals affect us: Examining the influence of human-animal interaction on child development and human health* (pp. 3–9). Washington, DC: American Psychological Association.
- Grossmann, K. E., & Grossmann, K. (2006). Universality of human social attachment as an adaptive process. In C. S. Carter, L. Ahnert, K. E. Grossmann, S. B. Hrdy, M. E. Lamb, S. W. Porges, & N. Sachser (Eds.), *Attachment and bonding: A new synthesis* (pp. 199–228). Cambridge, MA: The MIT Press.
- Guastella, A. J., Mitchell, P. B., & Dadds, M. R. (2008). Oxytocin increases gaze to the eye region of human faces. *Biological Psychiatry, 63*(1), 3–5. doi:10.1016/j.biopsych.2007.06.026
- Hall, T. M., Kaduson, H. G., & Schaefer, C. E. (2002). Fifteen effective play therapy techniques. *Professional Psychology: Research and Practice, 33*, 515–522. doi:10.1037/0735-7028.33.6.515





- Hancock, D. R., & Algozzine, R. (2006). *Doing case study research: A practical guide for beginning researchers*. New York, NY: Teachers College Press. Retrieved from <https://student.cc.uoc.gr/uploadFiles/192-%CE%A3%CE%A0%CE%91%CE%9D104/HANCOCK%20and%20ALGOZZINE%20Case%20Study%20Research%202.pdf>
- Hazan, C., Gur-Yaish, N., & Campa, M. (2004). What does it mean to be attached? In W. S. Rholes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical implications* (pp. 55–85). New York, NY: Guilford Publications.
- Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, 5(1), 1–22. doi:10.1207/s15327965pli0501\_1
- Hazan, C., & Zeifman, D. (1994). Sex and the psychological tether. In K. Bartholomew & D. Perlman (Eds.), *Advances in personal relationships* (Vol. 5, pp. 151–178). London, England: Jessica Kingsley.
- Heard, D., & Lake, B. (1997). *The challenge of attachment for caregiving*. London, England: Routledge.
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper. (Original work published 1927).
- Hein, S. F., & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods*, 6(1), 3–17. doi:10.1037/1082-989X.6.1.3
- Heinrichs, M., Baumgartner, T., Kirschbaum, C., & Ehlert, U. (2003). Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biological Psychiatry*, 54, 1389–1398. doi:10.1016/S0006-3223(03)00465-7
- Henderson, D. A., & Thompson, C. L. (2007). *Counseling children* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Hertz, R. (2006). Stories as evidence. *Qualitative Sociology*, 29, 539–543. doi:10.1007/s11133-006-9045-6
- Hesse-Biber, S. N. (Ed.) (2007). *Handbook of feminist research: Theory and praxis*. Thousand Oaks, CA: Sage.
- Hiles, D. R. (2008). Heuristic inquiry. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 1, pp. 389–394). Thousand Oaks, CA: Sage.
- Hill, J., Ziviani, J., Driscoll, C., & Cawdell-Smith, J. (2019). Can canine-assisted interventions affect the social behaviours of children on the autism spectrum? A systematic review. *Review Journal of Autism and Developmental Disorders*, 6(1), 13–25. doi:10.1007/s40489-018-0151-7



- Hiller, A.J., & Vears, D.F. (2016). Reflexivity and the clinician-researcher: managing participant misconceptions. *Qualitative Research Journal*, 16(1), 13-25. doi:10.1108/QRJ-11-2014-0065
- Hinckley, J. (2005). The piano lesson: An autoethnography about changing clinical paradigms in aphasia practice. *Aphasiology*, 19, 765–779. doi:10.1080/02687030544000092
- Hoermann, S., Zupanick, C. E., & Dombeck, M. (2019). *Attachment theory expanded: Mentalization*. Retrieved from <https://www.mentalhelp.net/articles/attachment-theory-expanded-mentalization/>
- Hogue, A., Dauber, S., Stambaugh, L. F., Cecero, J. J., & Liddle, H. A. (2006). Early therapeutic alliance and treatment outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology*, 74(1), 121–129. doi:10.1037/0022-006X.74.1.121
- Holmes, J. (2009). *Exploring in security: Towards an attachment-informed psychoanalytic psychotherapy*. London, England: Routledge.
- Holroyd, A. E. M. (2007). Interpretive hermeneutic phenomenology: Clarifying understanding. *Indo-Pacific Journal of Phenomenology*, 7(2), 1–12. doi:10.1080/20797222.2007.11433946
- Holt, N. L. (2003). Representation, legitimation and autoethnography. An autoethnographic writing story. *International Journal of Qualitative Methods*, 2(1), 18–28. doi:10.1177/160940690300200102
- Hooks, B. (1994). *Teaching to transgress: Education as the practice of freedom*. New York, NY: Routledge.
- Hope, G., Austin, R., Dismore, H., Hammond, S., & Whyte, T. (2007). Wild woods or urban jungle: Playing it safe or freedom to roam. *Education 3-13*, 35, 321–332. doi:10.1080/03004270701602442
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9–16.
- Hughes, S. A., & Pennington, J. L. (2017). *Autoethnography: Process, product, and possibility for critical social research*. Thousand Oaks, CA: Sage.
- Hunt, M., Al-Awadi, H., & Johnson, M. (2008). Psychological sequelae of pet loss following Hurricane Katrina. *Anthrozoös*, 21, 109–121. doi:10.2752/175303708X305765
- International Association of Human-Animal Interaction Organizations. (2014). *IAHAIO White Paper 2014: The IAHAIO definitions for animal assisted intervention and guidelines for wellness of animals involved*. Retrieved from <http://iahaio.org/wp/wp-content/uploads/2017/05/iahaio-white-paper-final-nov-24-2014.pdf>



- Jalango, M. R., Astorino, T., & Bomboy, N. (2004). Canine visitors: The influence of therapy dogs on young children's learning and well-being in classrooms and hospitals. *Early Childhood Education Journal*, 32(1), 9–16. doi:10.1023/B:ECEJ.0000039638.60714.5f
- Jansen, J. D. (2007). The language of research. In K. Maree (Ed.), *First steps in research* (pp. 14–22). Pretoria, South Africa: Van Schaik.
- Jenkinson, S. (2001). *The genius of play: Celebrating the spirit of childhood*. Stroud, England: Hawthorn Press.
- Jensen, D. (2008a). Confirmability. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 1, p. 112). Thousand Oaks, CA: Sage.
- Jensen, D. (2008b). Dependability. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 1, pp. 208–209). Thousand Oaks, CA: Sage.
- Johnson, L. N., & Wright, D. W. (2002). Revisiting Bordin's theory on the therapeutic alliance: Implications for family therapy. *Contemporary Family Therapy*, 24, 257–269. doi:10.1023/A:1015395223978
- Jonas, W., Nissen, E., Ransjö-Arvidson, A. B., Matthiesen, A. S., & Uvnäs-Moberg, K. (2008). Influence of oxytocin or epidural analgesia on personality profile in breastfeeding women: A comparative study. *Archives of Women's Mental Health*, 11, 335–345. doi:10.1007/s00737-008-0027-4
- Jones, K. A. (2012). Developing the therapeutic use of self in the health care professional through autoethnography: Working with the Borderline Personality Disorder population. *International Journal of Qualitative Methods*, 11, 573–4584. doi:10.1177/160940691201100504
- Jones, K. D., Casado, M., & Robinson, E. H., III. (2003). Structured play therapy: A model for choosing topics and activities. *International Journal of Play Therapy*, 12(1), 31–45. doi:10.1037/h0088870
- Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, 5(1), 181–200. doi:10.3126/bodhi.v5i1.8053
- Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review*, 26(1), 50–65. doi:10.1016/j.cpr.2005.09.001
- Kasper, L. B., Hill, C. E., & Kivlighan, D. M., Jr. (2008). Therapist immediacy in brief psychotherapy: Case study I. *Psychotherapy: Theory, Research, Practice, Training*, 45, 281–297. doi:10.1037/a0013305



- Katcher, A., & Wilkins, G. G. (1997). Animal-assisted therapy in the treatment of disruptive behavior disorders in children. In A. Lundberg (Ed.), *The environment and mental health: A guide for clinicians* (pp. 193–204). Mahwah, NJ: Lawrence Erlbaum Associates.
- Katz, J. (2003). *A dog year: Twelve months, four dogs, and me*. New York, NY: Random House.
- Kazdin, A. E., Siegel, T. C., & Bass, D. (1990). Drawing on clinical practice to inform research on child and adolescent psychotherapy: Survey of practitioners. *Professional Psychology: Research and Practice*, *21*, 189–198. doi:10.1037/0735-7028.21.3.189
- Kidd, A. H., & Kidd, R. M. (1995). Children's drawings and attachment to pets. *Psychological Reports*, *77*(1), 235–241. doi:10.2466/pr0.1995.77.1.235
- Knappert, J. (1981). *Namibia: Land and peoples: Myths and fables*. Leiden, The Netherlands: E. J. Brill.
- Kosfeld, M., Heinrichs, M., Zak, P. J., Fischbacher, U., & Fehr, E. (2005). Oxytocin increases trust in humans. *Nature*, *435*, 673–676. doi:10.1038/nature03701
- Kruger, K. A., & Serpell, J. A. (2006). 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* (2nd ed., pp. 21–38). San Diego, CA: Academic Press.
- Kruger, K. A., & Serpell, J. A. (2010). Animal-assisted intervention 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). San Diego, CA: Academic Press.
- Kumar, A. (2012). Using phenomenological research methods in qualitative health research. *Journal of Human Sciences*, *9*, 790–804.
- Kundey, S. M. A., De Los Reyes, A., Arbuthnot, J., Allen, R., Coshun, A., Molina, S., & Royer, E. (2010). Domesticated dogs' (*Canis familiaris*) response to dishonest human points. *International Journal of Comparative Psychology*, *23*, 201–215. Retrieved from <https://drum.lib.umd.edu/bitstream/handle/1903/10112/Kundey%2c%20De%20Los%20Reyes%2c%20Arbuthnot%2c%20Allen%2c%20Coshun%2c%20Molina%2c%20%26%20Royer%20%282010%29.pdf?sequence=1&isAllowed=y>
- Kurdek, L. A. (2008). Pet dogs as attachment figures. *Journal of Social and Personal Relationships*, *25*, 247–266. doi:10.1177/0265407507087958
- Kurdek, L. A. (2009). Pet dogs as attachment figures for adult owners. *Journal of Family Psychology*, *23*, 439–446. doi:10.1037/a0014979



- Kwong, M. J., & Bartholomew, K. (2011). "Not just a dog": An attachment perspective on relationships with assistance dogs. *Attachment & Human Development, 13*, 421–436.  
doi:10.1080/14616734.2011.584410
- Lagoni, L., Butler, C., & Hetts, S. (1994). *The human-animal bond and grief*. Philadelphia, PA: WB Saunders.
- Lambert, C., Jomeen, J., & McSherry, W. (2010). Reflexivity: A review of the literature in the context of midwifery research. *British Journal of Midwifery, 18*, 321–326.  
doi:10.12968/bjom.2010.18.5.47872
- Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York, NY: Routledge.
- Landreth, G. L. (2012). *Play therapy: The art of relationship* (3rd ed.). London, England: Routledge.
- Landreth, G. L., Ray, D. C., & Bratton, S. C. (2009). Play therapy in elementary schools. *Psychology in the Schools, 46*, 281–289. doi:10.1002/pits.20374
- Langley, D. (2006). *An introduction to dramatherapy: Creative therapies in practice*. London, England: Sage.
- Larkin, M., & Thompson, A. R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 101–116). West Sussex, England: John Wiley & Sons Ltd. doi:10.1002/9781119973249
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*(3), 21–35.  
doi:10.1177/160940690300200303
- Leggett, E. S., & Boswell, J. N. (Eds.). (2017). *Directive play therapy: Theories and techniques*. New York, NY: Springer.
- Lester, S., & Russell, W. (2008). *Play for a change. Play, policy and practice: A review of contemporary perspectives*. London, England: National Children's Bureau.
- Levinson, B. (1969). *Pet-orientated child psychotherapy*. Springfield, IL: Charles C. Thomas.
- Levinson, B. M., & Mallon, G. P. (1997). *Pets-oriented child psychotherapy* (2nd ed.). Springfield, IL: Charles C. Thomas.
- Lichtman, M. (2013). *Qualitative research for the social sciences*. Thousand Oaks, CA: Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.



- Lindon, J. (2007). *Understanding children and young people. Development from 5-18 years*. London, England: Hodder Arnold.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*, 726–735. doi:10.1177/1049732304263638
- Maree, K., & Van der Westhuizen, C. (2007). Planning a research proposal. *First steps in research, 1*. Pretoria: Van Schaik Publishers.
- Maggs-Rapport, F. (2000). Combining methodological approaches in research: Ethnography and interpretive phenomenology. *Journal of Advanced Nursing, 31*(1), 219–225. doi:10.1046/j.1365-2648.2000.01243.x
- Mallinckrodt, B. (1991). Clients' representations of childhood emotional bonds with parents, social support, and formation of the working alliance. *Journal of Counseling Psychology, 38*, 401–409. doi:10.1037/0022-0167.38.4.401
- Mallinckrodt, B. (2010). The psychotherapy relationship as attachment: Evidence and implications. *Journal of Social and Personal Relationships, 27*, 262–270. doi:10.1177/0265407509360905
- Mallinckrodt, B., Coble, H. M., & Gantt, D. L. (1995). Working alliance, attachment memories, and social competencies of women in brief therapy. *Journal of Counseling Psychology, 42*(1), 79–84. doi:10.1037/0022-0167.42.1.79
- Marcus, P. (2007). "I'm just wild about Harry!" A psychoanalyst reflects on his relationship with his dog. *The Psychoanalytic Review, 94*, 639–656. doi:10.1521/prev.2007.94.4.639
- Maréchal, G. (2010). Autoethnography. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research* (Vol. 1, pp. 43–45). Thousand Oaks, CA: Sage.
- Marschan-Piekkari, R., & Welch, C. (Eds.). (2012). *Rethinking the case study in international business and management research*. Cheltenham, England: Edward Elgar Publishing.
- Mayoh, J., & Onwuegbuzie, A. J. (2015). Toward a conceptualization of mixed methods phenomenological research. *Journal of Mixed Methods Research, 9*(1), 91–107. doi:10.1177/1558689813505358
- McCluskey, U. (2005). *To be met as a person: The dynamics of attachment in professional encounters*. London, England: Karnac Books Ltd.
- McCune, S., Kruger, K. A., Griffin, J. A., Esposito, L., Freund, L. S., Hurley, K. J., & Bures, R. (2014). Evolution of research into the mutual benefits of human-animal interaction. *Animal Frontiers, 4*(3), 49–58. doi:10.2527/af.2014-0022



- McIlveen, P. (2008). Autoethnography as a method for reflexive research and practice in vocational psychology. *Australian Journal of Career Development*, 17(2), 13–20. doi:10.1177/103841620801700204
- McLeod, S. (2017). *Bowlby's attachment theory*. Retrieved from <https://www.simplypsychology.org/bowlby.html>
- McLeod, S. (2019). *Person centered therapy*. Retrieved from <https://www.simplypsychology.org/client-centred-therapy.html>
- McMahon, L. (1992). *The handbook of play therapy*. Canada: Routledge.
- McNicholas, J., & Collis, G. M. (1995). The end of a relationship: Coping with pet loss. In I. Robinson (Ed.), *The Waltham book of human–animal interaction: Benefits and responsibilities of pet ownership* (pp. 127–143). London, England: Pergamon Press.
- Melson, G. F. (2001). *Why the wild things are: Animals in the lives of children*. Cambridge, MA: Harvard University Press.
- Melson, G. F. (2003). Child development and the human-companion animal bond. *American Behavioral Scientist*, 47(1), 31–39. doi:10.1177/0002764203255210
- Méndez, M. (2013). La autoetnografía como un método de investigación: Ventajas, limitaciones y críticas [Autoethnography as a research method: Advantages, limitations and criticisms]. *Colombian Applied Linguistics Journal*, 15, 279–287. Retrieved from <http://www.scielo.org.co/pdf/calj/v15n2/v15n2a10.pdf>
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). Atlantic Highlands, NJ: The Humanities Press.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- Mertens, D. M. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Metta, M. (2013). Putting the body on the line: Embodied writing and recovery through domestic violence. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 486–509). Walnut Creek, CA: Left Coast Press.
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York, NY: The Guilford Press.



- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). New York, NY: The Guilford Press.
- Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes [Special issue]. *Journal of Personality*, 81(6), 606–616. doi:10.1111/j.1467-6494.2012.00806.x
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Morse, J. M. (1991). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (rev. ed., pp. 127–145). Newbury Park, CA: Sage.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Mouton, J. (2001). *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria, South Africa: Van Schaik.
- Muncey, T. (2010). *Creating autoethnographies*. Thousand Oaks, CA: Sage.
- Neville-Jan, A. (2003). Encounters in a world of pain: An autoethnography. *The American Journal of Occupational Therapy*, 57(1), 88–98. doi:10.5014/ajot.57.1.88
- Nieuwenhuis, J. (2016). Introducing qualitative research. In K. Maree (Ed), *First steps in research* (2nd ed., pp. 51–53). Pretoria, South Africa: Van Schaik.
- Nimer, J., & Lundahl, B. (2007). Animal-assisted therapy: A meta-analysis. *Anthrozoös*, 20, 225–238. doi:10.2752/089279307X224773
- Noonan, E. (2008). People and pets. *Psychodynamic Practice*, 14, 395–407. doi:10.1080/14753630802492722
- Nye, E. F. (1997). Writing as healing. *Qualitative Inquiry*, 3, 439–452. doi:10.1177/107780049700300405
- Obegi, J. H. (2008). The development of the client-therapist bond through the lens of attachment theory. *Psychotherapy: Theory, Research, Practice, Training*, 45, 431–446. doi:10.1037/a0014330
- Obegi, J. H., & Berant, E. (Eds.). (2009). *Attachment theory and research in clinical work with adults*. New York, NY: The Guilford Press.





- O'Callaghan, D. M., & Chandler, C. K. (2011). An exploratory study of animal-assisted interventions utilized by mental health professionals. *Journal of Creativity in Mental Health*, 6, 90–104. doi:10.1080/15401383.2011.579862
- O'Connor, K. J., Schaefer, C. E., & Braverman, L. D. (Eds.). (2015). *Handbook of play therapy* (2nd ed.). Hoboken, NJ: John Wiley & Sons.
- Odendaal, J. S. J. (2000). Animal-assisted therapy — magic or medicine? *Journal of Psychosomatic Research*, 49, 275–280. doi:10.1016/S0022-3999(00)00183-5
- Odendaal, J. S. J., & Meintjes, R. A. (2003). Neurophysiological correlated of affiliative behaviour between humans and dogs. *The Veterinary Journal*, 165, 296–301. doi:10.1016/S1090-0233(02)00237-X
- O'Haire, M. E., Bibbo, J., Hoffman, C. L., Mueller, M. K., Ng, Z. Y., & Buechner-Maxwell, V. A. (2018). Overview of centers and institutes for human-animal interaction in the United States. *Human-Animal Interaction Bulletin*, 6, 3–22. Retrieved from [https://www.vet.purdue.edu/chab/ohaire/files/documents/HAI\\_2018\\_HAIB\\_OHaire2.pdf](https://www.vet.purdue.edu/chab/ohaire/files/documents/HAI_2018_HAIB_OHaire2.pdf)
- Ohlsson, B., Truedsson, M., Bengtsson, M., Torstenson, R., Sjölund, K., Björnsson, E. S., & Simrèn, M. (2005). Effects of long-term treatment with oxytocin in chronic constipation; a double blind, placebo-controlled pilot trial. *Neurogastroenterology & Motility*, 17, 697–704. doi:10.1111/j.1365-2982.2005.00679.x
- Oliver, M., Nelson, K. W., Cade, R., & Cueva, C. (2007). Therapeutic letter writing from school counselors to students, parents, and teachers. *Professional School Counseling*, 10, 510–515. doi:10.1177/2156759X0701000509
- Orbanic, S. D. (1999). The Heideggerian view of person: A perspective conducive to the therapeutic encounter. *Archives of Psychiatric Nursing*, 13, 137–144. doi:10.1016/S0883-9417(99)80044-2
- Palaganas, E. C., Sanchez, M. C., Molintas, V. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *Qualitative Report*, 22, 426–438.
- Palmer, R. E. (1969). *Hermeneutics*. Evanston, IL: Northwestern University Press.
- Pam, M. S. (2013). Directive play therapy. In *Psychology dictionary*. Retrieved from <https://psychologydictionary.org/directive-play-therapy/>
- Parahoo, K. (2006). *Nursing research: Principles, process and issues* (2nd ed.). Hampshire, England: Palgrave Macmillan.
- Parham, L. D., & Fazio, L. S. (Eds.). (2008). *Play in occupational therapy for children* (2nd ed.). St. Louis, MO: Mosby Elsevier.



- Parish-Plass, N. (2008). Animal-Assisted Therapy with children suffering from insecure attachment due to abuse and neglect: A method to lower the risk of intergenerational transmission of abuse? *Clinical Child Psychology and Psychiatry*, 13(1), 7–30. doi:10.1177/1359104507086338
- Parish-Plass, N. (Ed.). (2013). *Animal-assisted psychotherapy: Theory, issues, and practice*. West Lafayette, IN: Purdue University Press.
- Parish-Plass, N. (2018). *The influence of Animal-Assisted Psychotherapy on the establishment of the therapeutic alliance with maltreated children in residential care* (Master's thesis, University of Haifa, Haifa, Israel). Retrieved from [https://habricentral.org/resources/62012/download/Parish-Plass\\_MSU\\_Thesis\\_AAP\\_and\\_the\\_Therapeutic\\_Alliance\\_Internet\\_Version.pdf](https://habricentral.org/resources/62012/download/Parish-Plass_MSU_Thesis_AAP_and_the_Therapeutic_Alliance_Internet_Version.pdf)
- Pathak, A. (2013). Musings on postcolonial autoethnography. Telling the tale of/through my life. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 595–608). Walnut Creek, CA: Left Coast Press.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, 1, 261–283. doi:10.1177/1473325002001003636
- Patton M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.
- Pet Partners. (2021). *Terminology*. Retrieved from <https://petpartners.org/learn/terminology/>
- Phillips, A. (1988). *Winnicott*. London, England: Fontana Paperbacks.
- Pichot, T., & Coulter, M. (2011). *Animal-assisted brief therapy: A solution-focused approach*. London, England: Routledge.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52, 137–145. doi:10.1037/0022-0167.52.2.137
- Porter, M. L., Hernandez-Reif, M., & Jessee, P. (2009). Play therapy: A review. *Early Child Development and Care*, 179, 1025–1040. doi:10.1080/03004430701731613
- Power, T. G. (2000). *Play and exploration in children and animals*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Rasmussen, L. A., & Cunningham, C. (1995). Focused play therapy and non-directive play therapy. *Journal of Child Sexual Abuse*, 4(1), 1–20. doi:10.1300/J070v04n01\_01



- Reay, D. (2007). Future directions in difference research: Recognizing and responding to difference. In S. N. Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (pp. 605–612). Thousand Oaks, CA: Sage.
- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, *15*, 177–185.  
doi:10.1023/A:1022284418096
- Richards, R. (2008). Writing the othered self: Autoethnography and the problem of objectification in writing about illness and disability. *Qualitative Health Research*, *18*, 1717–1728.  
doi:10.1177/1049732308325866
- Richardson, L. (2000). New writing practices in qualitative research. *Sociology of Sport Journal*, *17*(1), 5–20. doi:10.1123/ssj.17.1.5
- Richardson, L. (2001). Getting personal: Writing-stories. *International Journal of Qualitative Studies in Education*, *14*(1), 33–38. doi:10.1080/09518390010007647
- Rimmele, U., Hediger, K., Heinrichs, M., & Klaver, P. (2009). Oxytocin makes a face in memory familiar. *The Journal of Neuroscience*, *29*(1), 38–42. doi:10.1523/JNEUROSCI.4260-08.2009
- Robinson, S. (2011). What play therapists do within the therapeutic relationship of humanistic/non-directive play therapy. *Pastoral Care in Education*, *29*, 207–220.  
doi:10.1080/02643944.2011.599858
- Rockett, B., & Carr, S. (2014). Animals and attachment theory. *Society & Animals*, *22*, 415–433.  
doi:10.1163/15685306-12341322
- Rogers, C. R. (1946). Significant aspects of client-centered therapy. *American Psychologist*, *1*, 415–422.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*, 95–103. doi:10.1037/h0045357
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science* (Vol. 3, pp. 184–256). New York, NY: McGraw-Hill. Retrieved from <http://bibliotecaparalapersona-epimeleia.com/greenstone/collect/ecritos2/index/assoc/HASH01a5/4583605e.dir/doc.pdf>
- Rogers, C. R. (1991). *Client-centered therapy*. London, England: Constable.
- Rule, P., & John, V. (2011). *Your guide to case study research*. Pretoria, South Africa: Van Schaik.



- Russ, S. W., & Wallace, C. E. (2013). Pretend play and creative processes. *American Journal of Play*, 6(1), 136–148. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1016123.pdf>
- Sable, P. (1995). Pets, attachment, and well-being across the life cycle. *Social Work*, 40, 334–341. doi:10.1093/sw/40.3.334
- Sable, P. (2013). The pet connection: An attachment perspective. *Clinical Social Work Journal*, 41(1), 93–99. doi:10.1007/s10615-012-0405-2
- Sacks, A. (2008). The therapeutic use of pets in private practice. *British Journal of Psychotherapy*, 24, 501–521. doi:10.1111/j.1752-0118.2008.00103.x
- Safran, J. D., Muran, J. C., & Rothman, M. (2006). The therapeutic alliance: Cultivating and negotiating the therapeutic relationship. In W. O'Donohue, N. A. Cummings, & J. L. Cummings (Eds.), *Clinical strategies for becoming a master psychotherapist* (pp. 37–54). San Diego, CA: Academic Press.
- Sandler, J., Kennedy, H., & Tyson, R. L. (1980). *The technique of child psychoanalysis: Discussions with Anna Freud*. Cambridge, England: Harvard University Press.
- Sandseter, E. B. H., & Kennair, L. E. O. (2011). Children's risky play from an evolutionary perspective: The anti-phobic effects of thrilling experiences. *Evolutionary Psychology*, 9, 257–284. doi:10.1177/147470491100900212
- Saunders, M., Lewis, P., & Thornhill, A. (2016). *Research methods for business students* (7th ed.). Harlow, England: Pearson Education Limited.
- Savaskan, E., Ehrhardt, R., Schulz, A., Walter, M., & Schächinger, H. (2008). Post-learning intranasal oxytocin modulates human memory for facial identity. *Psychoneuroendocrinology*, 33, 368–374. doi:10.1016/j.psyneuen.2007.12.004
- Schaefer, C. (Ed.). (1999). *Innovative psychotherapy techniques in child and adolescent therapy* (2nd ed.). New York, NY: Wiley.
- Schaefer, C. E. (Ed.). (1993). *The therapeutic powers of play*. Northvale, NJ: Jason Aronson.
- Schaefer, C. E. (2011). Prescriptive play therapy. In C. E. Schaefer (Ed.), *Foundations of play therapy* (2nd ed., pp. 365–378). New York, NY: John Wiley & Sons.
- Scharff, J. S., & Scharff, D. E. (1995). *The primer of objects relations theory*. Lanham, MD: The Rowman & Littlefield Publishing Group.
- Scholtz, S. (2010). *Exploring the use of animal-assisted therapy in educational psychology* (Master's dissertation, University of Pretoria, Pretoria, South Africa). Retrieved from



<https://repository.up.ac.za/bitstream/handle/2263/25412/dissertation.pdf?sequence=1&isAllowed=y>

- Schurink, W., Fouché, C. B., & De Vos, A. S. (2011). Qualitative data analysis and interpretation. In A. S. De Vos, H. Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed, pp. 397–423). Pretoria, South Africa: Van Schaik.
- Schwandt, T. A. (1999). On understanding understanding. *Qualitative Inquiry*, 5, 451–464.  
doi:10.1177/107780049900500401
- Schwandt, T. A. (2007). *The Sage dictionary of qualitative enquiry* (3rd ed.). Thousand Oaks, CA: Sage.
- Seale, C. (1999). Quality in qualitative research. *Qualitative Inquiry*, 5, 465–478.  
doi:10.1177/107780049900500402
- Serpell, J. A. (2008). *In the company of animals: A study of human-animal relationships*. Cambridge, England: Cambridge University Press.
- Sheldrake, R., & Smart, P. (1998). A dog that seems to know when his owner is returning: Preliminary investigations. *Journal of the Society for Psychical Research*, 62, 220–232.
- Sheldrake, R., & Smart, P. (2000). A dog that seems to know when his owner is coming home: Videotaped experiments and observations. *Journal of Scientific Exploration*, 14(2), 223–255.  
Retrieved from [https://www.researchgate.net/profile/Rupert-Sheldrake/publication/237233330\\_A\\_Dog\\_That\\_Seems\\_to\\_Know\\_When\\_His\\_Owner\\_Is\\_Coming\\_Home\\_Videotaped\\_Experiments\\_and\\_Observations/links/5587cc7f08aef58c03a05939/A-Dog-That-Seems-to-Know-When-His-Owner-Is-Coming-Home-Videotaped-Experiments-and-Observations.pdf](https://www.researchgate.net/profile/Rupert-Sheldrake/publication/237233330_A_Dog_That_Seems_to_Know_When_His_Owner_Is_Coming_Home_Videotaped_Experiments_and_Observations/links/5587cc7f08aef58c03a05939/A-Dog-That-Seems-to-Know-When-His-Owner-Is-Coming-Home-Videotaped-Experiments-and-Observations.pdf)
- Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 452–464. doi:10.1037/0022-006X.71.3.452
- Shirk, S. R., & Saiz, C. C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4, 713–728.  
doi:10.1017/S0954579400004946
- Siegel, D. J. (1999). *The developing mind: How relationships in the brain interact to shape who we are*. New York, NY: The Guilford Press.
- Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). New York, NY: The Guilford Press.



- Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: The philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality & Quantity*, 48, 1291–1303. doi:10.1007/s11135-013-9835-3
- Slochower, J. (1996). Holding and the evolving maternal metaphor. *Psychoanalytic Review*, 83(2), 195–218.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: Sage.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, England: Cambridge University Press.
- Sori, C. F., & Hughes, J. C. (2014). Animal-assisted play therapy: An interview with Rise VanFleet. *The Family Journal*, 22, 350–356. doi:10.1177/1066480714534394
- Soyini Madison, D. (2006). The dialogic performative in critical ethnography. *Text and Performance Quarterly*, 26, 320–324. doi:10.1080/10462930600828675
- Sparkes, A. C. (1996). The fatal flaw: A narrative of the fragile body-self. *Qualitative Inquiry*, 2, 463–494. doi:10.1177/107780049600200405
- Sparkes, A. C. (2000). Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sport Journal*, 17(1), 21–43. doi:10.1123/ssj.17.1.21
- Sparkes, A. C. (2002). *Telling tales in sport and physical activity: A qualitative journey*. Champaign, IL: Human Kinetics.
- Speedy, J. (2013). Where the wild dreams are: Fragments from the spaces between research, writing, autoethnography and psychotherapy. *Qualitative Inquiry*, 19(1), 27–34. doi:10.1177/1077800412462980
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Starr, L. J. (2010). The use of autoethnography in educational research: Locating who we are in what we do. *Canadian Journal for New Scholars in Education*, 3(1), 1–9. Retrieved from <http://136.159.200.199/index.php/cjnse/article/view/30477>
- Steele, H., & Steele, M. (Eds.). (2008). *Clinical applications of the adult attachment interview*. New York, NY: The Guilford Press.
- St. George, R., Jones, B., Spicer, J., & Budge, R. C. (1998). Health correlates of compatibility and attachment in human-companion animal relationships. *Society & Animals*, 6(3), 219–234. doi:10.1163/156853098X00168



- Steinbeigle, J. (2017). *Experience of a counselor and their canine animal partner: A qualitative analysis* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 10682795)
- Taheri, K. M. (2015). *How play therapists integrate knowledge of attachment theory into clinical practice: A grounded theory* (Doctoral dissertation, University of New Orleans). Retrieved from <https://scholarworks.uno.edu/cgi/viewcontent.cgi?article=3072&context=td>
- Taylor, S. J., Bogdan, R., & DeVault, M. L. (2016). *Introduction to qualitative research methods: A guidebook and resource* (4th ed.). Hoboken, NJ: John Wiley & Sons.
- Tedeschi, P., Fine, A. H., & Helgeson, J. I. (2010). Assistance animals: Their evolving role in psychiatric service applications. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 421–438). San Diego, CA: Academic Press.
- Tedlock, B. (2013). Braiding evocative with analytic autoethnography. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 358–362). Walnut Creek, CA: Left Coast Press.
- Téglás, E., Gergely, A., Kupán, K., Miklósi, Á., & Topál, J. (2012). Dogs' gaze following is tuned to human communicative signals. *Current Biology*, 22, 209–212. doi:10.1016/j.cub.2011.12.018
- Terre Blanche, M., & Durrheim, K. (Eds.). (2002). *Research in practice: Applied methods for the social sciences*. Cape Town, South Africa: University of Cape Town Press.
- Thiselton, A. C. (2009). *Hermeneutics: An introduction*. Cambridge, England: Wm. B. Eerdmans Publishing.
- Thompson, M. J. (2009). Animal-assisted play therapy: Canines as co-therapists. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Compelling counseling interventions: VISTAS 2009* (pp. 119–209). Alexandria, VA: American Counseling Association.
- Tolich, M. (2010). A critique of current practice: Ten foundational guidelines for autoethnographers. *Qualitative Health Research*, 20, 1599–1610. doi:10.1177/1049732310376076
- Topál, J., Byrne, R. W., Miklósi, A., & Csányi, V. (2006). Reproducing human actions and action sequences: "Do as I do!" in a dog. *Animal Cognition*, 9, 355–367. doi:10.1007/s10071-006-0051-6
- Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16, 837–851. doi:10.1177/1077800410383121
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Chichester, England: John Wiley & Sons, Ltd.



- Trochim, W. M. (2006). *Qualitative validity: Research methods knowledge base*.
- Tullis, J. A. (2013). Self and others: Ethics in autoethnographic research. In S. L. Holman Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 244–261). Walnut Creek, CA: Left Coast Press.
- Turner, L. (2013). The evocative autoethnographic I: The relational ethics of writing about oneself. In N. P. Short, L. Turner, & A. Grant (Eds.), *Contemporary British autoethnography* (pp. 213–229). Rotterdam, The Netherlands: Sense.
- Urichuk, L., & Anderson, D. (2003). *Improving mental health through animal-assisted therapy*. Alberta, Canada: The Chimo Project. Retrieved from <http://www.hipoterapia-sha.sk/fotky/14803/Vskumy/AAT-improving-mental-health.pdf>
- VanFleet, R. (2004). *It's only natural: Exploring the play therapy workshop manual*. Boiling Springs, PA: Play Therapy Express.
- VanFleet, R. (2008a). *Play therapy with kids and canines: Benefits for children's developmental and psychosocial health*. Sarasota, FL: Professional Resource Press.
- VanFleet, R. (2008b, July/August). The winning combination of kids, canines, and play: Using Canine-Assisted Play Therapy to benefit children and dogs. *The APDT Chronicle of the Dog*, 36–38. Retrieved from [http://play-therapy.com/playfulpooch/images\\_resources/WinningCombKidsK9s.pdf](http://play-therapy.com/playfulpooch/images_resources/WinningCombKidsK9s.pdf)
- VanFleet, R. (2009). *Canine assisted play therapy: Theory, research, and practice training manual*. Boiling Springs, PA: Play Therapy Press.
- VanFleet, R., & Faa-Thompson, T. (2010). The case for using Animal Assisted Play Therapy. *British Journal of Play Therapy*, 6, 4–18. Retrieved from [https://d1wqtxts1xzle7.cloudfront.net/53904906/Case4AAPT.BJPTWinter10\\_4-18.pdf?1500473319=&response-content-disposition=inline%3B+filename%3DThe\\_Case\\_for\\_Using\\_Animal\\_Assisted\\_Play.pdf&Expires=1604914656&Signature=Em9RE9fW6rr6g4RQuKmE4iK5sLaZVgeoNWTUBuBX0bCJZGesMETqq9ADsL3e4tdy92032~Rd-J9rLHwlnR9dmuJc2oudnW9sdMczSW1C-3TZlsszzNa9v4XmEA6BI3pt8o0lqvYKPIWS8RBg3C-1OzwZHICHEXnz52W3ptrDWx~0rWII4DCikI2zzwINXS9LTV2rtOCqQJII0MiE5cUy615sYzDuHJ3yb9pas7tzybRxrGFger-JmFf2k64mHrG~gg-Fm4K9JjCBlaNOFe9SW7AHum~fcdnVHEAbdaI01cXShrLcRStIY8Om7NA3jJ9Mmga4JEt60ZHE326LRzKQ-Q\\_\\_&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA](https://d1wqtxts1xzle7.cloudfront.net/53904906/Case4AAPT.BJPTWinter10_4-18.pdf?1500473319=&response-content-disposition=inline%3B+filename%3DThe_Case_for_Using_Animal_Assisted_Play.pdf&Expires=1604914656&Signature=Em9RE9fW6rr6g4RQuKmE4iK5sLaZVgeoNWTUBuBX0bCJZGesMETqq9ADsL3e4tdy92032~Rd-J9rLHwlnR9dmuJc2oudnW9sdMczSW1C-3TZlsszzNa9v4XmEA6BI3pt8o0lqvYKPIWS8RBg3C-1OzwZHICHEXnz52W3ptrDWx~0rWII4DCikI2zzwINXS9LTV2rtOCqQJII0MiE5cUy615sYzDuHJ3yb9pas7tzybRxrGFger-JmFf2k64mHrG~gg-Fm4K9JjCBlaNOFe9SW7AHum~fcdnVHEAbdaI01cXShrLcRStIY8Om7NA3jJ9Mmga4JEt60ZHE326LRzKQ-Q__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA)
- VanFleet, R., & Faa-Thompson, T. (2012). The power of play, multiplied. *Play Therapy: Magazine of the British Association of Play Therapists*, 70, 7–10.





- VanFleet, R., & Faa-Thompson, T. (2017). *Animal assisted play therapy*. Sarasota, FL: Professional Resource Press.
- VanFleet, R., Fine, A. H., O'Callaghan, D., Mackintosh, T., & Gimeno, J. (2015). Application of animal-assisted interventions in professional settings: An overview of alternatives. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions* (4th ed., pp. 158–177). San Diego, CA: Academic Press.
- VanFleet, R., Sywulak, A. E., & Sniscak, C. C. (2011). *Child-centered play therapy*. New York, NY: The Guilford Press.
- Van Houtte, B. A., & Jarvis, P. A. (1995). The role of pets in preadolescent psychosocial development. *Journal of Applied Developmental Psychology, 16*(3), 463–479. doi:10.1016/0193-3973(95)90030-6
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, England: Althouse Press.
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). London, England: Althouse Press.
- Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.
- Van Niekerk, P. A. (Red.). (1986). *Die Opvoedkundige-sielkundige: 'n Handleiding in die opvoedkundige-sielkunde*. Stellenbosch, Suid-Afrika: Universiteitsuitgewers en –Boekhandelaars.
- Viklund, A. (2017). *Puppets in psychotherapy: An international web-based study among clinicians*.
- Virány, Z., Topál, J., Gácsi, M., Miklósi, Á., & Csányi, V. (2004). Dogs respond appropriately to cues of human's attentional focus. *Behavioural Processes, 66*, 161–172. doi:10.1016/j.beproc.2004.01.012
- Vizaniaris, K. (2019). *Therapist attitudes towards animal assisted therapy: A qualitative study* (Doctoral capstone project). Retrieved from [https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1006&context=smhs\\_crl\\_capstones](https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1006&context=smhs_crl_capstones)
- Walford, G. (2004). Finding the limits: Autoethnography and being an Oxford University proctor. *Qualitative Research, 4*, 403–417. doi:10.1177/1468794104047238
- Walford, G. (Ed.). (2013). *Researching the powerful in education*. London, England: Routledge.
- Wall, S. (2006). An autoethnography on learning about autoethnography. *International Journal of Qualitative Methods, 5*(2), 146–160. doi:10.1177/160940690600500205



- Wall, S. (2008). Easier said than done: Writing an autoethnography. *International Journal of Qualitative Methods*, 7(1), 38–53. doi:10.1177/160940690800700103
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: The Guilford Press.
- Walsh, F. (2009). Human-animal bonds I: The relational significance of companion animals. *Family Process*, 48, 462–480. doi:10.1111/j.1545-5300.2009.01296.x
- Warne, K. E., & Hoppes, S. (2009). Lessons in living and dying from my first patient: An autoethnography. *Canadian Journal of Occupational Therapy*, 76, 309–316. doi:10.1177/000841740907600410
- Whybrow, D. (2013). Psychiatric nursing liaison in a combat zone: An autoethnography. *Journal of Psychiatric and Mental Health Nursing*, 20, 896–901. doi:10.1111/jpm.12034
- Wilkes, J. K. (2009). *The role of companion animals in counseling and psychology: Discovering their use in the therapeutic process*. Springfield, IL: Charles C. Thomas Publisher Ltd.
- Williamson, K. (2006). Research in constructivist frameworks using ethnographic techniques. *Library Trends*, 55(1), 83–101. doi:10.1353/lib.2006.0054
- Winnicott, D. W. (1967). *Playing and reality*. London, England: Routledge.
- Winnicott, D. W. (1971). *Playing and reality*. London, England: Tavistock Publications.
- Wittgenstein, L. (1963). *Philosophical investigations* (Vol. II, G. E. M. Anscombe, Trans.). Oxford, England: Basil Blackwell.
- Wittig, C. A. C. (2013). *In relationship: An illustrated autoethnography of counsellor identity development* (Master's thesis, University of Northern British Columbia, Prince George, Canada). doi:10.24124/2013/bpgub1049
- Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology: An exploration. *Journal of Holistic Nursing*, 25, 172–180. doi:10.1177/0898010106295172
- Wright, J. (2008). Searching one's self: The autoethnography of a nurse teacher. *Journal of Research in Nursing*, 13, 338–347. doi:10.1177/1744987107088046
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed). Thousand Oaks, CA: Sage.
- Yin, R. K. (2009). *Case study research: Design and methods* (4th ed). Thousand Oaks, CA: Sage.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.



- Zak, P. J., Kurzban, R., & Matzner, W. T. (2005). Oxytocin is associated with human trustworthiness. *Hormones and Behavior*, 48, 522–527. doi:10.1016/j.yhbeh.2005.07.009
- Zak, P. J., Stanton, A. A., & Ahmadi, S. (2007). Oxytocin increases generosity in humans. *PloS ONE*, 2(11), e1128. doi:10.1371/journal.pone.0001128
- Zeifman, D., & Hazan, C. (2008). Pair bonds as attachments: Reevaluating the evidence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 436–455). New York, NY: The Guilford Press.
- Zielinski, S. (2015, February 20). Five surprising animals that play. *ScienceNews*. Retrieved from: <https://www.sciencenews.org/blog/wild-things/five-surprising-animals-play>
- Zigler, E. F., & Bishop-Josef, S. J. (2009). Play under Siege: A historical overview. *Zero To Three (J)*, 30(1), 4–11.
- Zilcha-Mano, S. (2013). Animal-assisted psychotherapy from an attachment perspective. In N. Parish-Plass (Ed.), *Animal-assisted psychotherapy: Theory, issues, and practice* (pp. 111–144). West Lafayette, IN: Purdue University Press.
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2011a). An attachment perspective on human-pet relationships: Conceptualization and assessment of pet attachment orientations. *Journal of Research in Personality*, 45, 345–357. doi:10.1016/j.jrp.2011.04.001
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2011b). Pet in the therapy room: An attachment perspective on Animal-Assisted Therapy. *Attachment & Human Development*, 13, 541–561. doi:10.1080/14616734.2011.608987
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2012). Pets as safe havens and secure bases: The moderating role of pet attachment orientations. *Journal of Research in Personality*, 46, 571–580. doi:10.1016/j.jrp.2012.06.005
- Zimmerman, M. E. (2015). Authenticity, duty, and empathy in *Do Androids Dream of Electric Sheep?* In H. Pedersen & M. Altman (Eds.), *Horizons of authenticity in phenomenology, existentialism, and moral psychology: Essays in honor of Charles Guignon* (pp. 75–92). Dordrecht, The Netherlands: Springer. doi:10.1007/978-94-017-9442-8



## APPENDICES

**Appendix A:**

Brandon's Vignette

**Appendix B:**

Cara's Vignette

**Appendix C:**

Robyn's Vignette

**Appendix D:**

Danika's Vignette

**Appendix E:**

Luca's Vignette

**Appendix F:**

Sample of Analysis

**Appendix G:**

Chapters 4A and 4B References

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## APPENDIX A: BRANDON'S VIGNETTE

### Brandon – the boy who started it all

Has anyone ever crossed your path in some way, and only later did you realise that your interaction with that person had changed your entire life forever? That is exactly what happened when my path crossed that of Brandon's.<sup>13</sup>

In 2008 I was a student, busy with my master's degree in educational psychology. As part of the practical component of the degree, we were assigned to a place of safety where children were temporarily placed after they had been removed from their homes. I was required to perform an emotional and cognitive assessment on the child assigned to me, as well as provide therapy in order to support him emotionally. Thinking back, I have to admit that I was quite excited about the idea of supporting a child in a place of safety. I was, however, not aware of exactly how much experience I would gain by working with him or how valuable this experience would really become to me.

I received Brandon's file a week before I had to meet him for the first time. I don't think it could actually have been referred to as "a file". It was not very thick, and did not contain a lot of information. The file contained a brief family history, a list of his personal belongings and the notes of his previous psychologist. According to the file Brandon had behavioural difficulties, and refused to attend school. It mentioned that Brandon would leave his home very early in the morning, and would only return late at night, not attending school at all. No one was able to determine where Brandon went during the day. On one occasion another boy threw a benzene bomb into his face. At the time Brandon was living with his mother and elder brother. His father had been arrested and sent to prison. A former therapist wrote brief notes on time spent with Brandon. These notes were not very positive, and stated that she could no longer work with Brandon as he had no respect for her, and did not show any desire to interact with her. Reading these comments as a student made me feel quite anxious. The therapists who had worked with him previously probably had more experience than I had at that stage. I felt quite incompetent as a young, inexperienced student who had to work with this "difficult" boy.

I met Brandon on the 14th of May 2008. I decided to do a cognitive screening, as well as use alternative media to determine his cognitive and emotional level of functioning. I expected a very difficult and defiant 14-year old boy. However, the young man who sat in front of me during the assessment was very different to the person they described in the files. Instead of a defiant, disrespectful and withdrawn boy, I saw a polite, quiet, insecure and uncertain boy who was not disrespectful towards me at all. He might even have

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<sup>13</sup> Pseudonyms used to protect the identity of clients.



been scared, because he did not know me at all, and had already been taken away from home and placed in a place of safety that was foreign to him.

We were assigned to someone's office to do the assessment. It was a very cold and impersonal office, and the phone kept ringing during the initial phase of the assessment. Eventually I unplugged the phone. Brandon wore a navy-blue sweater top with a hood, which he pulled over his face so that it covered almost half of his face. He was very withdrawn and quiet and usually just answered yes or no to questions. I remember that with questions regarding the assessment media that touched a bit on personal and family matters, Brandon refused to provide an answer and would just look down or ignore any attempts I made to get him to answer the questions. I tried to be very friendly, warm and open towards him. I did not want to seem threatening at all. Thinking back however, I realise that I probably did appear to be threatening to him. Brandon scored a very low score in his cognitive assessment. Brandon's verbal scores were very low compared to what was expected for his age. They were so low that expressing himself verbally may have been very challenging to him. I need to mention that owing to the emotional trauma Brandon had been through prior to the assessment and the fact that he was not in a safe environment, but had been removed from his home, I had reason to doubt the validity of the scores. I recommended therapy to address Brandon's self-acceptance and to increase his self-confidence and self-worth. His relationship with his mother was also an area of concern, as their relationship was not good. An attempt should be made to improve his trust in others, as well as his social skills and school attendance.

### **Start of the journey with Brandon – Sessions 1 to 5**

Our therapy sessions began on 4 June 2008. The therapy room was not the ideal venue for the purpose. We were allotted a storeroom in the place of safety where Brandon lived. The room was rectangular, dark and very dusty. Chairs were stacked all around the room. In one corner there were some books, another corner had a small table, and in the third corner I found two small chairs, which I instinctively moved towards the table. There was a small window in the room, but instead of giving me a sense of freedom, this specific window gave me the impression of a prison cell. It even had burglar bars across it. I wondered how many children had felt that they were in a prison instead of a place of safety, especially after they had been removed from their homes.

As I now read through the reflective notes that I wrote as a student, I cannot help but wonder whether I was always honest with myself, especially during the initial phases of therapy with Brandon. These phases were very challenging in the sense of having to establish rapport and trust. I mentioned this fact in my notes, but I also mentioned that he enjoyed certain activities. Looking back now, I feel that I should not have made such comments, as I did not know Brandon very well at that stage. I was not yet in a position to comment on whether he enjoyed an activity or not. I only realise that now. As a young student, I was



perhaps afraid that if I did not report positive progress immediately, I would not be doing a good job. Sometimes progress takes a very long time!

During the initial three phases I chose sand-play therapy as a method. There were a few reasons for this. Firstly, sand-play therapy is a more indirect manner of doing therapy. I felt that this suited Brandon's needs. Secondly, sand play was a good way in which Brandon could express himself emotionally, instead of having to talk to me. Lastly, I felt that it was a good way in which Brandon could take control and involve me if he felt like doing it. It gave him more power over his own therapy process. To a certain extent this process worked well as it provided Brandon with sufficient personal space. I did not become involved, and I was able to observe his play. The challenges I faced by using sand play with Brandon were, firstly, that I did not feel as if Brandon were making progress. I also felt that the sand play isolated Brandon further within the therapy setting. I now realise that three sessions were not nearly enough time to decide whether or not there was any therapeutic progress. However, I had a gut feeling that therapy was not working for Brandon. I also felt that he needed some support and personal contact, especially since he was so withdrawn, but I knew that he did not yet trust me enough to have that relationship with me. Some people will argue that sand play is very healing and therapeutic in itself, even if there is no interaction between the child and therapist. The child should be allowed to involve the therapist when he or she feels the need to do so. I do agree with that, and I often use this approach in my practice, but for some unexplained reason I had a very strong gut feeling that I was not making a difference in Brandon's life and my intuition has seldom let me down.

As an animal lover, I started reading about Animal-Assisted Activity (AAA), which entails the use of an animal for mostly social visits (Chandler, 2017) to institutions like hospitals or retirement homes. I was very interested in this type of approach, and heard about a group called Paws for People who regularly visited institutions with their trained dogs. They invited me to attend a hospital visit to the children's oncology ward. I met them very eagerly in front of the hospital that evening, and I was amazed at how welcome I felt by the approaching dogs. As we entered the ward I could not help but notice the effect the dogs had on the people we approached. Tired, sad and exhausted expressions transformed into happy, excited and warm expressions. I was amazed at how children in pain would start smiling or making an effort to move, in order to touch the dog. I truly felt as if I were experiencing a form of magic.

I went home that evening, and thought how wonderful it would be to do therapy with my own dog, Morkie. I realised that even though Morkie was well socialised, had been exposed to children and enjoyed their company on the odd occasion, she was not used to interacting with children on a daily basis. I decided that Brandon would be the perfect person to interact with Morkie as he was calm and older and it was a safe environment. The following week I placed Morkie in her travel crate, and off we went to see Brandon for his fourth therapy session.



I unpacked the sand play toys because I felt that Brandon knew that type of therapy, and probably expected it. I did not want to overwhelm him with too many new activities. Brandon entered the room and greeted me while looking down. He was wearing his top pulled down to cover his eyes. He sat in the chair opposite me, and the sandbox was between us, almost serving as a protective wall for Brandon. Brandon was looking down, and did not notice Morkie immediately. I explained to Brandon that today I brought my dog along to see him, and that I wanted her to become more used to children. Brandon listened but showed no sign of interaction. I also asked his permission for Morkie to exit her travel crate, as I did not want Brandon to feel threatened by her. He nodded that he is comfortable with dogs, and I reassured him that she is a friendly little dog. Morkie ran towards Brandon, and excitedly stood up against his left leg. She looked up at Brandon's face and wagged her tail in the friendliest way possible. What happened next was not something I expected to see. For the first time Brandon smiled, as he looked down at Morkie. This was really something! What I had not been able to accomplish in 4 weeks, Morkie did in 4 seconds flat! The rest of the session followed the old well-known pattern. Brandon only shrugged when I asked him about his sand-play scene. However, Morkie was lying close-by on the floor and inside I was bubbling with excitement! I drove home that day in a very positive mood! Morkie seemed to have had a positive impact on Brandon, and I was definitely going to try and work with Morkie and Brandon. I was still not sure how, but I was thinking about ideas at the speed of lightning!

I decided to take Morkie with me again for the next session of therapy. Brandon arrived with his top pulled over his eyes, looking down and greeting me softly. He immediately looked at Morkie, and she seemed very happy to see him. She was wagging her tail excitedly. I demonstrated to Brandon that he should go down in a squat position and hold out his palm towards Morkie to greet her. I told him: "This will show Morkie that you are friendly, and would like to be her friend. It tells her that you won't hurt her." My reason for this was to provide Brandon with a manner in which he could socialise with Morkie, which was not threatening to him or Morkie. Brandon might relate to this, as he also preferred to be treated in a manner that provided him with personal space, respect and safety.

After Brandon had finished his sand-play therapy, he refused to answer questions about what he built. I decided to try something different. As if it was the most normal thing in the world to do, I suddenly pretended to speak to Morkie, and asked: "What did you say Morkie? Oh, you would like to know what Brandon built in the sand box?" Brandon looked at the sand box, and without making eye contact, began explaining what he had built.

"Morkie says that she really likes your picture and that you are good at building things in the sand", I offered.



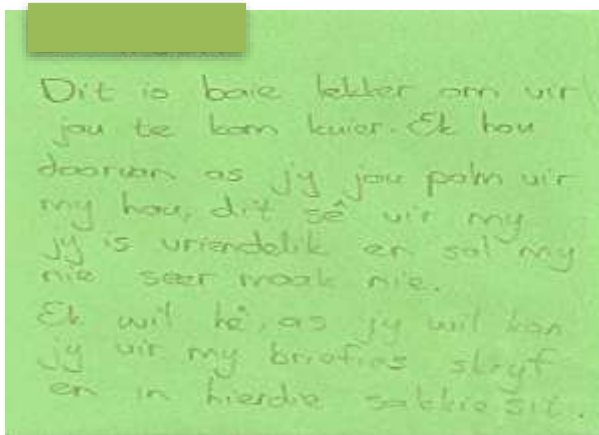


Brandon slowly looked down and softly whispered a “thank you”. My heart was beating very fast in my chest, and I immediately realised that Brandon was engaging with Morkie, and that to some extent he must have found her less threatening than me.


“Brandon, I would like to share something with you. This is something Morkie asked me to share with you, because she really seems to like you,” I told Brandon. “Morkie is in dog school. Did you know dogs go to school?” Brandon nodded. “Well they learn to do all kinds of tricks and jumps at dog school. Morkie used to like dog school a lot, but the other day something happened at her school that made Morkie very sad. She was bullied by another dog, and this made Morkie so sad that she began staying away from school.” Brandon glanced at Morkie with a tender expression on his face. “Eventually I asked someone to help Morkie. This lady worked with Morkie in the way I am working with you, and this really helped Morkie to feel happy again.” Brandon did not say anything. However, I could tell that he was touched by listening to Morkie’s story, and I hoped that he would feel sympathy for Morkie, because I had hoped that he would sense a resemblance between his life and Morkie’s life.


For the last part of our session I planned beforehand to use therapeutic letter writing. I wrote a letter to Brandon from Morkie to see whether he would communicate with Morkie in this way. It was quite a gamble but I had to find a way to win Brandon’s trust. He had to feel safe to express himself. I told Brandon that Morkie had written him a letter, and that I had helped her write it. I asked his permission to read it to him and he nodded, while smiling at Morkie, who sat on my lap, almost as if she knew she was a big part of what was happening. I began reading Morkie’s letter to Brandon (See Figure A1). It suddenly became very quiet in a place where silence of any form was very seldom observed. Brandon sat very still, listening to every word written by Morkie.





Dit is baie lekker om vir  
jou te kom kuier. Ek hou  
daarom as jy jou palm vir  
my hou, dit se vir my  
jy is vriendelik en sal my  
nie seer maak nie.  
Ek wil te, as jy wil kan  
jy vir my briefies skryf  
en in hierdie sakkie sit.



Ek sal dit lees en Sune's  
Sune, en ek belowe niemand  
anders nie. Ek sal altyd terug  
skryf, en jy kan skryf oor  
enige iets Good wat pla of  
goeie goed. Net as jy  
wil.  
Groete  
Morkie 

Brandon

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

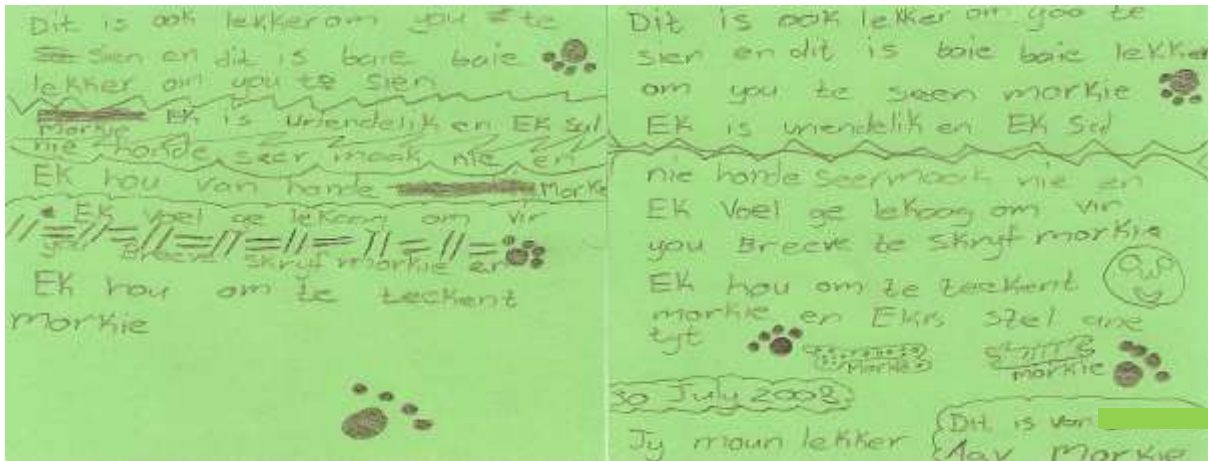
Regards

Morkie

**Figure A1: Morkie's first letter to Brandon (Scholtz, 2010)**

I gave Brandon the option of responding to Morkie if he wanted to, as I did not want him to feel pressured in any way possible. He nodded and asked to write a letter to Morkie. What Brandon did next surprised me, as he did not sit at the desk with me, as I expected him to, instead he climbed through and over some chairs to find a private, enclosed spot to write his letter. I asked if he wanted Morkie to sit next to him and he agreed, so I placed Morkie on a little chair next to him. I immediately removed myself from the situation and went to sit at the table where I had been sitting. The main reason for this was because I respected Brandon's attempt at privacy. Morkie also seemed to have felt safe and if she wanted to, she was able to climb off the chair and remove herself from the situation. Brandon placed his letter to Morkie in the special pencil case with the picture of a dog, and placed it in Morkie's travel case. We greeted one another and he walked back to his room. Needless to say, I was literally bursting with curiosity to see what Brandon had written. As I climbed into my car, I opened his letter and this was what Brandon had written to Morkie (see Figure A2):





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

This is from Brandon

To Morkie

**Figure A2: Brandon’s first reply to Morkie’s letter (Scholtz, 2010). (Unaltered.)**

His letter went beyond my wildest expectations! Finally I had found a way in which I could communicate with this young man. I truly felt that I would not have able to make this breakthrough without the presence of Morkie. Other people might argue that a soft toy would have had a similar effect, but I do not believe that. Morkie was a living and breathing little creature who accepted Brandon immediately, and someone who Brandon felt he could relate to. In my personal opinion, Brandon revealed more of himself than he did during the previous 5 weeks of therapy. He told Morkie that he was friendly, and that he liked dogs and drawing, as well as how happy he was to see Morkie, and that he would like to write to her again. Finally I found a way to help Brandon to express himself. However, I had no idea how to go forward with this new technique, as at that stage no one in South Africa, of which I am aware of, had done what I had just done with Brandon and Morkie.

**Centre of the journey with Brandon - Sessions 6 to 12**

**Session 6**

Brandon was not notified about our session today, so I had to go to his dormitory to fetch him. The children refer to this place as their “dorm”. The word dorm may sound like a warm and social place, but in fact it is quite the opposite. Steel beds are stacked one after the other on a cold cement floor. I was shocked, and immediately had a cold and isolated feeling inside of me. Brandon came towards me, greeted me and immediately looked down towards the floor. This was not something new to me, as he never looked at me when I greeted him. I told him that today Morkie had come along with me, and he immediately looked up with a broad smile on his face. Why was this significant to me? Well, at the mention of Morkie’s name,

Brandon immediately became excited and showed genuine happiness towards the fact that she was here. Another significant aspect that I noticed was that he was not wearing his top, behind which he would normally hide. Perhaps he was not prepared to see me, but he could have gone to his bed to fetch his top. Either way, he did not have it on that day, and it might also have been because he began to feel safe, and was more confident to show himself to Morkie, rather than hide from her.

I provided Brandon with a big scrapbook in which we planned to stick all their letters, photos and drawings. My aim with this book was to provide Brandon with a medium to further express himself emotionally. He seemed to be excited about the book as he agreed to having his photo taken with Morkie. He looked directly at the camera and smiled very broadly which made for a happy and positive picture. The photos that I took during Session 5 and the photos I took during Session 6 (Figure A3 and A4) clearly indicated positive progress to me. Brandon's posture was more open. He turned towards me, he was not wearing his top and he generally looked happy.



**Figure A3: Brandon's posture during session 5 (Scholtz, 2010)**



**Figure A4: Brandon's posture during session 6 (Scholtz, 2010)**

During the session Brandon held his palm towards Morkie and she licked it. I responded by telling Brandon that Morkie could see that he was friendly when he showed her his palm. I wanted to encourage Brandon in what he was doing, as he initiated positive social interaction with Morkie. My comment may have also enhanced our relationship and Brandon's self-esteem because he received positive confirmation from me. He received encouragement, and Morkie licked him, thus giving her own agreement to what he was doing.



Dear Brandon

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

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

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

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

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

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

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

Regards

Morkie

**Figure A5: Morkie's letter to Brandon (Scholtz, 2010). (Letter unaltered.)**



**Figure A6: The drawing from Morkie regarding her tail that was different (Scholtz, 2010)**

I made use of a story and drawing (Figures A5 and A6) to project a story that was similar to that of Brandon in Morkie's life. The main reason for this was that Brandon would relate to the story seeing that he also had some social difficulties, and that he looked different to the other children owing to the scars on his face and hands. By doing this I wanted to provide Brandon with skills to cope with this situation in his life. As mentioned earlier, Brandon did not respond very well to any form of direct intervention from me, that is why I decided to approach him in an indirect manner through asking him to help Morkie to cope. I realise now I was actually taking a huge risk, and I was definitely not sure of success, but I really wanted him to relate to someone, even though at that stage it was Morkie and not I.

I also wanted to address his decision-making ability. I noticed that when I asked Brandon what he would like to do, he normally shrugged his shoulders or responded with an "I don't know" answer. So I decided to ask Morkie what she would like to do. Once again the fear surfaced that Brandon would think that I am completely crazy. Nonetheless, the fear was not strong enough to stop me from doing it. I started by



asking Brandon what he thought Morkie would like to do, and then gave him two options. He thought for a while, and then responded by giving me an answer. I was thrilled and very excited by yet another way of positively incorporating my dog into the session. I also felt that it provided Brandon with a means in which he could communicate without placing too much pressure on himself. During that specific session Brandon, or should I say Morkie, chose to paint something. The first painting (Figure A7) was of Morkie and the second (Figure A8) was of their names. In both pictures Morkie was central, possibly indicating the important role she was currently fulfilling in his therapy sessions and life. I was very eager to test his willingness to communicate with Morkie even further, so I frequently pretended that Morkie was trying to guess what he was painting. Brandon seemed to enjoy this very much as he frequently smiled and even corrected her at times. Through doing this I hoped to increase the positive interaction between Brandon and myself through Morkie. I believed that if Brandon could see that I interacted with Morkie in a fun manner, that he might start to see that Morkie trusted me and that he would eventually trust me as well, even though I realise now that trust needs to develop over time and I may have been a bit hasty.

I provided Brandon with the opportunity of interacting with Morkie through giving her the “sit” and “jump on the chair” commands. Morkie responded positively and very eagerly, and did exactly what Brandon asked. I hoped that this technique would increase his self-confidence, as well as his social skills towards others. I noticed that Brandon slowly started making more eye-contact with me, as well as answering some of my questions and speaking to me at times. I felt that Morkie’s presence had a real effect on this.

## Session 7

I met Brandon outside the boys’ dormitories today. Brandon immediately pulled his top over his head as we started walking towards our “therapy room” across the playground and past some children. As we entered the room he removed the top, almost as if it were raining outside, but in fact it was a sunny day. Perhaps he still felt unsafe and exposed on the playground, but I was glad to notice that he removed his top’s hood the minute he walked into the therapy room. I decided to start giving Brandon some responsibility during some of our sessions. I wanted him to feel that I trusted him enough to give him this responsibility and I wanted his self-esteem to increase. I requested him to pour some water into Morkie’s bowl, and I slowly started to provide him with more options from which to choose activities.

Once again I made use of a letter from Morkie to communicate with Brandon. I used the same technique where I made Morkie tell Brandon a story that was similar to Brandon’s life and circumstances. However, I began including some suggestions and coping skills (Figure A7). The reason I decided to do that was because Brandon reacted so positively towards Morkie, I felt that perhaps he would be open towards implementing some of the coping skills that Morkie suggested. After I read the letter to Brandon, I asked him how he thought we could help Morkie and he replied that he did not know. I felt a bit discouraged and immediately thought that I had made a mistake, and that this idea would not work. I expected Brandon to



tell me that he would try Morkie's suggestions, or that he would at least try to help her by making some verbal suggestions to me. However, I was wrong again. Instead, he revealed what he did when he felt threatened by people in his letter. He told Morkie not to show it when she became scared, and that she should not look at people, otherwise they would know she was scared. This was exactly what Brandon had been doing to me? Looking away, not making eye contact and refusing interaction with me. Even on the playground with the other children, he always wore his hood and looked down towards the ground. What have I learned by this specific process? Once again, I had to learn to let go and not allow myself to decide for a client what he or she needed to do or how they were supposed to react. I was so fixated on trying to help him that I forgot that he would do what he needed to do at that stage, and that was to explain to Morkie how he felt, and to provide her with the way in which he coped with it. If I look back now I realise that it was indeed what I needed to hear that day because I learned a lot about Brandon, and why he was hiding under his hood.

Dear Brandon

Thank you for my letter, I really liked it!

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

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

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

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

Regards

Morkie

**Figure A7: Morkie's letter to Brandon (Scholtz, 2010)**







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

**Figure A8: Brandon's letter to Morkie (Scholtz, 2010). (Letters unaltered.)**

Session 8

During Session 8 I noticed that Brandon seemed to have become more open towards me. He made more eye contact, smiled at me, spoke to me directly, and he provided answers to Morkie's questions. As a researcher, I could not help but wonder what had brought about this sudden change in him. Chandler (2017) mentioned that the strong bonds demonstrated between therapists and their pets could contribute to the therapeutic process, since the client could observe that the therapists could be trusted through their interactions with the animals. Perhaps Brandon had begun trusting me, or may have trusted Morkie and felt that he could trust me because of Morkie's relationship with me. I do have a good and trustworthy relationship with Morkie, which may be visible to my clients. Either way, I noticed a change in his attitude towards me. While we were talking, Brandon told me that he did not feel excited about seeing his mother and that she made him feel sad. At that exact time, Morkie climbed onto Brandon's lap, and stood up against his chest. Brandon began stroking her. I immediately made use of the opportunity, and told Brandon that Morkie cared about him, and that she would like to know why his mother made him feel sad. Perhaps Morkie understood what was going on, perhaps she felt Brandon's need for some comforting or perhaps it was a complete coincidence. I honestly do not believe in coincidence, so I had to find some

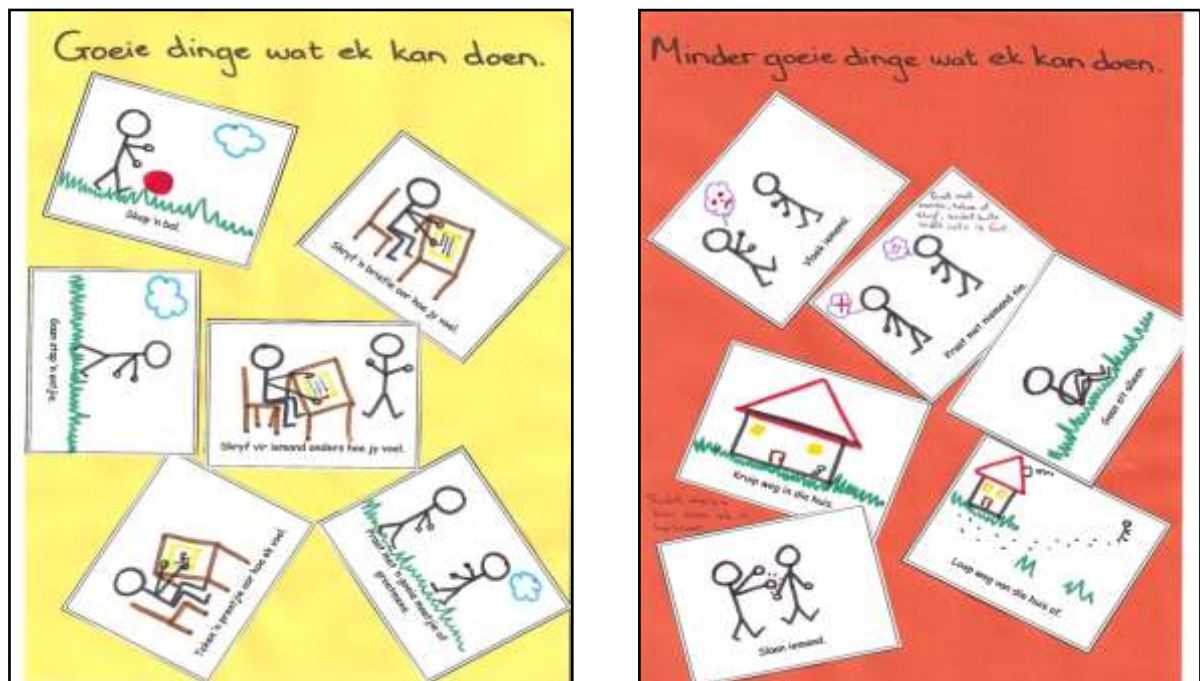




research to support my statement. I discovered research done by Sheldrake and Smart (1998). He performed research on owners, their pets and the perceptiveness of the pets towards their owners. Some owners claimed that their cats or dogs seemed to know when their owners were going to either take them to the vet (cats) or return home (dogs). Sheldrake and Smart's (1998) research study found that 43–53% of dog owners agreed that their dogs responded to their thoughts and silent commands, and 42–59% of dog owners said their dogs were sometimes telepathic with them. This research indicates that Morkie may have picked up on my own thoughts and feelings, and not on Brandon's. Even though I cannot remember my exact thoughts, it is possible that subconsciously I might have felt a need to support Brandon or to comfort him. I would not have physically touched him at that stage, however I am a person who cares for others and Morkie may have sensed this. Whether or not this happened, Morkie definitely sensed something during that session and the manner in which she responded impacted on Brandon in a way in which I would not have been able to do, if I had been on my own. Even though Brandon did not tell Morkie why his mother made him sad, I was still able to indirectly convey a message to Brandon that someone cared about him, and that he had the option of talking about it.

I wished to equip Brandon with some coping skills, and thus I decided to do an indirect activity with him in which we would create coping skills in order to help Morkie. The activity involved the sorting of 12 cards. Each card had a certain activity printed on it. They were divided into two categories: "Good things to do" and "Less good things to do". I was hoping that this would provide Brandon (or Morkie) with some positive alternatives to his own coping skills when he found it challenging to cope with pressure. One of the cards read that one should go and hide in one's house. Brandon immediately mentioned that this should go to the "Good things to do" section, because people will then realise that he is sad. I was thrilled that he communicated with me directly. However, I wasn't too excited about the idea of encouraging his behaviour of hiding from others. I then decided to use Morkie indirectly to make a suggestion, instead of viewing it as criticism from me. I think he dealt with it positively. I told Brandon that Morkie wondered whether or not Brandon might feel lonely if he chose to hide in his house. Brandon agreed with Morkie, and suggested that perhaps we should sort it under the "Less good things to do" heading. I proposed that we write his reason for hiding next to the card, mainly because I wanted him to feel that his opinion was important enough to matter. Brandon began gluing the cards in a creative manner (see Figure A9) on the posters. This may indicate that he felt more confident in taking chances and expressing himself. In Brandon's letter to Morkie that day he advised Morkie to look at her cards and learn what to do, then they will help her. I still see this as confirmation that Brandon believed in the coping skills, and that he would have applied them as well. He was very fond of Morkie and a person would seldom advise someone else to use something in which that they themselves did not believe.





**Figure A9: Coping cards made during therapy: Good things to do and less good things to do (Scholtz, 2010)**

I was hoping to provide Brandon with more responsibility and a feeling that I trusted him. I decided to fetch Morkie's leash, and asked Brandon whether he wanted to take Morkie for a walk. He agreed, and as we stepped outside the grounds of the place of safety, Brandon pulled his hood over his face and looked down. I did, however, notice that he frequently looked at Morkie, and smiled as he saw how much she enjoyed walking with him. I praised him, and said how good he was at walking with Morkie, and that she was enjoying it. I validated his behaviour, and emphasised the positive behaviour he was showing. Walking Morkie that day may have been a gamble on my part as I could not be sure how Brandon would react when outside, but I do believe that the gamble was worth it. I showed him that I trusted him, and he experienced power and control in walking Morkie. I believe that his self-esteem increased as he was in charge, and Morkie listened to him while outside in the open.

As we walked through the gates of the place of safety, Brandon told me that he forgot to add the reason why his mother made him feel sad. He clearly felt a need to keep his word towards Morkie, indicating a trusting relationship and a possible increase in Brandon's social skills, even though it was towards Morkie. I believe that even though these skills were practiced on and directed towards a dog, they would eventually spill over towards people in Brandon's life. Brandon finished his letter, and carried Morkie to the car, placed her in the car and said goodbye. Brandon started walking back to the playground, and on the way he passed a colleague of mine who was working with someone else at the centre. Brandon has never greeted her, and on that day he spontaneously greeted her on his own. This was very special to me, as clearly his socialising skills were improving. I do think Morkie's interaction with Brandon had a role in this, as I frequently encouraged Brandon to greet Morkie by holding out his palm towards her and then



I would verbalise that Brandon was greeting Morkie. This may have modelled the skills he needed, as well as provided him with the confidence to do it in “real life”. There might have been another possibility. Brandon might have begun feeling more at ease with the therapist after walking past her for 7 weeks, and becoming more familiar with her. I think both influenced Brandon, but I think the latter was not the main reason for him feeling comfortable enough to greet her.

## Session 9

Session 9 was quite different to any of the previous sessions. I did not bring Morkie with me during this particular session. I told Brandon that Morkie was visiting her mother, and that it was something Brandon had to do as well. I was very worried about this particular session, as it would be the first session without Morkie since Brandon began to relate to therapy. I was concerned that we would have a setback in the sense that Brandon would revert to not speaking to me, or that he would feel Morkie rejected him. Once again, I underestimated Brandon, and once again I learned to believe in my clients! He greeted me with a wonderful smile, but smiled even bigger when he saw an envelope that Morkie had sent him. The envelope contained a letter from Morkie, as well as a storybook called “Benjamin Hobbelperd” (Benjamin the rocking horse). I slowly began providing more therapeutic advice and guidelines through Morkie’s letters to Brandon. The main reason for this was because I noticed that he would prefer answering what was asked in a letter, rather than answering a question verbally. At that stage of the therapy I felt that he was more comfortable with expressing himself through writing. By means of the letter I wanted to portray to Brandon that Morkie made use of the coping skills we discussed. The main reason for this was because I felt that Brandon trusted Morkie and that he would be more likely to try the coping skills if he believed they worked for Morkie and helped her. I also wanted to steer Brandon away from the notion of looking down and hiding from people as a way of coping. I was, however, afraid that if I commented on it, he might perceive it as threatening. Therefore I decided to introduce him to a storybook that Morkie suggested he read about bravery and how to be brave when others were rude to him. Brandon responded very positively towards this, and he absolutely loved the story. This was a very big milestone in my career as I began to feel that I was reaching Brandon on a therapeutic level. I was able to use Morkie, even though she wasn’t there.

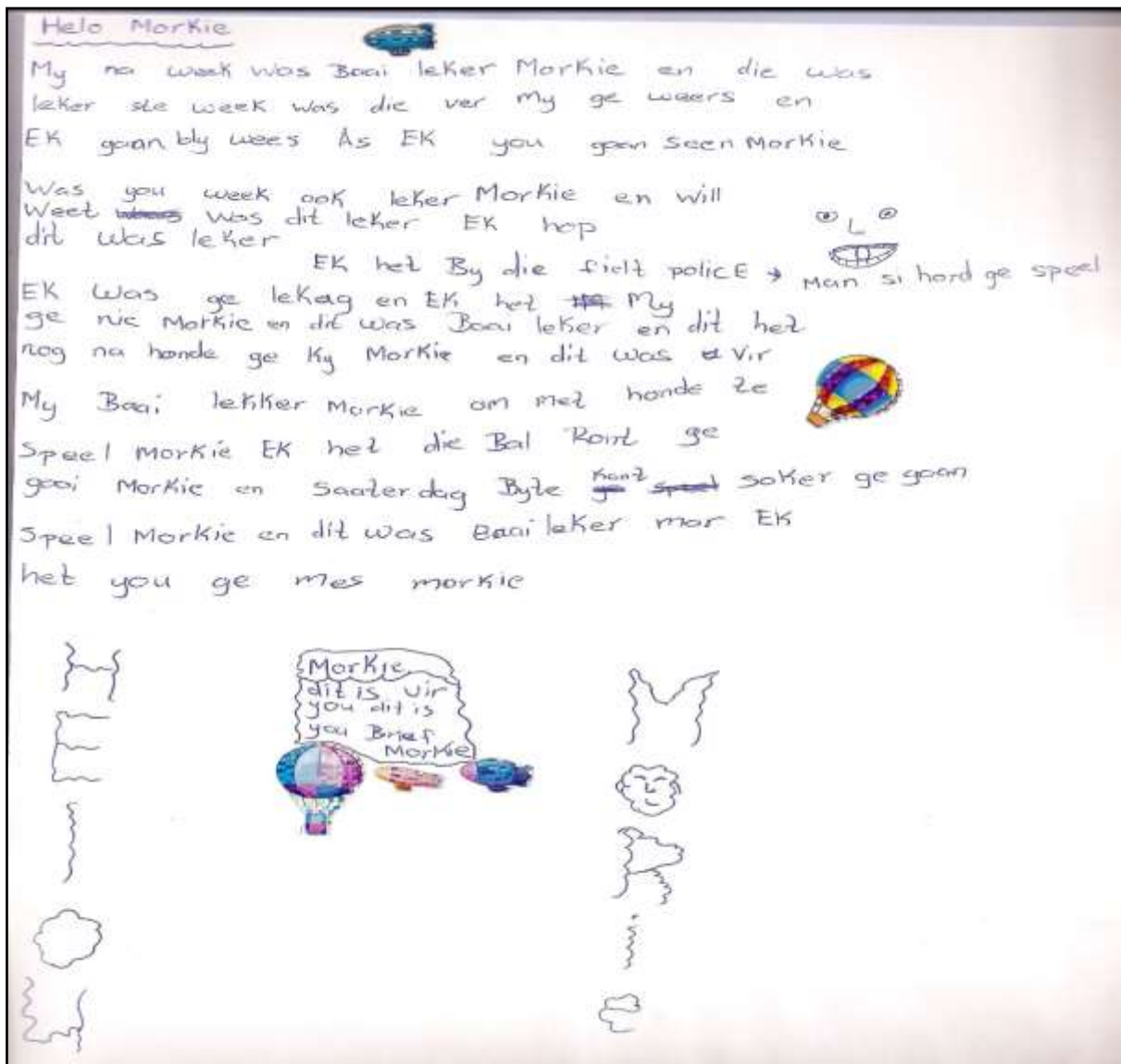
Leaving Morkie at home that day was partly to encourage Brandon to visit his mother, and using Morkie to demonstrate it. My supervisor also recommended it to me. She was concerned that Brandon might become overly attached to Morkie, and that this would make the termination process at the end of therapy more difficult. I could understand her fear since at that stage no one in South Africa had done animal assisted therapy (AAT). So these were uncharted waters. Her concern made sense, and I was afraid to do more harm to Brandon. Looking back now, 7 years later, I do not think that it would have been a problem. It was the right decision towards demonstrating and facilitating Brandon’s visits to his mother, but I honestly do not think he would have become overly attached to her. He knew Morkie couldn’t stay



with him, and I would and did prepare him for termination of therapy in advance, as is always done. I do not think Morkie's absence during some sessions helped in that process. In fact, I believe that it could have caused more discomfort to Brandon. Luckily, I did not notice that, but I have never again used this specific method to terminate therapy. I read that the typical relationship between a therapy animal and a client can be formed quickly and terminated easily, however some grief issues may need to be addressed (Chandler, 2017). It is also mentioned that the reason why it could be terminated fairly quickly, is because the depth of the relationship between the client and therapy animal is not the same as an owner and his or her pet.

During Session 9, I had another indication that Brandon was on a journey of positive change. He wanted to paint in his creative book (Brandon and Morkie's book) and started off by painting the rocking horse from the story. As he painted, I believe he realised that it was a very difficult figure to paint, and he changed the rocking horse to a picture of a table and chairs, and added a smiling face in the corner. I know this may sound like a fairly simple action, but I believe it demonstrated coping skills, and that Brandon was showing me that he could cope with change. He was able to adapt from making a mistake or failing to paint something, and he could rectify the situation. This was a sign of coping skills to me. It also showed a positive attitude, since he painted a smiley face in the corner of the page. He furthermore demonstrated change by writing to Morkie that he went to play with the field policeman's dog at the place of safety. Brandon had begun socialising with someone that he did not know, or did not know well. He probably felt comfortable to go up to the dog thanks to the time he had spent with Morkie, but indirectly he also socialised with a person. He wrote that he threw a ball to the dog, and that he really enjoyed it. He also said that he was feeling happy. Brandon's verbal score on his cognitive assessment was so low that he should have found it very difficult to express himself verbally or through written expression. Here I was reading a letter of a young boy who was telling Morkie and me how happy he was, and that he had begun socialising. He even went on to play soccer with the other children after his interaction with the policeman and his dog. Coincidence? Maybe, but it could have been the therapy and integrating a dog into the therapy with Brandon. His letter (Figure A10) began by indicating several questions towards Morkie. This may also have been evidence of an increase in his social skills.





Helo Morkie

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

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

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

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

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

Figure A10: Brandon's letter to Morkie (Scholtz, 2010). (Letter unaltered.)

## Session 10

I received confirmation that Brandon was using his coping cards! Brandon visited his mother, and told me that he had taken his cards with him to his mother's home. Brandon thus acquired the skills indirectly through Morkie in a non-threatening manner. He wrote to Morkie that he felt the cards really helped him. This is an indication that I managed to achieve my goal of reaching Brandon, and providing him with coping skills through working indirectly with Morkie as a medium.

I noticed a change in Brandon as he began answering more of my questions directly. He did not seem to feel the need to use Morkie as a medium as much as he did before. I believe that Morkie's presence and the type of therapy we had done contributed to Brandon's reaching this stage. Morkie accepted the change, lived for the moment and just wanted to be Brandon's friend. I feel that the use of Morkie has made a critical difference in therapy, compared to when I was making use of sand-play therapy only.

Morkie is quite a small dog, so whenever Brandon chooses to draw or paint, I allow her to sit on her chair next to him or even on the table. I did ask Brandon's permission to do this, but normally he was thrilled to have her close to him (Figure A11). Morkie being on the table or next to the table may have indicated to Brandon that she was interested in him, as well as in what he was doing. Yes, some children may not like the intimacy, but it worked for Brandon. I do not think a lot of people (or animals) showed genuine interest in him before I started seeing him, or at least it did not feel like it to him. So Morkie's interest may have made him feel important, valued and as though he mattered. Is this not a valuable part of therapy, and is there not a general need in all human beings to feel needed and appreciated?

During the session Brandon also drew a picture of a dog in the rain (Figure A12). To me the important part of this drawing was that he also drew shelter and food for the dog. This may have indicated that although the dog was probably a bit overwhelmed, he still had some support and protection, as well as care in his life. I believed this to be a projection of Brandon's life. He did not draw himself, but it might have been that owing to Morkie's presence he associated strongly with dogs.

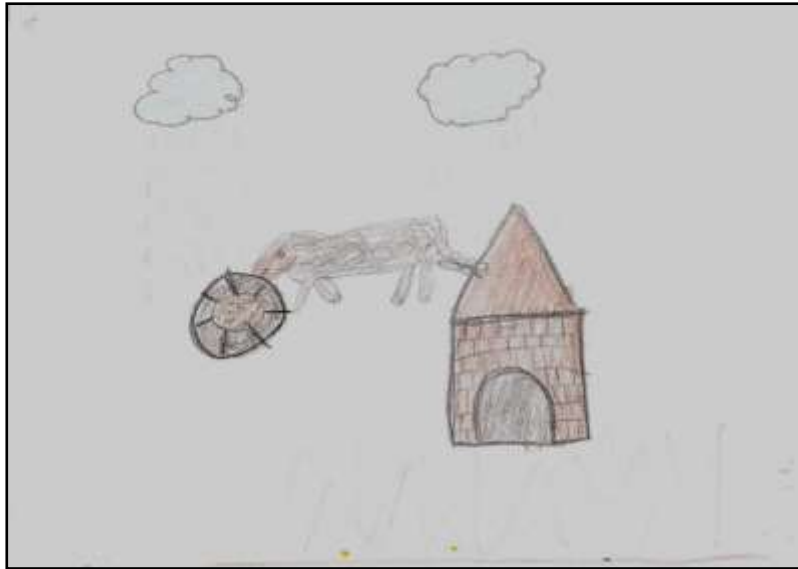






Figure A11: Morkie's interaction with Brandon during therapy (Scholtz, 2010)





**Figure A12: Brandon's drawing of a dog in the rain (Scholtz, 2010)**

### Session 11

As mentioned before, Brandon was in a place of safety, and during the previous week the social workers told me that they did not know how long Brandon would have to stay with them. According to the system Brandon could apparently be moved to another facility or back to his mother's house at any given time. They mentioned that they would not be able to warn Brandon in advance, and that he may have as little as 30 minutes to prepare for his departure from the place of safety. I was shocked at this and at how their system worked. Brandon had already gone through a lot of change, and personally I felt that providing him with some form of preparation may support him in adjusting easier. So seeing that this was not possible, I had to try and prepare Brandon for the possibility of moving, and coping with unpredictable change. I thought of a way in which I could address this, and decided to act very surprised when I saw Brandon in Session 11. He expected to see Morkie, as I told him that she would be visiting him. I explained to him that some people unexpectedly showed up and told Morkie that she had to go to her mother. I told him that Morkie was shocked and surprised, and that she did not really know what was happening. I expected Brandon to be upset, and planned to help him deal with these feelings. However, he reacted very calmly to the news. He simply told me that Morkie should look at her cards and they would work. Brandon clearly trusted his coping more at ease to deal with an unexpected and unpredictable situation. He had obtained the necessary coping skills and was more equipped to deal with his life and the stressors in it. I realise that I substituted Morkie for Brandon in the situation, but I do feel that it provided me with an indication of how Brandon would have reacted, as he associated very strongly with Morkie.

Contrary to what I was expecting Brandon's letter to Morkie was very positive that day. His posture in writing the letter also changed drastically from Session 6 towards Session 11. His posture during Session 11 (Figure A13) indicated self-confidence, a relaxed and more open posture. Usually Brandon turned his





back on me while writing, but during that session he sat sideways and wrote his letter without covering anything with his arms. This may have indicated that Brandon now trusted me and felt more comfortable towards me.



**Figure A13: Change in Brandon's posture from Session 6 (left) to Session 9 (middle) and finally Session 11 (right) (Scholtz, 2010)**

#### Session 12

Session 12 was the last session before the holidays, and I decided to use a board game, which we used during Brandon's initial assessment. The board game did not work very well during the assessment, and he refused to answer most of the questions I asked him. I changed the questions to be more suitable to what Brandon was probably dealing with at that time. The questions involved themes such as peer pressure, smoking, drugs, abuse, conflict, etc. Brandon had a strong opinion about drugs, and insisted that using drugs and alcohol was bad. He was able to identify support networks in his immediate environment, and he also mentioned that he had ended a few friendships owing to negative influences, and that he did not feel like getting into trouble. He was able to demonstrate good sportsmanship, and how you should deal with aggression. I was amazed at the difference in the person in front of me. Brandon now made eye-contact, answered my questions, elaborated on questions and was able to reason with me on most topics. He had gained so much self-confidence, and even mentioned that he was using another coping skill that we discussed, and wrote a letter to his mother. He truly has come a long way on this journey. However, I was not aware of another drastic change that was waiting to be discovered on that day.

During my initial assessment of Brandon in March 2008, I asked him to draw a picture of a person in the rain (Figure A14). The person he drew was smiling, but the entire picture seemed quite dull. This was especially true regarding his choice of colours. The person on his drawing was standing in the rain with



an umbrella, but the umbrella did not really seem to work as it was very small, thereby indicating limited or poor coping skills. The person had very short arms, which came out at the side of his body, possibly indicating limited movement and helplessness. The person's feet pointed outwards in opposite directions, also limiting movement and indicating helplessness. During Session 12 I asked Brandon to draw a picture of himself (Figure A15), and even today I am amazed at the picture he drew. He drew such a positive and happy picture. His picture was colourful, indicating happiness and positive feelings. The figure's arms are strong, he has shoulders and he has proper hands, indicating mobility, self-confidence and a general feeling of coping. Even the feet show more movement, as they are pointing in the same direction. Brandon drew flowers (roses, one with thorns and the other with flowers), which may be seen as hope and happiness. One flower had thorns, thus protection is still evident. However, given the circumstances that Brandon found himself in one may expect some form of protection. It is clear that there has been an enormous change in Brandon and the way in which he views himself.



**Figure A14: Brandon's drawing of a person in the rain in March 2008 (Scholtz, 2010)**





**Figure A15: Brandon's drawing of a person in the rain in September 2008 (Scholtz, 2010)**

I ended the session with a letter to Brandon from Morkie. I made sure to reinforce all the coping skills that we discussed in therapy during the past few weeks. Brandon's response was a positive letter mentioning that he enjoyed it at the place of safety, and that he was going to play soccer over the weekend. Brandon managed to integrate into the group of children of which he was afraid at the beginning of therapy. I couldn't remember when I last saw him with his hood over his head.

### **Final part of the journey with Brandon - Session 13**

Session 13 was the second last formal session of therapy, and it was also the session where I realised Brandon was really ready to let go of Morkie. Brandon and Morkie used to have this little ritual where at the start of each session Morkie would climb onto Brandon's lap, place her front paws on his chest and he would stroke her for at least 10 minutes. I saw this as Brandon's time of receiving love and nurturance from Morkie, and I used to wait until he stopped before I spoke to him. On this specific day, Morkie did the same and Brandon quickly stroked her but then sighed and told me that "Morkie is a bit too much". Morkie has never been too much before, and the only conclusion I could come to, was that Brandon did not have a need for receiving this love and nurturance any longer. He seemed to cope well without it, and he seemed comfortable not going through their little ritual. I realised that Brandon was ready to stand on his own feet. He had the coping skills that he needed, and he no longer used Morkie as a projection technique. He spoke direct to me, and he was able to make his own decisions. I need to be honest, it was both difficult and wonderful for me to see this happening. It was difficult, because it had been a long journey, and a friendship was now ready to be terminated, but it was also wonderful because this young



boy was now ready to cope on his own. The furry little dog that he needed so desperately was no longer needed, even though I think he was very grateful and still liked Morkie a lot. He just seemed to have become independent of Morkie, and my fear of Brandon not being able to terminate his relationship with Morkie slowly dissolved, because it was clear that he was ready.

The last photograph I took of Brandon and Morkie clearly portrays a more confident young man who was ready to face his life again (Figure A16).



**Figure A16: One of the last photos of Brandon and Morkie (Scholtz, 2010)**



## APPENDIX B: CARA'S VIGNETTE

### Clara, the brave girl

It is just past 11:00. I get out of the car, and silently close the passenger door of the silver sedan. My mother drove the car, as I felt fairly vulnerable this morning. I turn around and look at the big building in front of me. I read the sign on the wall: "Uppington Medi-Clinic". I still cannot believe my always healthy and busy grandfather is here in this hospital. My mom and I slowly walk towards the main entrance. I can hear and feel the gravel crunch underneath my feet. In the distance I recognise the sound of an angle grinder and realise they are busy with construction work, hence the gravel underneath my feet. I slowly push the door open, and stand back to let my mother enter. Immediately the environment changes to being quiet and clinical. We walk straight down a very long corridor. People greet us. My parents and grandparents are well-known citizens of the district. We turn right, and in the third bedroom on our left-hand side we find my grandfather or "Oupa" as I fondly call him. I walk towards the patient, and for a brief moment I stop and just stare at the strange occupant of the high hospital bed. I almost do not recognise him, as the oupa that I remember and saw 3 months ago. He no longer seems the same person. I touch the bed railing and the steel immediately brings me back to reality; almost with a shock. This is a cold reality for which I was not prepared. We sit on hard benches near Oupa. We are visiting with him although he is not aware of our presence.

Time passes, and around 13:00, my mother says that she is quickly going to the pharmacy to fetch some medicine for Oupa. I settle into a navy faux leather chair next to his bed and take out my laptop to try and work on my thesis while waiting for my mom. I can hear Oupa's breathing slow down, and I know that he is sleeping. I sit and stare at him, and immediately I am transported to a distant memory of an oupa waking up a little girl very early in the morning to take her along on his first chore of the day, namely milking the cows. I clearly remember the musk smell of the bushes growing along the narrow and winding pathway. I remember having to run in order to try and keep up with his long strides, while he casually swang the shining milk bucket and whistled the tune of Tiritomba. He made milking a cow look so easy. Like every child I was fascinated by the fresh milk that was soon foaming from being squirted into the steel bucket. Magically Oupa produced a plastic cup from nowhere, and filled it with milk for me. Oh, how wonderful it tasted – that fresh, body-warm, full-cream milk. Suddenly the metallic sound of something being dropped yanks me back from my memory world, and I am faced with the reality of sitting at the bedside of a very sick oupa. I feel a terrible ache in my heart, and I have lost my bearings in my PhD notes. I find it impossible to concentrate when I am so emotional.

I slowly open folders at random on my computer, and in the background I hear nurses talking to one another. As cold and clinical as this hospital may appear to be, I need to admit that the doctors and nurses give it heart and bring some warmth to it. They have been taking good care of Oupa, and have been



warm, supportive and friendly towards us. I wish they knew how grateful I am to them. I hear someone calling out to a nurse by the name of Clara, and immediately I remember the girl I knew who was named Clara.

I first met Clara Parker and her parents in March 2014. She was the eldest of three children, and had two younger sisters. Her parents struck me as kind, loving and supportive people, who would try to help their daughter in any way possible. I invited them into my office and we sat down in the big, black chairs that I thought would be comfortable in my office. They formed cups around their occupants, and, when I first saw them they gave me the impression of protecting the person sitting on them.

“How are you doing? I can’t believe it is March already.”

I start with a completely nonsensical statement in an effort to make my clients feel more at ease. I have been made aware of the fact that many people feel extremely uncomfortable when they walk into a psychologist’s office for the first time. Perhaps there is a strange stigma remaining from times gone by, but I know that socially there are still a lot of people who are hesitant to go to psychologists. This is even present in my own family.

“Yes, time flies. We are good, thank you”, the mother answers politely, while her husband nods approvingly.

“So, how is Clara? What can I do to help your family?” I ask to steer the conversation towards the reason for their visit. Mrs Parker moves in her seat to get more comfortable. She takes a deep breath, and starts talking.

“We need a therapist for Clara. The ideal person must be available, and has to be close to her school. She used to see another psychologist who lived close by. The reason for consulting her was an armed burglary in our house, as well as the death of a very close caretaker in Clara’s life,” she explained.

“Okay. I apologise for asking this, but if she has already seen someone and perhaps has built up a good relationship with that therapist, would you not want to go back to that person again?” I asked trying to sound sincere, as I really wanted the best for this little girl.

“No, we actually did contact her, but she is not available to see Clara now, and we do feel that she urgently needs the support.” This time the father answered. I understood their reason, but this also made me feel uncomfortable since I was clearly not their first choice of therapist. I realised though that if I had been in their shoes I would also have contacted the other therapist first, especially since their daughter seems to have had a good relationship with her.



I asked them if I would be allowed to contact the other therapist. Both parents agreed and mentioned that it would be wonderful. This told me that they were not trying to hide anything from me.

Before I could ask another question, Mrs Parker continued: “We are concerned about her anxiety. She often seems extremely anxious.”

I paused for a second, and then asked the parents to describe the anxiety, and how it presented, to me.

“Well, Clara frequently blinks her eyes repeatedly for a few seconds. She repeats this process every now and then. She only does this when she is upset about something strange or when she is worried about a certain situation or event”, her mother explained.

Her father shifted in his seat and calmly added: “She also becomes distracted easily when she needs to do her school work. She bites her nails, and often withdraws from social interaction with friends or family”.

I nodded. “So she mainly presents with anxiety through becoming distracted, biting her nails, withdrawing from others and blinking her eyes?” I confirmed.

Clara’s mother responded: “That is correct. She is also currently on medication for her anxiety. This has made a difference, but she still seems anxious, and we are concerned about her. We worry that her anxiety may start to impact on her social life, as well as her school work. We cannot think of any other traumatic events or incidents that may have had an influence on Clara’s anxiety.”

I shifted in my chair, as I often battle to sit still for long periods of time: “Thank you for sharing this with me. I think it is a very good thing that you have consulted with a doctor and that Clara is currently on medication for anxiety. This allows me to provide her with some coping skills for her anxiety in therapy, while working holistically towards supporting her in dealing with the anxiety.”

Clara’s mother added: “When you meet her, you will see that she is a very sensitive, gentle and trusting person. She will always try to please you and get your approval”. I said that I looked forward to meeting Clara, and that I appreciated their honesty. They found it difficult to explain her anxiety to me, and it seemed as if Clara was dealing with a general sense of anxiety.

### **Start of the journey with Clara - Sessions 1 to 5**

I first met Clara on the 26th of March 2014. She was a beautiful, 10-year old girl, but it was clear to me that she was anxious. It is very difficult to explain her anxiety in retrospect today. I now understand why her parents found it challenging to explain it to me. As she walked into my therapy room, I immediately experienced a sense of tension. Morkie was also in the therapy room, and immediately ran towards this new person, to greet her. Clara’s face lit up, her hands relaxed, and she lowered herself to Morkie’s level.





She smiled and even laughed out loud, as she mentioned how cute the doggy was. I decided to sit down on some of the therapy pillows in order to make myself less threatening, after which Clara joined me. I also began telling Clara what Morkie was doing, in the hope of focusing her attention on my dog's calming behaviour and not on her own anxiety. I told her that Morkie seemed happy to see her and that by holding out her hand towards the dog, she indicated that she would like to be friends with her. This may sound like a very common thing to do, but I believed that Clara needed to hear that the environment was safe, and that she could feel at ease in the therapy room. Morkie followed and took her place next to Clara, as if that were the most natural and normal thing in the world to do. Clara smiled at this, and even moved up a bit, which allowed Morkie to basically have three-quarters of the pillow to herself! Clara started telling me about her four dogs and two cats at home. I was concerned that Clara may have been anxious about the possibility that I might ask her some questions, so I turned to Morkie and told her that Clara mentioned earlier that she was "a bit nervous" coming to therapy. Clara immediately responded by saying, "I bet she was too," while clearly looking at Morkie. She projected her thoughts on Morkie and possibly felt as if she had a friend with her. I think my furry little therapist allowed her to feel more at ease and accepted. I asked her how they feel now and Clara told me that they both feel better, pointing out that Morkie's ears were up. It has been proven that dogs have a calming effect on people. Pichot and Coulter (2011) describe a research study where children's blood pressure was lowered by a dog being brought into the room. The children did not interact with the dog, and still it had health benefits. Clara mentioned that her "worries" often made her bite her nails, which she could not control. Once again, as I listened to Clara, I had the impression of her being anxious. I noticed that to a certain extent Clara's anxiety actually made me feel tense as well. I therefore had to focus on remaining calm and to seem relaxed to this beautiful girl in front of me. I remember thinking that I wished I could somehow break the tension, and provide Clara with some form of control in the session, as she perhaps felt that she had no control over her life. At that very moment, Morkie stood up, and moved towards her water bowl. She looked at Clara, sneezed and pawed at it, while looking at Clara. She had never done this before in her life, and I was just as surprised at Clara. Morkie kept on doing it, and after some time Clara looked at me. I verbalized that Morkie might be thirsty and that she can pour her some water, if she wanted to. Normally Morkie's bowl was filled with fresh water. However, on that day it seemed to have been empty. Clara reached for the bottle of water, opened it and poured some water into the bowl. Morkie immediately began drinking and Clara's face lit up with a beautiful smile. I honestly do not know whether it was all coincidence or not. Some people would argue that it might have been coincidence, or that Morkie was acting upon instinct. I feel that Morkie may have sensed some tension in the room, and she then did something to draw attention. She often does this with children, and will end up rolling on the floor or some other silly behaviour. Sheldrake and Smart (2000) performed a research study on a dog named Jaytee. He was able to predict the time when his owner would arrive home. They found that most dog owners explained the behaviour of their dogs by the possibility of telepathy. When I consider this option as a dog owner, thus moving away from the more objective stance as a researcher, I need to admit that I too believe that Morkie is able to anticipate some





of my actions and thoughts. It is possible that she is able to anticipate some of my actions owing to routine or that she may pick up selective clues from me (Sheldrake & Smart, 2000). I am aware of the fact that I may provide her with certain clues to set off certain behaviours, but even if this were true, she is still able to adjust her behaviour to what I am doing. Compared to the effect her behaviour had on Clara, the reason behind her behaviour is less important to me. She immediately made Clara feel special and needed. Clara was put in control of caring for Morkie, which may have resulted in her feeling more empowered. One may argue that Morkie was just thirsty, but she could have chosen to ask me, her owner, for water. Instead she explicitly focused on Clara. To me this raises the question: “Did Morkie do it on purpose?”

The following three sessions (Sessions 2 to 4) were filled with AAPT™. These sessions required Clara to teach Morkie some tricks. At first Clara was uncertain, and would often laugh nervously. This was not the type of laugh you would link to enjoyment, but rather the type you would connect with being uncomfortable. She chose to use the clicker (used in training dogs with positive reinforcement), and was amused at the manner in which this furry little therapist responded when she heard the “click” sound. She would immediately look at her with a very excited and anticipating expression on her face, knowing she did something right. Providing Clara with the clicker and a choice of tricks to train Morkie indirectly placed her in a position of having to make a choice as to which trick she would like to teach Morkie. Making a choice like that may seem easy to some people. However, for a child who is dealing with anxiety and low self-esteem it is not such a simple decision to make. Instead, it is a process of taking a chance and making a decision, which might end up being the correct one, but it could also lead to failure or uncertainty, which was not a place where a child like Clara would want to find herself. However, the positive side involved an increase in independence, self-esteem and a decrease in uncertainty. I was satisfied with the progress Clara showed in working with Morkie, as she seemed more confident every passing week, and she dealt with Morkie in a positive way. Clara also seemed to cope well with Morkie’s unexpected behaviour at times, such as not wanting to do a certain trick. She was able to adapt to the situation, which I felt, was important for someone dealing with anxiety.

During Session 5, Clara seemed quite anxious about something that happened on that day during her time at school. I thought that it would be ideal if we dealt with it in therapy, as I rarely had the opportunity of dealing with a specific incident in her therapy. Clara and I went through her breathing exercises and even though it helped, Clara was still concerned about the worry. I decided to externalise the feeling of worry, in order to provide Clara with a sense of being in control of it. So I encouraged Clara to draw her feeling on some paper. She did this by drawing a prickly little monster with big eyes and an unfriendly mouth. I told her that I thought it would be good if we jumped on him. I did this in order to make her feel that she was stronger than the worry feeling. I also wanted to get her to do some exercise, which increases stress resilience, fights depression and boosts self-control. Exercise also has a fairly long-lasting effect on anxiety. As we started jumping on the worry feeling picture, Morkie suddenly got up and started jumping up-and-down with us. When I revisit that memory today, I still remember how surprised I was at Morkie



doing that. I did not prompt her to do it. She knew the trick of jumping up-and-down with us, but normally there would be a reward involved to prompt her to do that with someone. That specific time, Morkie started jumping with Clara on her own. Clara began laughing at the furry little therapist jumping. This immediately relaxed her. I decided to make use of the situation, and told Clara that this little dog wanted to help her destroy the worry feeling by jumping on it. I hoped that this would make Clara feel that she was receiving support from Morkie, and that she would be able to overcome this worry feeling because someone believed in her. We then discussed more ways of destroying this worry feeling, which by now was already stepped on and crinkly. Clara suggested that we tear it up into small pieces. I praised her for that, and added that I thought it was a great idea. We sat down on the big, fluffy pillows in the corner of the therapy room and naturally my little therapy dog joined us. As Clara started tearing her picture into pieces, Morkie suddenly grabbed some of the pieces that fell from her hand and also began tearing them up! This was the second time in this session that I felt surprised by this little therapy dog doing something that was unpredicted but that had positive effects on the therapy session.

Topál, Byrne, Miklósi, and Csányi (2006) found that dogs seemed to have some imitative abilities. However, their study was performed in circumstances that were different to those that Morkie were faced with. Still, I do believe that Morkie might have imitated our behaviour. However, she also could have tried to seek attention through grabbing and tearing pieces of paper in front of her, which could be considered as normal behaviour for a dog. It was important to me that she did start tearing up the paper. I immediately responded to her behaviour by paying attention to her, which resulted in Morkie continuing to do it. I also said that Morkie was helping her to fight the worry feeling. I believe my reaction towards the situation supported the positive effects of giving Clara emotional support, as well as supporting her in fighting against her own worry feeling.

Clara seemed to respond very well to my furry little co-therapist, and her anxiety seemed to decrease in general, as reported by her teacher and parents. I need to be honest that at first I thought I would do more direct and solution-focused therapy with Clara, but the moment I met her, I realised that she was very anxious and would perhaps not have responded well to a more direct approach to dealing with her anxiety. After her initial response towards Morkie, I decided that I would continue with that and let my client lead me in therapy, as her needs were the most important and the main goal was to support her. Towards the middle part of our journey, Clara seemed to be at a place where she was able to deal with her anxiety a bit more directly. Therefore, as mentioned below, I altered the therapy towards a more direct approach.

### **Middle part of the journey with Clara - Sessions 6 to 12**

During the middle part of our journey, Clara asked to spend more time on art work during the therapy sessions. Our main focus was on emotional expression through art, usually painting, as she preferred to use paint as a medium. We still focused on AAPT™ at the end of each session, but her main focus



changed towards art therapy. This was fine, as she clearly had the need to move towards something that she needed more from an emotional point of view. This is another aspect in which I have grown a lot as therapist. In the past I would have tried to control the session, but at that time I was comfortable enough with both myself and the therapy setting to “let go” and trust the process.

We worked on coping skills by making coping cards, which contained several different coping skills, which she was able to use when she felt anxious. The coping skills included activities such as: playing with play dough, breathing exercises, drawing a picture, talking to someone about your worries, etc. Morkie was always in the room, even when we were making the coping cards. We would often practice a skill on Morkie or explain the skill to her, which would always result in giggles from Clara. Clara did mention that she often used her coping skills at home, and that they facilitated the process of her dealing with her anxiety.

Around the time of Session 10, Clara’s psychiatrist and parents decided to slowly wean her off her medication for anxiety. Clara reported that she was still coping well. I noticed that she was coping, and we began to focus on AAPT™ in therapy again. Clara seemed a lot calmer, and was better in control when working with Morkie. She also seemed to be dealing well with Morkie’s unpredictable behaviour. I did notice that Clara would often try to force Morkie to hug her, and Morkie was not comfortable with hugs. Morkie would then move away. I reflected on her behaviour and mentioned to Clara that Morkie did not feel comfortable with hugs, and that perhaps Morkie would want to move further away from her when she did that. I never noticed that Clara was offended by this, instead I noticed that she would try to call Morkie back to her or hold out her hand, in order to get Morkie to come back to her.

### **Final part of the journey with Clara - Sessions 13 to 15**

We terminated therapy after Session 15. Clara told me that she was ready, and that her worry feelings were under control. She also no longer tried to control Morkie, and she moved towards praising her and would rather stroke than hug her. I felt that Clara had made enormous progress in therapy. She moved towards coping without medication and dealing with Morkie in a positive manner. I do realise that not all people who are dealing with anxiety would be able to wean themselves from medication, but Clara was able to do it. I believe Morkie played an important part in her therapy. Through working with Morkie, I was able to make Clara aware of several skills, through working indirectly, which was less threatening to Clara. I also believe that Clara worked very hard and she proved to be very brave in fighting her worries and committing to therapy. That has made a huge difference in her life.

It is 17:00 now, and I can smell the aroma of fried chicken, as the nurses push the steel trollies towards the wards for dinner. I glance up at Oupa, and notice he is still sleeping. He seems to be doing this more and more often these days. A sense of sadness washes over me, as I realise he will probably not even be able to eat today. The doctor will ask the nurses to feed him through a tube again. I find it very difficult



to see someone who used to be so strong and independent, so helpless now. I think back on Clara, and remember how she was able to overcome the challenges of her young life, even the physical ones with which she was faced, such as blinking her eyes. She was only a little girl and she was able to overcome these challenges. Here I stand in front of a man with so much experience and strength, yet he will probably not overcome the challenges he is now facing. That is the difference between youth and old age. The young always have another chance. The old come to a stage where they have used up all their opportunities.

I close my laptop, push it into its bag and get up from the chair. I remain standing at Oupas bed for another few minutes. I kiss him goodbye, and slowly walk out his door. I proceed down the corridor, and go out the big glass doors. I hear the gravel underneath my feet again, and I know that another day has gone. The clock is relentlessly ticking away our time.



## APPENDIX C: ROBYN'S VIGNETTE

### Robyn, the quiet girl

I had a meeting with my supervisor, as well as my co-supervisor this week. Actually, it was a much bigger meeting than I am letting on, as this was the first time all three of us has had a meeting together. Professor Schurink (professor Reality) was only recently appointed as my co-supervisor, which I am very excited about. Today Professor Lubbe-De Beer (professor Universe) finally met professor Reality, which I feel was a very big moment in my study. I need to be honest that I was feeling very excited but also nervous regarding the meeting. Why would I be nervous you might ask? Well, suddenly I was placed in front of two highly qualified professors that have so much experience between the two of them, which can be intimidating. Yes, intimidating, but also exciting. As I was talking to them I started to realise that with their combined support and guidance, I will be able to write this thesis. I realise this may sound negative, but on the contrary, this is a positive sign, as I feel enthusiastic and excited about my study, which is necessary, as I am a person that needs to be excited about something in order for me to start working on it.

I am the type of person that needs goals to function, or at least to get myself started. Thus one of the first questions I asked my supervisors was "Now what?" I would not say that I constantly need goals, but the structure definitely helps me to function and to get started. My professors inspired me and even though I have written several pieces on my clients and myself, I feel a new motivation brewing inside.

The next case that jumps to mind is that of Robyn, an 8-year-old girl in Grade 2. I am not sure why exactly I am thinking about this case – perhaps because Robyn was initially very closed off towards interacting in therapy, however Morkie soon changed her perspective of therapy. Robyn arrived on a Tuesday for her first session. I have seen her before, as she attended therapy with another therapist at the therapy unit where my practice is based. I always make a point of greeting all the children I see, even if it is only waving to them quickly. I did the same with Robyn every time I saw her in the therapy unit, however she never smiled at me or waved back with enthusiasm. I did not think of it much at that time, however as I realised that I will be seeing her in therapy, I was quite worried that she might not connect with me at all. Her parents asked me to focus on increasing her self-esteem, as well as her communication skills towards others.

As she walked into my therapy room she seemed to have a mysterious presence about her. I use the word mysterious, as I could not read her easily and usually I am fairly good at reading whether a person is happy or reluctant to see me. "Hallo Robyn, how are you doing?" I ask enthusiastically.

"Fine" she answered, smiling faintly.



“My name is Suné. Do you know why you need to come and see me?” I ask in order to get an idea of why she feels she needs to see me. Robyn shrugs while looking down. I decided to provide the answer, as I normally prefer to have children know why they need to see me in therapy. “I have spoken to your mother and seems like I can perhaps help you with a few things. Perhaps I can help you feel good and proud of yourself, help you to make some decisions and believe in yourself. I know your grandmother was very sick this year and sometimes friends can be a bit bossy. It is my job to try and help you with these things, if that is okay with you?” I asked cautiously.

“Fine” she replied.

That is how therapy started with Robyn. She did not speak much, even though I tried to get her to talk to me and to engage in conversation, she would just smile, look down or shrug her shoulders. She really was very withdrawn and perhaps her mother was correct in linking her withdrawn nature to low self-confidence. I almost feel that perhaps she did not feel confident enough in herself to make a decision or even to stand up to friends. Instead, Robyn would just be quiet and almost disappear.

In the following section, I would like to share some of my own highlights and challenges throughout the therapy journey with Robyn. Through this specific case, I have learned that once again, I was able to work with Morkie to accomplish a general goal of helping a child, even though Morkie was not involved in all the sessions with Robyn. I would like to share some of the techniques I made use of while working with Morkie and Robyn. To summarise, I had two main goals: to develop Robyn’s self-confidence through helping her to make choices and to improve her social skills.

### **Developing Robyn’s self-confidence**

During the initial phase of therapy (sessions 1–4) I was amazed at how reserved this lovely 8-year old girl was. She refused to make any choices and she would often refuse to provide any feedback when asked to make a choice. Please do not mistake her refusal to answer as being defiant, as this was the last thing she was. She just seemed so unsure of herself and I think she felt scared to take a chance, because when you take a chance there is a possibility that you may be wrong and perhaps she could not deal with that. I decided to start with easy choices, such as what she would like to do, but that too proved unsuccessful. So I changed my strategy, so that Robyn would have to choose between two activities, such as whether she would like to paint or play with play dough. At first, I need to admit, I did not deal with the choices as well as I would have wished, as I did not always wait for her to choose. She used to keep quiet for an extended period of time and then I usually picked something for us to do, which I should not have done. Yes, like a lot of other people, perhaps even some psychologists, I can also become uncomfortable with long pauses of silence. As a person who can be quite impulsive at times, I had to learn how to wait and let Robyn decide what we are going to do. I do think that she also tried to wait to see if I would just make the decision for her, after all, that technique worked in the past. So the initial “wait period”



was quite long during the first few sessions, however after I reassured Robyn that I will wait for her to make a choice and that I do not want her to feel rushed, she started making choices. When Robyn chose an activity, I would usually praise her for it and then also praise any effort she would put in, which usually resulted in a broad smile from her.

During the first session I did not really make use of Morkie a lot. The main reason for this was because Robyn asked for Morkie to be in the room, but she wasn't keen on touching her. I trained Morkie that if someone folds their arms and turns away, she should not touch them – thank goodness I did this, as it has come in handy quite a few times. Honestly, I think any dog would respond to this, as it is body language, so perhaps I did not truly train Morkie to do this. This resulted in Morkie sitting across from Robyn, always watching her closely. During the second session, Robyn interacted more with Morkie. After I reminded her how to greet Morkie by demonstrating how to hold your palm toward Morkie, she held out her palm and my furry little therapist was overjoyed, which resulted in several giggles from Robyn. Slowly, in-between the other options, I included “working with Morkie” as an option and to my surprise Robyn chose to work with a very excited Morkie. “Working with Morkie” included anything from teaching her dog tricks to playing with her, while she gets rewarded with a dog treat every time she gets something right. Seeing that it was the first time Robyn chose to work with Morkie, I explained to her what is a dog clicker, how it is used to train a dog and that it acts as a reward to Morkie, indicating that she did something right. I then demonstrated the process to her, after which she was able to do it herself. Morkie knows most of the tricks, so usually this is an experience that is positive for both the child and the dog. Children often experience success when they manage to train her, as well as when they see how much Morkie enjoys working with them. Robyn proved my point as I asked her if she wanted to do something else and she asked if she can “play with Morkie”, after which she invented a game where Morkie had to find a treat under a hat. I decided to use my co-therapist's excitement to boost Robyn's self-confidence through reflecting on my dog's behaviour and these are some of the comments I usually make:

- ❁ “Wow, Morkie sure seems excited that you chose to work with her.”
- ❁ “I think Morkie is enjoying herself and you are making her happy.”
- ❁ “You are really good with Morkie, look how well she is doing and how focused she is.”
- ❁ “Good clicking, you clicked the minute she found the treat. Now Morkie knows that you are happy with her behaviour.”

Other techniques I made use of in therapy with Robyn included asking questions to Robyn from Morkie for example in session three I asked, “Morkie want to know how you are doing?” I also frequently commented on Morkie's behaviour in order to make Robyn aware of how Morkie feels, for example verbalising that Morkie is very happy to see her (session four) when Morkie is jumping up and down in front of her, while wagging her tail. Even though Robyn started making more choices as to what she wanted to play (or teach) with Morkie, she did still find it challenging at times to think of ideas. During her sixth session, I tried to support her in making choices through using a book that I just finished making,



which contains all the tricks Morkie can perform. This not only provides children with ideas and options towards teaching or playing with Morkie, but it also shares some information on Morkie. We read about what breed of dog Morkie is, where she got her name, that she enjoys working with children and how to praise her in a positive manner.

Robyn's self-esteem slowly started to increase throughout the sessions, as she was able to make more choices, as well as verbalise her choices. She also started commenting on Morkie's behaviour and even, at a later stage, tried to teach her a few new tricks, which was an enormous positive step for Robyn. Social skills was still a challenge as Robyn often forgot to say hello or would not praise Morkie at all, which could also reflect her in relationship with her friends. So that would be the second aspect to address in therapy.

### **Increasing Robyn's social skills**

Normally I would often make use of puppets to role-play social situations and to increase social skills with children, however this would not have worked with Robyn. I did not feel that puppets would be suitable as Robyn was not that extroverted and she would not be motivated to talk through a puppet, as I felt she might feel shy to do this. Once again, I decided to work with Morkie, as Robyn really enjoyed training her and asked to work with her on a regular basis after the second session. Similar to the manner in which I reflected on Morkie's behaviour to increase Robyn's self-confidence and facilitate awareness, I now started reflecting on her behaviour, in order to try and make her more aware of her own actions. I believe if you are aware of something, then you can change it, however awareness is key. At first Robyn found it challenging to use voice commands with Morkie. After several suggestions from myself that she should use both voice commands and hand signals, she still only used hand signals. I actually decided that I would not push the matter any further, as I do not want her to have a negative connotation towards working with Morkie and after all, they were managing with most of the tricks.

On one specific day, Robyn wanted to do the trick where Morkie needs to jump through a hoop. She set everything up and I actually offered to hold the hoop. Robyn picked up a treat and held it to the lower end of the hoop, which made it difficult for Morkie to see. Morkie looked at her, moved forward, stopped and looked at Robyn waiting for instruction. Robyn looked at me and I offered suggestions that perhaps Morkie does not understand and it might help if she could see the treat. As Morkie saw the treat on the other side, she darted through the hoop. She tried another one and after showing her the treat and using very soft commands of "jump", Morkie still did absolutely nothing. I suggested that she might need to say it louder and as I said "JUMP", Morkie leaped through the hoop. Everyone in the room had a smile on their face, including Morkie. Even though I said the command out loud, Robyn was still part of the process and perhaps it demonstrated to her how to communicate to Morkie on both a verbal and non-verbal basis. Following that session, Robyn started using the voice command more often and even though she still needed support with it, it was also the first step to positive social skills to me.





Next thing I started making her aware of praising Morkie, as she did not praise Morkie for any effort, even though she always rewarded her with a treat. I did not really mind that Robyn wasn't praising Morkie, but I did want Robyn to learn how to praise others, as that is an important part of interacting with others socially. She had to learn how to compliment others, as friendship is a give-and-take relationship. The manner in which I did this was often "talking to Morkie" or "talking through Morkie", which allowed me to make comments regarding Robyn's behaviour and coming from Morkie, it usually sounded more acceptable than it would have sounded coming directly from myself. Comments such as, "I think Morkie would like to hear that you like what she is doing. Perhaps you can say that to her?" or "Mmm, Morkie you must be wondering whether you are doing a good job?" This technique worked wonderful and I would urge people to use it, as you can be quite direct in reflecting the child's behaviour, the child's thoughts, your own thoughts or suggestions, in order to create self-awareness which may be quite therapeutic.

Lastly, I feel that through working with a dog in therapy I also assisted Robyn in learning to read someone else's behaviour and learn to adapt to certain behaviour. Morkie would often not do what she wanted, for example, she would ask Morkie to say "hallo" and Morkie would give her a "high-5". This happens in the real world as well. People often do unexpected things or things that you did not ask for and socially it is important to be able to adapt to this kind of situations. Yes, I know it is not exactly the same, however children learn through playing and what a better way to learn social skills through playing with a real live furry friend?



## APPENDIX D: DANIKA'S VIGNETTE

### Danika Smith – the girl that taught me acceptance

I decided to take some time off during April 2015 to focus solely on my PhD degree. My parents mentioned they will be driving down to our farm in the Northern Cape during April, so I decided that it would be the perfect place to get myself to focus more on my research and not on daily living. We booked a weekend at the Kgalagadi Transfrontier Park in the Northern Cape, after which they would go to Namibia and I would go back to our farm to work on my PhD. So at this very moment I am sitting on a camp chair overlooking a waterhole in the heart of the Kalahari. I feel so at home here. Whether it is because I have such a big love for the Kalahari or because I know my father grew up on a farm in Namibia, about 40 kilometres from where I am sitting right now, I am not sure, I just know that my heart feels as if it is at home right here in the Kalahari. Our family has always had strong ties to the Kgalagadi. My paternal grandfather was the person assigned to bore for water in the Nossob River in the Kgalagadi. He always had the most incredible stories to tell about lions trying to catch his donkeys and surviving in the Kalahari. My father and his family used to travel through the Kgalagadi to get to town and school and even his stories are incredible. So for some reason my heart feels truly at home in this part of the world....

The accommodation we chose is called the Kalahari Tented Camp, close to the Mata-Mata rest camp. It is made up of large tents, fully equipped with beds, a toilet, shower and a small kitchen, all solar powered because if there is one thing the Kalahari has a lot of, it is most definitely sun! The kitchen is built separately from the open-plan bedroom/bathroom and a small patio with a braai connects the two buildings. I need to mention that this camp is a wilderness camp, which means there are no fences and you need to be on the lookout for lions, as they apparently frequently pass through the camp, which is both exciting and terrifying at the same time. Even the cars need to be parked in a small fenced off area that connects to the tent, in order to provide protection to both the car and people.

The chair creaks as I move to place both my feet on the 40 cm high wall in front of me. Odd to think, this wall is supposed to protect you from a lion, if one happens to wonder through camp. I move down in my seat in order to bend my legs and rest my laptop on my lap. I feel quite comfortable and my eyes immediately follow the dry riverbed and I see water forming a small pond, the result of rain, 3 weeks ago. A lonely gemsbok bull wanders cautiously towards the water, stopping frequently to check for predators, clearly feeling quite exposed in the wide riverbed. He bends down, extends his neck and takes a sip of water, gets up, looks around and takes another sip of water. Once he had enough, he slowly moves towards some trees growing on the left-side of the riverbank. He clearly feels more at ease closer to some greenery, as he lazily starts to eat the grass growing close to the tree. Apart from hearing the occasional bird tweet, it is very quiet, so quiet that your ears literally ring from the quietness that surrounds you. I hear leaves rustle next to me and instinctively look to me left and I see a Yellow mongoose coming closer



to inspect what I am doing, perhaps even looking for food. It is quite cautious and slowly moves towards me, constantly sniffing the air for clues as to what and who I am. As he gets closer, I notice his striking hazel eyes with its thick, black horizontal pupils. His black whiskers are quite distinct against his yellowish-mustard fur. He takes as seat in a similar position as a dog would and I can't help but think he is absolutely adorable. He stares at me for a while and almost as if he is curious, he pushes himself up to stand on his hind-legs, in order to get a better view of what I am doing. I am too scared to move, as this beautiful little mongoose is captivating me with his presence. I notice how he balances with his tail and then I also notice his very long black claws. They are obviously very handy to him when he needs to dig for ants or beetles, or even to dig his burrow. A crow swoops in and my little friend quickly disappears in a burrow close by. His claws actually remind me of a little girl I once knew and saw in therapy. Not that she had claws, but that she had a terrible fear of animals and she especially feared certain animals' claws.

Danika Smith was 7 years old when I met her during 2013. She was the type of child you would like from the very first time you would meet her. She was friendly, loving, kind and willing to be a friend to anyone she met. She lived with her father, mother and two older brothers – a typical, loving South African family. I first met Danika's parents during September 2013. My first impression of them was positive, as they looked me in the eye, had firm handshakes and seemed genuinely friendly. The reason for referral was that Danika had an enormous fear of animals. I made use of the word enormous to describe this little girl's fear, as that is truly how it must have felt to her. Her parents mentioned that her fear started at an earlier age but that it had gotten worse during 2013. She would get very anxious and would often present with crying, increased heart rate, running away and she would often start sweating. This to me sounded like a severe anxious reaction to mainly dogs, cats, bees and horses, even though her parents mentioned that they are sure she would feel similar to any type of animal. I tried to establish whether Danika had any traumatic events that may have triggered her anxiety and two events surfaced. Firstly, she was stung by a bee the previous year and is therefore terrified of bees. According to her mother, Danika would rather take a different route, than walk past any place where there could be a bee. The second event happened earlier in 2013 when her father was in a motorbike accident. This seemed to have affected Danika quite negatively, as she seemed uncertain, had nightmares and refused to be left alone, however her parents mentioned that this has recently stopped and that her father is doing well. We agreed that I would be seeing Danika the following day, so I had to go home and plan my first therapy session with this young lady.

My initial plan was to address Danika's fear towards dogs and other animals, increase her self-esteem, as well as deal with some underlying anxiety, if it comes up. This sounds very easy and honestly, that is exactly what I thought when I planned the sessions with Danika. I firstly decided to focus my attention on play therapy during the initial phases of therapy in order to establish a good relationship with her and secondly, for the simple reason that it is fun and most children I have met enjoy playing. At a later stage, I planned on shifting my focus to a more direct approach in dealing with her fear, through making posters



about which animals she was afraid of, what exactly scared her about the animals and also the positive aspects of the animals. Lastly, I also planned to provide Danika with coping skills to deal with her fears and to perhaps even overcome it. I am happy to report that therapy went according to plan and positive progress was made throughout the sessions. Danika was wonderful to work with and throughout the sessions, this little person kept trying and fighting her fears. I honestly feel that I perhaps learned more from her during our sessions than she learned from me. Professor Reality keeps telling me that I should not focus on the progress my clients have made, but what I have learned, so I would like to share my growth and how this young lady taught me about acceptance and once again to focus on the client and not my own needs.

As mentioned, I thought the process with Danika would be very easy and even though she made a lot of progress, it wasn't necessarily the progress I had imagined it would be! I imagined supporting Danika to overcome her intense fear of animals. After all, I am an animal lover and how could anyone be scared of animals, apart from spiders of course. I found it very challenging to accept and understand how anyone could be scared of Morkie and not love her as much as I did. This was the first of five lessons I had to learn from Danika: Not everyone likes animals – accept it. I do think the fact that Morkie was both my pet and therapy dog, complicated matters, as I, at that stage, found it very difficult to be objective and could not help but feel affected by Danika's stance towards Morkie. I was wrong, I can at least admit that now, however luckily I can safely say that I dealt with it professionally and never once allowed it to affect my relationship with my client. That brings me to the second lesson: Be professional at all times. I am truly grateful that I can admit that I was professional towards Danika and now I understand why all the literature and courses I have attended, always emphasise how important it is to be able to look after both the child and dog in the session. It would not have been ethically correct of myself to focus solely on Morkie as dog owner, nor would it have been correct to only focus on Danika, as therapist. There is a fine line and as a therapist working with a dog and a child, you need to be aware of your own emotions and actions, in order to prevent this. You need to be able to look after both of them, which is challenging, however most definitely do-able. Lesson three: Look after yourself as therapist and do not be too proud to ask for help. I often reflect on cases with colleagues. Of course this is done with permission from my clients, as signed in their contract, but it is also done through protecting the client's identity. No personal details, names or any personal information that is not relevant was revealed during these sessions. What I did discuss with a fellow educational psychologist was mainly my reactions to therapy and how I dealt with it. As I sit here now, thinking back, I can't remember ever complaining about the therapy process itself, it was rather focused on my own feelings. I now realise how important that process was and I would urge any psychologist or therapist to do this on a regular basis. This allowed me to become more objective, as my colleague often told me, "Suné you are busy focusing on yourself. This is not your therapy, it is the client's and does it really matter if she does not like Morkie? Not everyone likes animals Suné and that is okay." Yes, she was very direct and at times brutally honest, but she gave me a perspective on the case that I



would otherwise not have had and I am so thankful for it, because I believe it formed me into a better therapist in the end.

At first I truly believed that if Danika dealt with some of her anxiety, she would be comfortable around animals and most definitely touch them. Once again, I was wrong and I listened to my own goals and not those of my client. So, Lesson four: Listen to your client – they will set the goals/pace of therapy. Only closer to the end of therapy, after we have done extensive desensitisation for dogs, cats, bees, moles and horses, did I one day realise that perhaps Danika did not have a need to touch and interact with animals directly. There are a lot of people who prefer not to have pets and they have all the right in the world to choose that for themselves, who am I to try and change that? The main goal was to support Danika in coping with her anxiety when she sees an animal and we had already achieved that. She was able to be in the same room as Morkie and enjoyed showing her art to Morkie, but she chose not to have direct contact with Morkie. I had to listen to my client and I realised that she was happy with the progress she had made, as well as proud of herself. She frequently came back after a weekend and told me about her progress and that she was able to walk past a cat or dog, also applying her coping skills, which before would not have been possible. I realised that our therapy was successful for Danika and that she was ready to terminate therapy.

The last lesson I have learned is a difficult one to admit, especially since I am so passionate about AAPT™. Lesson five: Therapy is possible and successful without AAPT™. Yes, I have said it and it is in fact possible to do wonderful therapy without AAPT™. I have grown so used to having Morkie in the therapy room with me and working with her, that I have forgotten that with some children AAPT™ might not work. Some children might have a fear of dogs, have been bitten by dogs, might not touch dogs due to religious reasons or might just not respond to them very well. I had to revert to doing play therapy without Morkie and it worked well. We also did some art therapy, as well as solution-focused therapy, where you would work directly towards obtaining a solution for the problem. The combination of techniques worked well for Danika and she responded positively towards therapy. I believe it was a good lesson to learn and once again formed me into a therapist that is more aware of the client than the technique or herself. In the end, we terminated therapy with a little girl that was able to cope when and if she saw an animal. She preferred not to touch them and she was still not fond of them, but she was able to cope with animals. Danika was able to self-regulate her feelings and deal with her anxiety through implementing the skills we learned in therapy. Looking back, that was a wonderful way to end therapy and both myself and her parents had to accept that end goal, as it was Danika's life and she was very happy with her own progress. Not everyone has to like and love animals, that is okay and I had learn to accept my client's wishes and that was okay as well. This was a very important lesson to learn, as you need to accept people for who they are even though their opinions and likes may be different than mine. Through this, I am not saying that I battle to accept people, on the contrary I enjoy meeting different people and I am not threatened by people having different opinions than my own, but what made this



different was that I truly wanted Danika to enjoy Morkie's company as much as I enjoyed it. However, I had to learn to accept that not everyone enjoys a dog's company as much as I do, and that in itself is fine with me.

As I hit enter, following the paragraph, I hear a jackal bark and call somewhere down the riverbed. I look towards where my little mongoose friend sat and gather that he must be in his burrow sleeping already, as the sun just set. I slowly close my laptop and realise that another day has passed. I lower my legs from the wall, slowly get up to put my laptop in its bag because now I plan to enjoy the weekend with my family and I believe in treasuring quality time like this with them.



## APPENDIX E: LUCA'S VIGNETTE

### Luca – the ever-optimistic boy

It is early morning and I am planning on writing my last client story today, as I am still on the farm and before I go back to Johannesburg tomorrow, I would like to finish this section of my PhD. I know I need to start writing about Luca today, so I sit down in front of my laptop. I open my laptop, move my chair in the correct position and I am ready to start typing, but nothing. I feel completely blank. Perhaps I should drink some water, so I get up and drink a glass of water that was standing on my bedside table. Back in front of the laptop and still I find that I am battling to start writing. Perhaps I should just quickly ensure that Morkie has some fresh water. I get up, rinse her bowl and pour in fresh water. I realise that I am busy procrastinating and at this rate, I will not be making a lot of progress soon. So once again, I get up from my chair and decide I should go for a walk, perhaps that would help?

I call Morkie and she immediately knows what we are going to do, without a word from myself. She starts grunting, sneezing and jumping up and down, running towards the door. We walk through the garden gate, into the game area of the farm, which is a 1,200 hectare camp hosting several types of buck. The dune sand is soft underneath my feet, so soft that you sometimes feel as if you are walking on the beach. The air is cool and it almost feels as if the air cuts you on your hands and face, but it also has a refreshing side to it and wakes me up instantly. Morkie is enjoying this walk every bit as much as I am. Every now-and-then she catches a scent trail and follows through winding along the trail, until it ends in a hole, probably a mouse or mongoose's hole.

After another 15 minutes' walk, I see some Gemsbuck, also known as Oryx. They are about 150 meters from where I am standing. I immediately stop walking, call Morkie closer and bend down, as I do not want to scare them off. I decide to sit right there in the sandy road, as this is a beautiful site to see. Morkie hops into my lap, almost as if she knows that she needs to be quiet and calm right now. I can count around 40 Gemsbuck, including a few younger ones. What a magnificent animal it is! They have always been one of my favourite buck species because they live in one of the harshest environments in the world and still they are able to survive.

They are peaceful. Slowly moving around while grazing. My thoughts jump back to Luca and our incredible journey together, similar to the journeys of survival that these Gemsbuck have undertaken.

I met Luca during September 2013. He was a handsome 6-year-old young man, with an infectious smile that resulted in everyone around him smiling. He was the youngest of three children and had an older brother and sister. One early spring morning, his mother came to see me regarding possibly repeating Luca in Grade 1. I had a look at his reports and even though there were some areas of growth, I was not



sure why his mother considered a repeat year, as I only result to repeating children when it is really necessary.

“Luca has been very sick during 2012. He received a kidney transplant during mid-2012 and thank goodness his body accepted the kidney and he is currently doing a lot better, but due to everything he had to go through, he unfortunately has missed out on a lot of school. So he has some academic delays that his teachers are concerned about,” his mother explained calmly.

“Can you provide me with a bit more information regarding his academic delays?” I ask in order to clarify exactly which subjects he finds challenging.

His mother thought about her answer and then responded, “He mainly finds reading and spelling challenging. I just think that he has missed out on such a lot of important work while he was sick, that he needs a chance to catch up. He is also a lot younger than the other children, as he was born during December. I often observe him with his friends and I do think he finds it difficult to interact with them sometimes, as he is so much younger than they are. I have spoken to his school and they agree with me, so we need your help to explain it to him. I really don’t want him to be upset by this. It needs to be positive Suné.”

“I understand and I do think Luca will benefit from repeating a year, especially because of his age and the amount of school he has missed” I reply. “I noticed that on my background information questionnaire, you filled in that Luca likes dogs and has not had a negative experience towards dogs, am I correct?”

“Oh yes, he loves animals, especially dogs,” his mother replied enthusiastically.

“Well, I would normally make use of my therapy dog, Morkie, to deal with a situation like Luca’s. I would focus on telling Luca a similar story to his own about Morkie and that she would need to repeat Level 1 in dog school. I would not do this on the first day, but Luca and I would gradually get to that point, also looking at the positive and negative aspects regarding repeating,” I explained. “I do not want Luca to feel alone in this and I feel that through working with Morkie, it might be a more gentle approach to explaining it to him, as we would then eventually focus on him and ask the question of whether or not it may be beneficial to Luca to repeat as well. Would this approach suit you?” I asked calmly.

“Yes, I think it would work and that Luca would respond towards your approach. Thank you very much,” his mother answered.

“It is my pleasure. I will keep you updated and let you know when you can discuss the repeat year with Luca, as well as stay in touch with his teacher regarding how she can support him in the classroom” I explained.





We agreed that I would start seeing Luca the following week in therapy. What I have learned from Luca's therapy is that even when you plan the most perfect therapy session, reality has a way of changing it and I had to learn to adapt. I also learned that sometimes things work out differently and how important it is to make use of what is presented to you. After some sessions where therapy with Morkie was not the child's choice, working with Luca once again showed me how amazing AAPT™ is and why I fell in love with "Morkie magic", as I call it...

### **Start of the journey with Luca (sessions 1 to 3)**

Of course I planned on doing AAPT™ for our first session, as my entire strategy to support Luca was based on AAPT™. Very excited, I called Luca from his classroom, as my practice was based on the same premises as his school. Luca was very excited to come to therapy and immediately asked me if Morkie was going to be in my playroom. I was convinced that this was going to be a good session, especially since he already asked about Morkie. As we walked into the playroom, Morkie darted towards Luca, hopping up and down on her hind legs, trying to get Luca's attention. Luca took a step back and I sensed that Morkie's excitement was a bit too much for Luca, so I gave Morkie a command to calm down, which she did, but Luca was not impressed with my little therapist.

"I can see you are a bit cautious of Morkie" I reflected out loud.

"She is a bit too wild" Luca answered honestly.

"Mmm Morkie, I think you gave Luca a fright with your excitement to see him. I know you must have been looking forward to meeting Luca, but I think you gave him a fright," I tried to explain Morkie's behaviour to Luca through pretending to speak to Luca.

"I think she is going to scratch me and I don't want to play with her right now" Luca responded and I felt as if ice water was dumped on me. My entire plan for therapy was not going to work if Luca did not like Morkie.

Suddenly I was faced with a session that was completely different than I had expected, so I asked Luca if he would like to sit down and read Morkie's book and he was keen to do that. Her book was just a "get to know" Morkie, telling children who she is and explaining some of the tricks Morkie can do. At the end of the book Luca looked at Morkie and asked me the following question, "Do you really think she was excited to see me?" I was happy that he was thinking about Morkie in a more positive manner, however I still did not feel I should force the issue and the session was at its end anyway.

During the second session of therapy, Luca asked that I allow Morkie in the room. Due to the negative reaction from the previous session, I decided to continue with AAPT™, but more indirectly through using



bibliotherapy and reading a book about Morkie's repeat year. The book basically explains who Morkie is, what she learns in dog school and that she finds dog school challenging. I focused on the fact that Morkie is able to all the tricks, but she might need a bit more practice as she is young and was sick a lot, so she deserves a second chance. I wanted Luca to experience the story as positive and not negative. He seemed to enjoy the book very much and he even voiced that he thinks repeating for Morkie is a good idea. I was pleased with his reaction and then allowed him to start drawing some of the pictures in the book, as I had left the pages blank. Luca drew one picture and then asked, "Can I rather play with Morkie?" I was surprised by his request and immediately answered that he may. So, I facilitated Luca's interaction with Morkie, as he taught her a few basic tricks such as high-5 and sit. I was bursting with excitement because now Luca was interacting with Morkie and no one has forced him to do so.

During the third session we finished drawing pictures for Morkie's book. We read the book again and Luca mentioned to me that he would be repeating as well, like Morkie. I was not expecting him to accept this so quickly. He mentioned that he has told his mother and teacher as well, because like Morkie he was also young and in hospital quite frequently. I never imagined that Luca would have responded to Morkie's story so quickly. We ended the session with Luca working with Morkie on some new and interesting tricks. I was excited, as I felt that the following three sessions of therapy will be easily with the help of Morkie, especially since Luca is so positive towards Morkie.

### **Middle and final part of the journey with Luca (sessions 4 to 6)**

My optimism was soon shattered, as Morkie developed a stomach ulcer and was admitted to animal hospital. Of course, I was upset by this as her owner and very concerned about my little furry therapist that was now lying on a drip, but I was also concerned about Luca. He had responded so well to Morkie and now all of a sudden, Morkie would probably not come back to work for the rest of 2013. I felt helpless and was a bit at a loss for what we will be doing in therapy and how I am going to explain this situation to a young boy. I did not believe Luca was going to cope very well with this, as he has grown very close to Morkie in the last 2 weeks.

I nervously explained the entire situation to Luca, as well as where Morkie was. He thought for a while and responded calmly, "I know how she feels. I was also in hospital and she will get better, so it is okay." This brave little boy's optimism was just amazing and I remember feeling so overwhelmed by his positive attitude. In the following sessions finished their book through adding a lot of glitter to the last page, which Luca took great pride in and read the book once more. Luca confirmed that he will be repeating and that he will get a second chance. He showed his book to his teacher and she asked him if they could read the story to the class. Luca absolutely beamed and I remember that I stood there watching him explain to the class how he is like Morkie and that he will be receiving a second chance as well. He was so proud and it truly was a positive experience for him, even though Morkie was just there for a part of therapy.



One more aspect was addressed during therapy, which I did not plan for in therapy. When I told Luca that Morkie was sick, he immediately associated with her and started talking about his own experience in hospital. I do believe he went through a lot of trauma during his time in hospital and recovering afterwards. Now he had the opportunity to tell me about it. He drew some pictures for Morkie, encouraging her to get better. His pictures showed Morkie in hospital with a drip and he was able to explain to me exactly how a drip works and that Morkie will get better. When Morkie returned to therapy, he showed her his picture and while Morkie looked at the drawing, I verbalized that Morkie likes the picture Luca had drawn. Luca kept stroking Morkie and constantly told her what a good dog she is. He was also very interested in how old Morkie was, when she celebrated her birthday, what she liked and then started telling me what he likes in his own life, as well as when he celebrates his birthday. This indicates that Luca associated with Morkie and through asking about Morkie, he probably felt safe enough to share personal information about himself with us. As Luca showed Morkie the drawing, Morkie started to lick her and I immediately verbalized that Morkie likes her and that she is saying thank you for the beautiful drawing. Luca responded through saying, "that's how dog's love", after which I affirmed that Morkie likes her and is receiving love from Luca. Morkie's actions once again provided me with an opportunity to reach out to a client and tell him that he is liked, which may have made him feel special.

This little boy proved to me that even though he went through a lot of negative experiences, he was truly optimistic and understood second chances better than most people in this world. He was truly an optimistic little fighter and someone who we all can learn a great deal from.

The Gemsbuck started trotting away from where I sat. I think they smelled me, as a light breeze came up and probably carried my scent towards them. I slowly lift Morkie off my lap, get up and start walking back to the house. I feel refreshed and ready to share this amazing young man's story.



APPENDIX F: SAMPLE OF ANALYSIS

404 definitely not sure of success, but I really wanted him to relate to someone,  
 405 even though at that stage it was Morkie and not I.  
 406  
 407 I also wanted to address his decision-making ability. I noticed that when I  
 408 asked Brandon what he would like to do, he normally shrugged his  
 409 shoulders or responded with an "I don't know" answer. So I decided to ask  
 410 Morkie what she would like to do. Once again the fear surfaced that Brandon  
 411 would think that I am completely crazy. Nonetheless, the fear was not strong  
 412 enough to stop me from doing it. I started by asking Brandon what he  
 413 thought Morkie would like to do, and then gave him two options. He thought  
 414 for a while, and then responded by giving me an answer. I was trilled and  
 415 very excited by yet another way of positively incorporating my dog into the  
 416 session. I also felt that it provided Brandon with a means in which he could  
 417 communicate without placing too much pressure on himself. During that  
 418 specific session Brandon, or should I say Morkie, chose to paint something.  
 419 The first painting (Figure 7) was of Morkie and the second (Figure 8) was of  
 420 their names. In both pictures Morkie was central, possibly indicating the  
 421 important role she was currently fulfilling in his therapy sessions and life. I  
 422 was very eager to test his willingness to communicate with Morkie even  
 423 further, so I frequently pretended that Morkie was trying to guess what he  
 424 was painting. Brandon seemed to enjoy this very much as he frequently  
 425 smiled and even corrected her at times. Through doing this I hoped to  
 426 increase the positive interaction between Brandon and myself through  
 427 Morkie. I believed that if Brandon could see that I interacted with Morkie in a  
 428 fun manner, that he might start to see that Morkie trusted me and that he  
 429 would eventually trust me as well, even though I realise now that trust needs  
 430 to develop over time and I may have been a bit hasty.  
 431  
 432 I provided Brandon with the opportunity of interacting with Morkie through  
 433 giving her the "sit" and "jump on the chair" commands. Morkie responded  
 434 positively and very eagerly, and did exactly what Brandon asked. I hoped  
 435 that this technique would increase his self-confidence, as well as his social  
 436 skills towards others. I noticed that Brandon slowly started making more eye-  
 437 contact with me, as well as answering some of my questions and speaking

Indirect project

Indirect project

Trust

~~Indirect project~~

Indirect projects

Non-verbal

Cooperation  
Non-verbal  
Comm.



## APPENDIX G: CHAPTERS 4A AND 4B REFERENCES

1. Eichenlaub, Cash, & Blagrove, 2017
2. Bachi & Parish-Plass, 2017
3. Parish-Plass, 2008
4. Wilkes, 2009
5. Bachi, 2013
6. Bachi, 2013
7. Bowlby, 1969
8. Bowlby, 1973
9. Bowlby, 1988
10. Bachi, 2013
11. Ainsworth, 1963
12. Bowlby, 1969
13. Goldberg, 2000
14. Obegi & Berant, 2009
15. VanFleet & Faa-Thompson, 2017
16. Parish-Plass, 2018
17. Zilcha-Mano et al., 2011b
18. VanFleet & Faa-Thompson, 2017
19. Robinson, 2011
20. Robinson, 2011
21. McLeod, 2019
22. Robinson, 2011
23. Rogers, 1946
24. Rogers, 1957
25. Rogers, 1991
26. Rogers, 1991
27. Axline, 1969
28. Landreth, 2012
29. Axline, 1969
30. Robinson, 2011
31. Robinson, 2011
32. D'Aniello, Semin, Alterisio, Aria, & Scandurra, 2018
33. Grandgeorge & Hausberger, 2011
34. Sable, 2013
35. Virányi, Topál, Gácsi, Miklósi, and Csányi, 2004
36. Kundery et al., 2010



37. Téglás, Gergely, Kupán, Miklósi, and Topál, 2012
38. Custance & Mayer, 2012
39. Custance & Mayer, 2012
40. Custance & Mayer, 2012
41. Custance & Mayer, 2012
42. VanFleet & Faa-Thompson, 2017
43. Chandler, 2017
44. Parish-Plass, 2008
45. Parish-Plass, 2013
46. Thompson, 2009
47. VanFleet, 2008a
48. VanFleet & Faa-Thompson, 2010
49. VanFleet & Faa-Thompson, 2017
50. VanFleet & Faa-Thompson, 2017
51. Sori & Hughes, 2014
52. VanFleet & Faa-Thompson, 2012
53. VanFleet & Faa-Thompson, 2017
54. VanFleet, 2004
55. Brown, 1994
56. VanFleet & Faa-Thompson, 2017
57. VanFleet & Faa-Thompson, 2017
58. Bowlby, 1988
59. Holmes, 2009
60. Phillips, 1988
61. Winnicott, 1971
62. Bachi, 2013
63. Oliver, Nelson, Cade, & Cueva, 2007
64. VanFleet & Faa-Thompson, 2017
65. Bowlby, 1988
66. Abram, 2007
67. Scharff & Scharff, 1995
68. Slochower, 1996
69. VanFleet & Faa-Thompson, 2017
70. Parish-Plass, 2008
71. Abram, 2007
72. Parish-Plass, 2008
73. Parish-Plass, 2008



74. Parish-Plass, 2008
75. A. H. Fine et al., 2010
76. Chandler, 2017
77. Wilkes, 2009
78. Urichuk & Anderson, 2003
79. Chandler, 2017
80. Parish-Plass, 2008
81. VanFleet & Faa-Thompson, 2017
82. Zilcha-Mano, 2013
83. Thompson, 2009
84. O'Callaghan & Chandler, 2011
85. O'Callaghan & Chandler, 2011
86. Bachi, 2013
87. Bachi, 2013
88. Brickel, 1985
89. Chandler, 2017
90. Cusack & Smith, 1984
91. Flom, 2005
92. McNicholas & Collis, 1995
93. VanFleet, 2008a
94. VanFleet & Faa-Thompson, 2017
95. Wilkes, 2009
96. Parish-Plass, 2008
97. Chandler, 2017
98. VanFleet & Faa-Thompson, 2017
99. Tedeschi, Fine, & Helgeson, 2010
100. O'Callaghan & Chandler, 2011
101. VanFleet, 2009
102. VanFleet & Faa-Thompson, 2010
103. VanFleet & Faa-Thompson, 2017
104. Bachi, 2013
105. Phillips, 1988
106. Bachi, 2013
107. Bachi, 2013
108. Bachi, 2013
109. Siegel, 1999
110. Bachi, 2013



111. Bachi, 2013
112. Holmes, 2009
113. Siegel, 2012
114. VanFleet & Faa-Thompson, 2017
115. Chandler, 2017
116. Viklund, 2017
117. Langley, 2006
118. Bernier & O'Hare, 2005
119. Chandler, 2017
120. Bachi, 2013
121. Chandler, 2017
122. VanFleet & Faa-Thompson, 2017
123. VanFleet & Faa-Thompson, 2017
124. VanFleet & Faa-Thompson, 2017
125. Viklund, 2017
126. O'Callaghan & Chandler, 2011
127. Bachi, 2013
128. Fonagy et al., 1998
129. Steele & Steele, 2008
130. Bachi, 2013
131. Chandler, 2017
132. VanFleet, 2009
133. VanFleet & Faa-Thompson, 2010
134. VanFleet & Faa-Thompson, 2017
135. VanFleet, 2009
136. VanFleet & Faa-Thompson, 2010
137. Chandler, 2017
138. VanFleet & Faa-Thompson, 2017
139. VanFleet & Faa-Thompson, 2017
140. O'Callaghan & Chandler, 2011
141. Viklund, 2017
142. VanFleet & Faa-Thompson, 2017
143. O'Callaghan & Chandler, 2011
144. Wallin, 2007
145. Bachi, 2013
146. Wallin, 2007
147. Bachi, 2013





148. VanFleet & Faa-Thompson, 2017
149. VanFleet & Faa-Thompson, 2017
150. Hill, Ziviani, Driscoll, & Cawdell-Smith, 2019
151. Kasper, Hill, & Kivlighan, 2008
152. VanFleet & Faa-Thompson, 2017
153. Bachi, 2013
154. Chandler, 2017
155. VanFleet & Faa-Thompson, 2017
156. Chandler, 2017
157. VanFleet & Faa-Thompson, 2017
158. VanFleet & Faa-Thompson, 2017
159. VanFleet & Faa-Thompson, 2017
160. Chandler, 2017
161. Alper, 1993
162. Granger et al., 1998
163. Katcher & Wilkins, 1997
164. Levinson & Mallon, 1997
165. Melson, 2003; Serpell, 2008
166. Zilcha-Mano et al., 2011b
167. Allen et al., 2002
168. Allen et al., 1991
169. Friedmann, 1995
170. Friedmann et al., 1983
171. Geisler, 2004
172. Odendaal & Meintjes, 2003
173. Zilcha-Mano et al., 2011a
174. Chandler, 2017
175. Zilcha-Mano et al., 2011b
176. Ainsworth, 1991
177. Wallin, 2007
178. Mikulincer & Shaver, 2016
179. Ainsworth, 1963
180. Ainsworth, 1991
181. Chandler, 2017

