

# THE PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS REGARDING APPLICATION OF ANIMAL ASSISTED THERAPY IN PAKISTAN, A QUALITATIVE STUDY

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## ABSTRACT

### Introduction

Animal-assisted therapy (AAT) is a goal-oriented and structured therapeutic intervention directed by health and human service providers as part of their professional practice. In 1792, the New York Retreat, a mental asylum in England, was the first to use animals as a therapeutic agent. There has been no application of AAT in Pakistan to date.

### Objective

To assess the perception, potential benefits and perceived barriers in the application of Animal-Assisted Therapy in Pakistan.

### Methodology

This phenomenological qualitative study was conducted over a period of 2 months, from January to February 2020. Data was collected from psychologists and psychiatrists working in Peshawar via individual interviews. The study included 10 psychiatrists and 11 psychologists. Purposive sampling was carried out, interviews were recorded and transcribed, and thematic analysis of the transcripts was done.

### Results

The majority of mental health experts (n=15, 71.4%) were completely unaware about AAT. Potential benefits of AAT identified by the participants included reduction in depression, stress and intrusive thoughts. Sociocultural barriers, particularly associated with the use of dogs, were identified to be a major barrier in the application of AAT in Pakistan by 9 (42.9%) participants. Zoonotic infections were believed to be a major risk followed by physical harm caused by the animal but 42.9% (n=9) of the participants were unable to identify any risks associated with AAT. Most participants (n=15, 71.4%) were not willing to consider AAT as a treatment option in their work place, reasons majorly being the experts were not animal friendly themselves, or the unwillingness of patients. Only 28.6% (n=6) of the experts were willing to offer AAT if given the opportunity.

### Conclusion

There is a lack of awareness regarding AAT among the mental health professionals in Peshawar which is needs to be improve in the context of its international use in the treatment of mental and physical illnesses.

### Key Words

Animal Assisted Therapy, Mental Health, Awareness, Barriers

## INTRODUCTION

The human-animal bond is a mutually beneficial and dynamic relationship between human beings and animals. It is influenced by behaviors considered essential to the health and well-being of both<sup>1</sup>.

This was conceptualized by Boris Levinson, a child Psychotherapist<sup>2</sup>. Based on this bond, Animal Assisted Therapy was developed, which is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. It is directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession<sup>3</sup>. Animal-assisted therapy is a form of complementary therapy that supports, facilitates or enhances conventional treatment strategies<sup>4</sup>. The goal of AAT is to foster a human-animal bond in order to promote the psychological, emotional, interactive, and physical well-being of an individual<sup>5</sup>.

The use of animals as a means of therapy and rehabilitation was in practice during the time of the ancient Greeks where horses were used to

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help rehabilitate soldiers, utilizing a horse as a tool for physical therapy<sup>6</sup>. In the middle ages, pets were used for therapeutic purposes in Belgium, where pets and people were rehabilitated together, with pets as part of the therapy for the humans. Following this, The York Retreat (1792) in Germany and Bethel for the mentally ill and the homeless included animals as a part of the therapeutic process<sup>2</sup>. However, the first formal research regarding AAT began in the 1960s<sup>2</sup>.

The modern movement of using companion animals as a means of therapy has a multidisciplinary origin, involving the fields of veterinary medicine, psychology, sociology and psychiatry<sup>2</sup>. In several studies including participants with normal or high blood pressure, interaction with animals yielded a decrease in blood pressure and heart rate and an increase in peripheral skin temperature<sup>7-10</sup>. Reported psychosocial benefits include reductions in anxiety, isolation, and fear of procedures, and improvements in social interaction, social support, communication, sensory stimulation, and happiness<sup>11-17</sup>. These benefits have also been the focus of studies involving brief exposures to AAT for 10 to 30 minutes<sup>11-12</sup>.

Across the globe, studies assessing the perceptions of clinicians or mental health experts involved in providing AAT or regarding AAT in general are lacking<sup>18-19</sup>. Furthermore, there has been no application of Animal Assisted Therapy in Pakistan to date. This study aims to assess the attitude of mental health professionals towards the potential application of Animal Assisted Therapy for the treatment of people with mental health problems in Pakistan.

**MATERIALS & METHODS**

This phenomenological qualitative study was conducted from January to February 2020. Data was collected from psychologists and psychiatrists working in Peshawar via semi-structured individual interviews. Purposive sampling was carried out. The study included

10 psychiatrists and 11 psychologists. The interviews were audio recorded and transcribed. Thematic analysis of the transcripts was then carried out.

The interviews were conducted one-on-one and were semi-structured with open-ended questions. This allowed for the participant to give as much information as they liked to help the investigators get in-depth information regarding the perceptions of the participants. Animal Assisted Therapy was defined and briefly explained at the beginning of the interviews, sometimes with examples, for each and every participant of the study. Data collection was stopped after saturation was achieved.

The audio recordings were manually transcribed by the investigators and coded as “A” and “B” for psychiatrist and psychologist, respectively. After transcription, all the transcripts were individually read by all the investigators. Next, the investigators were assigned a number of transcripts to identify themes, manually. Inductive coding technique or grounded analysis was carried out to code and theme the transcripts. The resultant themes were compared and finalized. Investigators held regular meetings to consult with senior research experts with experience in qualitative research, to ensure internal validity.

The study was approved by the ethical review committee of Prime Foundation Peshawar before the process of data collection began. Verbal consent was obtained from the participants of the study. The interviews were recorded on a password protected device and transcripts were stored on a password protected laptop. Only the authors had the access to the data.

**RESULTS**

Six main themes including Awareness about AAT, Perceived Benefits, Perceived Risks, Perceived Barriers, Feasibility of AAT and Willingness to Offer AAT, were finally identified (table 1)

**Table 01: Themes & Quotations**

<b>Themes</b>	<b>Relevant Quotations</b>
<b>Awareness</b>	<p>“No. In fact, it is new for me.” (A4)</p> <p>“No, I haven’t heard about it.” (B7)</p> <p>“It’s not used in Pakistan altogether.” (B9)</p> <p>“I have not observed such sort of therapy in our set up.” (A9)</p> <p>“When I was working in England, we would suggest it as part of rehabilitation because people would have pets there as a norm” (A2)</p>
<b>Perceived benefits</b>	<p>“These things bring happiness and joy” (A1)</p>

	<p><i>"When the family system is such that the person is alone, we have observed that pets can improve the quality of life" (A5)</i></p> <p><i>"It engages the patient and helps them with like mentalization, so with their engagement, they are free from their intrusive and anxious thoughts" (A8)</i></p> <p><i>"Especially elderly people when they are having no family support" (A7)</i></p> <p><i>"I think animals will be very good option for these kids." (B8)</i></p> <p><i>"It can be beneficial for only those individuals who are already having positive feeling towards pets." (B7)</i></p> <p><i>"So, everything that has some tangible presence, becomes more and more influential." (B8)</i></p> <p><i>"(It) depends on which kind of disorder is being treated with that, so its efficacy will all depend on the treatment plan in which it is incorporated and the disorder which is targeted to be treated with this." (B9)</i></p> <p><i>"Hard to imagine any" (A4)</i></p>
<b>Perceived risks</b>	<p><i>"no specific risk" (A3)</i></p> <p><i>"There are many different germs or pathogens associated with that" (B8)</i></p> <p><i>"Infections and diseases may be associated with AAT, some of which might be life-threatening" (A7)</i></p> <p><i>"Some people may be lacking empathy and would not take proper care of the pet" (A8)</i></p> <p><i>"In a culture where animals may be seen as a symbol of curse, associating them with treatment which has spiritual dimension, may have adverse outcomes" (A4)</i></p> <p><i>"It will negatively impact the reputation of psychotherapy because the subjects might end up thinking that the therapist himself is not capable of treating a person" (B7)</i></p>
<b>Perceived barriers</b>	<p><i>"There isn't even awareness regarding Psycho-therapy, how can there be acceptance of AAT?" (B2)</i></p> <p><i>"In Muslim culture and Muslim community, many people are aversive to dogs" (B9)</i></p> <p><i>"Frankly, humans aren't given much importance here, how can animals be given any?" (B3)</i></p> <p><i>"How many patients will accept it as an option?" (A5)</i></p> <p><i>"In Pakistan, definitely there will be no facilities available so that we may train an animal in such a way that it may be helpful in therapy." (B6)}</i></p>
<b>Perceived feasibility</b>	<p><i>"My impression would be that right now, we have other issues to address, so its importance is low on the hierarchy" (A5)</i></p> <p><i>"It's not feasible right now in Pakistan, particularly Khyber Pakhtunkhwa, unless and until there is enough awareness about this, and the availability of resources meaning facilities like experts and pets is ample." (A9)</i></p> <p><i>"I think it is, why would it not be?" (B8)</i></p> <p><i>"I think most of the people would not be very open to this" (A4)</i></p> <p><i>"Personal likes or dislikes towards therapeutic tools might dictate whether someone offers to use it or not" (B3)</i></p>
<b>Willingness to offer AAT</b>	<p><i>"I would definitely use it if I get the chance" (B11)</i></p> <p><i>"I am not animal friendly person at all. Not at all! I won't be comfortable. Even if my patient was comfortable, I still don't think I will be!" (B1)</i></p>

### **Awareness**

Most participants (n=15, 71.4%) were unaware about Animal Assisted Therapy (Table 01), while the rest of the participants (n=6, 28.6%) claimed to be familiar with it but were only superficially aware as was evident during the discussion. Some participants mentioned that

they had read about it online while others said that they had heard about its use in the treatment of dementia.

However, most participants (n=6, 28.6%) were aware of the potential use of emotional support animals for therapy but the term they used

for it was “pet therapy”. Majority (n=18, 85.7%) of the experts had never heard of any case where AAT was being used anywhere in the world. The few (n=3, 14.3%) who were aware of such a case, said that it was in practice abroad and used for the treatment of Alzheimer’s, Dementia and as part of rehabilitation programs (Table 01).

### **Perceived Benefits**

As shown in table 01, a wide range of perceived benefits regarding the application of Animal Assisted Therapy were identified by the mental health experts. The four most commonly identified benefits of AAT were: first, the animal may help reduce the patient’s feeling of loneliness and improve quality of life (especially in societies where there is a lack of social or family support) (n=5, 23.8%); second, bring a sense of happiness to the patient (n=4, 19.0%); third, it helps to engage a patient and causes distraction from the patient’s own intrusive thoughts (n=4, 19.0%) and; fourth, be especially helpful in the treatment of elderly (n=4, 19.0%).

Populations for which AAT was thought to be most beneficial after the elderly (n=4, 19.0%) were children (n=2, 10%). Kids were believed to be more passionate about pets, AAT could therefore be paired with conventional behavioral techniques for them. This might also help children develop a sense of empathy and it might psychologically comfort them. Next group believed to benefit most from AAT were known patients of anxiety and depression (n=2, 9.5%).

Lastly, were patients who either loved animals or were at least comfortable with them. It was also mentioned by a participant that the efficacy of the treatment may be improved if the bond between the animal and trainer is well developed.

The other less commonly identified benefits include feeling a sense of satisfaction, purpose, calmness, stress relief and relaxation. The animal may be an attachment figure for some patients and provide mental and physical support to others. This therapy was considered useful for the treatment of friendship/adjustment issues, animal phobias (by systematic desensitization) and also for Alzheimer’s disease and other forms of dementia.

While some (n=2, 9.5%) experts were unable to identify any benefits of the application of AAT, there were some who didn’t believe that this would be beneficial in any way.

Most participants (n=18, 85.7%) didn’t have a pet at home but were fond of certain animals such as parrots, geese, hens, rabbits, cats and dogs. Some (n=3, 14.3%) didn’t have pets and neither did they like animals very much or were not animal friendly.

### **Perceived Risks**

An overwhelming majority (n=10, 47.6%) of mental health experts were unable to identify any risks related to Animal assisted therapy as depicted in table 01.

Transmission of zoonotic infections (n=7, 33.3%) was thought to be a major risk factor followed by physical harm (n=5, 23.8%) caused to either the patient or therapist by the animal regardless of its training. This was followed by the concern that people who might be allergic to animals (n=3, 14.3%) would be at risk. There was also concern for the animal’s safety (n=1, 4.8%) as the therapy animal could be harmed by the patient or therapist as well.

Some of the participants were of the opinion that patients who have animal associated phobia will associate anxiety with the therapy session and the effectiveness of the therapy will be compromised, or that the animal may be unhygienic or that this form of therapy may have adverse outcomes because some animals like dogs may be seen as a symbol of curse in our culture (Table 01).

There was mention of how ATT may negatively impact the image and respect of psychotherapy as the patients are already skeptical of it and adding an animal to that will make the therapist seem incompetent to treat the illness/patient.

### **Perceived Barriers**

Lack of awareness and education among people was considered to be the greatest barrier (n=9, 42.9%) regarding the application of Animal Assisted Therapy. The participants (n=5, 23.8%) were of the opinion that our community is generally not very open to psychologists and psychotherapy, as they believe in pharmacological solutions. They stated that a large number of people are not even aware of the existence of psychotherapy, hence AAT would be far too advanced for them (Table 01).

Several participants (n=9, 43%) identified religious barriers (table 01) with regard to the use of dogs in AAT. They were of the opinion that in Muslim communities’, dogs are generally

considered to be impure, due to which many people are aversive to the idea of dogs as pets.

According to the experts, we are not a very animal loving community, especially in case of Peshawar and there is some degree of superstition surrounding animals as well. This was not fully explained by the experts as it was often mentioned in combination with the religious barriers. There has also been mention of intolerance, aversion and lack of empathy towards animals.

Some experts (n=8, 38.1%) thought that the idea of using animals to treat mental illness will not be acceptable to most patients and their perception about this form of therapy may be a potential barrier in its application. If patients are aversive to animals, it may affect them negatively but if they are partial to animals, they may benefit from this sort of therapy. Their aversion may be due to religious beliefs, cultural norms or phobias.

The perception, awareness and attitude of the therapists was identified (n=2, 9.5%) as a barrier in regards to the application of AAT as well. Some believed that classic therapies are not yet properly developed in our society let alone something as advanced as AAT.

Other barriers identified by the participants included lack of support from the government to burden the cost of this form of therapy and conduct trials necessary for its application. The participants believed we not only lack experienced mental health experts and resources for the selection of suitable animals but also the professionals to train these animals, cater to their needs, and ensure their safety and good health.

### **Perceived Feasibility**

As evident in table 01, most of the participants (n=13, 61.9%) were of the opinion that the application of AAT is not feasible in Pakistan owing to the lack of resources, facilities and professionals required. Some (n=1, 4.8%) were of the opinion that this may not be feasible in Peshawar as people here are unaware but may be possible in other cities of Pakistan namely Karachi, Islamabad or Lahore as those cities are more culturally diverse and people have some awareness about such treatments.

Some participants (n=2, 9.5%) did believe that there was potential for the application of AAT in Pakistan, but they also believed that the development and practice of other more con-

ventional therapies for treating mental disorders was a bigger priority than this.

A few (n=4, 19%) experts thought that the application of AAT was possible in Pakistan.

Most of the participants (n=5, 23.8%) believed that other mental health experts would not be open to AAT while some (n=3, 14.3%) said that it would depend on personal preferences of the therapists and existing evidence regarding AAT. A participant said that other experts may actually be open to application of AAT.

### **Willingness to offer AAT**

Almost half of the mental health experts (n=9, 42.9%) were willing to offer AAT as a treatment option in their work place if given the opportunity and resources. However, some were unsure and stated that the answer depended on how effective the therapy is and suggested that research should be done in this field in Pakistan in particular (Table 01).

The other half of the participants (n=10, 47.6%) were not willing to offer AAT in their work place and the reason for that was mainly that they were not animal friendly themselves. A few participants believed that other therapies should be prioritized over AAT and/or this therapy didn't seem to be effective.

## **DISCUSSION**

Our study revealed that an overwhelming majority of the psychiatrists and psychologists were unaware about Animal Assisted Therapy and had also never heard of any case where AAT was being used anywhere in the world. Literature is lacking in qualitative studies like this, however one such study was conducted in Australia to explore the knowledge and attitudes of Australian psychologists toward AAT. Contrary to our findings, the results of that study showed that psychologists had some awareness regarding the matter and expressed some knowledge about the physical health and/or psychological benefits of companion animals in general and for people of all ages<sup>20</sup>. This difference in awareness could be attributed to sociocultural differences among the two countries.

While a range of perceived benefits of AAT were identified by the participants in our study, the most commonly perceived benefits of AAT were that this treatment may help reduce the patient's feeling of loneliness and bring a sense of happiness. This is in line with quantitative studies conducted on elderly patients in Southern Mississippi<sup>21</sup>, Zagreb<sup>22</sup> and in Teh-

ran<sup>23</sup>, which found that AAT significantly reduced loneliness<sup>21-22</sup> and increased happiness<sup>23</sup>.

Mental health experts in Peshawar believed that AAT may help to treat anxiety in patients. This has been proven by a quantitative study, which concluded that patients (with mood disorders, psychotic disorders, and other disorders) who participated in animal-assisted therapy, had a significant mean decrease in anxiety. This finding suggests that animal-assisted therapy reduces anxiety for a wide range of patients<sup>11</sup>.

Some experts were of the opinion that AAT may provide a sense of purpose, cause distraction and help with treating Alzheimer's and dementia. This has been observed in a pilot study where the outcomes indicated that a therapeutic recreation AAT intervention decreased agitated behaviors and increased the social interactions of persons with dementia as it provided a meaningful activity for them<sup>24</sup>.

Mental health experts in our study recognized AAT as beneficial for the treatment of first the elderly and then children for the treatment of mental disturbances. The respondents, in a study conducted in Hawaii, suggested that it would mostly benefit the pediatric population<sup>25</sup>.

Furthermore, in a different study, AAT was perceived to be effective in the treatment of specific phobias, and that it worked well with children experiencing behavioral problems and inattention<sup>20</sup>. This finding also supports the results of our study.

Notably, majority of mental health experts that were interviewed were unable to identify any risks related to the application of Animal Assisted Therapy.

A risk factor identified by the remaining interviewees was transmission of zoonotic infections. It is important to note that Pet Partners, an organization working to improve human health and well-being through the human-animal bond, has laid down guidelines and protocols regarding the standard of practice of AAT, which includes selection criteria and health screens for the animals employed in this therapy<sup>26</sup>. In order to ensure the prevention of zoonotic diseases and derive maximal benefit from this form of therapy, a multidisciplinary team of a veterinarian specialist, a veterinarian public health specialist, a medical doctor, and a qualified therapist have a crucial role to play<sup>27</sup>.

Concerns regarding physical harm and risk of allergy to animals were also raised which are comparable with primary concerns identified by the participants of a similar study, i.e., the possibility of patient injury and worsening of patients' allergies<sup>25</sup>. However, in an article exploring the potential risks associated with using pet therapy in healthcare settings, it was determined that only 6% of people seen by allergists in North America have an allergic reaction as a result of animal dander<sup>28</sup> and that the incidence of pet-induced allergies can be reduced by choosing the correct pet and by careful and regular grooming<sup>29</sup>.

There was also concern for the animal's safety; the therapy animal could be harmed by the patients or therapist as well. This concern regarding the animal welfare was also identified in other similar studies<sup>20,25,30</sup>.

A study exploring Animal-Assisted Programs with children in school, identifies adult concerns about cleanliness and allergies as the primary deterrent for AAT programs<sup>30</sup>. This is in line with our study which also highlights the lack of adequate animal hygiene as a potential risk in the application of AAT.

Some participants were concerned that Animal Assisted Therapy may damage the reputation of psychotherapy and make the therapist seem incapable. However, a study found that the presence of the animal in the therapeutic context may enhance the treatment process and not diminish the importance of the therapist's abilities and in many cases, the animal serves as motivation for the patient to comply with the therapeutic plan<sup>31</sup>.

The rest of the participants of our study were of the opinion that patients who have animal associated phobia will associate anxiety with the therapy session rendering the therapy ineffective. This has been discussed in a study, in which assessment of a child's fear of animal before start of the therapy is given much importance as zoophobia will ruin the therapeutic relationship<sup>32</sup>.

Several participants identified religious barriers with regard to the use of dogs in this therapy. Another study also highlights this matter, stating that in some cultures (for example the Middle Eastern and South Asian cultures) dogs are perceived to be 'unclean' and therefore interaction with these animals is strongly dissuaded<sup>33</sup>.

The participants of our study associated the perception, awareness and attitude of the

therapists as a barrier in regards to the application of AAT. This has been observed in another study where participants identified lack of acceptance by staff as a barrier<sup>25</sup>.

Barriers attributed to the infeasibility of the application of AAT in Pakistan were the lack of resources, facilities and professionals required for this therapy as well as lack of support from the government. Lack of eligible therapists was seen as a barrier in one study<sup>34</sup> and results of an Australian study agree that there are numerous barriers to successful AAT interventions and that negative organizational attitudes towards AAT as well as the lack of availability of training for psychologists in AAT is a barrier to implementation<sup>20</sup>.

Several participants in our study were skeptical of the application of AAT and a majority was not willing to offer it in their workplace. This is in contradiction to a quantitative study that was conducted in California to assess perceptions of staff on the addition of an animal-assisted activity at a regional cancer center. The staff's perception of animal-assisted activities was very positive. It was also noted that there was a very strong correlation between a positive perception toward animal-assisted activities in general and believing the intervention would be beneficial before its implementation<sup>35</sup>. It is necessary to note that mental health experts in Pakistan lack resources to implement such therapies in practice. Hence the hesitation or unwillingness on their part could be attributed to that, alongside their personal bias pertaining to dislike for animals.

## CONCLUSION

Evidently there is lack of awareness regarding Animal Assisted Therapy among the mental health professionals in Peshawar. Due to this lack of awareness, alongside other barriers, there is lack of acceptability about Animal Assisted Therapy, at this point in time. However, owing to the evidence of its international use in treatment of mental and physical illnesses, there is potential for the use of AAT in Pakistan in the near future. There is a need to include newer treatment options like AAT in the professional training of mental health professionals, and to conduct further studies in this area in Pakistan.

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