Chapter 23
The Importance of Pets During a Global Pandemic: See Spot Play

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Shared trauma can be defined as a traumatic event or experience that is experienced simultaneously by the clinician and the client. This parallel process may help strengthen the rapport between the client and clinician since the client already knows that the clinician is experiencing similar stressors (Tosone 2020). For example, during the current pandemic, both clients and clinicians may fear for their own health and the health of a loved one and may feel worsening mental health symptoms such as derealization and loneliness due to isolation. Professors at social work schools must deal with another layer, since they must help the students process their own feelings of trauma and guide the students in their care for clients while simultaneously navigating their own feelings of loss and confusion.

For educators and clinicians who work at animal-assisted therapy (AAT), there is another party involved in the shared trauma experience – the therapy animal. Although the animals may not understand what is happening in the world, they certainly feel the effects. The therapeutic benefits of the human-animal bond have taken center stage during this global pandemic, and people who may not know the science behind the human-animal bond still realize that interacting with animals can help people feel better. The relationship between humans and animals is being looked at in new and interesting ways. Pets are being adopted from shelters in record numbers never seen before, and many people are considering whether factory farming practices are the root cause of the current pandemic (Rothan and Byrareddy 2020). Clinicians, such as myself, who primarily utilize animal-assisted therapy as a treatment model, have had to make significant adaptations to the treatment protocol since public visits have been limited due to government restrictions. This chapter will discuss my own experience as a clinician who contracted COVID-19, the shared trauma experienced by myself and my clients, and necessary adaptations to

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the animal-assisted therapy model in order to ensure the continued health and well-being of clients, their pets, and the clinician (myself).

The human-animal bond has shown to be a powerful relational tool, effective in treating a number of mental and physical ailments, from anxiety to diabetes. Interacting with animals provides people with a sense of joy, perhaps because they appear to love us unconditionally and without judgment (Compitus 2019). The benefits are not only psychological and social but also biological. Studies show that when we spend time with pets, oxytocin (the love hormone) is raised and cortisol (the stress hormone) is lowered in the body (Beetz et al. 2012). For example, recent research shows that we can increase the quality of life in older adults who have been diagnosed with dementia by increasing the amount of time they spend interacting with animals (Baek et al. 2020). When older adults with dementia spend time with pets, including their own, it may alleviate depression, boredom, and anxiety and even help to improve cognitive functioning (Baek et al. 2020). They may remember the name of their pet or a visiting pet (even when they are no longer able to remember the names of their own family members); they may smile more, laugh, and report a greater sense of happiness.

The therapeutic benefits of interacting with animals are not limited to the patients but also extend to caregivers and may be a welcome break in the day from the burn-out that often plagues them. But what happens when the caregiver is the one who is unwell? When I contracted COVID-19 in March 2020, I had all the typical symptoms: pressure in the chest, a sore throat, body aches, chills, and horrible fatigue. My doctor believes that I had a relatively mild case, since my fever never went above 101 degrees Fahrenheit. Although it was called a mild case, it felt crippling to me. The fatigue was the worst aspect for me – when I walked across my living room, I felt as if I had just run a marathon. These symptoms lasted for 4 weeks and severely limited my activities of daily living.

At the time that I contracted COVID-19, I was teaching classes at three major universities. I also live on my micro-farm sanctuary which provides AAT for trauma survivors. I currently have 37 animals at the sanctuary, and we include a variety of species in our AAT, from cows to dogs. I was suddenly unable to care for the animals at the sanctuary, since I was too sick to muck out a barn or to carry bags of grain. In fact, I was so weak that I was unable to feed our indoor dogs and cats. It was near impossible to have friends and family, or volunteers, to come help care for the animals, since they would be at risk of contracting COVID-19 if they came to our property. Luckily, my husband has an extremely strong immune system and, with my direction, was able to care for the animals during my illness. It caused me to wonder how we would have managed to care for our pets if we both had become sick at the same time or how people who lived alone, and had to shelter alone, cared for their pets if they became ill. I started thinking about how COVID-19 not only affected people but also how the human-animal bond had altered the way people interacted with pets. As a clinician, I also had to quickly learn how to adapt the AAT to a virtual format, since people were no longer able to attend therapy in person.

My university classes all moved to an online format, and my students were extremely understanding and helpful while I recovered from COVID-19.
Nuttman-Shwartz (2015) wrote that “empathic mutual aid relationships” (p. 4) are one of the most important aspects of resilience in shared traumatic situations. Although my students were also experiencing the multiple fears involved in experiencing a world pandemic (health fears, financial fears, academic fears), they were incredibly supportive of my recovery. It was the shared experience and empathic bonding between myself and my students that helped us all create a holding environment (Winnicott 1960) (albeit virtual) that allowed us to become more connected with each other and to share strategies to help navigate the shared trauma that we were experiencing with our clients. Since none of us had ever lived through a world pandemic, the students in my human-animal bond class were instrumental in brainstorming ways to adapt AAT to a virtual environment. Research into shared trauma shows that “in situations of adversity, resilience is observed when individuals engage in behaviors that help them navigate their way to the resources they need to flourish” (Nuttman-Shwartz 2015, p. 4). It was the collaborative nature of the class that I believe helped both myself and my students feel an increased sense of self-efficacy at a time when many of us felt so out of control. I was later able to share some of our ideas with other animal-assisted therapists, thus helping the scope of our project reach other clients and pets outside of our own.

O’Haire et al. (2019) state that “in the wake of crisis (e.g. natural disasters, acts of community violence and terror), communities are shaken. Normalcy seems a distant memory; and panic, loss, and numbness pervade. In these times, many people take great comfort in the presence of a friendly animal, such as a therapy or companion animal” (p. 16). My students and I hypothesized that the presence of an animal during a world crisis was naturally comforting to many people. Many states implemented shelter-in-place orders, and restaurants and other public venues were shut down. People became afraid to visit friends and family for fear of spreading or contracting the virus. Older adults, especially those in assisted living facilities, were not allowed visits from family members since they were considered highest at risk. My students and I postulated that during the pandemic animals were being adopted for a variety of reasons.

Primarily, the animal would provide a companion for people who were socially isolated, especially for those who were sheltering alone. Social isolation is a grand challenge in social work because the effects of loneliness can result in internalizing disorders such as dysthymia and major depression and may even lead to death (Grand Challenges for Social Work 2015). Of course, isolation is not the same as loneliness, and perhaps by socially isolating with a companion animal, many people were able to avoid feeling lonely, while still being mindful of the government regulations.

Another reason that we believe that people were adopting animals was the effect of oxytocin (briefly mentioned above). Oxytocin is a hormone that causes people to feel safe, secure, and happy. Studies show that oxytocin is released when people fall in love, when a mother holds her child, or when a person pets an animal (Beetz et al. 2012). Kruger and Serpell (2010) suggest that AAT is an effective treatment modality because it creates a relationship and offers affection in a nonthreatening manner. Certainly during in-person AAT, the therapy animal is often seen as more trustworthy.
than a person and, therefore, may facilitate the development of trust between the therapist and client. During the pandemic, other people were seen as physically untrustworthy, since it is impossible to tell who carries the virus, and yet it is considered unlikely that animals can contract or spread the coronavirus. Perhaps people were naturally turning to animals as a source of companionship and affection, for a sense of physical and emotional safety, and as a trustworthy companion. Other reasons for increasing human-animal interactions in a traumatogenic environment include providing people with “a source of non judgmental support, stress-reducing companionship, positive outlets for joy and laughter, a safe haven for physical touch and emotional vulnerability” (O’Haire et al. 2019, p.16). My students and I began to share more stories about our own pets, as the news of the spreading virus worsened. Speaking about a purring cat or a silly dog seemed to give us back a sense of normalcy during a time when we were all experiencing a sense of disequilibrium and derealization.

Pets are common companions to people of all ages from young children to older adults, and a strong bond may form between people and their pets (Peretti 1990). The pet becomes a companion, a buddy, and someone to talk to and to care for and may even provide a purpose to continue living after friends and family have passed away (Cohen 2002; Irvine 2013). People began to die from COVID-19 in record numbers, and for those who have friends that have passed away, the pets may become surrogate friends, while pets may function as surrogate family members for those who are unable to hug their own kin (Veevers 2016). My students and I hypothesized that pets not only model mindful and joyous living (Compitus 2019) but that they also were less at risk of dying from the illness and, therefore, were a more dependable attachment figure at a time when even young healthy people were dying.

Since none of us had ever experienced such a global crisis before, my students and I thought of ways to adapt AAT to fit the current health restrictions. There are multiple types of animal-assisted interventions, and we tried to come up with ideas to fit a variety of circumstances. For example, a common scenario in animal-assisted education is when a child is nervous about reading out loud, but the nonjudgmental presence of a therapy animal may help increase their sense of confidence. Since we could no longer bring therapy animals into schools or hospitals, my students suggested animal-assisted teletherapy for students who were now being schooled at home. Many clinicians had already moved their practice to teletherapy, so moving AAT to a virtual model was a natural suggestion. Of course, the tactile stimulation and soothing effects of petting an animal would no longer be available, but the child would still be able to read and interact with the therapy animal. Another suggestion for virtual animal-assisted education was to have children write letters to the therapy animals. This would only work for clients who had already established a relationship with the therapy animal, but it was a great way to engage children through animal-assisted learning.

Interestingly, many large corporations also began integrating animals in a therapeutic capacity in their staff meetings. Naturally, people’s children and pets would appear in the background of a virtual meeting. But corporations began to solicit the
appearance of therapy animals, such as llamas, horses, and dogs, to weekly virtual meetings. Perhaps the appearance of the therapy animal lightened the mood, provided a sense of cohesion among the staff (a shared common experience), or simply was a welcome distraction from the serious health and economic crisis that was happening. O’Haire et al. (2019) suggest that “in the face of trauma, people can feel ostracized, stigmatized, and alone … the trusted presence of an animal may help foster social engagement … as well as their meaningful reconnection with society” (p. 24). People may not have known or understood why they were naturally moving toward animal-assisted interactions, but these new trends certainly illustrate that our reliance on animals for emotional support should not be overlooked.

Conclusion

During times of uncertainty, animal companions can provide us with a stable attachment object, an increased capacity for self-efficacy and self-regulation, and a method of safely engaging with the social environment (from a safe distance). For those with dogs, they still had to leave the house to provide relief walks for the dog, and this got people moving, exercising, and out of the imposed isolation of their house. For people with other types of pets, sharing pictures and stories of their pets’ antics on media outlets like Instagram and Facebook was another way to remain connected to the outside world. As we prepare to slowly reopen our sanctuary to clients (while observing strict health regulations), I am cautious but optimistic that we will be able to continue to help people regain a sense of equilibrium. A cow or a pig, a dog or a cat, they all live in the moment, even while being cautiously aware of their surroundings. There is a lot that we can learn from our relationships with animals, and although the current health crisis is certainly tragic, at least people have naturally found an adapting coping strategy that has fur and four feet. Although we share in this traumatic experience, we are also sharing our strategies for resilience. Animal companionship is a type of self-care that, perhaps, we all could use right now.

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