INTEGRATING ANIMALS IN PSYCHOTHERAPY: THE DOG AS CO-THERAPIST IN THE HYPNOTHERAPEUTIC TREATMENT OF TRAUMA – A CASE REPORT

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ABSTRACT

The article outlines the present status of animal-assisted therapy research and describes the special communication and contact skills that qualify dogs among all animals to serve as co-therapists. A distinction is drawn between the general benefits dogs may have in therapy and the special psychotherapeutic assignments dogs can assume in a hypnotherapeutic setting. Describing the case of a traumatically bereaved patient, it is shown how the therapy dog is used to create a stable therapeutic alliance. The dog becomes a positive transference object facilitating ego-strengthening and re-accessing lost resources. It is described how the dog assists in hypnotherapeutic interventions to lower chronically raised psycho-physiological arousal, dissolve dissociative symptoms of derealization, and provide enough stability to confront and integrate the traumatic experience. As a consequence, a good balance between the basic emotional needs to feel autonomous, related, competent, and oriented can be reached.

Key words: hypnotherapy, psychotherapy, dogs, animal-assisted, therapeutic alliance, trauma, emotional needs

INTRODUCTION

Ever since Levinson introduced the dog as 'co-therapist' (Levinson, 1962), scientists of different backgrounds have been searching for evidence to prove the efficacy of animal-assisted therapies. Existing studies were conducted with relatively small samples and hardly meet the standards of randomized controlled studies (Draper et al., 1990; Martin & Farnum, 2002). Prothmann (2008) reports a study supporting the general conclusion that non-directive therapies, including dogs, have a positive effect on the mental state of children, even though the effect size was not overwhelming (d = 0.38). Even though moderate, the effect sizes were consistent across a number of disorders like eating disorders, depression, personality disorders, and psychoses. Animal-assisted therapy had a positive effect on the therapists' blind rating on the mental state of children (Odendaal, 2000). Following an

animal-assisted, non-directive, playing group therapy, therapists treating the child in the subsequent individual therapy, without the presence of a dog, rated their mental state in a more positive way (Dalton et al., 2005). Dog-assisted therapies also tend to have positive effects on concentration and attention (Klin & Volkmar, 2000).

Most importantly, the dog can help to build and improve the patient–therapist relationship in its function as co-therapist. Typically, the dog will establish contact with the patient before the therapist. Contact is established on a non-verbal and tactile level, helping the patient to build a relationship free of tensions, stress, and agitation (Fox & McDaniel, 1982). Corson and Corson (1980) contend that the trusting relationship, primarily established with the dog, will be transferred gradually to the therapist, resulting in a solid therapeutic alliance.

The special suitability of dogs for psychotherapy results from their ability to address the patient simultaneously on a physical, emotional, and social level. Among all the animals that can be used for therapy, dogs are the most flexible. They are very eager to learn and adapt easily to uncommon situations. The therapist can take the dog almost anywhere. Dogs possess the unique capability of communicating on non-verbal channels. The communication with a dog is straightforward, clear-cut, and immediate (Bergler, 2000). This leads Prothmann (2008) to conclude that the dog assumes a 'broadband effect', responding to each patient specifically and uniquely, resulting in a very individual relationship.

In the area of post-traumatic stress disorders, Barker (1999) found that children with a strong relationship to a pet suffered less from the consequences of sexual abuse in childhood than children with no comparable bonds. The dog has a soothing as well as an activating effect, enhancing the communication that can help children when making the transition from a passively suffering victim to an actively coping survivor (Reichert, 1994; Altschulter, 1999). Wasserman (2004) conducted dog-assisted trauma therapies with victims of bomb attacks and terrorist assaults and found that patients could relax and at the same time concentrate on a clear line of thinking when the dog was present in therapy. Some patients were only able to report their experiences if they told it to the dog, resulting in soothing and relieving effects.

INTEGRATING DOGS IN OUR HYPNOTHERAPEUTIC PRACTICE

The dogs we use as co-therapists are two male Labrador retrievers. Labradors are famous for their docility, patience, and benevolence. They are often used as companion dogs for blind or otherwise physically handicapped people.

We have two dogs, one black and one blonde of the same litter. The brother dogs are very different in temperament: the blonde one is calm, patient, and has a soft fur, while the black one is lively, actively demanding contact, and has a sturdy fur. The different temperaments of the dogs are utilized to accommodate the different therapeutic needs of our patients. In the case example described below, the black one, Yaro, was chosen, because the therapeutic task was to establish contact with a post-traumatically withdrawn and depressed patient who was very reluctant to respond to the therapist in any way.

To utilize them in therapy, the dogs were trained in basic obedience and were tested to have a benign character. They received special training to become therapy dogs. This is designed to enhance obedience skills and to raise their tolerance towards sudden or rude approaches unintentionally initiated by emotionally or socially disturbed children or

adults. However, it must be conceded that specific training for dogs to become assistants in psychotherapeutic settings is not available yet. Existing training courses mostly prepare the dog to serve as a companion in play-like settings with the general intention of providing comfort, diversion, and joy, to cheer up the patient and elicit caring behaviour. Usually, therapy dogs fulfil their assignments in senior citizen homes, with children suffering from severe chronic diseases, with the mentally disabled, with psychiatric patients, and also with palliative care patients.

Our dogs, on the other hand, are used in an individual hypnotherapeutic setting, assisting the therapist in specific psychotherapeutic assignments such as:

- Building and stabilizing the therapeutic alliance
- Anchoring the patient in the here and now—facilitating contact and communication
- Mirroring the patient's needs to relax and become active as well
- Introducing a transference object for the containment of strong affect and the projection of lost or hidden resources
- Ego-strengthening
- Overcoming anxiety-related inhibitions
- Dissolving pathological dissociation.

THE CASE: DOG-ASSISTED HYPNOTHERAPEUTIC TREATMENT OF A TRAUMATICALLY BEREAVED PATIENT

The 32-year-old female patient, a professional violinist born in Serbia, grew up without knowing who her father was. Her emotionally distant and demanding mother frequently changed their city of residence while she was growing up. At the age of 17, her mother and other influential family members pressured her to marry which she declined and successfully resisted. At this time she had already fallen in love with her later fiancé who was about to be drafted into the Serbian army. Shortly after she had fallen in love with him, he had to go to war in Kosovo. The patient escaped to Austria where she obtained her high school diploma, studied musical science, and completed a conservatory training to become a concert violinist. After not seeing her fiancé for more than two years, the patient begged him to come to Austria to stay with her. Finally, he gave in to her pleas, deserted from the army and went to Paris first, to find shelter at his grandma's. The night after he arrived, the house went up in flames due to arson by a mentally disturbed resident. Her boyfriend died in the fire. The news was a severe shock for the patient who responded with immense feelings of guilt. The family of her boyfriend did not allow her to attend the funeral because they put the blame for his death on her, saying had he stayed in the army, he most likely would have survived.

When she started therapy seven years after the incident, she was suffering from a full-blown post-traumatic stress disorder, showing a prolonged grief reaction with a depressed mood, social isolation, sleeplessness, and a complex somatoform pain disorder. Her professional career as a violinist had come to a halt because within the past year she had developed severe tensions in her neck and arm which had prevented her from playing the violin at concerts for more than two years—the reason why she finally sought therapy. Prior to these difficulties, she had managed to function in her professional career and put aside the ever worsening post-traumatic symptoms. These symptoms included chronically

raised arousal, massive guilt-driven ruminations, and dissociative symptoms of derealization and depersonalization.

At the beginning of the therapy, conducted by E.-M. Mende, it was especially difficult to establish rapport with her because she had developed an enormous distrust over the years, even in close relationships, as the family of her deceased boyfriend blamed her for his death and would not even allow her to keep things that used to belong to him to remind her of him. After taking her life history in the initial sessions, it turned out she could not open up for therapy. She was very silent, shaky, and absent-minded. Her initial behaviour in therapy reflected what she showed socially: being isolated from others as well as dissociated from her physical and emotional self, unable to establish contact to whomever. This was a clear indication to integrate the dog into therapy.

INTRODUCING YARO

The patient responded to the proposal to introduce the dog in a moderately positive way, saying she used to love dogs before all this had happened. First, when the dog was brought into the practice room, he was ordered to sit and then he was introduced to the patient. The patient introduced herself and gradually got to know the dog. The patient preferred sitting or lying on the floor next to the dog. She started to play with the dog and stroked him. The dog sniffed at her cautiously and was restless at first. At this point the patient was asked what she felt when she stroked the dog.

Patient: I don't know.
Therapist: That's all right, go ahead and describe the dog.
Patient: He is black and beautiful and has big paws.
Therapist: What does he express in your eyes?
Patient: Restlessness, uneasiness … (pause). Actually, this is what I feel, too.
Therapist: Where do you feel this restlessness and uneasiness?
Patient: In my chest.
Therapist: How do you feel this restlessness?
Patient: It's like a pressure.
Therapist: Try to find a colour for this kind of pressure. Does that work?
Patient: Yes, it's working fine.
Therapist: And now would you like to close your eyes, stroke the dog, and concentrate on the sensations in your hand while you touch him here and there? Can you sense what Yaro might be feeling?

RAPPORT AND TRANCE INDUCTION BY POSITIVE TRANSFERENCE TOWARDS THE DOG

The patient closed her eyes and while she was stroking the dog, she began to describe her own sensations and feelings instead. The dog and the patient both became calmer during this phase of the session. The patient started crying, but the dog was very calm at her side. He came up closer to her as she grew calmer and calmer. Again and again, the therapist asked her if everything was all right which she confirmed repeatedly. The patient started picking up the calm breathing rhythm of the dog. During this interaction, the patient went into a light informal trance for the first time. This initial trance was utilized to establish a

safe place: a garden with a big house in it. In the following sessions, the safe place gained an elaborate structure. There were several rooms in the house: one of the rooms was for meeting friends, one was for resolving conflicts, one was for meeting the family of her fiancé. Several more rooms were where she could allocate different parts of her traumatic experience. The rooms also contained the respective ego-states associated with the time of the particular traumatic experience. With Yaro as her companion during trance, she was able to go to the different rooms, call for all the trauma-related ego-states, acquaint the ego-states with Yaro, and lead them to a special place in the garden that was absolutely safe and also accessible for the present ego-state.

SIMULTANEOUS PRESENCE OF THE DOG AS IMAGINED HELPER AND PHYSICAL COMPANION

During these sessions, Yaro was imagined to be always present at the safe place, while the patient was lying on a mat on the floor with the real dog next to her, because she insisted on having physical contact with him during trance. In these sessions, she explored the rooms one after the other and cleaned them up, in an order chosen by herself, with Yaro always by her side. During this phase of the therapy she reported she felt calmer, the tensions in her neck were beginning to fade, and her sleep got better. Yet she still reported difficulties in establishing contact with her colleagues and a continuous dislike of herself. However, in the presence of Yaro she always felt very stable and protected.

DISSOLVING DISSOCIATION AND STRENGTHENING AUTONOMY

The next therapy phase was concerned with relationship patterns to others and to her own self. This work was initiated by the question: Do you like Yaro?

Patient: Yes, it's a great dog.
Therapist: How do you know that?
Patient: I can feel it!
Therapist: Where do you feel it?
Patient: In my stomach.
Therapist: What kind of feeling is that?
Patient: A very pleasant one.
Therapist: When you concentrate on this pleasant feeling in your stomach, does this feeling have a colour?
Patient: Yes, it's yellow.
Therapist: Very well. You may let this colour become more and more intense and sense how the feeling is changing. Does that work?
Patient: Yes, the feeling is becoming a little different, a little freer. It's pleasant. I can breathe more easily. Now I can get an idea of what you were referring to by autonomy. I am getting an idea of what this feeling might be like.
Therapist: That's wonderful! What would you like to do most now?
Patient: What I would like to do most is to enjoy this together with Yaro.
Therapist: Go ahead and do it!

REASSESSING THE PAST

The patient went deeper into a trance, revisited her safe place, the garden, with Yaro by her side, and she sensed the unconditional acceptance by the dog and her unconditional liking for the dog. With this feeling of a reliable relationship with the dog, she was encouraged to meet her mirror image—who had recovered from trauma—at her safe place during trance. Now she could see that she had developed a bunch of prejudices against herself and could identify what they were about. She began to realize the nature of all the self-blame and self-devaluations that had been present ever since the death of her boyfriend, but had escalated after the consequences of this traumatizing death. She realized how she had given up autonomy out of fear of hurting others. These messages were brought to her by her mirror image while she was in physical contact with Yaro.

THE DOG AS AN ANCHOR FOR MAINTAINING THE OBSERVER POSITION

The next sessions were dedicated to dealing with the feelings of guilt and self-blame that she could look at from a detached observer position stabilized by Yaro's close presence. Being able to reassess her trauma responses by looking at them with a sense of stability enabled her to feel connected to herself again. Her self-concept became more and more positive. She took care of her physical appearance again, went to the hairdresser's, and took up sports like fencing on her own initiative. She started to spend more time with the violin and gave her first concert after a three year interruption caused by the trauma. Her sleep was back to normal and the pain symptoms decreased substantially. As her self-image improved, and she started to like herself again, she also felt more competent in her social interactions which allowed her to take up social relationships again.

TRANSFERRING RAPPORT FROM THE DOG TO THE THERAPIST AND INTEGRATING THE TRAUMATIC EXPERIENCE

At this point in therapy—after 15 sessions in a period of about 9 months—her emotional and social stability had improved considerably. The relationship with Yaro had become very intense. All along the way, the close rapport she had with Yaro was subsequently transferred to the therapist, further facilitating and speeding up the therapeutic work. The final phase of therapy was dedicated to resolving the trauma around her boyfriend's death. The close relationship to Yaro and the stable alliance with the therapist enabled the patient to confront the trauma in trance. As a result of this work, the patient was able to say farewell to her boyfriend, letting go of him without abandoning him, knowing that he was safe in a different world while she stayed in her own world, and yet felt connected to him by a bridge of love. Because she experienced Yaro's consistent closeness, she didn't feel alone, but very safe and securely held.

During the phase of trauma integration, Yaro was still present. The former symptoms had dissolved almost completely. The patient had reached a better self-concept than she had ever had before and felt safe in her social relations. She had regained access to her ability to experience empathy. Her sleep and pain problems had dissolved. The trauma was integrated in such a way that her body remained calm when she was thinking or talking about her boyfriend's tragic accident, free of anxiety. A good balance was reached between her needs to feel autonomous, related, competent, and oriented (Mende, 2006, 2010).

DOING WITHOUT THE DOG

Due to the therapeutic progress, Yaro's significance for maintaining stability could gradually decrease. In the course of therapy, the patient had changed the setting from her lying on the floor to her sitting in a therapy chair with just a hand touching Yaro. After a while, the patient was fine with Yaro being somewhere else in the room, but she still experienced the closeness of the relationship to him. Later on, sessions could be held without Yaro being present in the same room. In the final phase of therapy, solution-oriented work was done without the dog, orienting the patient towards a positive future as a concert violinist.

ASSESSING THE CASE: THERAPEUTIC BENEFITS OF INTEGRATING THE DOG

The therapeutic process could only be initiated because a dog could be utilized to address the patient's resources to establish contact with him. She was unconditionally accepted by the dog—as long as she stayed in the here and now. No matter what was going on with the patient, the dog would accept her unconditionally—as long as she could relate to him in the presence of the moment. The function of the dog was to prevent the patient from regressing into trauma involuntarily by offering a stable, unconditional relationship and thereby containing her in the here and now. It was only through the stable closeness and the relationship to the dog that the patient was confident enough to go into a trance, as she experienced that she was safe from being alone, being blamed, or being rejected in any way. Whatever she would do or experience, the dog would be at her side. By building an intense form of rapport with the dog, she was able to feel her own empathic qualities again.

One of the major therapeutic factors of working with the dog as co-therapist was that it allowed her to strengthen her feeling of autonomy in a very direct way, as the patient had to make definite decisions about her preferences and to communicate these decisions in a clear-cut fashion. Being mirrored by the dog, with increased rapport during trance, had positive effects on her self-perception and self-concept. In the case of the patient described, it is hard to imagine how this work could have been achieved without the help of the dog. Even gaining enough trust and confidence to enter a trance would have taken so much longer. The patient learned that it was perfectly all right to accept herself unconditionally, that she was allowed to establish and maintain boundaries, that it was permissible to make clear decisions and that these decisions could be made without hurting others. Thus, an alignment of her basic emotional needs to feel autonomous, related, competent, and oriented could be reached.

CONCLUSION

The purpose of this article was to show how dogs can assist the hypnotherapeutic process in a very specific way, exceeding the assignments therapy dogs usually have to provide comfort, diversion, or to elicit caring behaviour. As shown in the case of a traumatically bereaved patient, a trained therapy dog can be a valuable assistant in creating rapport to a socially isolated individual with severe dissociative symptoms of depersonalization and derealization. After a stable therapeutic alliance has been formed, the dog becomes a positive transference object for the containment of overwhelming affects and the projection of hidden or lost resources. Confronting the dog, and the projections he receives, paves the way for traumatized and guilt-driven patients to confront themselves in a positive way

again. The physical presence of the dog anchors the patient in the present moment by his unconditional responsiveness to anything that happens in the here and now. The reassuring physical contact with the dog encourages the patient to confront the trauma and, at the same time, helps the patient to maintain a safe observer position throughout this therapy phase.

When working with traumatized patients, dog-assisted hypnotherapy offers an extremely valuable option: a hypnotic setting can be created with the simultaneous presence of the real dog by the patient's side in the therapy room and the presence of the imagined dog during trance, so when contact is established with the traumatized ego-states, the dog can provide shelter, comfort, and information to help in the reframing of the traumatic experience.

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