

Psychodynamic Animal-Assisted Psychotherapy for Children:

The Animals Help Us Help Children in their Journey¹

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(Preprint Version)

Introduction

While working in the field of Animal-Assisted Psychotherapy (AAP) the past 20 years with children in various therapy settings – for normative, at-risk, and maltreated children, the other psychotherapists and social workers on staff were often astounded by the special connection I had with my clients, and by the content that came up in therapy. Colleagues often noted that some of these children had been resistant to therapy, or were serial dropouts from therapy in the past, yet waited impatiently to come to their weekly sessions with me. They also noted how some of these children had been in therapy before, but only with me did serious content come up, allowing the clients to work through that content. Was it something about me? Was it the animals? Was it me *with* the animals? These questions have been welling up inside of me since my student days during my field placement, when the director was almost immediately taken aback by the effect that my sessions were having on the children and what they confided in me, despite the fact that I was only a student.

Those questions led me on a journey, searching for answers through further study, conversations with AAP colleagues, clinical supervision, reading research studies, conducting research, attending conferences, lecturing, and writing. This process helped me - to integrate all of the knowledge I gathered during my journey and to reach further insight into how I and others can help “the kids” even more. “The kids” have thrown light on these

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questions and helped me reach some discoveries and conclusions. The children are no less a part of my journey than the animals and I have been a part of theirs.

The best psychotherapists are not mechanics who carry out therapy “according to a rule book” but rather understand that growth occurs within a process that may take many unexpected twists and turns. Working mechanically, without understanding, will lead to superficial results. Not only do we need to understand WHAT to do, but we must understand HOW IT WORKS, and WHY what we are doing is helping. Only then will we be able to negotiate unexpected directions, and do it better. Furthermore, if we work mechanically, following rules of WHAT to do, instead of *feeling* the client, then the client may feel like a machine that we are trying to fix. A mechanic and a machine do not have a relationship. Psychotherapy can only occur in the context of a relationship.

Most of my writing is in an academic format, full of references to research studies and to theoreticians, in hopes of stimulating further academic research and gaining more serious recognition of our wonderful field. This chapter will be more “reader-friendly” and written for current AAP therapists and any others who are interested in Animal-Assisted Psychotherapy practices. It is my hope to introduce readers to the myriad of mechanisms that might be occurring under the surface of the AAP process that haven’t been previously recognized. These insights may encourage AAP therapists to recognize the variety of opportunities afforded to clients by AAP and how to take advantage of these opportunities.

This chapter is based on my previous publications. Readers who are interested in delving into the research and theoretical background of the information and ideas presented here are invited to read the material listed in the bibliography at the end of the chapter.

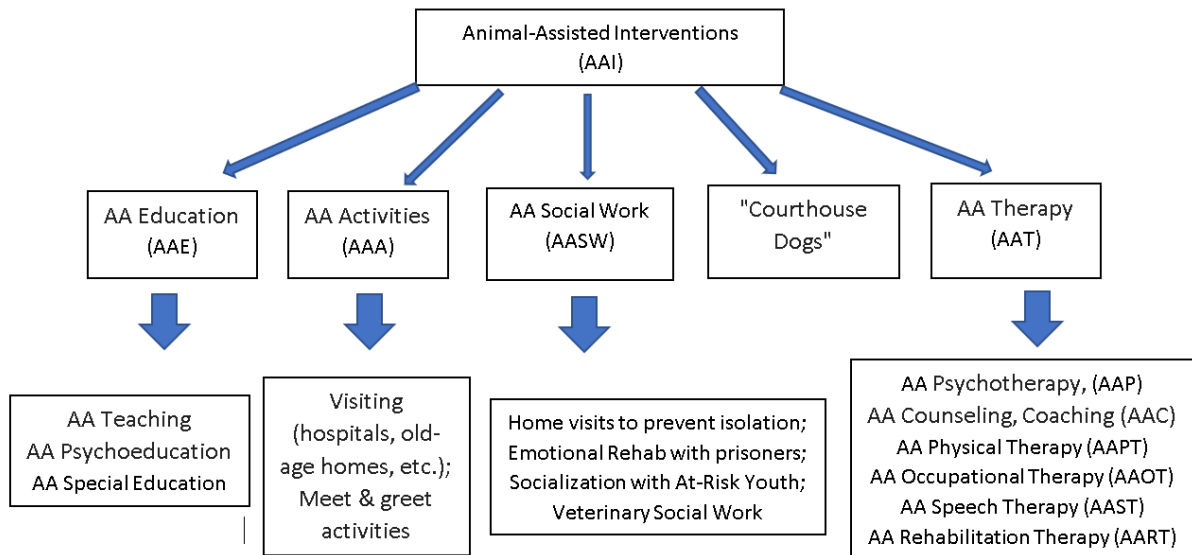
First of All.....Just To Get Things Straight

AAI – Let’s Make Order Out of Chaos

Animal-Assisted Interventions (AAI) is an umbrella term for the many wonderful interventions that may be carried out in order to use the human-animal bond to further the welfare of humans, while being aware of the ethical concerns surrounding animal welfare.³

³ The subject of ethics is critical to our profession and is unique among other therapy professions, for it must also address the issue of the ethical treatment of the animals who accompany us in our sessions. In the Code of Ethics for our professional organization here in Israel, we refer to ethics towards clients, ethics towards

According to IAHAIO – the International Association of Animal Interactions Organizations, AAI includes AAT (Animal-Assisted Therapy), AAA (Animal-Assisted Activities), AAE (Animal-Assisted Education), and AAC (Animal-Assisted Counseling and Coaching). Each has their own definitions, goals, mechanisms, processes, professional training and approach towards preparation of the animal for the intervention.



Animal-Assisted Therapy (AAT) is the intersection between two different areas: Animal-Assisted Interventions (AAI) and therapy. Obviously, not all therapy modalities are AAI's, and not all AAI's are therapy.⁴ This is an important point, for until recently (and often presently), in popular media and even in professional literature, any AAI was referred to as AAT. Whether the writers were referring to visits with animals by non-professional volunteers or to reading programs assisted by dogs in libraries, the activity was referred to as AAT. Further confusion between these interventions is caused by the reference to "therapy animals," and the person and the animal together are often referred to as a

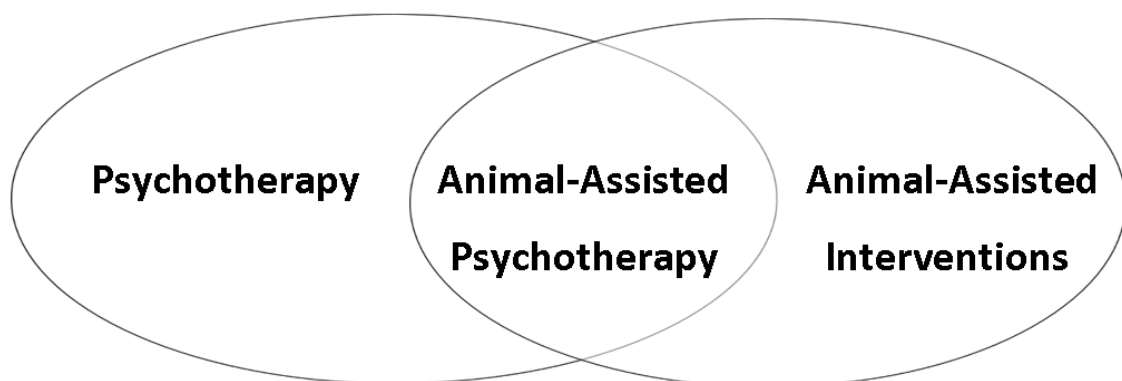
animals, and ethics towards all that occurs in interactions between clients and animals in AAP sessions. For this Code of Ethics, see the citation in the bibliography at the end of this chapter.

⁴ Even in the area of mental health professions, there is confusion surrounding the boundaries between sub-professions. Certainly, not every mental health worker is a therapist. Similarly, there are many mental health practitioners who integrate animals into their work very successfully, yet they are not AAP therapists. For instance, a social worker who makes home visits (not for the purpose of therapy) might bring her dog to visit an otherwise intransigent homebound senior citizen who lets her in only because of the dog. Also, in the field of counseling, there are AAC counselors, accompanied by their dogs, whose emphasis is on psychoeducation or on problem-solving, and not on psychotherapy. Therefore, their work would be referred to as AAC and not AAP.

“therapy team.” By this logic (or “mislogic”), if someone is bringing a “therapy dog” to an activity, and together they are a “therapy team,” then the activity “must” be therapy, and therefore, the person carrying out the activity “is” a therapist, at least in the mind of many of those carrying out the activity and those participating in it. However, therapy is a process that can only be facilitated by a qualified therapist with the relevant professional credentials and academic training. It is therefore, unethical to refer to such interventions as therapy.

Animal-Assisted Therapy (AAT) is not a profession but rather an umbrella term; AAT can include animal-assisted occupational therapy, animal-assisted speech therapy, animal-assisted psychotherapy, and more. Each of these modalities have distinct definitions, goals, mechanisms, techniques, processes, professional training, and preparation of the animals for their participation in the therapy process. It is essential to realize that the animal is NOT the therapist, or even the co-therapist. A therapist is aware of the issues which brought the client to therapy, the goals of the therapy and the path to those goals. The therapist has intention at any given point in the therapy process. The animal has no awareness of these issues and has no intent of fulfilling the goals of the therapy.⁵ The animal brings her or his *self* into the session, and in certain types of therapy, her or his training, which helps to facilitate the therapy process.

AAP is the intersection between AAT and psychotherapy.



⁵ I am not saying that animals feel no empathy. However, there is a certain unfounded, in my opinion, romanticism that says that animals know what to do to help people and more so are intent on helping people. I feel that this is “humanizing” the animal, anthropomorphizing, for our own needs for someone to see us, for someone who wants to and can help us.

What is Psychotherapy?

The goal of psychotherapy is to modify behaviours, cognitions, emotions and personal characteristics in directions that increase the client's functioning, quality of life, and meets client goals. According to the American Psychological Association, the techniques employed to reach these goals involve informed and intentional application of clinical methods and interpersonal stances based in psychological principles.

This chapter focuses on one type of psychotherapy – *psychodynamic psychotherapy* with children. Psychodynamic psychotherapy facilitates EMOTIONAL EXPRESSION of the deeper issues that underlie the presenting symptoms (behaviours, cognitions). That is, symptoms (behaviors, cognitions) are an expression of deeper issues, and therefore the goal of psychotherapy is long-term change by working on the behaviours, cognition, as well as the symptoms. The stance of psychodynamic psychotherapy is that psychological problems come from past problematic relationships. Reenactment of these problematic relationships occurs within the therapist-client relationship, bringing issues to the surface and allowing for exploration. Painful content can thus be worked through and processed, leading to insight and change. Psychotherapy takes place through a medium. For adults, that medium is conversation, explaining the common description of psychotherapy as “talk therapy.”

Psychodynamic Psychotherapy with Children

The medium for psychotherapy with children is play. A subconscious process, play can be an expression of the child's past or present experiences and emotions. “It's not real. I'm only playing.” This sense of “only playing” expands what Winnicott calls *potential space*, the intermediate area between our outer reality and our inner emotional world, the place where we can imagine, experiment with different ideas, explore and express our emotions and experiences to our self and others without fear of consequence and reality crashing down on us. Essential to the establishment of the potential space and a child's ability to take advantage of it, within the therapy process, is a sense of safety – both physical and emotional. Should the child feel threatened in any way, the potential space collapses and imaginative play ceases.

Winnicott would have been fascinated to learn that there is a neurobiological system facilitating the sense of safety needed for the existence of the potential space. The *default mode network* (DMN) is a neural network, connecting various regions of the brain, which

continues to function even when we are in a resting state; not involved in goal-directed activity, or inward concentration. Should a novel situation or possible threat arise, the DMN alerts us to the need to move our attention outwards. This feeling of safety, provided by the sense of having a "guard at the door", allows us to consciously focus on our internal selves and experience an imaginal space in the flow of time, including context of our relationships with others.

Although considered to be therapeutic in and of itself, play is often not enough for the therapy process to occur. Play must be mediated by a therapist, between the child client and his or her inner world as content comes up within the play. This may be done through the therapist's reflections of what is said and done by the child within the play and sometimes through conversations about that play, depending on the child's cognitive and emotional abilities to participate in such conversations.

Furthermore, it is critical for the therapist to ensure a safe atmosphere for the establishment and conservation of the potential space to prevent its collapse. The therapist must prevent the intrusion of threatening reality into the play which might result in the collapse of potential space and therefore the end of meaningful play. For instance, in a play sword fight, no one should ever actually get hurt. If the child brings up especially emotionally-threatening content in play, it is essential for the therapists to help the child preserve the state of "as if", or pretending. This allows the child to keep much-needed defenses that facilitate emotional expression through play until the time arrives that he or she feels comfortable enough, motivated enough, to connect the play to his or her experience, worries, or fears and relate them to the therapist.

The play therapy setting includes various medium in order to further expand the potential space, stimulating play and emotional expression in general. These mediums include creative art materials, dolls and doll house, toys, games, and materials encouraging dramatic role-play. Often, if not usually, the play will become deeper and bring up more content when there is a partner in the play, allowing the child to become a sort of director, giving directions to the therapist of what role to play as well as how to act and react within that role.

Play therapy has many opportunities for achieving the goals of psychotherapy for children:

- * Play provides a window to that which cannot be expressed – content that may not otherwise be accessible
- * Play may provide the environment that allows communication to occur as well as serving as a channel for communication, expression of emotion, ideas, experience, wishes to self and others
- * Discussion of the content, while remaining in the context of play, allows defenses to stay intact, which bypasses emotional barriers to discussion of painful reality
- * Play with an empathetic and sensitive therapist leads the child to feel understood, resulting in a sense of security and safety, leading to more emotional and behavioral regulation and a willingness to enter deeper into the process
- * Play facilitates process of working through painful and confusing issues and content
- * Play allows for experimentation of different behaviors and outcomes, leading to insight and positive change
- * Play allows for practice of new and more appropriate cognitive and behavioral patterns, which may then be exported from the therapy setting into real life, leading to an overall healthier wellbeing and better functioning and quality of life

The Therapeutic Alliance in Psychotherapy

A crucial factor in psychotherapy, without which meaningful processes and change are less likely to occur, is the therapeutic alliance. For adults, the therapeutic alliance is comprised of three elements: the client's relationship with the therapist characterized by trust, agreement between client and therapist concerning the goals of the therapy, and agreement between client and therapist concerning the tools and techniques used to reach these goals. For children, who may not have the cognitive abilities to understand or interest in the goals of therapy, the trusting relationship with the therapist is the main component of the therapeutic alliance.

Research has shown that the therapeutic alliance predicts or is strongly related to the therapy outcome. This has been found to be true across therapy modalities and populations. Furthermore, a strong therapeutic alliance established at an early point in the therapy process is especially related to positive therapy outcome. Conversely, a weaker therapeutic alliance is correlated with high dropout rate from therapy. After the initial positive perception of the therapist is established, other factors that positively affect the

therapeutic alliance include the therapist's skills in containing anxiety, relating to problem-solving from the perspective of a child client, and creating a sense of privacy and confidentiality. Working on past and present relationship problems through the client-therapist relationship, in a situation characterized by intimacy together with autonomy, facilitates the exploration of the client's emotional issues within the therapy process.

Some children however, may be resistant to forming a therapeutic alliance with their therapist. Parents bring their children to therapy due to emotional, social and behavioral problems. Depending on the way the concept and goal of the therapy is presented to the child, the child may feel that the parents, and the therapist, are trying to "fix" them; they may close down, become defensive and reject the idea of a relationship with the therapist. Due to their life experience, some children have a general lack of trust in adults and may be characterized by insecure attachment. These children may see all adults as emotionally unavailable, rejecting, or even dangerous.

Somehow, the therapist must create a sense of safety for the client within the therapist-client relationship. One possible solution for resistance to the establishment of the therapeutic alliance is a focus on what is referred to as the *third thing*. That is, the therapist may suggest that they both focus on something outside of the therapist-client relationship that can be studied and observed by both therapist and client. This third thing serves as a neutral area where communication is indirect. It allows for less threatening, authentic and warm sharing of one's inner world, forming a bridge to the therapeutic alliance and emotional expression. Examples of a third thing may be a hobby, sports, a book, love for nature, or an animal.

Animal-Assisted Psychotherapy

Animal-Assisted Psychotherapy (AAP) has the same goals as psychotherapy with many of the same mechanisms and processes. Some of the mechanisms, however, have unique qualities, while others are in and of themselves unique to AAP. This uniqueness allows the therapist to reach the client and advance processes that otherwise may not occur.

Mechanisms:

The Integration of Animals into the Therapy Setting

Creates a Safe Environment for Therapy Processes to Occur

Authenticity of the AAP Environment.

Arriving to a first therapy session is likely to be daunting for a client. The situation is artificial, the client knows there will be expectations of him or her but is unaware of what they might be, and a sense of hierarchy is inherent. The presence of the animals facilitates a more natural, less artificial atmosphere in the therapy setting, making it less threatening to the client. Animals are inherently authentic in their behavior and emotional expression. They may show curiosity in the client, initiate interaction, avoid the client, or simply ignore the client. Animals naturally behave, interact, and express emotions without any agenda to manipulate or make an impression on a client.

Furthermore, the authentic behavior of the therapist in interaction with the animals such as: spontaneously patting the dog, laughing at the rats' antics, worrying about a sick hamster, leads to an impression of a more natural and authentic therapy environment where authentic and spontaneous emotional expression is accepted and even the norm. The therapist might describe the animals in a way that is accepting of who they are, allowing the client to perceive the atmosphere as one of overall acceptance. A dog's initiation of interaction with the client, encouragement from the therapist towards both client and dog, together with the reflections by the therapist of the dog's behaviour and emotional expression, serves as an invitation for the client to join the social situation and take part. The roles of "therapist" and "client", which might be daunting to the client, are likely to be blurred or even erased, making the atmosphere feel even less artificial and more personal.

Animals Providing a Sense of Safety.

Attachment theory, which has been strongly backed up in research, discusses what is needed for the formation of a healthy attachment between a mother and baby, in order for the baby to form future healthy relationships, leading to optimal psychological health. The four characteristics of secure attachment are *proximity maintenance* (The desire to be near the people to whom we are attached), *secure base* (from which the child may be curious and explore the environment with a secure feeling), *safe haven* (to which the child may return for comfort when feeling threatened in any way during that exploration) and

separation distress (anxiety that occurs in the absence of the attachment figure). The basis for attachment theory has been found not only in psychological research but also in research in the area of interpersonal neurobiology.

Research has shown that an animal may serve as both a secure base and safe haven for a client in the therapy setting. The implication of this finding is that the presence of the animal is likely to create a sense of safety from which the client may explore his or her inner world and dare to express it. If especially threatening memories or associations are touched and the client becomes overwhelmed, he or she may go back to the animal for cuddling and safe interactions in order to feel safe and calm again.

This sense of safety provided by the animals is intricately related to and positively influences many mechanisms in psychotherapy, explaining the uniqueness of the contribution of animals to the field of psychotherapy. The influence of this sense of safety provided by the animals' presence on mechanisms of psychotherapy will be detailed in the following sections.

Animals and All They Bring with Them – A Unique Medium in Therapy

As opposed to other mediums (conversation, art, music, books, etc.), the medium of Animal-Assisted Psychotherapy (AAP) is ALIVENESS. That is, animals move (e.g. run or fly), they eat, defecate, urinate, are born and give birth, get sick, recover, require medical assistance, shed hair or molt feathers, feel as well as show emotion and pain, play, fight, and eventually die.

They stimulate our senses and have senses themselves that can be observed through their reactions to what they sense – they make noise and react to noise, can be smelly and smell (food, grass, us and each other), they move and cause us to move, may be soft/scaly/bristly when we touch them, have color. They seem like..., they remind us off.... The animals' behaviours, emotions and characteristics are similar to those of humans, yet not the same, therefore they represent reality at a safe psychological distance, allowing for threatening content to arise. "It's not me....it's the animal." The animals and all they bring with them serve as a very rich and multidimensional medium, stimulating for the client associations, memories, sensations, emotions, and content, all of which have their roots in the client's inner world. When brought up in play or discussion, they serve as a window into that inner world, which is critical to the therapy process.

There is evidence to suggest a neurobiological explanation for the stimulation of the client's inner world through animals. The amygdala is the emotional centre of the brain which holds our implicit memories, that is our unconscious memories for which we have no words but are expressed in our physical sensations, emotions, perceptions, and behaviors for which we have no explanation and therefore may confuse us.

Successful psychotherapy depends on the ability to gain access to these implicit memories and to give them words, part of the process of translating them to explicit memories that can be worked through in order to form a meaningful narrative. This is especially critical in the case of interpersonal trauma, which causes damage to neural pathways that are responsible for the translation of implicit memories of the amygdala to explicit memories in the hippocampus. According to research, seeing animals activates the right amygdala highly significantly more than seeing people or landscapes, therefore stimulating these implicit memories.

The presence of the animals in our sessions is likely to facilitate the expression of these implicit memories and associated reactions, which can be used to work through the issues that brought the client to therapy. Our goal as therapists is to gain access to the client's inner emotional world. Animals supply that access through their effect on the amygdala.

Animals will always be accompanied by certain accessories that may bring associations and content for the client. A dog's leash may bring up the subject of control. A hamster's cage may represent home, jail, a safe place from the outside world, or a trap. Their food brings up associations related to eating, whether it be caring for another or eating disorders. Medicine that the animal might need to take may bring up associations of caring or illness (I give medicine to my animals with the help of my clients, whenever I can).

I once shared my therapy room with a therapist from a different therapy modality. An empty cage had been left there and the client remained focused on why the cage was empty for the entire session. Did the animal die? Was the animal kidnapped? The therapist was shocked at the content that an empty cage brought into the session, content that was critical to the child's issues and emotional problems that had not come up before.

Animals as a Social Medium in Therapy.

All other individual therapy modes have only one live relationship in the room, however, AAP includes the client-therapist relationship, the client-animal relationship, and the animal-therapist relationship. I practice AAP, with a number of animals in the room, which offers multiple relationships and social dynamics including: individual relationships of the client with each animal, individual relationships of the therapist with each animal, and individual relationships of each animal with every other animal. There are certain presenting issues, such as interpersonal trauma, for which a relational therapy is highly recommended. Animal-Assisted Psychotherapy (AAP) is a relational therapy par excellence!!!

Different animals have different personalities, creating a myriad of *types* of relationships with the client, the therapist and each other, in which everyone in the room acts, reacts, interacts with each other. The result is a laboratory of relationships allowing for transference and reenactment in the here-and-now of many different relationships and parts of relationships from the client's life.

Thus, the AAP triangle (or quadrangle or more) brings to life the client's inner social experiences and inner object world. Therefore, the AAP setting has the potential to be a microcosm of the client's social world. Once the content comes up in this process, it can be worked through and insights reached. Once words have been attached to the experiences and emotions, through mediation by the therapist between the client and his or her inner world, symptoms often disappear, meaningful discussions can take place, which lead to cognitive and behavioral change. These changes can be practiced within the safe therapy environment through the client's interactions with the animals and mediated by the therapist's reflections.

Animal Assisted Psychotherapy (AAP) is reminiscent of group therapy, which is also based on working on one's issues through interactions and relationships in the therapy setting. As in group therapy, the AAP client may at any point choose to be a participant or an observer. That is, the client may participate in any given interaction in the room – with the therapist and/or animal(s), or may choose to observe and contemplate the interactions between the therapist and animal(s) or between the animals. Both these choices are opportunities for advancing the therapy process. Unlike group therapy, the focus of individual AAP is one client.

Physiological and Neurobiological Effects on Humans of the Presence of Animals

Participating in the therapy process, including being in touch with difficult content from one's inner world, may be anxiety-producing for many clients. This may be explained by a process in which a threatening situation increases the release of cortisol, a hormone produced in the brain which in turn leads to a rise in blood pressure and heart rate, causing a feeling of anxiety and giving one the physical strength to fight or flee in a dangerous situation. This response may create difficulty for the client to be in touch with, share and discuss emotionally charged issues, to show authentic emotions, and to create the therapeutic alliance that is so critical to the therapy process.

Research has shown that the presence of animals is likely to lower cortisol levels, blood pressure and heart rate. This research explains the evidence that the presence of animals has an anxiety-reducing effect on humans, allowing clients to be less anxious in the therapy setting, in a relationship with the therapist, and when in contact with troubling content from their inner world.

Furthermore, there is evidence pointing to a rise in the human's level of the hormone oxytocin in the presence of animals. Oxytocin has been shown to result in higher levels of affiliation, trust in others and emotional sharing, all critical to the therapy process. A rise in oxytocin may result in disclosure of content important to the therapy process. This is particularly important in the case of maltreated children, who are often referred to therapy for emotional, social and behavioral problems with no clue that their experiences of maltreatment are the source of these problems. The increased trust and emotional sharing as a consequence of the animals' presence may result in disclosure of maltreatment.

Oxytocin has also been implicated in facilitating connectivity in neural systems. The effects of the changes in cortisol and oxytocin levels induced by the presence of animals will be elaborated on in later sections.

The Therapeutic Alliance in AAP

As mentioned above, the establishment of the therapeutic alliance is critical to the psychotherapy process and will be much less likely to occur, if at all, if the therapist is not perceived by the client as safe, as well as a source of safety. My experiences in therapy have shown me that AAP has been instrumental in the establishment and also continuation of the therapeutic alliance.

One child from a “normative” background, who had refused to interact with a previous therapist over the period of a year and a half, quickly became very talkative with me, telling me about all the dangerous secrets of his family’s dynamics. When I was working at a group residential treatment setting, many children who had dropped out of other therapy, or had refused to go in the first place, would bang on my door, saying, “I want to come to therapy with Mushu!!!” (Mushu was my wonderful dog with me in therapy for 16 years). After my first two years there, I was routinely given the most resistant children. In seven years, only one child dropped out of therapy after a year.

This phenomenon has intrigued me from my first year of therapy. Furthermore, and I am sure that this is related to the therapy alliance unique to AAP, my experience and that of my colleagues seems to show that more children make first-time disclosures of maltreatment to an AAP therapist than to therapists from other therapy modalities. When I decided to return to my studies and received an M.A. in Child and Youth Clinical Social Work, my thesis was on the subject of the therapeutic alliance in AAP. Not surprisingly, I found that for children in group residential treatment settings, the therapeutic alliance was established earlier and stronger in AAP than in other therapy modalities. My upcoming research will ask the question as to whether more children indeed do make more first-time disclosures of maltreatment to an AAP therapist than to other therapists. This is especially important due to the fact that many studies show that maltreated children keep their secret. They remain alone in their experiences and the maltreatment goes unreported. According to studies of Adverse Child Experiences (ACE’s), the consequences of lack of reporting are: continuation of the maltreatment, severe emotional and behavioral problems, addictions, higher suicide rates, physical health problems, and in some cases, significantly shorter life span due to health problems indirectly related to the maltreatment.

How can we explain the explanation for the findings of my thesis? My first inclination, and I feel this until today, is that it lies partially in the client’s perception of safety that exists in the AAP setting. As mentioned earlier, the animals provide both a safe haven and secure base in the therapy setting. In addition, the presence of the animals lowers the anxiety that clients may otherwise experience in the artificial therapy situation, which may be due to the naturalness the animals contribute to interactions or to the lowering of anxiety-producing cortisol in the client. This may allow the client to remain in

the therapy setting and hopefully participate in the therapy process, however, feeling safe in the setting does not necessarily point to feeling safe with the therapist.

The concept of a third thing, that interest which is in common to both therapist and client, can also include interest in animals. This gives a sense that they share a feeling and can participate together in their common interest, in real time, encouraging the development of a relationship. The activity of caring for the animals, worrying together about their emotional and physical welfare, and together trying to understand them, is likely to help the client perceive the therapist not only as safe, but also as a source of safety. I must emphasize that this is not only possible for clients who like animals, for not everyone does. However, even in this case, the client sees that if the animals are sick or hurt, the therapist cares for them. Therefore, the therapist will still be perceived as an empathetic and compassionate person. In a study showing subjects videos of therapists either with or without a dog and then asking them which therapist they would prefer to meet with, there was a significantly higher preference for the therapist accompanied by a dog. It is interesting that this was true even among subjects who professed no love for animals.

This study brings up an interesting question. Does this desire of the subjects for a therapist with a dog have any implication for the therapeutic alliance? Apparently, it does. As I mentioned earlier, many children with avoidant attachment who had not been in therapy with me expressed a strong desire to come to me (and my animals!) for therapy, and those that did eventually enter into therapy with me formed a very strong therapeutic alliance. There is research evidence that an expectation of a therapeutic alliance indeed predicts the successful establishment of the alliance.

I will add to the equation a situation in which an animal who is frightened may run to the therapist for safety and comfort. Animals may show excitement when the therapist approaches them. Through identification with an animal as small or dependent on others, clients are likely to see the animal's behavior as a *cue of safety*. If the animal perceives the therapist as a safe haven, then this might serve as proof that the therapist really is safe.

There are many clients, especially those who were maltreated by the very adults who claimed that they were acting in the child's best interest, who have experienced adults who are untrustworthy. A therapist might say to a new client, "I am here to help you. You can trust me!" The client may feel, "Yeah, sure. I've heard that before. That's never gonna happen!" It is especially difficult to establish the therapeutic alliance with these clients.

However, as the client I referred to above, who opened up to me when he remained closed with a previous therapist, said when I asked him why he opened up to me but not to the previous therapist, “I saw the animals trusted you, so I thought I could trust you, too.” The animals served as cues of safety for him, helping him to perceive me as a safe haven for him, also.

This psychological explanation is backed up by principles of neurobiology. At the very level of neuronal systems, our brain is constantly scanning the environment for cues of danger or safety. This process is called *neuroception* and does not involve conscious awareness, which would slow the process and prevent the quickest possible reaction in the case of danger. Should cues of danger be perceived, the hormonal reaction would prepare the body for fight or flight. The *polyvagal theory* explains the neural reaction to danger and safety and how it affects behaviour. In short, in the presence of cues of danger, the vagal nerve directs us to fight or flight. If this proves to be ineffective or impossible, then the vagal nerve directs us to freeze (also referred to as *immobilization with fear*) and perhaps dissociation⁶. If however, there is a safe person in the area, the vagal nerve directs us to *social engagement*, affiliation with that person, for safety. This person serves as a safe haven in times of danger. Think of the small child who feels danger and runs to his or her mother as a first reaction. The effects of oxytocin reinforce the process of social engagement. That is, in the case of animals serving as cues of safety, the presence of the animals is likely to raise the client’s oxytocin levels, encouraging the client to trust and want to affiliate with the therapist.

The polyvagal theory states that once one feels a sense of safety in the presence of another person, they may enter a state of *immobilization without fear*. This state may also be related to the oxytocin system, which serves as a neuromodulator promoting connectedness, social bonds and calmness. We may assume that the oxytocin released by animal’s presence aids this process, facilitating the ability of the client to be in a calm connection with the therapist and trust in him or her to be there for the client (thus the therapeutic alliance) when anxiety-producing content arises.

This process may be seen as an explanation for the therapist serving as a safe haven. Indeed, the conclusion of some research articles concerning therapy for clients with PTSD

⁶ Here I would like to emphasize that this is a very simplistic explanation of a very complicated and involved neurobiological reaction and does not go into the details of other reactions such as pleasing or fawning.

suggest administering intranasal oxytocin prior to therapy sessions in order to increase the building of the therapy alliance and enhance therapy outcome. However, the use of chronic exogenous oxytocin, or its use in exceptionally high doses, may lower the ability of the neural system to make use of the oxytocin. We have the animals to naturally supply the client with the oxytocin needed to facilitate social engagement system for the establishment of the therapeutic alliance and the ability of clients to enter into their inner world safely.

Even in cases in which a strong therapeutic alliance has been established, mistakes by the therapist or misunderstandings that occur between the client and therapist may cause a rupture in the alliance which can do serious damage to the therapy process if not repaired. There are numerous ways in which the presence of animals may prevent dropout from the therapy and facilitate the repair or resolution of the rupture. For instance, if the client is angry at the therapist due to lost trust in him or her, the client may recede to the animal as a safe haven. As the therapist attempts to process the problematic interactions that led to the rupture, the animal may serve as a secure base from which to explore the experience.

Expansion of the Potential Space in Play Therapy through the Integration of Animals into the Play Therapy Setting: A Mechanism Facilitating Play Therapy Processes

As mentioned earlier, the potential space is the place where the client's inner world and outer reality meet, allowing for imagination, thought processes and the ability to play. In the safe play therapy situation, various inanimate objects in the outer reality (dolls, toys, art supplies) can be used to expand the potential space and express the inner world. In AAP however, animals serve as both a richer stimulus and mode of expression that even further expand the potential space in the client. A child may pretend to have a relationship and interact with a doll, but the relationship and interaction with an animal is real. The doll does not initiate, but an animal might. The client may move the doll around as if the doll is running around, but the animal actually runs around. The client may pretend the doll expresses emotions, but the animal really does express emotions.

Thus, the outer reality (the presence of the animals and interactions with them) is more than just a passive prop for the client, but rather is likely to actively stimulate associations from the inner world of clients, more than a doll to connect them at a

conscious or unconscious level with their emotions and relational experiences with others that can then be played out in the therapy session, furthering the therapy process.

In a way unique to AAP, there is a loop that may occur during a client's interactions with the animals which further stimulates the client's inner world. A client may manipulate the movement of a doll, but the doll does not react back. However, as the client and animal continue to react to each other, there is a mutual stimulation back and forth that is likely to bring up more content for as long as the interaction continues. This may even occur in the case of one continuing to trying to interact while the other ignores the attempts or runs away, which might bring up content related to rejection or harassment.

At the base of this mechanism is the fact that while animals are not humans, they are reminiscent of humans. They act, react and interact with the client, with the therapist and with each other, similar to the way that the client does with those in his or her life. That is, the animals and the client's relationships with them are different from yet similar to relationships with other humans. In this way, the animals and the client's relationships with them represent reality, yet at a safe psychological distance from the client's experience with relationships outside of the therapy setting.

This distance serves to protect the client from threatening content arising from the inner world ("It's not real and it never happened. I'm only playing with the animals."), allowing the therapist to reflect on the actions and emotions arising during that play. Clients may or may not at a later time draw a connection between the play and their own real-life situation outside of therapy, yet the therapist can still help the client process the content and related emotions connected to that situation.

Further expanding the potential space in AAP with children is the integration of the animals' presence and ALIVENESS into the traditional play therapy setting, stimulating emotional expression and bringing up content in less threatening and more authentic ways while leaving much-needed defenses intact. For instance, a client may place a hamster family in a doll house and watch them running around. This situation may bring out the child's experiences with their own family dynamics which previously the child had not been able to talk about. A mother hamster who runs out of the doll house may represent for the child, a divorce. The hamster parents might happen to be in the bedroom, and a young hamster wandering in might be seen as a child "catching the parents in the act." I might stop my dog Buffy from eating something she shouldn't. The client might then take a toy gun and

say "Bang bang!" and "kill" me, or take the toy handcuffs and "put me in jail" for not letting Buffy eat what she wants, leading to a discussion of the anger the child feels when adults draw limits on the child's behaviour.

Now I will refer to specific mechanisms that explain the potential space in AAP as described above.

Conscious and Unconscious Symbolization in AAP.

As mentioned above, children (and not only children) may feel threatened by content arising from within the therapy session. They might deny the understandings of the therapist ("I see you are really angry" or "You did something that hurt someone else" or "Your parents sound like they don't understand you") or even suppress the content from arising in the first place. It is easier for them to observe and discuss issues in the animals, who serve as reality from a safe psychological distance. Furthermore, children who have experienced severe interpersonal trauma at an early age may have suffered from arrested neurological development, or damage of, areas of the brain which make the symbolization, the cornerstone of play therapy, impossible for them. For these children, a doll is only a piece of material, plastic and yarn and cannot possibly have feelings or intentions. A toy gun is simply a piece of plastic that could never shoot. The aliveness of the animals, however, allows for an unconscious symbolization, leading to a sort of unconscious play. There are certain psychological processes that come to play in a unique way through AAP which facilitate symbolism for the sake of expansion of the potential space, expression of important content, and emotional expression.

Anthropomorphism.

Anthropomorphism is the attribution of human characteristics (emotions, thoughts, intentions, etc.) to a non-human entity. Although this definition allows for a person to anthropomorphize an inanimate object such as a doll, the phenomenon will be stronger when applied to an animal due to their aliveness and social features that provide more external cues reminiscent of humans. Furthermore, there is evidence that oxytocin release facilitates the process of anthropomorphic attribution when the object of the attribution has social features, such as animals. The presence of the animals releases the oxytocin in the human, which further encourages them to anthropomorphize.

Thus, the human is more likely to infer internal states (such as intention and emotion), allowing for a type of unintentional play. This process can be very useful for the unconscious working through of content as part of the therapy process with children who find it difficult to play or to project through symbolization. This unintentional play can be seen in the way that anthropomorphism serves as a basis for identification, projection and transference in the client's perceptions of and interactions with the animals.

Identification.

Identification is a process of seeing one's qualities in another person (or seeing the other's qualities in oneself). This can be used by the client in therapy to understand oneself or the other better, or by the therapist to understand how the client perceives him or herself or where the client is in the therapy process. Clients may use the animals as objects of identification to explain themselves to the therapist. We often hear of clients who identify with the aggressor or identify with the victim. One client may admire and identify with a lab rat (who would eat a hamster, given half of a chance) as an aggressor, saying, "I'm just like the rat. I'll get anything I want, even if it means beating up another kid to get it." Another client may identify with the hamster as a (potential) victim. "I'm just like the hamster. He has no way of knowing if or when the rat is going to try to eat him. I'm scared of the kids at school, who love to bully me. They may do so at any time, but I never know when it's going to be."

I have had clients who perceive the complexity of an animal's personality and use that to describe themselves. A client may identify with a lab rat, who, despite the stereotype of a rat as aggressive and dangerous, is in reality playful and social with humans, saying, "It's just like what people think of Packrat [the rat present in therapy]. Everyone thinks I'm bad but inside I'm really nice. They only see me from the outside and don't even try to get to know the real me."

Projection and Transference.

A client is likely to project his or her emotions, behaviour or characteristics, or transfer another person's emotions, behaviour or characteristics, onto an animal. This allows clients to talk about their issues while keeping their defenses intact. Looking at a hamster family in which the parents sometimes squabble with each other, a child who lives in a family where

the parents have violent arguments might say, “The poor hamster babies! Their parents are fighting all the time. They must be so frightened! I’m so lucky, because my parents get along so well and NEVER fight. They love each other so much. We have to do something to make them feel better!”

Through this projection onto the baby hamsters, the child can express his fears and the predicament in which he finds himself. In this example, through the baby hamsters, the child is able to show empathy towards himself and even ask for help. The therapist might ask the child what might help the baby hamsters, and the child might talk about what he needs that might help him. Although this may be at first an unconscious process, with time and through gentle reflections and questions by the therapist, the child may then be able to open up and discuss with the therapist what is actually happening at home.

Identification Through Projection.

I have had clients identify with a hamster, who by nature, is a solitary animal and in general is not interested in connection, saying “Whenever I want to pat the hamster, she always runs away, even though she would like to be with me. I’m shy just like the hamster.” In this way, clients are taking advantage of the hamster’s behaviour to express their feelings about themselves and share these feelings with the therapist, as a sort of invitation to talk openly about these feelings.

It is very important here to remember that in the case of projection, transference and identification, the therapist should not correct the client and explain the animal’s true characteristics. The client’s statements are a window to his or her inner world and thus provide opportunities for the therapy process and for unobtrusive interventions by the therapist. AAP is not psychoeducation or a lesson in animal behaviour. I often say to my clients, “Wow! You’re amazing that you are so perceptive! I didn’t notice, and you are right! Kids understand an animal’s behavior much better than adults!” This allows children to flow with their associations and describe their own narrative, experiences and emotions, unconsciously, through the animals.

That being said, if these projections and transferences are in any way dangerous to the animal’s welfare, then the therapist must immediately stop any behaviour on the part of the client towards the animal that would cause any harm to the animal – physically or

emotionally. In certain situations, therapists may stop the behaviour but encourage the clients to continue expressing themselves through what they would like to do to the animal.

I have had clients try to let the rats out of the cage, while the hamsters were running around, in order to see what murder would look like. While not allowing the client to let the rats out, my reaction is to say, "You would really love to see the rat kill the hamster, wouldn't you? I wonder how the rat would feel killing the hamster. What do you think? Have you ever seen anyone hurt someone really badly? Have you even been so angry at anyone that you wanted to kill them?" It is very important to say all this in a nonjudgmental way, to show curiosity and to differentiate between thoughts/feelings and behaviour.

Often, once someone finds the words and can express their feelings and emotions to others in a way that critical content is brought up, they no longer have the need to act out the behaviour. Other times, the therapist may decide to reflect what the animal is experiencing in reality. For instance, if a client decides to play a game of tag with Buffy, my dog, and runs toward her at high speed, she might try to get out of his way out of fright. I have to immediately stop him and say that his action frightened Buffy. But instead of explaining what he had done that scared her and what in her behaviour showed us that she was scared, I would ask him if he was ever frightened just like Buffy. I have had many clients answer this question with content that proved to be a breakthrough in therapy. (At a later stage in therapy, when clients have reached insight and are showing interest in understanding and changing their behaviour, then I might explain the interaction in a more psychoeducational way.)

Freud, the father of the terms; projection, transference and identification, would have been excited to find that there is a neurological basis for these processes. The mirror neuron system allows for one person's actions to become messages understood by another, without the involvement of cognition, leading us to understand the intentions of others. That is, we observe the movement of others, whether it be large body movements or slight change in facial expression, and then attribute intention to that other based on what we would be intending (or feeling) if we made that movement, in that situation. This is a critical element in understanding others and is seen as the basis for empathy. These attributions are the basis for projection. "If I scrunched up my face that way, with tears coming out of my eyes like that, then I would be sad. Therefore, that person must be sad."

If there is no movement, the mirror neuron system will not be activated and unconscious and authentic projections will not be made. Dolls make no movements so will not activate the client's mirror neuron system. Clients' projections on them are intentional and they are aware that the therapist is listening and perhaps judging. Yet, like a human, an animal moves, breathes, eats, has facial expressions and other body language, approaches clients or hides from them.

Animals certainly do have intentions. The movement and behaviour of the animal will be likely to stimulate the mirror neurons to activity, likely causing clients to unconsciously calculate what they would do in a similar situation, and then ascribe intentions to the animal based on their own personal experience, emotions, needs, thoughts and sensations.

Of course, we may not always be correct in our projections, which is even more likely with animals since although they share some qualities with humans, they are also different. This difference may cause misunderstandings of their intentions. Yet we do not correct these misunderstandings. Rather, we allow and even encourage clients to project her own needs, emotions, feelings, and thoughts onto the animal, and to interpret animals' behaviour according to their needs, for we understand that actually, clients are referring to themselves. The activation of the mirror neurons provides the clients with opportunities to unconsciously project, allowing us a window into the inner world of the client while leaving defenses intact.

It can be interesting to observe progress in the therapy process through the client's use of anthropomorphism towards the animals, or even the same animal, at different stages. For instance, at an earlier stage in therapy, a victim of rape may project onto a rat the helplessness she had felt during the rape, expressing how badly she feels for the rat for being "trapped in the cage with no way to escape to freedom." At a later stage, when she develops the ability to express anger, she may become angry at the rat for his violent wishes (to eat the hamster) and fantasize what punishments she would like to mete out to the rat and even play out those fantasies through play.

Neurobiological Processes in AAP Contributing to the Expansion of the Potential Space.

The animals' presence preserves the potential space through the sense of safety they provide in the AAP environment. It has already been mentioned that animals supply a safe haven and a secure base for the client, both enabling the expansion of the potential space,

and that lower cortisol levels in the client due to the presence of the animals is likely to lower anxiety, which might otherwise result in a collapse of the potential space.

However, due to the facilitation by the animals of the therapeutic alliance with the therapist, and during the state of calmness and immobilization without fear, the therapist can also be perceived as secure base from which to explore one's inner world. Indeed, the polyvagal theory states that social engagement, together with immobilization without fear, facilitate the ability to concentrate on inner processes. Together, these mechanisms further facilitate the expansion of the client's potential space.

Yet another contribution by the animals can be seen occurring through a possible influence they may have on the connectivity of the *default mode network* (DMN). There are children who are likely to feel unsafe in the therapy setting and with the therapist due to prior maltreatment by other adults. These children are likely to suffer from a damaged oxytocin system, lowering their ability to connect with others. This damaged oxytocin system causes disruptions to DMN connectivity, making it more difficult for the child to form a potential space. It is logical to assume that the buffering effect of oxytocin, due to the animal's presence, on DMN connectivity might enable clients' entrance into their inner world in an imaginal space in the flow of time.

Animal-Assisted Psychotherapists: What Is It About Us???

For years, questions dealing with my identity as an AAP therapist have swirled in my head. Yes - I am a social worker, but when asked my profession, I automatically answer "Animal-Assisted Psychotherapist." The field is not recognized by any official body - by law or otherwise. Yet we exist and we are sought after.

When I was doing my research comparing the therapeutic alliance in AAP with that of other therapies, in residential treatment homes, I of course had to explain my research to the director. I was usually told, "It's not the animals - it's HER. She's different from the rest of the therapists. She acts different. The kids are crazy about her." I would always explain the ways that it was the influence of her relationships with the animals. I have written of this extensively in my book, in articles and in chapters.

But what if we ARE different? I have often wondered if we are more open to relationships from the outset. Gee - we all grew up with animals, looking for more relationships with more animals. Somehow, relationships with the humans around us just

were not enough for us. And for some of us, our relationships with our animals were simply safer than some of our relationships with humans.

As we psychotherapists know, one's emotional problems originated in problematic interactions and relationships with others in the past, so psychotherapists work with their clients on the client's emotional problems through the client-psychotherapist relationship. So, it was just natural for us to include relationships with animals in our work. In a recent conversation, a friend and colleague wondered if it works in the opposite direction. Maybe our relationships with our animals as children helped us develop our ability to participate in relationships, so we are then more open to relationships. Perhaps, since our relationships with animals, who even as children we cared for, towards whom we were sensitive and empathetic, developed our ability to be the same way towards our clients.

As mentioned earlier, there is evidence that oxytocin may be released during interactions with animals, raising one's ability to be social. It is possible that a chronic flow of endogenous oxytocin may even change certain structures of our brain, resulting in a higher tendency for sociability. Maybe our constant interactions with animals while growing up, or even now, make us more open to relationships in general?

There are other ways in which we are different. I will never forget a supervision meeting I had with my clinical supervisor while I was a student, during my field placement for my third year of studies in AAP, in an emergency shelter for maltreated children (where I then worked for the next 19 years). When I told her about a breakthrough I had with my client during a walk outside with my dog, Mushu (for we had learned that Boris Levinson talked of the opportunities for therapy provided by such a walk in an AAP meeting), she was aghast!!! "What? You left the 4 walls of the therapy setting???" She was always saying that I went past accepted boundaries. I see it as thinking out of the box, taking advantage of the concrete situations provided by the interactions with the animals and their behavior, for the sake of the therapy process. My AAP colleagues are always being "accused" of going past boundaries. So maybe, yes, we are different.

Finally, I often find myself reaching out to pat Buffy during a session. It is clear to me that the animals serving as a secure base and safe haven, as well as lowering cortisol levels (source of anxiety) and stimulating oxytocin levels (calming us and encouraging affiliation), also works on us in the therapy setting. That is, when a client brings up content that may be anxiety-producing for us, such as a small child telling us explicit details of having been raped,

we may be more able than other therapists to handle our feelings and be there for the client whereas other therapists may shut down, show their anxiety, or even burst into tears while listening.

There have been sessions in which I handled such situations superbly, even able to laugh with the client “at the stupid rapist”, allowing for a comfortable environment encouraging further disclosure and processing. After the client has left, I have picked up Buffy and hugged her, thanking her for witnessing together with me, being there with me and for me! The animals are there for us no less than there for the client.

Working with Dogs: A “Therapy Dog” or a Dog with Me in Therapy?

I am strongly against training dogs for obedience for the purpose of psychotherapy. I like to say that I don’t want a therapy dog⁷ with me, rather I want a dog with me in therapy. I do not expect my dog in therapy (or out of therapy, for that matter) to do tricks, to act or react according to commands, to be obedient. She may misbehave or resist my requests. She may sometimes be pushy in her demands. She does not have to “put up and shut up” with interactions or touch that she may not enjoy or that bother her, and is allowed to express her dislike of intrusive behaviour by the client by either moving away or coming to me for support. She is allowed to express her needs and she should always be respected. All these caveats make it more likely for the client to identify with her, to project onto her, to interact with her in ways that will raise content and help me understand the client even better.

That being said, there are two principles that I recommend for those psychotherapists who choose to integrate a dog into the therapy setting. Firstly, I pick my dog for her basic personality. I don’t want her to be too rambunctious, too anxious, or at all aggressive, for I don’t want the dog to “steal the show”; nor do I want to be constantly dealing with my dog if my client is in a process that will be disrupted by my dog’s behaviour or by the need to focus mainly on my dog’s needs. My main focus should always be the client, and our (mine and that of the client) focus on my dog should always be for the good of the client’s processes. I want her to be friendly, generally cooperative, naturally know

⁷ There are numerous organizations that run courses to train and license “therapy dogs”. These dogs must be highly obedient and even have to behave in ways that are against their nature. These requirements may be as benign as answering to the command “Come”, going against a dog’s natural instinct such as not reacting to someone walking nearby with food, or even abusive as allowing people to grab their tail.

how to navigate social situations, and to enjoy coming to sessions. An assessment of the dog's inborn personality and successful socialization, by a canine specialist who is aware of these expectations, is a must.

Secondly, as a friend and colleague of mine, Inbar Barel, says, instead of training a dog, we should educate the dog on how to get along in our therapy setting, in our home, and in society, similar to the way we educate our children. We should know what to expect of each other. Instead of giving commands, we should communicate in a sensitive and, yes, assertive way. I have never given my dogs treats to learn behaviours, yet they always understood certain requests such as come, stay, up and down. This approach leads to a sense of mutuality and positive emotional relationship instead of a hierarchical relationship based on obedience. This creates a relational environment that the client finds to be authentic and safe, one that can either be identified with or contrasted with, depending on the nature of the client's family atmosphere.

Conclusion

In the introduction to this chapter, I asked the questions about my ability to work with maltreated children: Is it something about me? Is it the animals? Is it me *with* the animals? I believe that it is all three.

In this chapter, I have tried to cover some of the mechanisms unique to Animal-Assisted Psychotherapy that can reach and help our clients in ways that other fields of psychotherapy may have difficulty doing. Integrating the psychological and neurobiological effects of these mechanisms, it is interesting to note a fascinating phenomenon which has important implications for the therapy process. On the one hand, the presence of animals facilitates contact with difficult and even threatening content which is the basis for the client's emotional problems but is also difficult to be in touch with, raising the client's level of anxiety, potentially resulting in the client either shutting down or dropping out of therapy. Yet that very same presence of the animals lowers that anxiety, whether as a result of the animal serving as a safe base or as a result of the lowering of cortisol. The result is the client being able to be in contact with difficult and threatening content without suffering debilitating anxiety, and feeling safe enough to continue exploring that content and processing. That is, the very medium which brings up the anxiety-producing content that

needs to be worked on also is responsible for the lowering of that anxiety, allowing the client to stay in contact with that content.

In addition, animals serve as the only psychotherapy medium with which we can have an interpersonal relationship. It is through their presence, the associations they stimulate, and the relationships that are present in the AAP setting, that the client's content can be raised, worked through, leading to insight, and through which new cognitions and behaviours can be practiced.

Don't be mechanical. Don't have the answers. Be curious. Expect the unexpected. The animals' aliveness ensures spontaneity in the therapy sessions, leading to the creation of authentic interactions and relationships of all types, so take advantage of the spontaneity and unexpected situations that they offer. Clients naturally and authentically join these situations and make them their own, bringing up content and creating process. Dare to join this process as opposed to leading it. This is the unique journey that AAP allows.

The most visible creatures I know of are those artists whose **medium is life**. The ones who express the inexpressible . . . without brush, hammer, clay, or guitar. They neither paint nor sculpt—their **medium is being**. **Whatever their presence touches has increased life**. They see and don't have to draw. They are artists of **being alive**.

— Anonymous

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