

---

THEME ARTICLES

---

# Pet Therapy Research: A Historical Review

From its unpretentious beginnings in pastoral England to the current interest in scientific research and trials of its use, pet therapy is clearly drawing attention to its benefits. Throughout the 40-year history of pet therapy, nursing and nursing research has been at the very heart. The growing body of research in pet therapy reflects nursing's own evolutionary process. This article reviews the history of pet therapy and discusses the growing body of research illustrating the healing power of animal use. Key words: *nursing history, nursing interventions, pet therapy*

**Shirley D. Hooker, RN, BSN**  
Graduate Nursing Student  
School of Nursing  
University of Louisville  
Louisville, Kentucky

**Linda Holbrook Freeman, RN, DNS**  
Professor  
School of Nursing  
University of Louisville  
Louisville, Kentucky

**Pamela Stewart, RN, BSN**  
First Lieutenant  
U.S. Air Force  
U.S. Armed Services  
San Antonio, Texas

## INTRODUCTION

The use of alternative therapies has a rich and interesting history. In fact, it has grown from home experimentation to research-supported utilization in health care settings. One such therapy has been informally used in the home since the domestication of animals. Pets have brought comfort, relaxation, and motivation to family members for centuries. Although pets have historically been used as a complementary therapy, it was not until the 1960s that the term *pet therapy* was coined and formal documentation of its use began.<sup>1</sup> Since then, documentation has progressed from anecdotal status to scientific research findings. Moreover, the use of pet therapy has grown from incidental use to research-supported incorporation in health institution programs of care. This evolution remains a work in progress that is far from complete. There is much more to be studied and explored in using animal assistance to heal the human mind and body.

## HISTORY

Although actual scientific research involving pet therapy may not have been documented until the 1960s, the use of animals in therapy was documented as early as 1792 by the York Retreat in England. In 1791, after the death of a female Society of Friends member who was in an insane asylum near York, the Friends began questioning the treatment of insane persons.<sup>2</sup> Following this tragic event, William Tuke suggested to his Quaker associates that a better form of treatment could be delivered in a setting governed and managed by the Society of Friends. Thus, the York Retreat was born. It incorporated gardening, courtyard exercise, and the presence of animals such as birds and rabbits in treatment plans.<sup>2</sup>

Florence Nightingale also recognized the therapeutic value of pets. Her pet owl, Athena, was loved in life and mourned in death. Athena, now stuffed, continues to be displayed at Nightingale's childhood home, Lea Hurst. She refers to the benefits of pets for the ill in *Notes on Nursing*: "A pet bird in a cage is sometimes the only pleasure of an invalid confined for years to the same room."<sup>3(p58)</sup>

In the United States, pet therapy's history began in 1919 when Secretary of the Interior Franklin K. Lane suggested using dogs with psychiatric patients at St Elizabeth's Hospital in Washington, DC.<sup>4</sup> In 1942, the US military used pet therapy at the Pawling Army Air Force Convalescent Hospital at Pawling, New York. This facility included a working farm as a diversion for recovering veterans.<sup>4</sup> Notably, no data were collected to support the therapeutic benefits of animal involvement in patient health and welfare through-

out the formation and progression of either of these programs.

It was not until 1961, when Dr Boris Levinson documented his observations, that the health care field began to consider the integration of pet therapy into legitimate therapeutic use. He found that pets function as transitional objects with which patients can bond. This bonding could eventually expand to include a therapist.<sup>1</sup>

The most recent and extensive use began in 1990 with Dr William Thomas' creation of the Eden Alternative. Dr Thomas developed the concept in an attempt "to transform health care facilities into human habitats that can shelter and nourish those who live and work within their walls."<sup>5(p18)</sup> By bringing the natural world, including animals, to those in long-term care, Dr Thomas strives to decrease loneliness and boredom and to provide opportunities for residents to give of themselves.<sup>6</sup> From one person's ideation, the concept has evolved to complete institutional restructuring. Pet therapy has a rich history, a growing body of research, and a future filled with promise.

## HISTORY OF THE RESEARCH

Research in animal-assisted therapy began with Boris Levinson, an American child psychiatrist. Dr Levinson was the first to write about using a dog as a tool to facilitate work with a child client.<sup>1</sup> Dr Levinson found the dog's presence to be a positive focus in beginning communication, allowing defenses to soften, building a rapport, and initiating therapy. After Dr Levinson presented his findings at the 1961 convention of the American Psychological Association, he described some of the audience

as being "enthusiastic, some guffawed and a few others asked whether my dog shared in the fees."<sup>1(p38)</sup> Undaunted, Dr Levinson persisted in using pets and documenting the positive results from his child psychiatry practice. Dr Levinson's work in using pets was then expanded to adolescents and adults at Ohio State University Psychiatric Hospital by psychiatrists Sam and Elizabeth Corson in the early 1970s. They were the first to begin using animals in a hospital setting and collecting quantitative data from pilot studies.<sup>7</sup> In 1975 the pair moved their animal therapy project to a nursing home setting where older patients were introduced to pet therapy with success.<sup>8</sup> It was in the nursing home that the Corsons began to note the improved physical, psychological, and social status of patients involved with pet therapy. The suggestion for research in using pets as independent living assistants and use as an institutional therapy, similar to music or art therapy, also came from this setting.

During the 1980s, the nursing literature began to address the subject of pet therapy. Articles discussed its definition and the use of animals as nursing intervention resources.<sup>9-12</sup> Many works included descriptive accounts of pet therapy's positive influence on patient outcomes. Long-term-care nursing began to view animals as a means for older patients to fulfill their desire to be needed.<sup>13</sup> Acute care nursing noted a decrease in patient, family, and staff stress levels.<sup>10</sup> Most articles also included tips on initiating pet therapy, selecting appropriate animals, avoiding possible hazards, and acquiring administrative approval.<sup>9-12</sup>

Scientific nursing research began at this time as well. Baun and associates<sup>14</sup> pub-

lished research supporting the finding that, in non-hypertensive individuals, petting one's own dog lowered blood pressure.<sup>14</sup> Friedmann and colleagues<sup>15</sup> published the most prolific and often cited study found. This study reviewed the 1-year survival rate of patients discharged after experiencing a myocardial infarction or angina. The findings indicated that those with pets had a much greater rate of survival than those without pets. Friedmann and associates also considered the effects of the presence of a dog on children at rest and during a mildly stressful activity.<sup>16</sup> The study showed a significantly lower blood pressure at rest and during mild stress when the dog was present, compared with levels without the dog present. These types of publications fueled further studies and articles.

The 1990s brought an explosion of information and research on animal-assisted therapy. By this time, nursing had sufficient experience with pet therapy to write detailed descriptive articles on the positive effects of pet therapy in a variety of health care settings. Also at this time, nursing was supporting the descriptive accounts with experimental research findings. One such area that included pet therapy research was home health. A research study indicated older patients who had previously owned pets had significantly lower blood pressure levels and heart rates after a home health visit that included a dog.<sup>17</sup> This study was later followed by using dogs in home health visits with children. The publication included positive descriptive accounts of using dogs to divert the child's and the parent's attention during painful procedures, provide social stimulation, and make the nursing visit enjoyable.<sup>18</sup> The dogs used in the program had such a

success rate that they received their own "thank-you" notes.

The hospice setting is another place where the use of animals was suggested to assist in patient and staff interactions.<sup>19</sup> One study found that the therapy pet did assist in easing strain and stress, but not in patient-staff activity as expected.<sup>19</sup> The decrease in strain and stress was noted in patient-visitor activity instead. It was noted that patients and visitors often related the therapy pet to previously owned pets. Cox<sup>20</sup> supported this study by finding that pet attachment is significantly related to family adaptability. Thus, it is possible that the therapy pet allowed adaptation or at least an outlet for the stress experienced during the visit with a terminally ill family member. Also noted in the hospice setting was that those persons withdrawn from family, friends, and staff were not significantly less withdrawn in the presence of the therapy pet.<sup>19</sup>

The effect of pet therapy interventions on older patients, at home and in long-term-care settings, also has been studied. A longitudinal study of independent living older persons found that, after 1 year, those owning pets maintained a higher level of activity-of-daily-living status than those without pets.<sup>21</sup> These findings are supported by Staats and associates,<sup>22</sup> who found that in adults pet care is significantly correlated with self-care, which in turn is significantly correlated with personal health. Two

studies<sup>23,24</sup> of institutionalized Alzheimer's disease patients also indicated increased socialization or social activity in the presence of a therapy dog. This was possibly credited to the association of the therapy pet with personal pets the patients had previously owned.

Psychiatric patients are still in the forefront of pet therapy research. One study<sup>25</sup> indicated a decrease in anxiety for a greater variety of mental health diagnoses compared with the use of recreational therapy alone. A case study with recovering chemically dependent persons in a group therapy setting revealed the presence of a therapy dog assisted in removing barriers to communication.<sup>26</sup> This provided increased group cohesion and therapeutic communication. For inpatient adolescents, the presence of a dog on the unit improved patient outcomes by redefining the inpatient milieu and providing unconditional acceptance.<sup>27</sup> For new patients, the presence of and interaction with the dog often broke the tensions associated with the stigma of being admitted to the psychiatric inpatient setting.

Cardiovascular patients also remain involved in studies to determine the benefits of pet therapy. Friedmann and Thomas<sup>28</sup> returned to their 1-year survival studies for myocardial infarction patients and studied those enrolled in the Cardiac Arrhythmia Suppression Trial. Dog ownership was a significant contributor to survival status, although overall pet ownership was not. Allen and coworkers<sup>29</sup> considered pet ownership in relation to stress-induced hypertension in hypertensive patients. Those with pets had a significant decrease in stress blood pressure levels compared with those without pets. All in the study were taking

---

*In adults, pet care is significantly correlated with self-care, which in turn is significantly correlated with personal health.*

---

angiotensin-converting enzyme (ACE) inhibitors as primary treatment.

Anecdotal accounts currently continue for using pet therapy in the critical care and perioperative settings.<sup>30-32</sup> Cited outcomes were patient joy at being with the animal, increased participation in activity with the animal present, improved patient mood after pet visitation, and decreased anxiety in the family and patient. The "how to" instructions on initiating a pet therapy program in these settings also are being published.<sup>33,34</sup> Quantitative and qualitative research continues to be needed in these areas to support the descriptive accounts of success.

Growing from current research, suggested nursing areas for using pet therapy include children and adolescents with disabilities, spinal cord injury patients, and orthopedic clients.<sup>35-37</sup> In addition to cats and dogs, other therapy animals have been used or suggested, including birds, guinea pigs, fish, and dolphins.<sup>38,39</sup> The goal is to meet a patient's needs by matching the animal best suited to that purpose.

With the increased use of pet therapy, one of the most often verbalized concerns is the possibility of transmitted diseases from the animal to the patient. Zoonosis is a possibility when animals are introduced into the health care setting. The prominent suggestion to prevent zoonosis is to develop and follow strict guidelines and protocol.<sup>30,31,34</sup> Guidelines should include the types of patients to involve with animals, how to handle patients with allergies, and the types of animals to incorporate. Choosing the proper animal is crucial to success and requires considering the animal's personality and training as a therapy pet. These considerations decrease the incidence of allergic reactions, bites, and scratches. Exclusion of birds from

programs also has been noted to prevent specific infections in immunocompromised patients.<sup>30</sup> All therapy animals should be examined routinely by a veterinarian and be current with vaccinations. To decrease gastrointestinal disease risk, strict staff and patient hand washing policies must be followed after handling animals, and cages or pens must be kept clean.<sup>40</sup> Program collaboration with a veterinarian may be suggested for enhancing animal care and preventing infections. A survey conducted by Grant and Olsen<sup>41</sup> indicated most physicians surveyed were not comfortable advising patients regarding zoonotic infections and indicated a desire for greater veterinarian involvement in patient education on zoonosis. With proper precautions, pet therapy can be used with very little patient risk. Marcus and Marcus summed it up best: "The benefits of pet therapy far outweigh the risks."<sup>42(p758)</sup>

## CONCLUSION

In the past 40 years pet therapy has been transformed from humble beginnings fringed with ridicule to a successful, research-based therapy. Nursing has been the leading force behind moving pets into health care institutions. By basing our treatment rationale on solid research results, we have given pet therapy the legitimacy needed for acceptance and use. Our work is not yet complete. Many other patient areas need the benefits of companionship and unconditional love expressed by pets. By continuing research we can support the use of pet therapy in these areas as well. From its unpretentious beginnings to the current growth of interest through research and trials of use, animal therapy is clearly drawing attention to the benefits of pets in healing.

## REFERENCES

1. Levinson BM. *Pet-Oriented Child Psychotherapy*. 2nd ed. Springfield, IL: Charles C Thomas; 1997.
2. Tuke S. *Description of the Retreat*. London: Dawsons of Pall Mall; 1964.
3. Nightingale F. *Notes on Nursing: What It Is and What It Is Not*. London: Harrison, 59, Pall Mall, Bookseller to the Queen; 1860.
4. The health benefits of pets. Workshop summary. NIH Technology Assess Statement Online (September 10-11, 1987). [http://odp.od.nih.gov/consensus/ta/003/003\\_statement.html](http://odp.od.nih.gov/consensus/ta/003/003_statement.html). Accessed March 12, 2002.
5. Thomas W. Remembering hospitalism. The Eden Alternative recognizes growing, living things as essential ingredients in the health care mix. *Balance*. 1998;2(2):17-18.
6. Hannan M, Schaeffer K. The Eden Alternative: more than just fuzzy props and potted plants. <http://www.edenmidwest.com/about-eden.html>. Accessed March 12, 2002.
7. Corson SA, Corson EO, Gwynne PH, Arnold LE. Pet-facilitated psychotherapy in a hospital setting. *Curr Psychiatric Ther*. 1975;15:277-286.
8. Corson SA, Corson E. Pets as mediators of therapy. *Curr Psychiatric Ther*. 1978;18:195-205.
9. Davis J, Juhasz A. The human/companion animal bond: how nurses can use this therapeutic resource. *Nurs Health Care*. 1984;5(9):497-501.
10. Carmack B, Fila D. Animal-assisted therapy: a nursing intervention. *Nurs Manage*. 1989;20(5):98-101.
11. Davis J. Animal-facilitated therapy in stress mediation. *Holistic Nurs Pract*. 1988;2(3):75-83.
12. Haggard A. A patient's best friend. *Am J Nurs*. 1985;85(12):1374-1376.
13. Erickson R. Companion animals and the elderly. *Geriatr Nurs*. 1985;6(2):92-96.
14. Baun MM, Bergstrom N, Langston NF, Thomas L. Physiological effects of human/companion animal bonding. *Nurs Res*. 1984;33:126-129.
15. Friedmann E, Katcher AH, Lynch JJ, Thomas SA. Animal companions and one-year survival of patients after discharge from a coronary care unit. *Public Health Rep*. 1980;95(4):307-312.
16. Friedmann E, Katcher AH, Lynch JJ, Thomas SA, Messent PR. Social interaction and blood pressure influence of animal companions. *J Nerv Ment Dis*. 1983;171(8):461-464.
17. Harris M, Rinehart J, Gerstman J. Animal-assisted therapy for the homebound elderly. *Holistic Nurs Pract*. 1993;8(1):27-37.
18. Struk C, Brady M. Fur therapy: a home visitation program for children. *Caring*. 1998;17(5):40-43.
19. Chinner T, Dalziel F. An exploratory study on the viability and efficacy of a pet facilitated therapy project within a hospice. *J Palliative Care*. 1991;7(4):13-20.
20. Cox R. The human/animal bond as a correlate of family functioning. *Clin Nurs Res*. 1993;2(2):224-231.
21. Raina P, Waltner-Toews D, Bonnett B, Woodward C, Abernathy T. Influence of companion animals on the physical and psychological health of older people: an analysis of a one-year longitudinal study. *J Am Geriatr Soc*. 1999;47(3):323-329.
22. Staats S, Pierfelice L, Kim C, Crandell R. A theoretical model for human health and the pet connection. *J Am Vet Med Assoc*. 1999;214(4):483-487.
23. Chrchill M, Safaoui J, McCabe BW, Baun MM. Using a therapy dog to alleviate the agitation and desocialization of people with Alzheimer's disease. *J Psychosoc Nurs*. 1999;37(4):16-22.
24. Kongable L, Stolley J, Buckwalter K. Pet therapy for Alzheimer's patients: a survey. *J Long Term Care Adm*. 1990;18(3):17-21.
25. Barker S, Dawson K. The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. *Psychiatric Serv*. 1998;49:797-801.
26. Campbell-Begg T. A case study using animal-assisted therapy to promote abstinence in a group of individuals who are recovering from chemical addictions. *J Addict Nurs*. 2000;12(1):31-35.
27. Bardill N, Hutchinson S. Animal-assisted therapy with hospitalized adolescents. *J Child Adolesc Psychiatric Nurs*. 1997;10(1):17-24.
28. Friedmann E, Thomas S. Pet ownership, social support, and one-year survival after acute myocardial infarction in the cardiac arrhythmia suppression trial. *Am J Cardiol*. 1995;76(17):1213-1217.
29. Allen K, Shykoff BE, Izzo JL, Jr. Pet ownership, but not ACE inhibitor therapy, blunts home blood pressure responses to mental stress. *Hypertension*. 2001;38(4):815-820.
30. Connor K, Miller J. Help from our animal friends. *Nurs Manage*. 2000;31(7, pt 1):42-46.
31. Giuliano K, Bloniasz E, Bell J. Implementation of a pet visitation program in critical care. *Crit Care Nurs*. 1999;19(3):43-49.
32. Miller J, Ingram L. Perioperative nursing and animal-assisted therapy. *AORN J*. 2000;72(3):477-483.
33. Proulx D. Animal-assisted therapy. *Crit Care Nurs*. 1998;18(2):80-84.
34. Cullen L, Titler M, Drahozal R. Family and pet visitation in the critical care unit. *Crit Care Nurs*. 1999;19(3):84-87.
35. Poleshuck L. Animal-assisted therapy for children and adolescents with disabilities. *Work J Prev Assess Rehabil*. 1997;9(3):285-293.

36. Counsell C, Abram J, Gilbert M. Animal assisted therapy and the individual with spinal cord injury. *SCI Nurs*. 1997;14(2):52-55.
37. Carmack B. Companion animals: social support for orthopedic clients. *Orthop Nurs*. 1989;33(4):701-710.
38. Barba B. The positive influence of animals: animal-assisted therapy in acute care. *Clin Nurs Spec*. 1995;9(4):199-202.
39. Wolgroch D. Dolphin assisted therapy. *Positive Health*. 1999;38:10-14.
40. Guay D. Pet-assisted therapy in the nursing home setting: potential for zoonosis. *Am J Infect Control*. 2001;29(3):178-186.
41. Grant S, Olsen CW. Preventing zoonotic diseases in immunocompromised persons: the role of physicians and veterinarians. *Emerging Infect Dis*. 1999;5(1). <http://www.cdc.gov/ncidod/eid/vol5no1/grant.htm>. Accessed March 10, 2002.
42. Marcus L, Marcus E. Nosocomial zoonoses. *N Engl J Med*. 1998;338(11):757-759.