



**A Review on a Therapy with bonds between Human and Animals**

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**Abstract**

Animal-assisted therapy is an emerging field in the mental health profession. Previous research indicates that animal-assisted therapy provides physical, physiological, and psychological health benefits for clients as well as professionals. This project will discuss the history of animal assisted therapy, health benefits of animal companionship and animal-assisted therapy, and successful animal-assisted therapy programs. Key research in animal therapy is reviewed, followed by contemplation of animal therapy in counselling, including therapeutic techniques, populations who may benefit from animals in counselling, and a discussion of benefits, challenges and ethical considerations. Welfare of animals in counselling is explored, followed by a synopsis, possible future directions in research and a conclusion. The manual designed for counsellors draws from this review and the writer's experience to provide thoughtful and practical information for the practitioner interested in Animal Assisted Therapy.

**Keywords:** Animal, companionship, psychological, health benefits.

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**Introduction**

Humans are used to abuse, hunt or hate animal, but many of them may not know the fact that they can also be their friend and also help them to cure from many physical and psychological diseases which cannot be cured by even modern medicine.

The role animals play in the lives of humans goes far beyond survival needs. Relationships formed between human and animals, referred to as the human-animal-bonds, provide significant physical, psychological, and physiological benefits to human well-being.

The human-animal bond may be formed in various ways including companion animals, also known as pets, and animal-assisted therapy. The purpose of this project is to discuss previous research that has been conducted on the benefits of the human-animal bond in relation to human wellbeing through companion animals with a focus on animal-assisted therapy.

This project will address models of animal-assisted therapy and apply them to special populations including psychiatric patients, children, adolescents, adults, and the elderly.[1]

### **Definition of Animal Assisted Therapy:**

Numerous terms are actively used in the areas of therapy, pedagogy, care and social work with animals – both amongst the various professions using animal assistance and with others – considerably complicating mutual understanding. This fragmentation of terminologies also stands in the way of its recognition as a professional field.[2]

“Animal-assisted therapy” includes psychological and socially integrative interventions with animals for children, youths, adults and senior citizens with cognitive, social-emotional and motoric disabilities, and mental problems, and for focused support. It also includes health-promoting, preventive and rehabilitative measures.

While AAT can be integrated with virtually any counselling theory, there are a few larger ideas as to why may AAT work. These include the bio-philial hypothesis and physiological changes within the body.

#### **1. Biophilia hypothesis**

The biophilia hypothesis [4] serves as an umbrella theory for why AAT works in counselling [5]. This hypothesis simply states there is an instinctive bond between human beings and other living systems; “humans have an innate tendency to focus on life and lifelike processes” [4]. From an evolutionary standpoint, humans have strived to maintain a relationship with nature and all living systems [6]. As friendly animals convey a sense of safety [7], there is a healing presence.

#### **2. Physiological hypothesis**

Research studies indicate that contact with animals can (1) decrease heart rate, (2) decrease blood pressure, and (3) decrease/ increase certain chemicals in the body (e.g. oxytocin, cortisol). Overall, animals can have a calming effect on the client; this provides a rationale for animal-assisted therapy. [8]

### **History of Animal Assisted Therapy**

Animal-assisted therapy sprouted from the idea and initial belief in the supernatural powers of animals and animal spirits. It first appeared in the groupings of early hunter gatherer societies. In modern times animals are seen as "agents of socialization" and as providers of "social support and relaxation." [9] Though animal assisted therapy is believed to have begun in these early human periods it is undocumented and based on speculation. The earliest

reported use of AAT for the mentally ill took place in the late 18th century at the York Retreat in England, led by William Tuke.[10] Patients at this facility were allowed to wander the grounds which contained a population of small domestic animals. These were believed to be effective tools for socialization. In 1860, the Bethlem Hospital in England followed the same trend and added animals to the ward, greatly influencing the morale of the patients living there.[10]

Sigmund Freud kept many dogs and often had his chow Jofi present during his pioneering sessions of psychoanalysis. He noticed that the presence of the dog was helpful because the patient would find that their speech would not shock or disturb the dog and this reassured them and so encouraged them to relax and confide. This was most effective when the patient was a child or adolescent.[11] The theory behind AAT is what is known as Attachment theory.

Therapy involving animals was first used in therapy by Dr. Boris Levinson who accidentally discovered the use of pet therapy with children when he left his dog alone with a difficult child, and upon returning, found the child talking to the dog. However, in other pieces of literature it states that it was founded as early as 1792 at the Quaker Society of Friends York Retreat in England.[13] Velde, Cipriani & Fisher also state “Florence Nightingale appreciated the benefits of pets in the treatment of individuals with illness. The US military promoted the use of dogs as a therapeutic intervention with psychiatric patients in 1919 at St Elizabeth’s Hospital in Washington, DC. Increased recognition of the value of human–pet bonding was noted by Dr. Boris Levinson in 1961”.

### **Animals’ Role in Human Lives**

The significant results of the life-prolonging effects of pet ownership among heart attack victims, there is considerable interest in the medical value of companion animals. As declared by previous research, pet owners receive physical health benefits from animal companionship. The physical health benefits begin, however, before interaction with an animal. The simplicity in looking at an aquarium with fish provides a decrease in anxiety and physiological arousal. The presence of an animal alone can reduce blood pressure . A study conducted by Friedmann, Katcher, Thomas, Lynch, and Messent (1983) measured the blood pressure of twenty-six children when a dog entered the room. The children did not have contact with the dog but were able to see it. Friedmann and colleagues found that the children’s blood pressure decreased when the dog entered the room. The study concluded that the very presence of a dog can decrease anxiety and lower blood pressure. Along with physical health benefits are mental health benefits associated with animal companionship. discusses that the human-animal bond is a well-documented relationship that has been around since the beginning of animal domestication. He points out that the strength of the bond allowed for animals to be less pet-like and more like members of the family. In recent research progress has been made in identifying the psychological and physiological benefits of the human-animal bond. Sussman (1985) found that owning a pet can “decrease depression, anxiety, and sympathetic nervous system arousal in the owner”. Companion animals, specifically dogs, expose their human companions to encounters with strangers,

facilitate interaction among previously unacquainted persons, and help establish trust among the newly acquainted persons. Mader, Hart, and Bergin (1989) report that individuals who are either physically or mentally disabled notice substantial changes in their social environment if accompanied by a dog. Instead of ignoring or avoiding them, other people are more likely to approach and socialize with them.

Animal companions aid the developmental growth of children. Responsibility, competence, self-esteem, trust, learning about cause and effect, and feelings of empathy are characteristics that can be acquired through pet ownership. Social skills can be developed and practiced through the relationship with a pet. Animals increase motivation, provide social support, provide an outlet for nurturance, and positively influence self-esteem. Fine (2000) reports that children with companion animals may develop a greater sense of empathy for others. Levine and Bohn (1986) conducted a study that found children with companion animals were more empathetic than children in pet-less homes. Covert, Whiren, Keith, and Nelson (1985) found that adolescents who owned pets had higher self-esteem scores than those who did not. The evidence is clear that companion animals provide significant benefits to human health overall.

### **Types of Animal Assisted Therapy**

- ❖ Canine assisted therapy
- ❖ Feline assisted therapy
- ❖ Equine assisted therapy
- ❖ Dolphin assisted therapy
- ❖ Farm animal assisted therapy
- ❖ Small animal assisted therapy

### **Canine assisted therapy**

Well before psychologists and counsellors, a broad range of therapists integrated dogs into their work to help improve client skills and abilities. Human-dog partnerships traditionally provided a service for clients with disabilities, such as dogs assisting people with visual impairments or working with autistic children. Treatment interventions included providing safety and offering independence to the client. Dogs are now one of the primary animals involved in AAT and psychotherapy examples of specific interventions are provided in following sections. As with other animals, integrating dogs avail certain benefits and challenges. Turner (2000) commented, a “dog’s social life is organized around dominance-subordinance relationships”, affecting the type of relationship it may also expect from humans.

Strategies and interventions available because of this relationship can be quite different from involving another species, such as a cat. Dogs are expected to obey commands and offer clients what is often referred to as “unconditional acceptance” in the literature, and so consideration of the dog’s temperament and sociability, trainability, predictability, and ability to handle stressful situations is paramount. Chandler also suggested matching a

dog's temperament and activity level to the client is important, along with provision for exercise, grooming, feeding and a place to defecate.

### **Equine assisted therapy**

The term Hippotherapy refers to an organized and structured approach which emerged in the 1960s to integrate horses into physical rehabilitation therapy. On their website, The American Hippotherapy Association Incorporated (2008), known as AHA, described the therapy as a method of utilizing horse movement to compliment physical, occupational and speech-language therapy sessions, with therapy not limited to one type of practitioner. For instance, a child with a physical disability may practice gross motor coordination skills by learning to balance in a saddle, or may develop expressive language skills through commands and verbal interaction with the horse and therapist. The North American Riding for the Handicapped Association (2008), or NARHA, is another organization focused on the use of horses in the physical rehabilitation of people living with disabilities.

Taylor (2001) described Equine-Facilitated Psychotherapy, referred to as EFP, as a more current approach utilizing horses in therapy. Taylor specified that EFP is derived from AAT and can only be conducted by an accredited mental health professional specifically trained in utilizing horses as part of their counselling intervention. Chandler (2005) deduced that horses selected for therapy should be "well trained, calm, and friendly toward people and other horses. A therapy horse must not startle easily to noises or unfamiliar objects". However, some therapists intentionally select horses who have challenges (A. Slugoski, personal communication, September 20, 2008). As an example, Slugoski described Dreamcatcher Ranch in Androssan, Alberta, a home to horses and other rescue animals who work with at-risk children and youth. On this ranch, a horse named Rain lost half of her ear from frostbite at her previous home, and now experiences significant problems. For instance, when first entering a herd, her physical disability inadvertently conveys a threatening pose and often evokes a negative reaction from other horses. Slugoski explained some youth relate to Rain; for instance, they may also have trouble fitting in with a peer group, have a physical disability, or have trouble communicating their feelings.

There are a number of strengths and challenges to involving horses in therapy. For instance, the novelty of the horse can incite interest and involvement for many clients who may otherwise lack motivation to participate in therapy. Chandler also suggested the size and power of a horse can promote self-confidence when clients learn appropriate interaction, and the fact horses can be ridden may assist the counsellor with creating novel and interesting tasks. However, Chandler also pointed out horses require a large space and ongoing manure clean-up. As well, the potential for serious injury may outweigh the benefits. The Equine Assisted Growth and Learning Association (2008), commonly known as EAGALA, offers direction, education, and professional standards when including horses in psychotherapy.

### **Farm animal assisted therapy**

As with EFP, the involvement of farm animals can be both beneficial and challenging. Chandler (2005) and Mallon (1994) suggested all types of farm animals can be included in

therapy as long as the handler is competent and the animal is safe to be around. Chandler suggested the level of training is dependent on the species and involvement of the animal. Green Chimneys offers a residential treatment centre for youth-at-risk, and Bittersweet Farms offers a therapeutic setting for autistic adults. As Mallon et al. (2000) explained, the diversity of a farm experience offers much stimulation, and provides the basis for creative and varied interventions, such as providing the client with opportunities to practice nurturing activities, organizational skills, perspective-taking and problem solving. The variety of animals allows the counsellor and client to choose the co-counsellor, or offer change of animal, if necessary. Concrete and meaningful daily activities may help to develop the client's sense of confidence and competence, as well as their skills. Granger and Kogan also pointed out the animals work in their home environment, reducing the stress for the animal. Chandler suggested disadvantages could include location, transportation of clients, potential for serious injury, and a need for more people, such as an animal handler, be involved and on-site.

**The general goals of animal-assisted therapy are:**

1. The restoration and maintenance of physical, cognitive and emotional functions,
2. The support of capabilities and skills by carrying out activities and treatments,
3. The support of inclusiveness in the particular life situation, and
4. The improvement of subjective wellbeing.

**Cases where Animal Assisted Therapy (AAT) is used**

➤ Sexual Abuse

Reichart (1994, 1998) utilized case study designs to examine the effect of animals as an adjunct to individual and group therapy for girls who experienced sexual abuse. While Reichart accounted for faults within each study, such as small sample sizes, tentative evidence suggested the animals were helpful as the girls worked through their individual traumas, and the information provided a springboard for future research.

➤ Anger Management

More recently, Lange, Cox, Bernert and Jenkins (2007) conducted an exploratory study investigating the effect of including dogs in anger management therapy with five adolescents between the ages of 13 and 16 years. The children involved a dog named Tucker in activities in sessions by teaching him tricks and taking him for walks. When therapy was completed, 3 of the 5 adolescents were interviewed together. Sample size and the limited interview compromised the rigour of the study; as such, the authors indicated qualitative themes could not be identified. Lange et al. (2007) noted Tucker appeared to generate a calming effect in difficult moments, and his presence provided humour in an otherwise serious situation. As well, they observed that Tucker facilitated rapport building between the therapist and clients, and the children reported they were motivated to stay engaged and involved in the therapeutic work.

➤ Attention Deficit/Hyperactivity Disorder



Katcher and Wilkins' (2000) study is an example of a more recent research design attempting to adhere to stricter guidelines. They created a crossover experimental design to capture the value of including animals in educational settings, specifically with severely challenged children diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD). Over a 6-month period, 55 children participated in the Companionable Zoo Method (CZM), also devised by Katcher and Wilkins. The participants, all with severe challenges including AD/HD, Conduct Disorder (CD), and developmental disorders, ranged in age from 7 to 16 years old. The children were treated via structured education in their special education settings, the focus being the environment and care of animals in natural environments. The study compared the efficacy of CZM versus an Outward Bound (OB) program as both were felt to be novel and motivating. Participants were randomly assigned to the two programs, and to help minimize the effect of a small sample group, the demographics of the groups were similar. Outcomes of behavioural change were considered both in the therapeutic setting as well as other contexts outside of both programs. The children were free to visit their animals outside of the controlled setting. The Achenbach Teacher Report Form and the Piers Harris Children's Self-Concept Scale were utilized. Outcomes from this study indicated the inclusion of animals was beneficial; response to the CZM was greater than to the OB model. It was noted that success was context specific, that is, while the children's positive behaviours carried over to other structured settings, such as the classroom, behaviours remained the same in less-structured settings.

➤ **Diagnosis**

Prothmann et al. (2005) conducted an interesting study to explore whether animal play could assist psychiatry with the diagnosis of a variety of disorders in children and adolescents, including eating disorders, anxiety and autism. Forty children between the ages of 6 and 19 years participated. Interactions with dogs were digitally recorded and analyzed using software specially designed to statistically interpret the child-dog interactions. Researchers found the presence of a dog encouraged spontaneous non-verbal interactions which were clear and easy to code. Results indicated "almost three quarters of all patients could be assigned to the correct diagnostic groups" [43]. The authors noted distinct interactions with the animals within each population from which therapeutic goals could be derived. For instance, they surmised that a child with an eating disorder would benefit from therapy targeting "uncomfortable and rigid postures" [43] observed when the child interacted with the dog. The authors acknowledged the study did not take into account gender differences in response to the dogs, or the fact the dogs varied from session to session.

➤ **Communication**

Beck and Katcher (1996) suggested animals "act as a bridge by which therapists can reach patients who are withdrawn, uncooperative, and uncommunicative". Many studies have resulted from observations such as these. One such study (Martin & Farnum, 2002) investigated the potential of dogs acting as therapeutic aides for children with pervasive developmental disorders (PDD) to increase communication. The study was described by the authors as a "within-participants repeated-measures design, with all participants experiencing all three experimental conditions (i.e., the children served as their own control)". A limited selection of 10 participants, diagnosed within the autistic spectrum, ranging in age from 3 to 13 participated in 45 therapy sessions. The developmental age of each participant was determined prior to therapy using The Psychoeducational Profile – Revised (PEP-R), devised

by Schopler, Reicher and Renner in 1990. Three 15-minute sessions were videotaped each week to determine behavioural and verbal interactions. In rotating sessions, each child was exposed to a ball, a stuffed dog and a variety of live dogs, all of which had similar temperaments, but different physical characteristics. Therapists followed a pre-determined protocol based on the PEP-R results. Software coding was used and interrater reliability was established.

Martin and Farnum determined there were no clear trends related to the developmental age of the children, and acknowledged gender differences in response to the dogs could not be established as there were only two female subjects in the study. As well, the small sample size compromised the author's ability to generalize results when compared to the greater population. However, they determined there was a definite difference in the children's response to the live dog, including more laughing, increased eye contact, communication with the dog, and a desire to connect through feeding the animal dog treats. Martin and Farnum also noted the children remained on-topic for longer periods of time while engaged with the dog, and were generally more compliant with therapist requests. Interestingly, the authors also observed increased hand flapping, less eye contact with the therapist, and less physical contact with the dog than with the other stimuli. This study reflects previous research findings that animals can encourage the growth of desired communication skills, and provides a solid foundation from which further research can grow.

➤ **Mental Health**

As Beck and Katcher (2003) noted, "studies of moderate or long duration and especially multi-centered studies using comparable protocols" [45] are needed to help study the value of AAT. The CHIMO Project, named after the Dennis Anderson's dog, conducted a structured research project spanning 27 months, funded by the Health Innovation Fund. Researchers examined the benefits and pitfalls of AAT when working with youth diagnosed with mental health concerns, the objective being to "enhance and improve the wellbeing of individuals with mental health concerns through animal-assisted therapy" [20] to help meet client goals. The researchers employed a "case-non-equivalent control group repeated measures design" [20] in both private and residential treatment settings, utilized standardized instruments to gather pre-post data on the level of depression and/or anxiety of the clients involved in the study, and gathered anecdotal and self-reports from clients and counsellors through questionnaires. The results indicated counsellors and clients participating in the study felt the use of animals in therapy was beneficial. In particular, Urichuk and Anderson attested "youth with mental health challenges receive great benefit from animal-assisted therapy".

➤ **Counselling**

A number of researchers have attempted to research the specific outcomes of involving animals in counselling. For instance, Prothmann et al. (2006) conducted a pretest-posttest research design to study the state of mind of children interacting with animals during counselling. They used the Basler Befindlichkeits Skala (BBS), a measure of a person's state of mind, described in the measure as vitality, intra-emotional balance, social extroversion and alertness. The researchers concluded those children involved with the dog during therapy demonstrated increases in all areas identified by the measure. They noted limitations in their study, but concluded the difference in response was significant enough to tentatively suggest the inclusion of a dog helped to achieve therapeutic goals. Prothmann and colleagues concluded, "animals alter the atmosphere in the run up to the actual therapeutic treatment in such a manner that the development of a therapeutic relationship could be catalyzed and deepened".

➤ **Alzheimer's Disease-**



Alzheimer's disease, according to the Alzheimer Society of Canada, is "a progressive, degenerative disease of the brain, which causes thinking and memory to become seriously impaired. It is the most common form of dementia. Dementia is a syndrome consisting of a number of symptoms that include loss of memory, judgement and reasoning, and changes in mood, behaviour and communication abilities."

Alzheimer's disease has two main characteristics. The first is plaques, which are deposits in the brain that, as they build up over time, can become toxic to brain cells. The second characteristic is tangles which interfere with the cellular functions of the brain cells. In addition, brain shrinkage can occur in certain regions.

The causes of Alzheimer's disease are not yet clearly understood by researchers; however it is likely that there are a number of contributing factors. At present, there is no cure for Alzheimer's disease. Animal-Assisted Therapy can be used for patients with Alzheimer's disease who live in long term care facilities, who live in the community, or who are currently hospitalized. Therapists working with patients with Alzheimer's disease may include psychologists, recreation therapists, and psychiatric nurses.

Interaction with therapy dogs can cause lowered blood pressure, and increased levels of neurochemicals associated with bonding and relaxation in patients with Alzheimer's disease. The preliminary results of a recent study also showed that 'sundowners', or patients who have particularly strong behavioural problems late in the day, benefitted from an AAT session which took place late in the day.

#### ➤ Autism

Many parents of individuals on the autism spectrum wonder about the potential benefits of animal-assisted therapy. Most people believe that animals have a calming effect. According to the American Pets Products Association, in the US alone, 83.3 million people own dogs and 95.6 million people own cats. In homes for the elderly owning a dog or a cat is often encouraged as research shows that elderly people who own an animal report being happier.

It seems that the effects of animals on individuals with autism are positive as well. Animal-assisted therapy program for individuals with autism involve animals as varied as alpacas, horses, dolphins and dogs.

All of these programs have certain elements in common. Each program emphasizes that therapeutic programs based on interaction with animals help children with autism learn to trust, de-stress, decrease inappropriate behavior, care for another living creature, step out of their comfort zone to try something new and communicate.

Some of the animal-assisted therapy programs available offer an additional, vocational component. Alpacas for Autism in Missouri, USA, for example, offers instructional workshops in fiber arts. Staff at the association help adults with autism sell the woven goods they make from Alpaca fur at the association's ranch. This provides an added bonus for adults with autism ; a career and a viable source of income. The association offers marketing and sales services for the products made on their alpaca ranch.

One grandmother who spoke with Autism Daily Newscast and wishes to remain anonymous, smiles as she explains that her granddaughter who has autism treasures her therapy dog, a golden retriever named Wiggles.

"Wiggles goes everywhere with Katy. He accompanies her to school, lies next to her on the floor during her therapies, even goes to the doctor with her. When Katy is stressed out and having a crisis, Wiggles helps to soothe her by putting his head in her lap. Therapy dogs are amazingly sensitive and beautifully trained creatures."

Another Animal-assisted therapy is Dolphin Therapy, which is meant to be relaxing and fun for the child. It is presented in several stages. One dad who spoke with Autism Daily Newscast and also wishes to remain anonymous, explained that his son with autism« loved

making contact with the dolphins » when his family travelled to Israel from France for the Dolphin Therapy experience.

**Basic Philosophies of the Major Counseling Theories**

<b>Psychoanalytic Therapy</b>	Human beings are basically determined by psychic energy and by early experiences. Unconscious motives and conflicts are central in present behavior. Irrational forces are strong; the person is driven by sexual and aggressive impulses. Early developmental is of critical importance because later personality problems have their roots in repressed early childhood conflicts.
<b>Adlerian Therapy</b>	Humans are motivated by social interest, by striving toward goals, by inferiority and superiority, and by dealing with the tasks of life. Emphasis is on the individual's positive capacities to live in society cooperatively. People have the capacity to interpret, influence, and create events. Each person at an early age creates a unique style of life, which tends to remain relatively constant throughout life.
<b>Existential Therapy</b>	The central focus is on the nature of the human condition, which includes a capacity for self-awareness, freedom of choice to decide one's fate, responsibility, anxiety, the search for meaning, being alone and being in relation with others, striving for authenticity, and facing living and dying.
<b>Person-centered Therapy</b>	The view of humans is positive; we have an inclination toward becoming fully functioning. In the context of the therapeutic relationship, the client experiences feelings that were previously denied to awareness. The client moves toward increased awareness, spontaneity, trust in self, and inner-directedness.
<b>Gestalt Therapy</b>	The person strives for wholeness and integration in thinking, feeling, and behaving. Some key concepts include contact with self and others, contact boundaries, and awareness. The view is nondeterministic in that the person is viewed as having the capacity to recognize how earlier influence are related to present difficulties. As an experiential approach, it is grounded in the here and now and emphasizes awareness, personal choice, and responsibility.
<b>Behaviour Therapy</b>	Behaviour is the product of learning. We are both the product and the producer of the environment. No set of unifying assumptions about behaviour can incorporate all the existing procedures in the behavioural field. Traditional behaviour therapy is based on classical and operant principles. Contemporary behaviour therapy has branched out in many directions.
<b>Cognitive-behaviour Therapy</b>	Individuals tend to incorporate faulty thinking, which leads to emotional and behavioural disturbances. Cognitions are the major determinants of how we feel and act. Therapy is primarily oriented toward cognition and behaviour, and it stresses the role of thinking, deciding, questioning, doing, and re-deciding. This is a psychoeducational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective

	ways of coping with problems.
<b>Reality Therapy</b>	Based on choice theory, this approach assumes that we need quality relationships to be happy. Psychological problems are the results of our resisting the control by others or of our attempt to control others. Choice theory is an explanation of human nature and how to best achieve satisfying interpersonal relationships
<b>Feminist Therapy</b>	Feminists criticize many traditional theories to the degree that they are based on gender-based concepts, such as being androcentric, gender centric, ethnocentric, heterosexist, and intrapsychic. The constructs of feminist therapy include being gender-fair, flexible, interactionist, and life-span oriented. Gender and power are at the heart of feminist therapy. This is a systems approach that recognizes the cultural, social, and political factors that contribute to an individual's problem.
<b>Postmodern Approaches</b>	Based on the premise that there are multiple realities and multiple truths, postmodern therapies reject the idea that reality is external and can be grasped. People create meaning in their lives through conversations with others. The postmodern approaches avoid pathologizing clients, take a dim view of diagnosis, avoid searching for underlying causes of problems, and place a high value on discovering clients' strengths and resources. Rather than talking about problems, the focus of therapy is on creating solutions in the present and the future.
<b>Family systems Therapy</b>	The family is viewed from an interactive and systemic perspective. Clients are connected to a living system; a change in one part of the system will result in a change in other parts. The family provides the context for understanding how individuals function in relationship to others and how they behave. Treatment deals with the family unit. An individual's dysfunctional behaviour grows out of the interactional unit of the family and out of larger systems as well.

### **Benefits of Animal-Assisted Therapy**

Animals in a therapeutic setting offer similar benefits to those of animal companionship. Animals in a therapeutic setting may serve as a catalyst for discussion between therapist and client or in group therapy animals may serve as an ice-breaker or discussion topic amongst group members. Animals may make a therapeutic setting seem less threatening and more inviting. Environments involving animals appear to be more friendly and comfortable to incoming clients and bring a sense of security and warmth to the therapy setting. Holding or touching an animal may act as a physical comfort, can be soothing, and can instill a sense of safety. Personal development, such as speech and communication skills, can be enhanced by partnership with a therapy animal.

## **Conclusion**

Research demonstrates that animals play a significant role in human health and wellbeing. Animal companionship and AAT form relationships between humans and animals that provide physical, physiological, and psychological benefits. The benefits are so significant to human health that recent medical attention has been paid to the field of AAT. Despite previous profound studies, there is still a need for both quantitative and qualitative research on the effects of AAT.

AAT programs have the potential to be a successful part of treatment with a variety of populations if they are properly implemented. The overall goal of the proposed AAT program is to advance the understanding and increase the utilization of the health benefits animals provide in the lives of humans. Important considerations are necessary for the well-being of clients, therapy animals, and mental health professionals. Training and certification required for therapy animals and mental health professionals are the first steps to attain the positive impact of AAT for all parties involved. Past studies indicate that AAT proves effective with a variety of age groups, diagnoses, and settings. With a focus on effectiveness with different populations, the proposed AAT program will provide the opportunity to build upon both qualitative and quantitative research on the benefits of AAT in the mental health profession.

The benefits are so significant to human health that recent medical attention has been paid to the field of AAT. Despite previous profound studies, there is still a need for both quantitative and qualitative research on the effects of AAT.

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