



Animal Assisted Therapy (AAT) Helps with Anger Issues in the Severe and Persistently Mentally Ill (SPMI) Population

Cynthia A. Edins

*University Of North Georgia, Gainesville, GA
cedins@ung.edu, caedinsphd@yahoo.com*

Abstract

This paper summarizes a study conducted which used Animal Assisted Therapy (AAT) to help with anger issues in people who have been previously diagnosed with a severe and persistent mental illness (SPMI). Fifty-six participants were studied and questioned in depth for an understanding of their anger issues; as they relate to their diagnosis. Some of the questions that were considered were as follows: Is anger a direct result of their diagnosis? Is the medication they take somehow responsible? Are anger outbursts controllable or at least foreseeable? How can a counselor provide therapy for someone when that person is so angry all the time that they cannot calm down long enough to listen or participate in any form of therapy? This study also looks at the use of animals to calm this population using their blood pressure levels before and after the fifteen minute intervention with an animal of their choice on a farm. Subject's reflections were documented through a self-efficacy questionnaire that was offered both before and after the intervention, as well as their counselor's trained subjective analysis of what creates the anger in each participant.

Keywords: Severe and Persistent Mental Illness (SPMI); Animal Assisted Therapy (AAT); Anger Issues.

1. Introduction

Animal-assisted therapy (AAT) is a field that has grown in popularity since the 1960's. AAT was first used in clinical psychology by Boris Levinson in 1962 [1].

* Corresponding author.

E-mail address: caedinsphd@yahoo.com.

The way that AAT was and is used in clinical counseling is very systematic and goal oriented. From the introduction to the conclusion of the animal interaction with the client, there exists a pre-designed order that helps the client to reach a set goal. Without this goal AAT becomes simply an animal assisted activity (AAA). In other words the primary difference between these two types of animal interactions is the goal that the clinician has in mind [2]. AAT uses animals for all types of goals, such as lowering blood pressure, opening up clients to speak more freely with the clinician and much more. AAT was initially used in clinical practice primarily to open clients up so that they feel more comfortable and will talk with the clinician more easily [1].

Studies have shown that AAT works by releasing endorphins during the simple act of petting an animal [3]. Endorphins are primarily used in our bodies for pain control, but also affect the level of happiness of an individual. According to the institute of HeartMath, emotions such as happiness influence attention as well as learning and memory[4]. This explains why emotionally charged events are burned into our memories. For example, everyone born in America before 1996, most likely remembers exactly where they were and what they were doing, when they found out about the attack on America on September 11th, 2001.

Endorphins are released when a person pets an animal [4]. Endorphins create a euphoric feeling that increases attention as well as the chance of remembering what is happening at that moment [4]. This information points to the theory that animals can also be used to reduce anger and frustration with-in the SPMI population. This study looked at a group of subjects, all diagnosed with an SPMI diagnosis, all reported to have anger issues and all currently participating in a Peer Program. A Peer Program is a nationwide program designed to bring together folks with SPMI diagnosis to learn life skills, coping skills and to better understand not only their illness but their recovery.

2. Background of the Problem

All too many mental health patients are told when they first get diagnosed that they will never be able to work again, their life is over and they might as well get used to it. 'Here are a bunch of medicines and get used to those too. By the way, they take away any feeling you have but hey, at least you won't have to worry about your symptoms'. The mental health patients however feel differently. They want to feel even if it means putting up with their symptoms. This has caused an ongoing battle between clinicians and clients. The Georgia Mental Health Consumer Network (GMHCN) is an organization that resides in Georgia and promotes whole health and wellness types of therapy for healing Consumers. The GMHCN has made a big impact on the lives of those diagnosed with a mental illness here in Georgia, an impact that has been very beneficial for all involved. The GMHCN has celebrated 22 years of helping people and now have certified peer specialists as mandatory for every state run mental health facility [5]. Those who say mental health practitioners should not have any past personal experience in recovery, move aside, this group will not let you through. If you are going to work with the severe and persistently mentally ill patient, you need to know and understand from a personal level how they think, and more importantly how they want to be thought of. The GMHCN now boasts over 350 certified peer specialists. Art therapy is one of the many ways this organization has helped people. Throughout the nation organizations such as this are gaining notoriety.

One of the chief complaints of the average Consumer is their limited option of taking medications that take away their feelings and emotions or live with the symptoms. Animal therapy is a method not yet utilized by this and other similar organizations. According to Bednar [6], animal therapy reduces the amount of medications needed by mental health patients. Dr. Weil, an MD who emphasizes whole health and wellness types of recovery, also states that AAT is a great way to treat anxiety issues and high blood pressure, as well as to decrease loneliness [7].

3. Statement of the Problem

People who suffer with an SPMI diagnoses often also suffer with anger issues, frequently reporting uncontrollable spurts of anger at times. This is not to say that all people with SPMI diagnosis' have anger problems, on the contrary, the media gives these folks a very bad image, especially when one person shoots up an entire school and then claims mental illness as the cause. This is not the type of anger to which most folks with SPMI experience. Rather the type of anger that is most frequently reported is usually self-directed and often caused by extreme frustration.

There are three types of aggression;

- **Hostile aggression:** Aggression that is aimed at hurting another person as a way of establishing dominance, which may gain the aggressor advantages in the long run.
- **Instrumental aggression:** Aggression that is directed at obtaining something.
- **Relational aggression:** Indirect aggression intended to harm someone's friendships or exclude an individual from the group [8].

Anyone suffering from a mental illness normally has a life history of abuse, neglect, or some other type of trauma. Even those with drug related mental illness' report trauma at some point, otherwise, why else would they have be using &/or be addicted to the drugs in the first place? The type of anger that is reported by folks with SPMI diagnoses is often due to frustration presented from personal insecurities. This population often finds themselves in a position where they feel they have to protect themselves. Friends, family members and even sexual/life partners pose threats in their insecure worlds at times. Many times with this population they experience times when their symptoms do not allow them to perform basic life skills. It is during these times that the family members have to 'take charge'. However, when the symptoms subside, the client no longer requires their family member to be in control and can once again 'take charge' of their own lives. This however causes conflict and frustration for both the family members and the client. Poor communication skills, that exist within most families regardless of existing mental health or illness issues, are a direct cause of this frustration. Anger ensues out of fear and frustration, not hate or revenge. Fear that someone will hurt them or frustration that nobody understands them is more the norm with this population than anything else. It would not be an easy life to feel everyone is out to get you or that nobody understands you, as such frustration is born.

With these anger issues and moments of extreme frustration come a road block to therapy. Drugs become the only way to keep anger at bay long enough to participate in any long term therapy. Since there is no quick fix,

no magic cure, long term therapy and peer support seems to be the best help these people have to date. The drugs used to keep this population calm however, come with a huge cost to the individual taking the drugs. First and foremost most Consumers report a lack of self, in other words they walk around feeling numb most of the time and they lose their ability to feel any emotions. With the loss of emotions comes the loss of anger, but it is also with the loss of happiness, sadness and every other emotion humans require for a full life. Georgia State has been incorporating the 'whole health and wellness program' for several years now [5]. With this program, comes the idea that Consumers are people and as such they need to have full lives in order to enter recovery. Recovery includes not only relief from symptoms but also the ability to live a productive life that includes spiritual fulfillment, social aspects, employment and emotional well-being. One cannot very well experience these things if they are on drugs that take away their ability to experience any emotions. Because of this, there have been many debates about medications and their side effects [5]. Another terrible medication side effect is the need to overeat which leads to numerous health issues including diabetes [5]. A large percentage of the drugs given to this population cause the person to feel hungry constantly. The constant hunger leads to diabetes, as well as many other diseases related to obesity. While it is true that not all people who suffer with SPMI diagnosis' can or should come off of medications, it is equally true that many who are on medications could be weaned off of their drugs. No human being should have their right to decide to take medications or not take medications taken away, just so long as they are not a danger to self or others. If it were possible for some to come off these harmful drugs, the tax payers who foot the majority of the bill for these medications would find a relief, since a large percentage of this population is on disability all their medical expenses are also paid by the tax payer. Thus, keeping these people medicated only increases the costs to the tax payer. Thus it stands to reason that finding an alternative to costly medications is everyone's concern.

Smoking is another handicap that is common with this population. Smoking helps the clients feel more relaxed and offers them a feeling similar to that which endorphins provide to the jogger. Smoking also helps the racing thoughts this population suffers from constantly. Most Consumers want off of their medications and some even try to wean themselves off, often times with unproductive results. Legally, a practitioner cannot force a client to take medications unless a court order is involved. This leaves the door open for Consumers to refuse to take their medications and for incidents such as school shootings to take place, with the counselors and psychiatrists being held accountable. Society wants to know that the mentally ill living among them is not going to hurt, or kill anyone [5]. They also want the mentally ill to have rights, one of those rights is a right to refuse medication [5]. When a Consumer refuses medication there is little that the psychiatrist can do. Many Consumers have experienced anger and frustration in their effort to go off of their medications so that they can once again 'feel'.

AAT offers an alternative to medications, an alternative that also provides relief from anger and frustration. In a supervised environment, counseling becomes easier when animals are introduced. When anger &/or frustration hit, blood pressure naturally rises, this increase causes the heart to work harder (race) thus causing the parasympathetic and sympathetic nervous systems to become desynchronized [9]. It is best stated by [9], as "similar to driving a car with one foot on the accelerator (the sympathetic nervous system) and the other on the brake (parasympathetic nervous system) at the same time" (p. 2). In other words there is a limitless amount of energy but the individual is simply spinning their wheels, not getting anywhere and destroying the car (the

body). Staying in this state constantly causes a break-down in the system that leads to high stress, costly major medical issues and even death [10].

This study shows that a small amount of time (15 minutes) petting an animal can slow and in some cases reverse the anger and frustration that is the root cause to this cycle.

4. Materials and Methods

This was a qualitative study done with 57 participants. The researcher performing this experiment worked with each participant as their counselor on and off for a period of five days a week over a three year period. The time spent working with this group allowed the researcher time to really get to know each and every one of the participants of this study. Each participant had some type of SPMI and was either on disability or waiting for disability from the government. None of these people could work and all of them attended the same group Monday through Friday for treatment. This study was conducted in order to determine the most appropriate methods to help these individuals. The participants were all previously diagnosed with SPMI's, at least over a year from the time of the study. These individuals all agreed to spend an afternoon at a farm. Prior to the trip to the farm everyone was given a short questionnaire that asked simple questions about their anger levels, expectations, frustrations and overall self-concept. A Licensed Professional Counselor (LPC) interviewed each participant prior to the trip to the farm. In this 20-30 minute interview per person, each Consumer was told the premise of the experiment, given a basic explanation about what to expect, and signed a consent form agreeing to the experiment. Only those who held the right to sign for themselves were selected to participate. In other words nobody with a court appointed guardian was allowed to participate. Some of the other qualifying criteria was that they could both read and write, suffered from intermittent to extreme anger issues, and they had been diagnosed with an SPMI diagnosis for over one year. The LPC also asked the Consumers questions about their anger, how they dealt with it and to what extent it interfered with their daily lives. Their medications were recorded, along with their age, gender, allergies, ethnicity and age at first diagnosis. The nature of the study was explained at great length for complete understanding to each participant before they were asked to sign the consent form.

As each individual, arrived at the farm their blood pressure was taken and recorded by a licensed registered nurse (RN). They were then asked to spend 15 minutes with an animal of their choice. The choice of animals included was; dogs, cats, horses, cows, sheep, pigs and goats. All of these animals had been around disabled children and adults extensively and a part of a petting farm, thus they were all very tame and used to being handled by people. The participants stood or sat or walked around during the 15 minute duration according to their preferences. Each participant's animal selection and choice of position was recorded. At the end of the 15 minute intervention, their blood pressure was again taken and recorded, by the same RN who recorded it originally upon arrival to ensure accuracy. They were then asked to complete a post survey questionnaire that was identical to the pre-questionnaire except for tense. For example in the pre-test one question was "I believe any anger I might have will noticeably decrease when I pet an animal." The post question's twin to that one was; "My anger decreased when I spent some time petting an animal". The LPC then spent on average 15-20 minutes

with each participant asking them about their experience during the study. The LPC recorded all answers and noted any distinct differences between participants from the before and after interviews.

5. Results

The results of this experiment were extreme. Every participant was recorded to have a lowered blood pressure level after the intervention, with a single exception. The exception was recorded as being afraid of the animals. One of the participants, who was extremely agitated when he arrived, had an initial blood pressure level of 142/90 and after petting a cat for 15 minutes was recorded with a new lowered blood pressure level of 122/80. This same individual was cursing and yelling at everyone when he arrived. He was so upset that he almost was unable to participate. When he finally calmed down enough to have his initial blood pressure taken, he was handed a cat to hold. Due to his anger level at the onset of the study, he is the only person who did not get to pick which species he wanted to interact with. He did choose to walk around while he held what he referred to as 'his' cat which he promptly named. He started petting her while he held her and within moments was visibly calmer. He obviously enjoyed his time with her as evidenced by his mood change, face color change from red, smiles and eagerness for others to meet 'his' cat. He was much more cooperative after the intervention, even eager to have his blood pressure taken again and happy to fill out the post questionnaire as well as speak with the LPC about the interaction. He eagerly talked about 'his' cat and how much he enjoyed holding her. He was questioning if he could take her home with him, where he assured the LPC he would take 'great' care of 'his' cat. Below is a list of the blood pressures taken both before and after for all participants. With very few exceptions, the blood pressure lowered. There is one case that had an increase (yellow highlight - this person did report a fear of animals prior to testing) and two where the blood pressure remained the same (highlighted in green). Out of 56 tested individuals 53 showed a decreased blood pressure after the intervention. There were several (7) who showed a marked decrease in their blood pressures (pink highlight) either in the Systolic or the Diastolic. The Systolic (top number) is a measure of the pressure in the arteries when the heart beats. The Diastolic measures the pressure in the arteries between heartbeats. It is said that the Diastolic is more representative of stress than the Systolic[11].

Table 1 Before and After Blood Pressure Measurement's

Before	After	Before2	After2	Before3	After4	Before5	After6
112/70	112/70	122/72	120/78	118/82	116/74	132/78	130/76
124/80	122/76	140/82	120/74	119/80	118/76	142/78	140/76
140/82	132/84	122/76	116/74	142/90	132/80	152/84	148/78
116/82	112/70	132/78	130/76	132/86	130/80	116/68	112/68
118/84	120/76	128/68	126/68	124/84	122/78	118/72	116/70
155/88	134/84	142/84	136/78	126/88	118/82	132/80	130/78
124/86	112/80	154/88	148/80	140/90	132/80	116/80	112/78
130/76	128/72	112/76	110/74	142/86	142/84	122/82	122/78
142/94	140/84	132/78	126/78	142/88	136/86	112/70	112/70

136/82	132/80	144/88	142/80	124/82	112/70	124/80	122/76
126/92	122/78	112/68	112/64	168/100	152/96	148/84	140/64
132/82	130/80	144/68	144/64	150/100	152/100	110/80	112/68
118/80	104/72	132/78	130/76	130/78	128/80	112/70	112/68
118/80	118/78	142/78	140/76	122/66	118/64	132/82	130/78

The before and after self-efficacy questionnaires were listed as 1-4 on a Likert Scale that started with;

1-Absolutly positive; 2- Somewhat positive; 3- Somewhat unsure; 4-Totally unsure

This gave the participants a chance to state if they felt sure they would have a reaction or were unsure of a result happening due to the intervention. There were five questions, they included:

1. I am confident my blood pressure will go down when I pet an animal
2. I believe any anger I might have will noticeably decrease when I pet an animal.
3. I believe my happiness will increase when I pet an animal for fifteen minutes.
4. I believe I will notice my body relax after spending 15 minutes or more petting an animal.
5. I am confident I will forget about any troubles I might have while I am petting an animal.

The results are as follows:

Table 2 Before Questionnaire Results

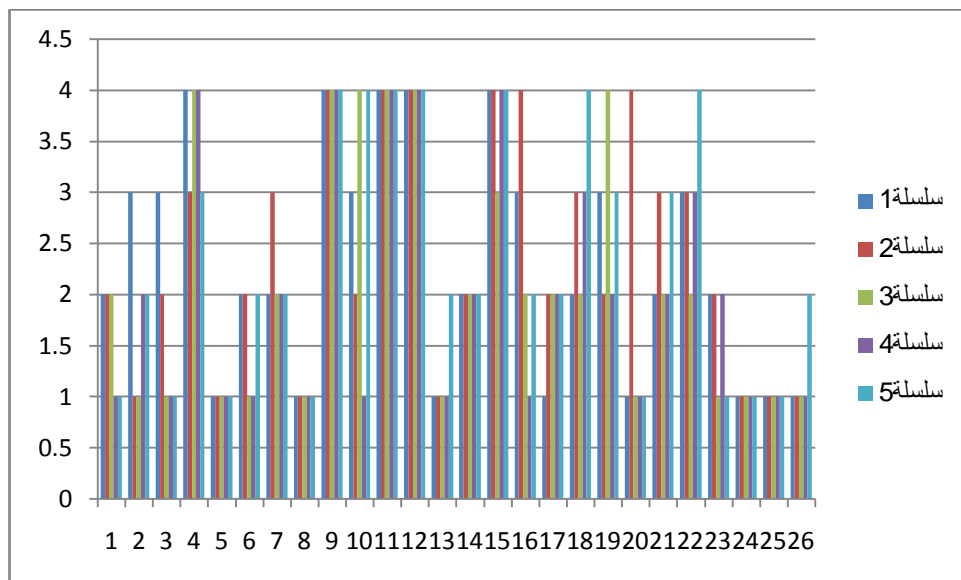
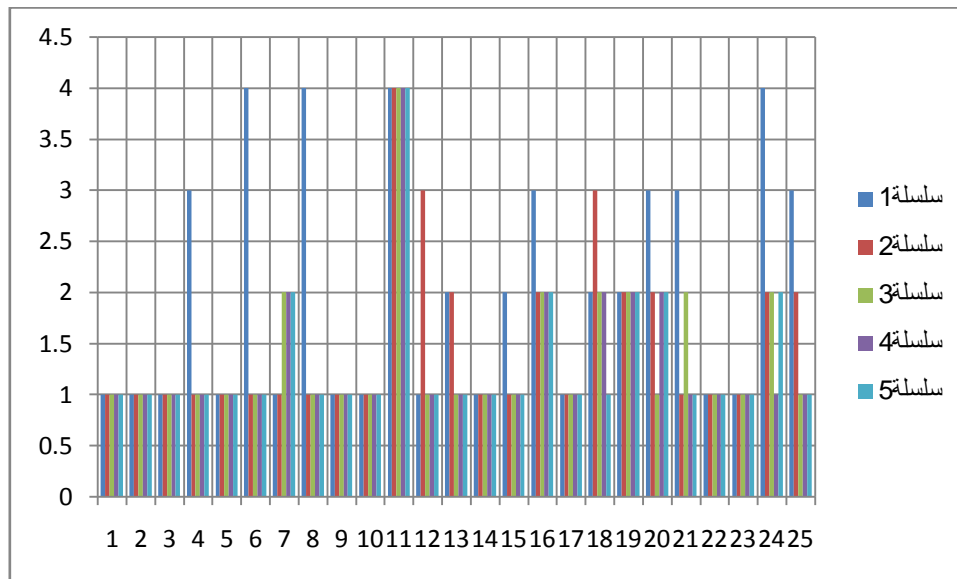


Table 3 After Questionnaire Results



The above chart's show a higher amount of 4's (totally unsure responses) on the before questionnaires than on the after questionnaires suggesting the participants were not convinced that the animal therapy intervention was going to make a marked difference in their actual blood pressure. This further supports the results of their after questionnaires that state they noticed a difference. Indicating they could tell that the AAT intervention worked. As evidenced by the questionnaires and the supporting blood pressures, the participants not only noticed a difference but also experienced a difference in their actual blood pressure levels.

6. Limits and Significance of the Study

As with any study there are limitations that must be considered. The group size was very small in this research, 56 participants. This is not a significant number of participants. While AAT has been significantly studied over the past decade the SPMI population has not had much attention with this therapy technique and research. There are many populations that can benefit from AAT and the SPMI is one such population that has been largely overlooked. More research with a larger population would help to establish a firm idea of just what AAT can do for this particular population. As an example, look to the first dog used in therapy by Dr. Levinson in 1962[1]. While therapy dogs are used for such populations as PTSD, school children, and when tragedy strikes, few if any licensed counselors use therapy dogs in practice to help those with a mental health diagnosis. It is true that PTSD is a mental illness but those therapy dogs used for this particular population are normally assigned to one person (the person with that diagnosis) to live with them and travel with them. Counseling sessions could also benefit from the use of therapy dogs. A therapy dog trained and certified and used with a licensed counselor would benefit many people. The research in this area is lacking.

7. Conclusion

This study shows the relationship between AAT and reduced anger in Consumers with SPMI diagnoses. While

medications cannot be completely replaced, AAT can certainly be used with at least some of the SPMI population. Peer Centers would be better run with AAT as part of the core curriculum to maintain a calm atmosphere. Having animals, such as dogs and/or cats or rabbits at the Peer Centers, would enable staff to keep the Consumers calm as anger often prevents group therapy progress. Since Peer Centers are based off of group interaction, which constitutes several Consumers working together on any given topic, it is natural that arguments and problems will ensue. With animals available to keep the Consumers calm, the learning and therapy would be much more productive. Private therapy would also benefit from AAT.

Acknowledgements

This study is dedicated to all those people who suffer from a severe and persistent mental illness, such as schizophrenia, bi-polar, and depression. It is for all those who I have personally had the pleasure to serve and work with, you remain in my prayers.

References

- [1] M.Kavishwar. "Animal assisted therapy". Internet:http://www.camhindia.org/animal_assisted_therapy.html.October 30th, 2007 [January 28th, 2014].
- [2] C.Chandler. "Animal-assisted therapy in counseling and school settings". Internet:<http://www.ericdigests.org/2002-3/animal.htm>.March, 2002. [October 30th, 2013].
- [3] J.Turner."PetTherapy". Internet:http://findarticles.com/p/articles/mi_g2603/is_0005/ai_2603000585.2002. [October 30th, 2013].
- [4] R.McCraty (2003, March). "Heart-brain neurodynamics". The making of emotions. *Institute of HeartMath Research Center Publication No. 03-015*.Available: www.heartmath.com. [Dec. 5th, 2013].
- [5] Georgia Mental Health Consumer Network. Internet:www.gmhcn.org/. [December 15th, 2013]
- [6] J. Bednar (2007, Oct.). "A dog's touch: Pet therapy makes a difference in patients' lives". *Business West: Health & Elder Care (42)*.Available: www.businesswest.com
- [7] A. Weil" Wellness therapies: Animal assisted therapy". Internet:<http://www.drweil.com/drw/u/ART03171/Animal-Assisted-Therapy.html>. [Sept. 30, 2014].
- [8] CLightfoot.;M.Cole; &S. Cole. "The development of children". Seventh Ed. *New York, NY:Worth Publishers*.2013pp. 125-135.
- [9] R. McCrat. "The scientific role of the heart in learning and performance". *Institute of HeartMath, Publication No. 02-030*. Available: www.heartmath.com. Dec. 2003. [Jan. 23rd, 2014].
- [10]E. Pastorino&S.Doyle-Portillo. "What is psychology?" 3rd ed. Belmont:CA:Wadsworth Cengage Learning.2012. pp.235-330.
- [11] American Heart Association. "Understanding blood pressure readings". Internet:http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/Understanding-Blood-Pressure-Readings_UCM_301764_Article.jsp. Sep. 30th, 2014 [Sept. 30th, 2014].