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## **Pet in the therapy room: An attachment perspective on Animal-Assisted Therapy**

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John Bowlby's (1973, 1980, 1982) attachment theory is one of the most influential theories in personality and developmental psychology and provides insights into adjustment and psychopathology across the lifespan. The theory is also helpful in defining the target of change in psychotherapy, understanding the processes by which change occurs, and conceptualizing cases and planning treatment (Daniel, 2006; Obegi & Berant, 2008; Sable, 2004; Wallin, 2007). Here, we propose a model of Animal-Assisted Therapy (AAT) based on attachment theory and on the unique characteristics of human–pet relationships. The model includes clients' unmet attachment needs, individual differences in attachment insecurity, coping, and responsiveness to therapy. It also suggests ways to foster the development of more adaptive patterns of attachment and healthier modes of relating to others.

**Keywords:** Animal-Assisted Therapy; attachment theory; internal working models; pet; animal; psychotherapy

### **Introduction**

A pet is an island of sanity in what appears to be an insane world. Friendship retains its traditional values and securities in one's relationship with one's pet. Whether a dog, cat, bird, fish, turtle, or what have you, one can rely upon the fact that one's pet will always remain a faithful, intimate, non-competitive friend – regardless of the good or ill fortune life brings us. (Levinson, 1962, p. 59)

Animal-Assisted Therapy (AAT) is an umbrella term for diverse therapeutic approaches, used with people of all ages (from children to the elderly), in which an animal is an integral part of the treatment process. AAT involves interactions in the therapy room between a client, an animal (usually a dog), and a therapist, with the aim of improving therapeutic outcomes. Some clients are pet owners themselves, of course, but in AAT they interact with a new pet (the therapy pet) in the therapy room. Some therapists present the therapy pets as co-therapists or therapy facilitators; others present them as their own pets; still others let their clients decide how they wish to refer to the therapy pets (Kruger & Serpell, 2006). While the use of AAT has increased substantially over the past four decades, the field is yet developing, and the body of empirical research concerning its effectiveness is very

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small. The present article begins to fill the theoretical gap in this field by using attachment theory and research as a framework for understanding the unique role that a pet and pet–client interactions can play in the therapy room, including the role of the pet as a security-enhancing attachment figure in the context of therapy.

We begin by explaining the claim that a pet can fulfill attachment functions and showing that pets do share key characteristics and functions with human attachment figures. We then consider ways in which pets are unique attachment figures and discuss the healing role that pets can play in therapeutic settings. Finally, considering the special role of pets as attachment figures, we develop an attachment-theoretical perspective on AAT.

### **An attachment perspective on human–pet relationships**

One of the assumptions of attachment theory (Bowlby, 1973, 1980, 1982) is that social interactions with significant others (called attachment figures in the theory) are internalized in the form of conscious and unconscious mental representations of self and relationship partners (internal working models of self and others). These models influence emotion regulation strategies and behavior in close relationships throughout life (Mikulincer & Shaver, 2007). To summarize the theory briefly, interactions with attachment figures who are available and supportive in times of need foster the development of both a sense of attachment security (which Sroufe & Waters, 1977, called felt security) and internal working models that are positive and optimistic, thereby contributing to self-worth, adaptive emotion-regulation strategies, effective psychosocial functioning, and favorable mental health (Mikulincer & Shaver, 2007). When attachment figures are rejecting or unavailable in times of need, felt security is undermined, negative models of self and others are formed, and the likelihood of later emotional problems and maladjustment increases.

When testing this theory in studies of adults, most researchers have focused on a person's attachment style: the systematic pattern of relational expectations, emotions, and behavior that results from a person's attachment history (Fraley & Shaver, 2000). Research, beginning with Ainsworth et al. (1978) and continuing through recent studies by social and personality psychologists (reviewed by Mikulincer & Shaver, 2007), indicates that attachment styles can be measured in terms of two roughly orthogonal dimensions, attachment-related *anxiety* and *avoidance* (Brennan, Clark, & Shaver, 1998). A person's position on the anxiety (or anxious attachment) dimension indicates the degree to which he or she worries that a partner will not be available in times of need and adopts what theorists have called hyperactivating attachment strategies (energetic, insistent attempts to obtain care, support, and love from relationship partners) as a means of regulating distress (Mikulincer & Shaver, 2003). A person's position on the avoidance (or avoidant attachment) dimension indicates the extent to which he or she distrusts relationship partners' goodwill, strives to maintain behavioral independence and emotional distance from partners, and relies on deactivating strategies, such as suppression of attachment-related thoughts and emotions (Mikulincer & Shaver, 2003). People who score low on both dimensions are said to be secure or to have a secure attachment style.

Attachment orientations are initially formed in interactions with primary caregivers during early childhood, as a large body of research has shown (Cassidy & Shaver, 2008), but Bowlby (1988) claimed that memorable interactions with others throughout life can alter a person's working models and move him or her from one

region of the two-dimensional space to another. Moreover, although a person's attachment orientation is often conceptualized as a single global orientation toward close relationships, it is actually rooted in a complex network of cognitive and affective processes and mental representations, which includes many episodic, context-related, and relationship-specific as well as general attachment representations (Mikulincer & Shaver, 2003). In fact, research shows that attachment style can change, subtly or dramatically, depending on context and recent experiences (e.g., Baldwin, Keelan, Fehr, Enns, & Koh Rangarajoo, 1996; Mikulincer & Shaver, 2001).

In recent years, researchers have shown that attachment theory can be extended to aid in conceptualizing individual differences in relationships with non-human figures such as God, specific locations (such as a familiar home or community environment), and inanimate objects (e.g. Granqvist, Mikulincer, & Shaver, 2010; Milligan, 1988; Rowatt & Kirkpatrick, 2002; Vaske & Kobrin, 2001). Zilcha-Mano, Mikulincer, and Shaver (2011) have argued that attachment theory also provides a useful framework for understanding the human–pet bond. Much earlier, Levinson (1969) claimed that a pet is a natural object of attachment, more appropriate than inanimate or abstract or symbolic objects. Having a relationship with a living creature allows a wider range of behaviors and more reciprocal patterns of interaction (Karen, 1994).

The literature on human–pet bonds clearly indicates that they often meet the four prerequisites for an attachment bond: proximity seeking, safe haven, secure base, and separation distress (Ainsworth, 1991; Hazan & Zeifman, 1994). Hence, pets can be viewed as attachment figures. Many studies confirm that pet owners feel emotionally close to their pets and seek and enjoy this closeness (e.g., Barker & Barker, 1988; Kidd & Kidd, 1995; Kurdek, 2008, 2009). Moreover, pet owners often feel that their pets provide them with a safe haven and constitute a source of support, comfort, and relief in times of need (e.g., Allen, Balscovich, & Mendes, 2002; Allen, Balscovich, Tomaka, & Kelsey, 1991; Cusack & Smith, 1984; Friedmann, 1995; Friedmann, Katcher, Thomas, Lynch, & Messent, 1983; Geisler, 2004). Losing a pet triggers feelings of distress and often initiates a grieving process (e.g., Gerwolls & Labott, 1995; Hunt, Al-Awadi, & Johnson, 2008; Kwong & Bartholomew, 2011; Wrobel & Dye, 2003). Pets also provide a secure base from which their owners can more confidently explore the world (e.g., Brickel, 1985; Cusack, 1988; Hardigg, 1983; McNicholas & Collis, 1995).

In line with these facts, we thought it should be possible to conceptualize individual differences in attachment within human–pet relationships much as individual differences have been conceptualized in studies of couple and child–parent relationships. That is, we were interested in examining the possibility that individual differences in human–pet relationships can be organized around the two dimensions of attachment anxiety and avoidance. We (Zilcha-Mano et al., 2011) constructed a reliable and valid self-report measure, the Pet Attachment Questionnaire (PAQ), which includes subscales to measure the two major dimensions of attachment insecurity in human–pet relationships. One subscale, attachment-related avoidance in relationships with a pet, taps the extent to which people feel discomfort with physical and emotional closeness with their own pets, strive to maintain emotional distance from their pet, and prevent their pet from intruding into their personal space (e.g., “I try to avoid getting too close to my pet”). The second subscale, pet attachment anxiety, assesses the extent to which people have intense and intrusive

worries that something bad might happen to their pet, a strong desire for closeness to the pet, and serious doubts about their (the pet owners') own value in their pets' eyes (e.g., "I'm often worried about what I'll do if something bad happens to my pet"). Individuals who score low on both dimensions are considered to be securely attached to their pet.

The two PAQ subscales were differentially related in theory-consistent ways with measures of other relevant psychological constructs (Zilcha-Mano et al., 2011). Specifically, anxious attachment to a pet was positively associated with psychological distress and negatively associated with psychological well-being. In addition, although pet attachment anxiety (like attachment anxiety in human–human relationships) was positively correlated with neuroticism, and avoidant attachment to a pet (like avoidant attachment in human–human relationships) was inversely associated with extraversion, the strength of these associations was only moderate, and the two general personality traits were unable to explain the observed associations between pet attachment orientations and measures of distress and well-being.

We found a close correspondence between people's attachment orientations in human–pet relationships and their attachment orientations in human–human relationships: The higher their scores on measures of attachment insecurities (anxiety and/or avoidance) in human–human relationships, the higher their scores on the PAQ insecurity scales. However, we did not find a correspondence between the specific type of insecurity in human–human and human–pet relationships. Whereas interpersonal attachment anxiety was associated with both pet attachment anxiety and avoidance, interpersonal avoidance was associated only with pet attachment anxiety. This finding implies that pet attachment orientations are not merely extensions of general patterns of interpersonal attachment and need to be understood with reference to unique qualities of the human–pet bond.

Using the PAQ, we found theoretically predicted links between pet attachment orientations and cognitions, emotions, and behaviors in human–pet relationships (Zilcha-Mano, 2009; Zilcha-Mano et al., 2011). First, individuals who reported higher levels of pet attachment anxiety or avoidance held more negative expectations regarding their pet at both explicit (self-report) and implicit (reaction time in a cognitive task) levels. In addition, higher pet avoidant attachment was associated with feeling less acceptance from a pet and less self-efficacy in the presence of a pet. Individuals reporting higher levels of pet avoidant attachment also expressed less distress following the death of a pet and less attachment-related yearning for the lost pet. Individuals reporting higher pet attachment anxiety were more likely to exhibit chronic, unresolved grief after the death of their pet. They were chronically preoccupied with the lost pet, suffered extreme emotional distress, found their exploratory activities interfered with, resorted to dysfunctional coping strategies, and disordered grief/identity confusion following the loss combined with bouts of anger and hostility toward the lost pet.

### **The therapeutic role of a pet**

In this section we discuss the uniqueness of a pet as fulfilling attachment functions and some corresponding therapeutic advantages of pets in the therapy room. Levinson (1969) claimed that compared to interpersonal relationships, which are characterized by hopes, aspirations, and disappointments, relationships with pets

tend to be simpler, more predictable, more consistent, and, for some people at least, more rewarding (see also Levinson & Mallon, 1997). A pet is likely to be experienced as a safe haven and secure base, because its owner can feel that the pet offers unconditional love and would not leave in times of the owner's distress (Levinson, 1969). Positive experiences with a pet could pave the way, with the empathetic mediation and guidance of a therapist, to creating more secure interpersonal attachments and re-evaluating and modifying maladaptive working models and attachment orientations.

While empirical findings show that people can form an attachment relationship with their own pet, it can be questionable whether a pet in the therapy room could fulfill the role of an attachment figure in its full manner. In fact, unlike the relationship with one's own pet, the relationship with a therapy pet is restricted to the therapy sessions and therefore is time-limited. In this context, it might be hard for some clients to form a full-blown attachment relationship with the pet in the same way that it might be hard for them to form a full-blown attachment with the therapist. However, we don't intend to say that the relationship with the therapy pet meets the strict criteria used to define full-blown attachments (Doherty & Feeney, 2004) or that the therapy pet would become the client's primary attachment figure. We are only arguing that the therapy pet can potentially become one of the figures in a client's attachment hierarchy and that this pet can provide some sort of safe haven and secure base to the client during therapy sessions.

Levinson (1962) was the first professionally trained clinician to document the ways in which companion animals could hasten the development of rapport between client and therapist, thereby increasing the client's compliance with treatment (Mallon, 1994a). First termed Pet Therapy by Levinson, this approach is now commonly known as Animal-Assisted Therapy (AAT; Kruger & Serpell, 2006). AAT is defined as "utilizing the human-animal bond in goal-directed interventions as an integral part of the treatment process . . . a therapist operates from his/her personal practice foundation to facilitate change in the client . . ." (Delta Society, 1996, p. 1). There is growing evidence that AAT may, in many cases, help individuals suffering from diverse forms of psychopathology (e.g., Cole & Gawlinski, 2000; Kruger & Serpell, 2006; Nathans-Barel, Feldman, Berger, Modai, & Silver, 2005).

Overall, however, the literature provides no clear-cut answer concerning the benefits of AAT (e.g., Kramer, Friedmann, & Bernstein, 2009; Lawton, Moss, & Moles, 1984). Generally speaking, most of the studies have been based on anecdotal records, personal impressions, or small samples. Moreover, most of the studies have relied on non-experimental or quasi-experimental designs, which often yield inconclusive findings (e.g., Beck & Katcher, 1984; Burch, 2000; Collins & McNicholas, 1998; Mallon, Ross, & Ross, 2000; Robb & Stegman, 1983). More systematic research is needed to identify the mechanisms through which AAT exerts its influence, to define appropriate target populations, to establish therapeutic programs, and to understand the psychological functions that pets serve within the therapy room (e.g., Beck, 1985; Granger & Kogan, 2000).

There are many questions concerning AAT's benefits and the therapeutic processes involved in such benefits. According to Fredrickson and Howie (2000), it is erroneous to think that the mere presence of an animal in a therapeutic setting is sufficient to be helpful. Fine (2000) wrote that "despite positive anecdotal examples, the reader needs to recognize that there is limited empirical support and limited research validating the overall effectiveness of this approach" (p. 180; see also Beck

& Katcher, 1984; Siegel, 1993). Fine (2000) also endorsed Serpell's (1983) statement that AAT needs to be based on sound theory before it can gain widespread acceptance. We propose that attachment theory offers a very useful framework for understanding the psychological processes and mechanisms underlying AAT and its potential healing benefits.

### **An attachment perspective on therapeutic changes**

According to Bowlby (1988), the prerequisite for positive therapeutic change is the therapist's ability to function as a security-enhancing attachment figure. Bowlby (1988) drew an analogy between a psychotherapist and a primary caregiver: Just as an adequately sensitive and responsive mother (a "good enough" parent, to borrow Winnicott's, 1971, well-known designation) induces a sense of attachment security in her child and facilitates the child's exploration of the world, a "good enough" therapist serves as a safe haven and a secure base from which clients can explore and reflect on painful memories and experiences. Pursuing this suggestion, therapists should first establish a secure base and then help clients: (a) explore past and present relationships, including their expectations, feelings, and behaviors; (b) examine the therapeutic relationship and consider how it may relate to relationships or experiences outside of therapy; and (c) think about how current relationship experiences are related to those in the past.

Bowlby (1988) believed that the provision of a secure base and the skillful exploration of past and present relationships can lead to a revision of maladaptive and pathogenic working models. In fact, favorable therapeutic outcomes depend on the extent to which maladaptive and pathogenic working models of self and others are identified, clarified, questioned, revised, and transformed into more adaptive models. According to Bowlby (1988), therapists should help clients understand their key attachment experiences, identify and revise insecure working models by transforming them into more secure models, and learn how to establish comfortable intimacy and flexible autonomy. However, intellectual understanding is not enough; therapeutic change needs to occur within the "here and now" relationship between the client and the therapist.

Painful memories and emotions are often guarded by rigid defenses. Without new and different interpersonal experiences, clients may not become aware of their previously unrecognized biases and maladaptive relational strategies. Mikulincer and Shaver (2007) claimed that, in most cases, clients have a long history of maladaptively construing their goals, provoking the opposite of the desired emotional outcomes, and hurting other people with whom they hoped to have rewarding relationships.

It is difficult, and sometimes even impossible, for therapists to provide clients with a sense of security and to create a relationship that clients experience as refreshingly and therapeutically different from previous relationships (Mallinckrodt, 1991; Mallinckrodt, Coble, & Gantt, 1995). The criticism, disapproval, and expectations and feelings of abandonment and rejection that characterize a client's working models may be projected onto the therapist, despite his or her sensitivity, attentiveness, and empathetic responsiveness. In such cases, the therapist may fail to become a safe haven and secure base. Bowlby (1973) himself claimed that working models are automatically projected onto new relationship partners, including therapists. Because the therapeutic relationship involves an attachment bond, as the

therapist become a reliable attachment figure, the therapist can also easily serve as a target for attachment-related anxieties, defenses, and hostile projections.

A client with an insecure pattern of attachment is, by definition, someone who has difficulty experiencing his or her attachment figure as a secure base. As Eagle (2006) explained, this is an important part of what it means to have an insecure attachment pattern and there is no reason to expect that the therapist will escape these difficulties. Insecure clients may react even to the most sensitive therapist as if he or she is unavailable or rejecting. Even if a therapist does not fall into the complementary role demanded by a client's habitual dramas (Fonagy, 1988), his or her useful observations and interpretations may not break through a client's rigid unconscious defenses. If a stable and satisfactory working alliance cannot be established, clients may not recognize that a therapist's interventions and insights are based on good intentions and true concern for their welfare (Martin, Garske, & Davis, 2000).

Mikulincer and Shaver (2007) emphasized that changes in working models are an important part of achieving good therapeutic outcomes. It is therefore important to create situations in which genuine and beneficial attachment bonds can be formed despite the automatic projection of a client's working models. We believe that a pet can facilitate the formation of an attachment bond that can be relatively free of maladaptive projections and therefore can help clients revise their maladaptive working models.

Some unique characteristics of a pet may especially useful in this regard. As Levinson (1969) noted, people tend to experience relationships with a pet in ways that differ from other interpersonal relationships (see also Cusack, 1988; Hardigg, 1983; Triebenbacher, 2000). Pets are non-judgmental, unconditionally loving, loyal, and usually nonthreatening, as long as they are being treated adequately (Brickel, 1985; Cusack & Smith, 1984; McNicholas & Collis, 1995). As Cusack (1988) said, "loving an animal can be easier than loving a person, and unlike a person, the love the pet has for its companion is generally without condition or judgment" (p. 9). With a pet, clients may feel secure, accepted, and loved, and may not automatically project their maladaptive working models onto the pet. It is possible that even people who do not allow themselves to trust another person, as a consequence of early traumas with primary caregivers, may trust a pet. Levinson (1972) believed that for children whose parents do not meet their developmental needs, animal companions might fill the gaps: "These children have experienced so much hurt at the hands of people in their environment. It is only after they have had a satisfactory relationship with an animal that they can make a start at developing a human relationship" (p. 35).

All of the reviewed characteristics of animals make the therapy pet especially suitable for facilitating the formation of a secure attachment. However, our model takes into account that even if a therapy pet facilitates the formation of a secure attachment, some clients will automatically project their rigid insecure working models onto the pet and recreate previous insecure attachments with the pet. For those clients, we believe that the use of the attachment-based therapeutic strategies described in the next section can transform the relationship with the therapy pet into a valuable and efficacious therapeutic tool.

### **Attachment-based therapeutic strategies for AAT**

In this section, we consider strategies based on attachment theory and research that can be used within AAT to deal with a client's unmet relational needs and



maladaptive working models. One of these strategies concerns the goodness of fit between a client's chronic attachment orientation and the development of a counter-complementary attachment orientation to a pet. According to Mallinckrodt (2000, 2010), when a therapist reacts to a client in ways that disconfirm the client's chronic working models (i.e., counter-complementary attachment orientation), the collisions provide an opportunity for corrective emotional experiences that can strengthen both the therapeutic alliance and the client's functioning. However, based on a review of the empirical literature, Mikulincer and Shaver (2007) suggested that client-therapist incompatibility of attachment orientations tends to provoke hostile counter-transference behaviors from the therapist. In addition, it seems likely that maintaining an appropriate degree of counter-complementary attachment behavior might be difficult and frustrating (Connors, 1997; Mohr, Gelso, & Hill, 2005). While it is difficult to create these beneficial collisions in a therapist's relationship with a client, a relationship with a pet may be a more suitable place to facilitate these collisions.

Avoidant individuals tend to use deactivating, distancing strategies when proximity seeking is perceived to be dangerous or disallowed. They deny attachment needs, insist on extreme self-reliance, and keep their feelings and worries to themselves (Mikulincer & Shaver, 2007). In a relationship with a pet, however, they may feel adequately in control and therefore able to approach the pet and seek comfort, knowing that, if being treated adequately, the pet will accept and respond positively to their gestures. Within a therapeutic program, they may gradually form a corrective emotional relationship with a pet provided as part of the therapy. Several scholars have argued that therapy pets help clients feel more comfortable with dependence and needs for nurturance and security (Levinson, 1972; Levinson & Mallon, 1997).

Anxiously attached individuals tend to adopt hyperactivating strategies when attachment figures are perceived as unreliable or insufficiently responsive. Through overdependence on a relationship partner, excessive demands for attention and care, and a strong desire for enmeshment or merger, they are consciously and unconsciously seeking greater protection and support from attachment figures (Mikulincer & Shaver, 2007). In the relationship with a therapy pet, anxiously attached individuals may feel secure because the relationship is under their control. They know that the therapy pet will be there waiting for them in the therapy room the next session (as part of the therapeutic contract). As one client told us: "With Teddy I'm not preoccupied with the question if he really wants to see me, I feel it in the way he is licking me when I come to my session. Unlike most people he doesn't say one thing and act the other way, he just loves me, in the simplest and clearest way in the world". Compared with interpersonal relationships, interactions with a pet are more likely to be experienced as more predictable, stable, and secure. Pets tend to be more emotionally available, submissive, and interested in currying favor, and therefore more likely to comply with a person's wishes. As another client said: "It doesn't matter in what mood I came today to the session, and if I was angry or cried or even if I cursed and wanted her to be next to me the all session and not go away for a second, I know that if I will call her again, she will come and lick my hand with love no matter what". This may allow attachment-anxious clients to relax and engage in non-attachment activities such as exploration and self-development because they sense that the pet will not leave them while they are engaging in other endeavors. In other words, forming a corrective attachment relationship with a pet

may enable anxiously attached individuals to engage in more self-exploration and find a better balance between attachment and exploration.

Often, in a conventional therapy (without animals), anxious clients can frustrate a therapist's attempts to encourage a degree of emotional distance and self-reliance, and avoidant clients can frustrate attempts to encourage a degree of closeness and intimacy. In contrast, as detailed above, a relationship with a therapy pet may enable clients to experience counter-complementary attachment behavior in a relatively safe and relaxing context. The human–pet relationship may encourage corrective emotional experiences and more adaptive feelings, expectations, and behaviors (see also Parish-Plass, 2008). More important, clients may be willing to allow a pet to play a counter-complementary role, without the clients automatically projecting their existing working models onto this relationship.

Some of our findings with the PAQ support the idea that counter-complementary attachment frictions may occur in human–pet relationships. Zilcha-Mano (2009) found that people who cannot find attachment security in their interpersonal relationships sometimes form counter-complementary attachment relationships with their pet and thereby compensate for unmet attachment needs. People who were avoidant in their interpersonal relationships but pursued hyperactivating strategies in their relationships with a pet reported greater psychological well-being than avoidant individuals who pursued less hyperactivating strategies in their relationship with a pet. Moreover, people who were anxiously attached in their interpersonal relationships and used more deactivating strategies in their relationship with a pet reported greater well-being than anxious individuals who relied on less deactivating strategies with a pet (Zilcha-Mano, 2009). It is important to note, however, that these findings are correlational and refer to pet owners' reports about their relationships with pets. These important issues have never been examined within AAT.

## **Proposals for attachment-based Animal-Assisted Therapy**

### ***The intake meetings***

During the intake meetings, the therapist should explore a client's working models and map out the particular kinds of counter-attachment friction and corrective emotional experiences that may be required to produce therapeutic change. Maladaptive working models lie behind repetitive, dysfunctional patterns of cognition, feelings, and behavior and are important targets for change (Bowlby, 1988; Luborsky & Crits-Christoph, 1998).

When working therapeutically with children, a pet can be used as a communication mediator. For example, a therapist could interpret what the pet is "saying" while the child talks to the pet. The therapist can also ask the child questions through the pet (e.g., "Lassie wants to know . . .") or use the pet as an alter ego (e.g., "Lassie had a dream last night: what do you suppose she dreamed about?"; "Lassie makes the same wish every year on her birthday when she blows out the candles on her birthday cake. What do you think she wishes for?"). Children easily identify with an animal (Freud, 1912–1913), and in many cases they may find interacting with a pet easier and less threatening than communicating with a therapist.

During the intake process, a therapist should pay careful attention to projections the client directs at a pet and feelings he or she expresses toward the pet. Remarks

from clients such as, “She [the therapy pet] doesn’t let me touch her; I think she doesn’t like me” or “I can’t stand it when someone gets so close to me the way she does; it’s so annoying”, might be indicative of attachment anxiety or avoidance.

For clients who own pets, the therapist can ask about their relationships with these pets and look for clues concerning the clients’ attachment orientations toward their pets. With adolescents and adults, it is possible to use self-report questionnaires to assess attachment patterns in interpersonal and human–pet relationships.

At the end of the intake process, the therapist can decide not only about the kind and trajectory of therapy that seems most suitable for the client but also which pet will fit best. Most people have positive and negative memories of experiences (real as well as fantasy-based) with animals that can affect their reactions to a particular pet. The therapist should inquire about a client’s past experiences with animals, consider preferences for particular species, and address specific phobias. Friedmann (2000) found that attachment-formation is facilitated by establishing a new bond to a pet from the same species with which an individual has formed attachments in the past (see also Hart, 2000; Kidd & Kidd, 1989, 1997).

In some cases, a therapist may use insights about a client’s attachment history and orientation to choose a pet that is likely to induce counter-complementary attachment friction. Hart (2000) claimed, in line with experiences most of us have had, that “in general, cats are known to behave more independently of human expectations than dogs, basically ‘doing their own thing’, whereas dogs may be highly tuned in to the wishes of their human companions” (p. 93). In our studies (Zilcha-Mano et al., 2011), cat owners were found to be significantly more avoidant toward their cats than dog owners were toward their dogs. These differences are consistent with the evolutionary histories of dogs and cats (Izawa & Doi, 1994; Mikloski, Pongracz, Lakatos, Topal, & Csanyi, 2005).

Also important is the fact that pets from the same species may act differently based on their own personality characteristics (e.g., Gosling, Kwan, & John, 2003; Mehta & Gosling, 2006; Weinstein, Capitanio, & Gosling, 2008). To facilitate friction between clients’ working models and their relationship with a therapy pet, the therapist can choose a pet based on the characteristics of the specific pet. For example, some cats that typically attempt to maintain autonomy and independence might create useful friction with the wishes of anxious clients for enmeshment and merger. This friction might help to revise a client’s particular insecure working models.

Intake meetings have the potential to provide information about the ways in which clients respond to stress and intimacy (Davila & Levy, 2006). During the assessment and case-conceptualization phase of treatment, it is useful to notice the client’s spontaneous gestures within the therapy triangle (i.e., client’s gestures and responses to the therapist, the therapy pet and the therapist–pet interactions) and to understand them as reflections of the client’s working models of relationship partners. For example, noticing that a client displays hostility toward the pet or is disgusted when it clings to the therapist could suggest potential courses of treatment. Previous studies have shown that a client’s attachment pattern is both a prognostic indicator of therapy outcome and a useful means of understanding aspects of the therapeutic process (Dozier, Lomax, Tyrell, & Lee, 2001; Eames & Roth, 2000; Hardy, Cahill, Shapiro, Barkham, Rees, & Macaskill, 2001; Kanninen, Salo, & Punamäki, 2000; Rubino, Barker, Roth, & Fearon, 2000).

### *Therapy meetings*

In the first stages of therapy, a pet may serve as a catalyst in the therapy process. For example, the pet may help to break the ice (Beck, Hunter, & Seraydarian, 1986; Fine, 2000; Hoelscher & Garfat, 1993; Levinson, 1972), establish rapport, or mediate the client–therapist relationship (e.g., Corson & Corson, 1980; Fine, 2000; Kruger & Serpell, 2006; Levinson & Mallon, 1997; Mallon, 1992; Nebbe, 1991; Reichert, 1998). The pet may also help to reduce initial resistance, constraints, and reservations that may arise from entering therapy (Levinson, 1962; Mallon, 1992). The pet may offer the client what Freud experienced as “pure love” in his own relationship with his dog (Brill, 1943; Freud, 1958; Heiman, 1956; Sanford, 1966). The pet can easily become a target of the client’s proximity seeking.

A pet’s warmth, acceptance, and uninhibited affection can help to convince clients that they are lovable and worthy of love (Nebbe, 1991). This warmth may help the therapist develop an atmosphere of affection and calm, thereby reducing anxiety and worries (e.g., Baun, Bargstrom, & Langston, 1984; Beck et al., 1986; Katcher, 2000; Levinson, 1965; Mallon, 1994b). Research has shown that including a nonthreatening dog or cat in drawings or color photographs of unfamiliar people causes these images to be rated as more friendly, approachable, and safe (Budge, Spicer, Jones, & George, 1996; Lockwood, 1983; Rossbach & Wilson, 1992; Wells & Perrine, 2001). Moreover, Holcomb and Meacham (1989) found that the presence of pets in psychiatric inpatient groups drew the highest rate of voluntary attendance from clients characterized as withdrawn or isolated. According to Brickel (1982, 1985), unpleasant or anxiety-provoking activities, such as effortful, painful, or difficult therapeutic sessions, might result in avoidance or withdrawal behavior. A therapy pet may serve as a calming agent during these sessions and create reinforcing experiences that increase commitment to therapy.

The therapeutic triangle of the client, therapist, and pet can introduce unique opportunities for therapeutic influence. First, the therapist–pet interactions may help the client view the therapist as an attentive, sympathetic, and caring person. Clients who observe a therapist relating to a pet in a nurturing way could think, “The therapist may be kind to me, too” (Reichert, 1998). Wells, Rosen, and Walshaw (1997) found that cats help a client see the therapist as friendly and caring. Second, the therapist–pet relationship may help the client experience the therapy room as a safe haven. By observing this relationship, clients may feel that the therapist will accept and understand them even if they act in a regressive or negative way, because the therapist accepts the pet even when it acts unfavorably. The client may imaginatively identify with the pet’s desires and fears and feel unconditionally accepted by the therapist.

When a secure (or, alternatively, a counter-complementary) attachment develops with a pet, the pet becomes a relied-upon provider of a safe haven and secure base. During difficult sessions, the pet can help the client feel more comfortable in taking risks while exploring and reflecting on painful experiences. The pet can display signs of comfort, warmth, and reassurance during these difficult moments, which may not be professionally appropriate for a therapist to do (Phelana, 2009). Moreover, it is socially acceptable for clients to touch, stroke, and hug a pet while talking about painful memories. Sometimes, even the mere presence of a pet may promote relaxation during these stressful moments (e.g., Friedmann et al., 1983; Katcher, Segal, & Beck, 1984).

A pet may sustain feelings of stability and continuity of the therapeutic bond despite hardships and ruptures in the therapeutic alliance. This role may be especially important for anxiously attached clients. Fine (2000) stated that, "On numerous occasions, the author (A.H. Fine) has witnessed that when a dispute would take place, the animal presence seemed to lend some comfort and stability to the environment" (p. 185; see also Lockwood, 1983). In addition, the new relational experiences a client has with the pet may provide an occasion for the therapist to make clients aware of how they construct current relationships and of how this construction relates to previous relationships. In this way, the therapy pet could facilitate the exploration and revision of a client's working models.

Feeling secure in the presence of a pet may enhance clients' exploration and creativity. Client-pet interactions within AAT, which often involve freedom from external pressures and social and cultural restrictions, could be understood using Winnicott's (1971) conceptualization of play. Many people who find it difficult to be playful in human contexts may find it easy when interacting with pets. Playful interactions may increase exploration, spontaneity, creativity, and intrinsic joy. In addition, the therapist may facilitate a client's play by being open to playfulness during interactions with the pet. Winnicott (1971) believed that many clients lack the capacity for play and desperately need to develop this capacity within the therapeutic setting and beyond.

According to Bowlby (1988), clients often need to understand how their working models guide maladaptive beliefs and behaviors before they can revise and update their working models. Viewing the therapy pet as a safe haven and secure base may facilitate understanding through displacing and projecting parts of the self onto the pet, based in part on its archetypal symbolism (e.g., Bennett, 2005; Bettelheim, 1977; Freud, 1912-1913; Jung, 1980). A pet in the therapy room may symbolize different and even contradictory parts of the clients' self or some painful, rejected, or hated part of the self or parts they feel ashamed of. In some cases, a pet can provide an outlet for unpleasant traits, such as the need to control others, refusal to compromise, or inability to grant autonomy to others. For example, an anxious client may comment on the therapy pet's behavior: "She begs for attention. She wouldn't let you proceed with anything until you pet her. She wants to know that you really do love her". Then, clients could work through these thoughts with the mediation of the therapist in a less threatening way, while identifying which parts belong to the pet and which belong to themselves. Such therapeutic work may foster personality integration and the formation of more coherent working models (Lasher, 1998). Pets do not hide or hold back aspects of themselves. Therefore, they may serve as role models for being open to one's emotions, wishes, and fears.

A secure bond with a therapy pet can also promote the formation of a secure attachment to the therapist. Previous studies suggest that the quality of the relationship an individual establishes with a pet may generalize to relationships with human beings (Alper, 1993; Granger, Kogan, Fitchett, & Helmer, 1998; Katcher & Wilkins, 1997; Levinson & Mallon, 1997; Nebbe, 1991). This potential mediating role of a therapy pet can be understood in terms of Winnicott's (1986) conceptualization of "transitional objects". The pet as a transitional object may then act as a link between the client's internal fantasies and external reality (Bady, 2004).

While many clients can naturally form secure attachment with the therapy pet, in some instances, clients do not form a corrective attachment relationship with the pet on their own; they need help from the therapist. In these occasions, clients'

maladaptive and rigid insecure working models block the opportunity to form a refreshing, secure, or compensative relationship with the pet. Clients' examination of their attitudes and feelings toward the pet, under the supervision of a therapist, may provide an opportunity to understand how their working models distort the formation and maintenance of human relationships. For example, the therapist can observe how the client may be unwittingly overbearing, manipulative, or suspicious with regard to the pet's intentions and behaviors. As one client said: "If she really wanted to be with me, she would stay near me the entire session. She is like everybody else, pretending that she wants to be near me, and then going away when I'm trying to get closer to her". Consistent with Bowlby's (1988) claim that therapists should offer occasional guidance, the client-pet relationship may serve as a simpler sphere for re-evaluating a client's insecure working models and the resulting maladaptive perceptions, expectations, and interpretations of social interactions. As Melson (2000) argued, animal behavior presents authentic data concerning mental states, uncontaminated by pretence, metaphor, deception, or irony and thus is much easier to understand. Myers (1998) also noted that "an animal does not provoke a divided or 'double-blind' situation . . . since it does not present verbal messages that clash with nonverbal ones" (p. 111).

However, even though this counter-complementary and novel attachment with a pet is desirable, therapeutic change might take place even if such a relationship has not evolved. In these cases, interpretative work concerning a client's responses toward the therapy pet may be especially beneficial. As Levinson (1969) argued, "Many adults in their relationships with dogs find an opportunity for repeating infantile attitudes toward authority figures. Sometimes they relive actively, through the therapy pet, incidents which they had previously experienced passively, and frequently there is underlying phallic significance in the animal" (p. 55). In addition, clients may project repressed impulses, aggression, and hostility toward parts of their self (or toward the therapist) onto the pet. In those cases, the therapist can either help a client to form a novel attachment to the pet or to work on the insecure projections. The latter, in turn, may facilitate the formation of more secure attachment to the pet in later sessions.

Within AAT, clients sometimes comment on how therapists treat the pet and how the pet responds to the therapist. Often, clients refer to the therapist-pet interactions in terms of compassion, consistency, responsiveness, firmness, and love (Fine, 2000). The therapist may use these comments to examine a client's relational models and behavior. For example, in a situation in which the pet wants the therapist's attention and affection at an inconvenient time (or the therapist attempts to pet the animal and it runs away), the therapist can talk about these mismatches of desires and discuss alternative responses with the client.

Therapists can also assist clients in learning about the maladaptive consequences of their relational patterns with the therapy pet. For example, a client may show the same relational pattern session after session, being gentle with the therapy pet but exhibiting hostility every time the pet leaves the client to get a drink of water. The therapist's interpretations could help the client understand how to deescalate such a "maladaptive cycle", and explore how it occurs in relationships with human beings as well. This unique relational microcosm can help to broaden and build a client's relational skills. Because pets tend to be more forgiving than human beings when mistakes are made, they allow clients to work on "interpersonal" skills in the absence of an unappreciative human interaction partner.

In some therapy settings, pets are not allowed to physically enter the therapy room. In these cases, the pet's existence may still make beneficial contributions to therapy. Even when a relationship with a pet cannot occur in vivo in the therapy room, reported relationships with a pet (even symbolic ones) may be important tools for therapists. In our studies, we found that a pet affords its owner a sense of competence and acceptance, and its cognitive presence (thinking about the pet) acts as a secure base (Zilcha-Mano, 2009). Specifically, pet owners expressed higher aspirations and demonstrated greater feelings of capability and self-efficacy in attaining personal goals when a pet was physically or cognitively present than when it was absent. Moreover, when a pet was physically or cognitively present (as compared to pet absence), its owner reported lower levels of distress and displayed lower levels of physiological signs of distress (e.g., blood pressure) while performing stressful tasks. In the therapy room, clients can imagine their own pets, for example, while facing painful or difficult therapeutic sessions and then use the pet's image as a haven of safety. They can also use the pet's image as a secure base while exploring emotionally loaded relationships from the past.

The relationship with the therapy pet may also facilitate working through loss, separation, and grief, which is a central aim in many therapeutic approaches (e.g., Bowlby, 1980; Mann, 1973). At the end of therapy, some clients may find it easier and safer to deal with the pain associated with the end of therapy by referring to the separation from the pet and disclosing their painful feelings toward such a separation. The therapist may then use such a disclosure as a lead-in to client's feelings about separation from the therapist and end of therapy. In addition, with AAT, the *good enough* therapist may serve as a safe haven and secure base from which clients can explore and reflect on painful memories and experiences of separations and losses that are brought about through the relationship with the therapy pet (e.g., a therapy animal may die during the course of therapy). These unfortunate situations may trigger disclosures and reflections about past losses, separations, and bereavement, and the therapist can provide safety and comfort and help clients to regulate the distress associated with these losses. It is important to note that our findings (Zilcha-Mano et al., 2011) have shown that the grieving process surrounding the death of a pet is characterized by the same phases and components that have been found following the death of human attachment figures (Bowlby, 1980).

By dealing with the death of a therapy pet, the therapist can also serve as a role model for the client in handling distress and adjusting to losses and separations. Of course, in such cases, feelings of anger or disappointment toward the therapist, as a bad and unprotective "mother" to the pet, may arise, and could be worked through during therapy sessions.

### **Discussion and summary**

In this paper we have explored the contributions of attachment theory and research to the development of a theoretical model of effective AAT. The model is based on an extensive theoretical and empirical literature concerning interpersonal and human-pet forms of attachment. However, more evidence is needed concerning the therapeutic process itself and the underlying attachment-related mechanisms by which AAT contributes to beneficial therapeutic outcomes. Much still remains to be

understood about the theoretical and practical implications of conjoining AAT and attachment theory.

While using the proposed model, ethical considerations must be followed for the sake of both the client and the therapy pet. At no time is a client's or a pet's welfare and physical and emotional well being to be placed in jeopardy. The pet must be safe from any abuse or danger, physical harm, or distress from clients and in a good physical condition. These restrictions are important not only for ensuring the client's and therapy pet's welfare, but also for contributing to the therapist's image as a caring, responsive, and protective attachment figure.

In this paper, we have focused mainly on the pet as an attachment figure for clients. However, the therapy pet can also provide a safe haven and secure base for the therapist. Pets can be especially important for therapists when they find themselves in difficult, challenging, and complicated meetings. The therapy pet may help novice therapists in handling situations in which they feel anxious and may be a source of comfort for more experienced ones. Therapists may find a haven of safety in the pet's presence when feeling attacked by a client's tantrums or when feeling helpless due to their failure to help the client. They could also find themselves more capable to handle painful disclosures from their clients as well as breakdowns in the therapeutic alliance. As one experienced therapist told us: "Many therapists feel so alone with the client in the therapy room. For me it's different. I feel that I can stand even the most painful meetings since I am not alone, Bamba is here with me all the time".

It is important to stress that using AAT is only one way to implement attachment theory in efforts to bring about therapeutic change. In fact, working models may be effectively challenged and revised during therapy without using AAT (Marvin, Cooper, Hopman, & Powell, 2002; Mikulincer & Shaver, 2007). However, this healing process may often benefit from the inclusion of AAT. In very complicated and difficult cases in which a client may never be able to truly trust another human being or has undergone traumatic experiences early in life, using AAT may be a powerful way to break the "vicious circle" and the psychological barriers toward the formation of a secure attachment. In addition, the pet enables nonverbal interactions, which are often much more natural for clients who have problems in verbalizing their feelings and thoughts, such as small children and people with organic, developmental, or severe emotional problems.

Before concluding, we should note that other theoretical perspectives may also be helpful for understanding the beneficial assistance of a pet in the therapy room. For example, pets can be used to help clients learn appropriate behaviors through observation of their effects on the pets, and pets can serve as partners for practicing these behaviors (Fine, 2000; Vidrine, Owen-Smith, & Faulkner, 2002). In addition, as Levinson (1970) pointed out, AAT is not a panacea. Not everyone responds similarly to AAT, and in some circumstances it is not the preferred therapy for a client. Therefore, it is essential to include questions in intake interviews about allergies to certain kinds of animals, phobias, and former experiences with animals. This information should be included in the client's treatment plan and used to estimate the profitability of using AAT with this particular client.

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