
BORIS M. LEVINSON, Ph.D.

The dog as a “co-therapist”

Animals, particularly domesticated animals, have served man in many ways throughout the centuries. Some, like the horse, increased man's mobility and military powers. Others eased the human work load. Man has obtained clothing and even shelter from animals. In addition to their usefulness to man while alive, most animals even in death have served man by providing him with food.

Only a few favored quadrupeds rose in the hierarchy of the domesticated animal kingdom to become members of the leisure class. The cat and the dog were to become man's chief pets. Although all felines and canines did not necessarily live in luxury—nor were they always exempt from work—the house pet was in the advantageous position of being served by, rather than serving man. True, cats kept houses liberated from rats, and dogs frightened intruders away, but these are not sufficiently cogent reasons

for the devotion and attention humans shower upon their dogs and cats. One may reasonably conjecture that man, himself prone to exerting the least possible effort, was moved to extend himself on behalf of house pets by strong and compelling drives.

In the opinion of this author, the importance of the house pet to man is psychological rather than practical. In many ways, the relationship between man and dog, especially between child and dog, can be more salutary than one between two human beings. A faithful dog will satisfy his master's need for loyalty, trust, respectful obedience, as well as submission. Intuitively, man has always been aware of the

Dr. Levinson is director of the Psychological Center and professor of psychiatry, Graduate School of Education, Yeshiva University, New York City. This paper was presented at the Annual Meeting of the American Psychological Association in New York City in August, 1961.

deep psychological needs which could be satisfied by the subtle services of the house pet. Consciously, however, man has generally chosen to explain his adoption of house pets as an expression of his "love of animals," a more palatable term than many which might be used in more critically analyzing the psychological needs involved.

For the child, particularly the disturbed child (unless a serious fear of dogs has developed) the benefits of having a pet can be many. The potential therapeutic values are obvious. This writer was therefore quite surprised to find, upon careful scrutiny of many published sources, that no reports could be found of the planned use of the dog as an aide in therapy with disturbed children. This author wishes to report here, therefore, cases where the success of treatment can be attributed largely to the function of a dog featured in the therapy constellation.

My first insight into the possible use of a dog as an "accessory" in the treatment of disturbed children came about inadvertently eight years ago. At that time I rejected any thought of pursuing this subject further because it seemed much too unorthodox. Presently, however, I am at a stage where I do not hesitate to modify accepted therapeutic principles if I feel that the patient will benefit.

At this point in my career as a clinical psychologist, I am most critical and skeptical of any technique. What may be effective for one patient at one time can often prove harmful for the same patient at another time or in another situation. A method that works with one patient will not necessarily work for another. This is a self-evident truth. In fact there is a great gnawing doubt in my mind concerning the etiology of successful treatment. Is there necessarily any veracity in the interpretations we offer for our successes or failures

in therapy? Could the results possibly be attributed to anything so simple as the fact that we provide child patients with the acceptance, companionship and opportunity they so need for emotional catharsis and sometimes for the satisfaction of ego ideals. Looking back, I realize that this change in my thinking about therapy crystallized when a dog stepped into my therapeutic practice.

It is just eight years since a boy who had been unsuccessfully treated over a long period of time was brought to me by a desperate parent. Because this child exhibited increasing withdrawal, hospitalization had been recommended. I hesitated to accept the case but agreed to a diagnostic interview. As luck would have it, the distraught parent came an hour before the appointed time. I was busy writing. My dog was lying at my feet licking himself. I admitted the family without delay, forgetting the dog, who ran right up to the child to lick him.

Much to my surprise, the child showed no fright but instead cuddled up to the dog and began to pet him. The parent wanted to separate the two, but I signaled the parent to leave the child alone. After a while the child inquired whether the dog always played with children who came to my office. Reassured by my affirmative answer, the child expressed a desire to return and play with the dog. It is anyone's guess what might have been the child's reaction had the dog not been present that morning.

For several subsequent sessions this child, apparently unaware of my presence, played with the dog. Gradually, as some of the affection elicited by the dog spilled over onto me, I was included in the play. We came slowly to the establishment of a good working relationship and to the eventual rehabilitation of this young boy.

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Since then, I have used Jingles, my dog, very selectively with certain child patients. The dog cannot serve as an adjunct to therapy when the child fears dogs. The dog, quick to sense such fear, would become subdued and shrink away in "self-protection." Such an experience would hardly be beneficial for the child. Consequently, it is of utmost importance for me to establish in advance whether or not my patient has any fear of dogs. If the fear is minimal and the need for this animal's assistance is great, Jingles appears on the scene.

It is standard procedure, therefore, for me to discuss "pets" in an early interview. The range of parental attitudes toward pets and the variety of rationalizations offered by parents who refuse to have pets in the house are most revealing. Many parents offer "allergy" as an excuse for barring dogs, and lean on medical authority, real or rationalized, for their decisions. To the best of my knowledge, no child has ever developed an allergy or a cold from contact with Jingles.

Other parents fly the banner of hygiene, cleanliness and disease. One may speculate about why an adult, particularly a parent, may not wish to have a dog in the house. What is it in a dog that arouses the adult's hidden anxieties, perplexities and, possibly, unresolved psycho-sexual problems? Perhaps the unabashed, uninhibited behavior of the dog symbolizes for the adult anxieties, fears and desires hidden in the unconscious. Perhaps some adults are afraid that the presence of a dog will stir up and surface some of these hidden anxieties.

PSYCHOLOGICAL NEEDS AND A DOG

So numerous are the roles a dog can play in relation to a child that only a few of the more important ones can be discussed here. The dog can be and often is a com-

panion, friend, servant, admirer, confidante, toy, team-mate, slave, scapegoat, mirror, trustee, or defender for the child. When a child needs to love safely, without fear of losing the loved object and without losing face, the dog supplies this need. When a child craves a close, cuddly, affectionate, nonjudgmental relationship, the dog can provide it. Dogs can't "talk back" when yelled at by a child. And no human being can offer to the child more general "acceptance," in its fullest multiordinal levels of meaning, than the faithful dog, for whom the master can do no wrong.

It is the author's opinion that a greater understanding of the child's need for cuddling, love and affection, whether by animals or human beings, would lead to more rapid recovery in many children. It also appears that an intense need to master someone or something that does not talk back, that accepts us no matter what we are, is overwhelmingly frequent among disturbed children. Disturbed children do not want to be judged. They want to be accepted, admired, and permitted to regress as far as is possible without their loved object berating them and creating a feeling of guilt.

The child has the enriching experience of complete mutual "acceptance" in relation to a dog. Even though the dog urinates, defecates, masturbates, and has public and almost indiscriminate sex relations, he is loved and accepted. In identifying with the loved dog, the child is bound to make comparisons and ask why he who has not transgressed as much cannot be accepted? If the dog does not feel guilty, why should the child? If the dog is permitted to enjoy his body, why cannot the child?

The child can now permit himself to regress gleefully and joyfully.

We should remember that many dis-

turbed children who are afraid of human contacts because they have been hurt so much and so often, have a strong need for physical contact. Since the hurt is not associated with the dog, this conflict resolves itself. They will permit a dog to approach them; they will pet the dog and tell him all about their difficulties. A dog apparently can help them, for he poses no threat of emotional entanglement and thus may satisfy the child's need for physical contact.

Some schizophrenic children are afraid to get physically close to the therapist. Possibly they are afraid that the hostility they emanate will alienate the only person who cares about them unconditionally and is nonjudgmental. They may also be afraid of getting close to the therapist because they sense that they have very loose ego boundaries, and getting close may mean that their egos will be swallowed by the stronger ego of the therapist. A dog presents no such threat. Other schizophrenic children are also preoccupied with "introjected bad me." It is much easier for them to find a "bad me" in the dog that is tolerated, accepted, and loved, than in themselves.

THEORETICAL IMPLICATIONS

The sometimes forgotten fact that the same techniques cannot be used with children as with adults bears repetition. Children ordinarily do not admit that there is anything wrong with them and that they need treatment. They usually do not feel an inner urge or need to come. They are not aware that whatever discomfort their anxiety causes them can be alleviated by the therapist. Parents initiate therapy, and we need the parent's co-operation in order to continue. This means that there is an extra responsibility placed upon the therapist—which is usually nonexistent with the

grown-up—to create a beginning in a therapeutic relationship. The therapist must prove his usefulness to the child.

In this connection, it is worth-while to remember that although the child may tell us that he does not know what it is all about, actually he is aware, whether consciously or unconsciously, that there is something wrong with him and that he is not like others. The mere fact of his being discussed at home, of parents being unduly concerned about him, of his being brought in to a psychologist for an evaluation, brings about a qualitative change in the child's self-evaluation and feeling of being atypical, unusual or sickly.

Something reassuring must be done in the first interview to make the child feel that the therapist will make living more comfortable, that the therapist understands him and is ready to help. A dog brought in at this point may "break the ice" and be of assistance in developing a relationship with some children.

TRANSFERENCE

It is well-known that transference, as we understand it to exist with adults, cannot exist with children. First, the active face-to-face relationship between a child and his therapist does not permit the development of a deep transference. Further more, children have parents who are with them and who control their destiny. The parents are thus not introjected, shadow figures who control the patient through an conscious remote control.

A deep transference to a therapist would therefore, present a threat to a child and might bring about unnecessary conflicts. The establishment of a beginning relationship with an animal is less threatening and thus leads to the establishment of a comfortable, nonthreatening, reality-oriented therapy with the child.

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The procedure for introducing Jingles to the child, or the child to Jingles, has automatically standardized itself. Generally, the child plays with the dog, asks Jingles to shake hands and dance. A cookie may be offered to the dog as an incentive. One child said to me, "I am also Jingles—I also want to dance." This child got down on his knees, started to bark like a dog, and asked me to give him a cookie. In great joy and glee, he then picked up the waste basket, scattered its contents, put it on his head and started howling like a wolf. This apparently relieved him and he went on with his play as usual. He then said to me, "Why can't you have two dogs and why can't you take me as one of them." Interspersed with his request were questions about myself—whether I had a wife; how many children I had; how big they were, etc.

It was clear that the child wanted to become part of my family. If the human complement was full, the dog complement was not, and he would like to be considered, if a vacancy existed.

Sometimes children cannot acknowledge the fact that they would like me to share something with them. For these children who feel worthless and undeserving of any kindness, the ability to ask for something and then to reciprocate, is, in my mind, an indication of progress and movement. The children do not hesitate, however, to say "Jingles is hungry," or "The dog wants to eat." The child raids the refrigerator and we prepare a meal in which we all partake: the dog, the child, and the therapist.

Some children make a ritual of the meal. Repetitive patterns appear over and over again. They come with crackers and cookies, "force" Jingles to eat and repeat patterns they have learned at home. Others, in their rebellion against the compulsivity

of their homes, place the food on the floor and both child and dog eat. The child smells the food, makes animal noises, licks his hands. Later, the child assumes a more comfortable position at the table, with Jingles sitting at the head. Eventually, however, the need for the dog's presence may disappear and the child no longer invites Jingles to participate in the session.

One of my former patients had a tendency to visit the neighborhood candy store and tested out my acceptance of him by asking me to buy little knick-knacks. Jingles was usually taken along. The child, who at the beginning of our therapeutic relationship would look at the dog from a distance and would be afraid to approach him, finally, after many half-hearted and tentative trials, leashed the dog. The roles were reversed; he took the dog again to the same candy store, would have whispered consultation with Jingles as to what kind of cookies the dog wished to have, and would buy these, presumably for Jingles. Actually the cookies would be eaten by the child. The impression, however, that the child tried to convey was that he was the dog's master and could order Jingles about. Even more important was the establishment of the fact that the dog was now his friend and ally and not mine.

Many disturbed children cannot tolerate monotony. Because of their inner restlessness, created by their inner emotional turmoil, they look for new activities which may momentarily quench their anxieties. Some of these children are aware of this need and are very much embarrassed at their lack of control. These boys and girls welcome the appearance of a companion who is just as restless as they are and on whom they can project their own desires. Jingles, they say, wants to do this or that; Jingles is restless and wants to explore every nook and crevice of the office or to follow

the delicious smells of the outdoors. The need to "save face" is also satisfied by the dog.

INTERPRETATION

Working within any therapeutic relationship, one must have a general orientation. What is one looking for in treatment? What are the goals? What does one know of the patient's reactions? We must always bear in mind that the therapist may be a somewhat threatening figure about whom the child has heard before he came for treatment.

He knows that the parent has spoken about him to the therapist. He wonders about what was said, and he is most anxious that the therapist "doesn't tell on him" to his parents. Introduction of a dog at this point, an animal which is sympathetic, listens, and obviously cannot tell, may be crucial. (Did we consider the motivation of the stranger who buttonholes you, tells you his troubles, and gets off at the next stop. What did he get out of this outpouring for himself?) The child grows in his ability to tolerate and to consciously experience emotions formerly denied.

When working with young children, there is little need for interpretation and quite a bit of need for emotional re-experiencing. We must further remember that for the very disturbed child, reality and fantasy are almost indistinguishable and what the child does in the therapist's office may, in his unconscious mind, be equated with a fantasy experience. It seems to me that as good results may be achieved without interpreting, since the conscious and unconscious material is so interchangeable.

If interpretation is called for, I always attempt to interpret in terms of the child's reality experiences, and I shy away as much as possible from all fancied and far-

etched explanations. As a matter of fact, when the child's repressed emotions are coming out, both he and I become aware of the importance of what transpired and little interpretation is necessary. This interpretation is based upon my belief that in therapy one is not trying to eliminate certain undesirable thoughts or emotions, but trying to synthesize both acceptable and unacceptable drives and have the child become aware of the fact that the so-called unacceptable part of himself is acceptable. This, as can be seen from the above, is much more easily done through an identification with an animal.

Since some of these children have an inadequate perception, it is most difficult for them to understand how a dog can smell and hear things they cannot perceive. Why does a dog smell? Why don't children smell as much? What smells, etc., do the children like and dislike?

At this point we may have a little discussion about feelings to illustrate how some people perceive and feel things that others do not. Just as the dog does in concentrating on a very faint, but to him most important, scent and forgetting what to the child would appear many more important things, we may perceive just one little insignificant item out of a totality and forget the grand picture in front of us. This gives the child an opportunity to discuss some of his own sensations and vaguely grope as to whether they are as important and meaningful to others as they appear to him; and what their meaning may be in the interlocking play of idea and emotions.

Very often children express the desire to kill Jingles. I am able to interpret to them that maybe there was something about Jingles' behavior that they did not like and that they wished to kill that part of him which was responsible. I would

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greatly hesitate to make the same interpretation to the children who tell me, and this happens so frequently, that they hate me and wish to kill me. I can then gently lead into the topic of our not liking something in ourselves, looking and finding it in others, and then wishing to destroy it.

Some children become interested in the dog's phallus. Why does the dog lick himself perpetually? Is he dirty? Does he like it? Are people that way too? A natural jumping-off point is then provided for a realistic discussion of dog and human sex activities. One does not become pregnant through kissing. Clarification regarding masturbation and the problem of birth is sometimes brought about. Why does the dog fight with other dogs? Why does he run after other dogs? This may help the child to think in terms of sibling rivalry and jealousy. Sometimes children attempt to imitate dog's elimination activities, and we discuss differences between boys and girls.

NEEDED RESEARCH

The point the writer tried to make in this article is that the dog serves as a catalytic agent, helping the child to regress, accept himself and progress tentatively, and then more surely, on the road to self-discovery and self-healing.

However, this paper probably raises more questions than it can answer.

Exactly what is the role of the dog here? How does he bring insight into the situation? How is the path toward the rocky road of self-maturation taken? How can a dog help and sometimes substitute for a therapist? Is the relationship between the dog and child similar to that between the child and therapist? What about the therapist who cannot share the child with a dog?

Finally, what kind of a dog is most useful in therapy? These are all very interesting, even though, some may feel, farfetched questions.

The need for a definite research program is indicated. What roles are played by the personalities of the child, the therapist and the dog? What relationship exists between the dog and the patient? What are the patient's and the dog's needs? What role does the need for mastery, for dependency, the need for imitation play?

Maybe some day we shall advance so far in our understanding of animals and their meaning to human beings that we shall be able to prescribe pets of a certain kind for different emotional disorders.

It seems to us that the type of pet one chooses is a reflection of one's personality. Some people may feel more comfortable with large animals, others with small. A child who may shy away from human contact, who is frightened when you touch him and say an endearing word to him because he senses harshness and rejection beneath the sugary facade, may react very well to animals, and will love and relate to them. In fact, the animal may trigger in the disturbed, ego-centered child the first breakthrough of concern for something outside himself. Once this door is wedged open, the emergence of a socially-oriented person able to maintain himself in the world, beyond the dark, narrow cell of the self, becomes both possible and probable.

It seems not too farfetched to conceive of the systematic use of the dog in therapy. The creation of a well-trained Canine Counseling Corps for Children might elicit snickers and sneers and charges of "fantasying." Nevertheless, a dog corps served this country heroically in the performance of military tasks in World War II. Why not as psychotherapeutic aides?