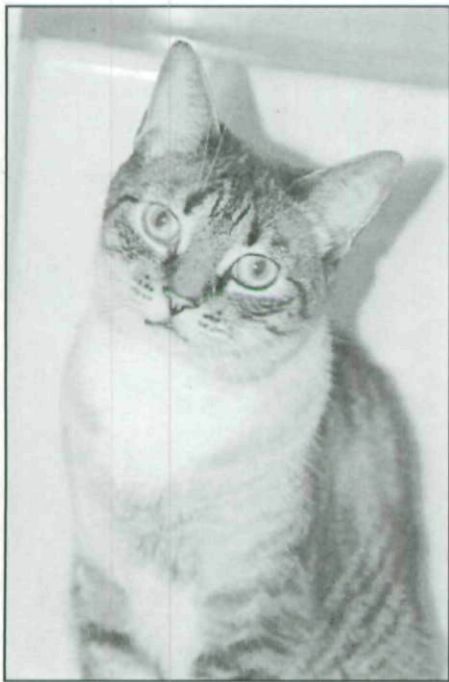


HUMAN-COMPANION ANIMAL SOCIAL RELATIONSHIPS

Joan Behrick Digges, LCSW, California State University, Bakersfield

The importance of relationships to influence the well-being of clients constitutes a core value upon which the ethical foundation of the social work profession is built. This narrative seeks to expand the concept of this core value to include social relationships between humans and companion animals, suggesting that the human-companion animal bond can complement and indeed substitute for human-to-human relationships in certain vulnerable human populations. The human-companion animal relationship may serve a significant survival function on a basic neurobiological level. Integrating knowledge from neuroscience with the social sciences may lead to a new appreciation of the potential for relationships between humans and their companion animals to be mutually beneficial. Note: Patient's names were changed to maintain confidentiality.



Hope (a rescue cat).
Photograph by Kate Mackey.

Introduction

Long before I began teaching graduate students in a newly developed MSW program, I learned to appreciate the diversity and richness of relationships and to recognize that these relationships contribute to the development of the resilience required to overcome overwhelming adversity. Through the following discourse, I hope to encourage both beginning and seasoned social workers to reconsider how we conceptualize relationships between humans and companion animals. I am reminded of Albert Einstein's eloquent call for inclusiveness and compassion:

A human being is part of the whole, called by us "Universe," a part limited in time and space. He experiences himself, his thoughts, and feelings as something separated from the rest - a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and

the whole of nature in its beauty.
(Eves, 1977, p. 60)

"Why Belle, What Took You So Long?"

These were the first words uttered by Ms. Perkins after suffering a massive stroke almost two months previously. Hope that she would ever recover had gradually dwindled. Despite aggressive physical and occupational therapy, she remained mute and unresponsive, seemingly trapped in an impenetrable cell with no key.

I first met Ms. Perkins as she lay in a hospital bed, unconscious and on a ventilator. I was a medical social worker at the time, years before I moved from practice to teaching. I recognized then that the sophisticated medical equipment and excellent medical and nursing care she was receiving were keeping Ms. Perkins alive. It was much later that I would learn that it was her dog who had saved her life, not once but twice.

In exploring her social situation, I learned that Ms. Perkins shared her doublewide trailer home with her beloved Doberman, Belle. Ms. Perkins had been a well-respected nurse and upon retirement she had stayed active by taking routine morning walks with Belle around the mobile home park located close to the hospital where she had worked for over 30 years. Ms. Perkins had no family locally and her closest relative was a younger sister living in Ohio. Like many other seniors in our country; 72-year-old Ms. Perkins suffered from hypertension, arthritis, and heart disease. One

day she collapsed at home from a massive stroke and could not get up to call for help. That night Belle barked continuously, her neighbor would later recall. The neighbor thought that it was unusual for Ms. Perkins to have left Belle out all night since she knew that Belle normally slept indoors on a dog bed next to Ms. Perkins' own bed. The neighbor became even more alarmed the following morning when she did not see Ms. Perkins and Belle on their daily morning walk around the neighborhood. Belle continued to bark in the yard and appeared agitated, eventually convincing the neighbor that something was terribly wrong.

When the neighbor went to check on Ms. Perkins and received no answer at the front door, she called 911. The Fire Department and law enforcement arrived and broke down the door to find Ms. Perkins lying on the floor, barely clinging to life with very low blood pressure and shallow breathing. Ms. Perkins was transported to the hospital via ambulance and Animal Control was called to retrieve Belle.

Ms. Perkins was near death when she arrived at the Emergency Department. With no relatives available and Ms. Perkins unable to communicate her wishes, the decision was made to place her on life support. Once stabilized, she was transferred to the Intensive Care Unit (ICU) where she remained for the next month until she was successfully weaned off the ventilator.

Shortly after Ms. Perkins was hospitalized, her sister from Ohio was notified and came to be with her. During my daily rounds to the ICU, I checked on Ms. Perkins and learned a lot about Ms. Perkins' life through daily chats with her sister. During Ms. Perkins' hospitalization, her sister stayed in Ms. Perkins' home, which was within walking distance of the hospital, and visited Ms. Perkins daily. Due to the massive stroke Ms. Perkins had suffered, coupled with the delay in receiving medical treatment, she remained significantly neurologically impaired and was unable to communicate, feed herself, or provide basic self-care. Her prognosis remained poor and she was eventually transferred to a nursing home. With the immediate medical crisis over,

Ms. Perkins' sister wondered about Belle, knowing that Ms. Perkins loved her dog as if she were her own child. I called Animal Control and learned that Belle was slated to be put to sleep the very next day. Ms. Perkins' sister had no vehicle in which to transport the dog, and even if she were able to, she worried about what she would do with Belle when she herself returned to her own home in Ohio within the next few weeks. But she recognized that without quick action, her sister's dog would be forever gone and said, "She (Ms. Perkins) would never forgive me."

Hoping to buy more time, I called the Animal Shelter but was told that there would be no reprieve from the PTS (Put To Sleep) deadline of the next day. If Belle were to be saved, it would have to be that very day. While most of my therapeutic interventions in the hospital involved clinical assessments, crisis intervention, and providing emotional support, an immediate rescue drive to the dog pound was unusual. When Ms. Perkins' sister and I arrived at the Animal Shelter, we were led to the small concrete enclosure where Belle had languished for over a month. It was heart rending to see this once confident and secure creature crawl out of her enclosure, head lowered, trembling, and cowering from her traumatic and lengthy separation from Ms. Perkins. Perhaps she shared the hopelessness of Ms. Perkins' situation and sensed the PTS sentence looming ahead.

Once Ms. Perkins' sister got Belle settled back at home, Belle resumed her normal routine of daily walks and sleeping in her own dog bed. Ms. Perkins' sister arranged for a neighbor to adopt Belle and made her own arrangements to fly back home to Ohio the following week. Many hours had been spent addressing Ms. Perkins' sister's anticipatory grief and I was resigned that we had done all that we could. Meanwhile, Ms. Perkins had been transferred to a nursing home and was making no progress neurologically. She spent most of her days staring blankly ahead from her bed or wheelchair. Her sister worried that there would be no visitors to check on her after she returned to Ohio. Ms. Perkins' sister considered the possibility of having Ms. Perkins transferred to a nursing home in Ohio if this

could be arranged. Although I encouraged her to explore this option in recognition of the importance of family involvement, silently I doubted that Ms. Perkins could tolerate such a distant transfer.

Although Ms. Perkins was no longer a patient in the hospital where I worked, I had continued to stay in contact with her sister by telephone to provide ongoing emotional support. The week prior to her planned departure, I suggested to Ms. Perkins' sister that she bring Belle to the nursing home to visit Ms. Perkins. After notifying the nursing home staff, I transported Belle and Ms. Perkins' sister to the nursing home. As Belle, now restored to her confident and self-assured self, rounded the corner into Ms. Perkins' room, I witnessed her gently approach Ms. Perkins' bed and raise both her front paws onto the side of the bed so that her face was on the same level as Ms. Perkins'. As Ms. Perkins made eye contact with Belle, we heard her clearly say to her faithful dog, "Why Belle, what took you so long?" Ms. Perkins then slid her arm lovingly over Belle and began to pet her head. Gone was her vacant stare, as if a key had just opened the cell that had kept her captive. Belle had seemed to accomplish what no medical or therapeutic approach had. From that point on Ms. Perkins was able to participate in her rehabilitation and she continued to make improvements daily.

Ms. Perkins' progress continued to the point that she and Belle were eventually able to move to Ohio and live with Ms. Perkins' sister and her family. Two years later I received a letter from Ms. Perkins' sister notifying me that Ms. Perkins had died. Ms. Perkins' sister wrote about how special the past two years with her sister had been and the important role Belle continued to play in both of their lives. Belle remained living with Ms. Perkins' sister and enclosed with the letter was a picture of Belle dressed in a sweater and cap to ward off the cold Ohio winter.

Personal Reflections

Years later, I came across research on how our understanding of brain structure and functioning has changed over time. We used to conceptualize the brain as having no

capacity to regenerate after childhood. Now we understand the brain to be much more adaptive, so when portions of the brain are damaged, the brain can often reorganize its neural circuitry and compensate for the lost functioning (Klein & Jones, 2008; Kolb & Whishaw, 1998; Pallanti, 2008; Robertson & Murre, 1999). This concept, known as neural plasticity, could explain Ms. Perkins' seemingly spontaneous response to her dog. Perhaps the neural circuits which were originally formed during the establishment of emotional bonds with Belle and associated with feelings of love, affirmation, and compassion were reactivated by a stimulus which triggered a memory of those experiences. This could account for why the act of reuniting Ms. Perkins with Belle had such remarkable results. We might also speculate that neural pathways associated with such negative experiences as exclusion, maltreatment, and criticism might be reactivated by certain stimuli and produce detrimental effects, such as in PTSD (Rogers, 2003).

Now that it is well-established that human experiences, particularly involving trauma, affect both the functioning and structure of the brain, the social work profession finds itself at the frontier of identifying social applications that promote healthy brain development and rehabilitation of the damaged brain. This has important implications across the life span, including newborns at risk for abuse and neglect; school-aged children exposed to violence; adults engaging in high risk behaviors; and elders living with emotional, social, psychological, and physical challenges (Alliance for Aging Research, 2002; Herbert & Greene, 2001; Magee, 2005). Promoting healthy human-companion animal bonds may prove to be a resiliency factor for individuals at high risk for adverse outcomes across the lifespan. Social workers can take the lead in implementing primary prevention strategies to identify and apply novel intervention approaches with these vulnerable groups. Over my years in practice, I have met many other clients and their families who have reinforced my appreciation for the significance of the human-companion animal relationship.

You Make Sure They Take Good Care of Her for Me

Ms. Moore's dementia had progressed to the point that she was having increasing difficulty living at home without help. She had been widowed years earlier and lived alone with a dog she had rescued in her neighborhood. When Ms. Moore fell and broke her hip, she was hospitalized. Meanwhile, Ms. Moore's dog was placed in an Animal Shelter. Since Ms. Moore had no relatives, her neighbor and life-long friend assumed the responsibility for getting Ms. Moore signed into the nursing home after her discharge from the hospital. Once it was determined that Ms. Moore would not be returning home and no relative came to claim her dog, the dog was to be euthanized.

This is the plight faced by many hospitalized patients once they become incapacitated due to illness or injuries, as they frequently do not have the family or the resources to help them care for their animal companions. A quick phone call to a local animal rescue group revealed that they would be willing to accept Ms. Moore's dog into their "no kill" animal sanctuary, if it could be arranged with the Animal Shelter.

What initially seemed like a fairly simple solution soon took on what appeared to be insurmountable proportions. The Animal Shelter agreed to release Ms. Moore's dog to the sanctuary only with Ms. Moore's signed consent. In lieu of Ms. Moore's signature, they would accept the written consent of a relative. Since Ms. Moore's neighbor was not related, they refused to accept her consent. I decided to pay Ms. Moore a visit at the nursing home to see if I could obtain her written consent. I printed a consent form and brought it with me to give her, but Ms. Moore appeared too confused to understand my explanation of the form in order to be able to grant her informed consent. The nursing home nurse confirmed that Ms. Moore had remained confused with advanced Alzheimer's since her transfer there.

I was now faced with an ethical dilemma. I was convinced that Ms. Moore would want her dog to go to the sanctuary rather than be euthanized, but Ms. Moore appeared cognitively incapable of signing the required

consent. Making a desperate attempt to explain the form to Ms. Moore, I placed it in front of her with a pen, hoping that she would be able to pick it up and sign it. When Ms. Moore seemed incapable of picking up the pen, I offered to help hold the pen for her. Ms. Moore continued to smile while speaking indistinguishable gibberish, as if in a world of her own. While holding the pen, her hand slipped and the pen made a long mark on the consent form. No matter how well-intentioned I was, I knew that I could not declare that to be her signature. Then, as I turned to leave, Ms. Moore plainly said, "You make sure they take good care of her for me." I swiftly turned and asked her to repeat what she had said, but Ms. Moore was back to her former indistinguishable speech. Although I believe that I saw tears in her eyes as I left, perhaps they were my own.

I delivered the signed consent to the director of the animal sanctuary, confident that I could attest that this indeed represented Ms. Moore's wishes. I do not know how long Ms. Moore lived in the nursing home after that, but her dog lived at the animal sanctuary for several months until she was adopted by a family with two other dogs. After that, I continued to receive yearly updates from the sanctuary reporting how well the dog was doing. I believe that Ms. Moore's final wish for her dog was realized and I was grateful for the privilege of having been able to advocate on her behalf.

Personal Reflections

Ms. Moore is one of the more unfortunate sufferers of Alzheimer's disease in that she had no family, other than her dog, to assist her. I believe that her strong attachment to her dog surfaced just in time to allow her to exercise a final act of human dignity-saving the life of her faithful companion. I sadly note that Ms. Moore never saw her dog again and I still wonder what impact seeing her dog might have had on her emotional well-being. Those familiar with dementias are aware that there are occasional periods of clarity, fleeting



Sophie. Photograph by
Kate Mackey.

moments when the disease seems to give the brain a temporary reprieve. One potentially testable hypothesis could be that those moments are more frequent and of longer duration when emotions connected to our relationships with companion animals are activated.

A recent study of American households reveals that approximately one third of households have at least one dog and/or cat (American Veterinary Medical Association, 2007). Companion animals are increasingly considered a member of the family. Studies also reveal the benefits to health and mental health derived from the human-companion animal bond (Baun, Oetting, & Bergstrom, 1991; Calvert, 1989; Counsell, Abram, & Gilvert, 1997; Edwards & Beck, 2002; Miller & Ingram, 2000; Reichert, 1998; Risley-Curtiss, Holley, & Wolf, 2006; Velde, Cipiriani, & Fisher, 2005). Yet end-of-life care does not routinely formalize inclusion of companion animals in its approach to palliation and comfort. While advance health care directives allow patients to express their wishes regarding their own medical treatment, they do not offer an opportunity for patients to express their desires in relation to their companion animal(s). Consequently, involvement with and planning for companion animals during illness and during the dying process occur infrequently. Our animal shelters are inundated with abandoned pets who once were the principle source of emotional support in a person's life. Social workers are positioned to advocate within their agencies for policies that more explicitly recognize the importance of the human-companion animal bond.

A Last Visit, Survival on the Streets, and Other Tails

Through my years of practice, I have witnessed many other examples of the human-companion animal connection that convince me that the social work profession is only beginning to appreciate its significance. I recall a patient who was admitted to the hospital for elective surgery. His pre-surgery anxiety prompted a call to me to teach him some relaxation exercises prior to his surgery. When I asked what typically helped him relax, the

patient told me that petting and playing with his little dog always made him feel better. Arrangements were made with his family to bring his dog to him. Just prior to being wheeled into surgery, I saw the patient playing with his little dog on his lap and smiling. I chuckled to myself that the dog relaxed the patient better than any relaxation exercise I might have taught him. I would later learn that the patient died that day during surgery. I am forever grateful that I did not employ the standard breathing exercises to help him relax because, in the end, I recognized that his final wish to be with his dog was fulfilled.

For those who are homeless, having a companion animal often serves both a social and survival function. Gary, a chronically homeless 45-year-old, confided that he relies on his dog to survive. Not only does his dog alert him when strangers approach, but she also serves as Gary's "taste tester" for food Gary is able to retrieve from dumpsters. Gary reasons that if his dog eats the food, then Gary can be confident that the food is safe for him to eat as well. I am saddened when I read of police sweeps that displace the homeless from encampments, as they invariably result in the confiscation of their companion animals who typically are taken to animal shelters and euthanized because the homeless cannot afford to pay the fines required to get them back. While it is illegal for homeless individuals to camp out on public property, homeless shelters routinely ban pets from entry, precluding those who depend on their companion animals from entering the shelter.

We often seek the support and companionship of others to cope with difficult life circumstances. Elders and those facing health challenges may derive significant health and psychosocial benefits from their companion animals, many of whom they consider to be part of the family. I recall a woman diagnosed with Lou Gehrig's disease (ALS) who received comfort from watching fish swim in an aquarium after she could no longer move or even blink her eyes. I remember my own brother-in-law, diagnosed with terminal brain cancer in his late 40's, who was comforted by his loyal cat until he died.

Social workers are perfectly positioned to play an important role in advocacy on behalf of clients and their companion animals to preserve relational bonds, facilitate empowerment, and promote physical and psychosocial well-being. In an era when social workers face the challenge of increasing demands and diminishing resources, our ability to make a difference in the lives of our clients and their families, including their companion animals, can have a significant impact both personally and professionally.

Final Thoughts

The human-companion animal bond reflects our yearning to form a deep and sustaining social connection with another. It allows us to transcend what divides us and teaches us to value qualities such as loyalty, nurturing, trust, and compassion. Perhaps these pro-social qualities can be hard-wired in our brains and retrieved to help us through periods of adversity. The connection seems to be both resilient and fragile; it deserves to be investigated thoroughly. As social workers we can learn to integrate our appreciation for this bond by exploring this area when we obtain our social histories and formulate our assessments and interventions. We can expand the concept of the advance directive to include plans for surviving companion animals. We can advocate for kennels and pet shelters to be integrated into homeless shelters. We can continue to support research into brain alterations which occur in response to both positive and negative social experiences. In affirming the social work value placed on human relationships, we can expand our emphasis to include companion animals, thereby recognizing that well-being can be established and preserved through social interdependence developed within an expanded circle of compassion.

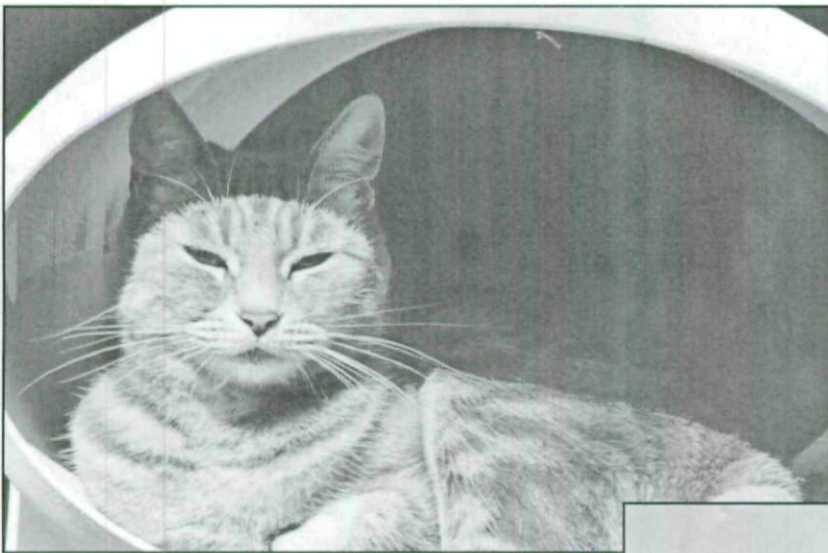
References

- Alliance for Aging Research. (2002, February). *Ten Reasons Why America is Not Ready for the Coming Age Boom* (pp. 1-20). Washington, DC: Author.
- American Veterinary Medical Association. (2007). *U.S. Pet Ownership and Demographics Sourcebook* (Sec.1:1). Schaumburg, IL: Author.
- Baun, M.M, Oetting, K., & Bergstrom, N. (1991). Health benefits of companion animals in relation to the physiologic indices of relaxation. *Holistic Nursing Practice*, 5, 16-23.
- Calvert, M. (1989). Human-pet interaction and loneliness: A test of concepts from Roy's adaptation model. *Nursing Science Quarterly*, 2, 194-202.
- Counsell, C.M., Abram, J., & Gilvert, M. (1997). Animal-assisted therapy and the individual with spinal cord injury. *SCI Nursing*, 14, 52-55.
- Edwards, N.E. & Beck, A.M. (2002). Animal-assisted therapy and nutrition in Alzheimer's disease. *Western Journal of Nursing Research*, 24, 697-712.
- Eves, H.W. (1977). *Mathematical Circles Adieu: A Fourth Collection of Mathematical Stories and Anecdotes*. Boston: Prindle, Weber, & Schmidt.
- Herbert, J.D., & Greene, D. (2001). Effect of preference on distance walked by assisted living residents. *Physical and Occupational Therapy in Geriatrics*, 19, 1-15.
- Klein, J., & Jones, T.A. (2008). Principles of experience-dependent neural plasticity: Implications for rehabilitation after brain damage. *Journal of Speech, Language & Hearing Research*, 51, 5225-5239.
- Kolb, B., & Whishaw, I. (1998). Brain plasticity and behavior. *Annual Review of Psychology*, 99, 43-64.
- Magee, M. (2005). *Health Politics: Power, Populism, and Health*. New York: Spencer Books.

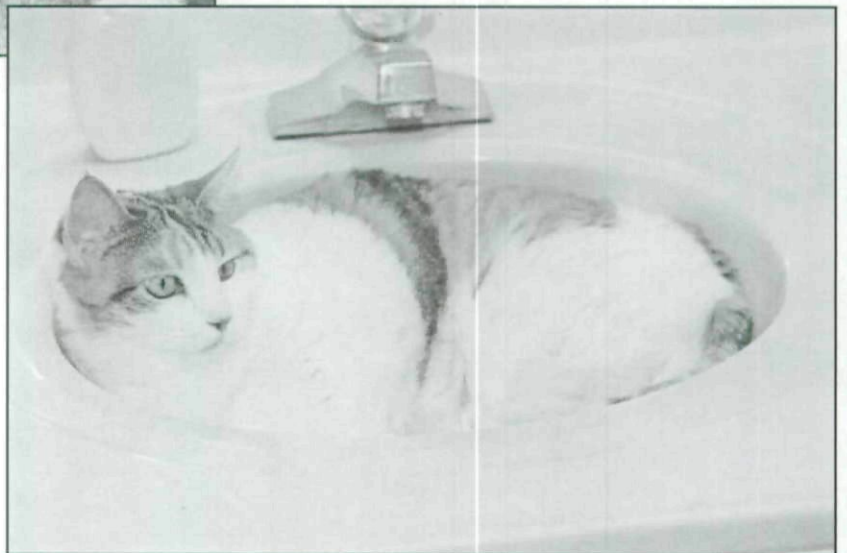
- Miller, J., & Ingram, L. (2000). Perioperative nursing and animal-assisted therapy. *Association of Operating Room Nurses Journal*, 72, 477-483.
- Pallanti, S. (2008). Brain plasticity and brain stimulation in neuropsychiatry: Toward individualized medicine. *CNS Spectrum*, 13(4), 287-292.
- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, 15, 177-185.
- Risley-Curtiss, C., Holley, L., & Wolf, S. (2006). The animal-human bond and ethnic diversity. *Social Work*, 51, 257-268.
- Robertson, I., & Murre, J. (1999). Rehabilitation of brain damage: Brain plasticity and principles of guided recovery. *Psychological Review*, 125(5), 544-575.
- Rogers, E. (2003). Understanding childhood trauma. *Journal of Child and Family Studies*, 12, 487-489.
- Velde, B.P, Cipiriani, J., & Fisher, G. (2005). Resident and therapist views of animal-assisted therapy: Implications for occupational therapy practice. *Australian Occupational Therapy Journal*, 52, 43-50.

Acknowledgment: To the many individuals and animals whose lives have enriched my own.

Joan Digges, MSW, LCSW, ACSW, has been a practicing social worker for over 30 years. Prior to joining the faculty at California State University, Bakersfield in 2001, she worked in child welfare and as a medical social worker. Comments concerning this article can be sent to jdigges@csu.edu.



Chrissy (a rescue cat). Photograph by Kate Mackey.



Coco (a rescue cat). Photograph by Kate Mackey.

Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.