The human-animal bond's role with the abused child

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The human-animal bond's role
with the abused child

by

Linda Jean Nebbe

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

Major: Education
Major Professor: Dominick Pellegreno

Iowa State University
Ames, Iowa
1997

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This is to certify that the Doctoral dissertation of

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For the Graduate College
DEDICATION

To my family, Dennis, Carver, Nathan, and Charity Nebbe

To my parents, Glen and Priscilla Lloyd
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ABSTRACT

The purpose of this study was to investigate adults who were abused as children and the mediative impact of human and animal supportive relationships on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult.

One hundred and one adult subjects completed the inventory. The inventory was a compilation of specifically designed questions by the researcher including continuum rating scales of the subject's perception of his/her childhood levels of self-esteem, nurturant behavior, and anger; and assessment instruments for self-esteem, nurturant behavior, and anger as an adult. In addition, questions concerning demographic data and an optional, qualitative question were asked.

The t-test or the Mann-Whitney U-test was used to analyze the 108 incidents involving the two assessments of the animal-bond (The Human-Animal Bond Scale and the Family Life Space Diagram) and the assessments of self-esteem, nurturant behavior, and anger level as a child and an adult. There were 12 significant incidents found in the areas of self-esteem (non-abused subjects as adults who had a strong human-human bond had higher self-esteem); nurturant behavior (non-abused subjects who had a strong human-animal and both a human-human and a human-animal bond and all subjects, subjects not abused as children, and subjects abused as children who had a strong human-animal bond reported more nurturant behaviors; ). The childhood anger level for children who were abused was significant; lower anger levels were
reported for children with a strong human-animal bond. Chi square analysis supported existing research showing that abused children have a continued history of abusing or being abused throughout their lives. The exception occurs with adults abused as children with a strong human-animal bond who did not abuse animals or children as an adult. The qualitative information supported the premise that relationships with animals were very important to some of the abused subjects when they were children. The animals were viewed as supportive, as a tool used by the abuser, as a threat to the abused child, and as part of the healing process. Sometimes these views overlapped.
CHAPTER 1. INTRODUCTION

The connection between humans and animals, and humans and nature, is multifaceted and extremely broad in scope. Bookshelves abound with philosophical information; environmental education stresses the interrelatedness and dependency of life on all other life; and biology focuses on the basic needs of living organisms. The emotional well being of humans, in addition to physical well being, is also linked to the natural environment (Kellert & Wilson, 1993; Nebbe, 1995).

Humans connect to the natural environment in many ways. When daily life is not intimately connected to the natural environment, humans find ways to bring nature into their lives (Dubos, 1972; Fox, 1980; Levinson, 1972). Pets are one way that humans accomplish this. In most first world countries, keeping pets is extremely popular. The number of families having a pet dog or cat ranges from over 60% in Poland to 10% in Greece. In the United States, it is estimated that over 55% of families have a dog or cat (Arkow, 1995; News and Analysis, 1994).

Pet owners would agree that owning a pet is good for children. There are many aspects of this statement. One aspect which will be explored in this paper is the bond between a child and an animal, particularly a child who is abused. The question being asked is: How do the human-animal bond and the human-human bond affect the abused child? Specifically, the self esteem level of the individual, the nurturant behavior of the individual, and the anger (aggressive behavior) of the individual are being examined. These three areas, self-esteem, nurturant behavior, and anger, are believed to be influenced negatively by abusive situations experienced by children (Finkelhor, 1984).
Prevalence of Abuse

In 1994, U.S. statistics on child abuse and neglect reported 3,140,000 children as maltreated per year. Of the reports received, 33% or 1,036,000 children were confirmed as physically, emotionally, or sexually abused or neglected, and 1,271 children died from abuse or neglect (Ehrhardt, 1995). In Iowa, each year over 6,000 children are determined to be victims of child abuse and neglect. In 1989 and 1990, 16 Iowa children died as the result of abuse or neglect. National studies continue to indicate that only one-third of maltreated children are reported to child protection agencies (Child Abuse and Neglect, 1991).

The prevalence of sexual abuse is still in question. Most resources say that 1 out of every 4 women and 1 out of every 6 men have a history of sexual abuse occurring before they reached the age of 18 (Arkow, 1995; Ehrhardt, 1995). In Iowa, it is estimated that approximately one in six of the children reported as abuse and neglect victims are victims of sexual abuse (Child Abuse & Neglect, 1991). Finkelhor (1984) reported that other studies cite numbers close to these.

Child Protective Services (CPS) or the Department of Human Services (DHS) is primarily responsible for investigating allegations of child maltreatment and providing care for children who cannot safely remain in their own homes. These are responsive services. CPS or DHS does not provide preventive or early intervention services. Resources have not kept pace with demand. There has been a 300% increase in the rate of reporting in the last 15 years. Programs are underfunded and cannot begin to investigate all the allegations of child abuse and neglect they receive.
Results of Child Abuse

Children traumatized by abuse, as well as adults who were traumatized as children, may show an array of symptoms (Broadhurst, 1979; Everstine & Everstine, 1989; Gil, 1991; Higgins, 1994). The severity of these symptoms may depend on several factors. Abuse as a child is considered to be more traumatic than abuse as an adult (Everstine & Everstine, 1989; Gil, 1991). Children are more vulnerable to damage and the younger the child the more vulnerable. This is because the central nervous system and cognitive functions have not yet fully matured. In addition the greater the number of traumatizing events as well as the length of time during which the child was abused intensify the degree of emotional damage (Everstine & Everstine, 1989; Higgins, 1994). And finally, the closer the emotional distance between the child and the abuser, the more emotional trauma can be expected (Everstine & Everstine, 1989).

Symptoms exhibited as a child may differ from the symptoms exhibited by an adult who experienced abuse as a child. Everstine & Everstine (1989) gave the following list of symptoms of child sexual abuse compiled from a variety of authors. Most of these symptoms are also associated with other forms of abuse or neglect in varying degrees (Everstine & Everstine, 1989).

1. Fear: The most common initial reaction. For that reason, the child who expresses extreme fear (and/or anxiety) for no apparent reason should be viewed with concern.
2. Inability to trust: Because of the betrayal that the child has suffered at the hands of an adult, and because he or she has been made to feel helpless by the adult, the child is severely limited in ability to trust. This deficit of trust may impair his or her future relationships in many ways.
3. Anger and hostility: Children are rarely able to express their anger toward an assailant, and as a result it is often displaced onto others. However, in some cases (usually those that involve extrafamilial abuse) the child does find an opportunity to release his or her anger toward the abuser.
4. Inappropriate sexual behavior: Sexually abused children may attempt to show or tell others what happened by doing or acting out what was done to them. A child may also attempt to gain a sense of mastery over the trauma by repetition of the events in a symbolic form; for example, child victims of sexual assault (especially male victims) may attempt to undo their feelings of helplessness by doing to other children what was done to them—a manifestation of "identification with the aggressor."

5. Depression: Because of not being able to express their feelings of helpless rage for what was done to them, abused children may become clinically depressed, showing signs of emotional constriction and flat or bland affect, and so forth.

6. Guilt or shame: Since young children are by nature egocentric, they may mistakenly accept responsibility for other people’s actions toward them; this tendency, when added to the molester’s attempts to shift blame onto the victim, often results in the child’s experiencing intense feelings of guilt for what has happened.

7. Problems in school: A sudden drop in school performance may be a symptom of sexual abuse; even so, in some cases performance does not falter because the child may find security in the structure of the school environment.

8. Somatic complaints: Many sexually abused children internalize their trauma and may demonstrate varied somatic disorders such as headaches or stomach aches that have no organic cause.

9. Sleep disturbances: Frequently, sexually abused children experience difficulty in sleeping, fear of sleeping alone, nightmares, or even night terrors.

10. Eating disorders: Some victims of sexual abuse exhibit eating disorders as evidenced by a sudden marked increase or decrease in appetite, or the hoarding of food. A clinician should be especially observant when treating anorexia or bulimia in adolescents, because those symptoms may mask trauma caused by sexual assault.

11. Phobic or avoidant behavior: Child victims may display a wide range of avoidant behaviors, from agoraphobia to school phobia to the fear of someone who even slightly resembles the molester in appearance.

12. Regressive behavior: Children may become regressive as a result of sexual trauma. Hence, cases of regression that are not readily explained should be checked carefully for possible evidence of abuse.

13. Self-destructive behavior or accident-proneness: These may become outlets for the child’s feelings of guilt and shame. Many molested children feel damaged or worthless and their acting out takes this form.

14. Runaway behavior: Older children and adolescents may attempt to cope with abuse by running away from home. (pp. 17-18)
The National Center for Prevention of Child Abuse and Neglect in Denver, Colorado (Gil, 1991), found that physically abused children have deficits in gross motor development, speech and language, learned helplessness, lack of object permanence or object constancy, and impaired socialization skills. In addition, Gil (1991) reported that physically abused children exhibited aggression and hatred, uncontrollable negativistic behavior, severe temper tantrums, lack of impulse control, emotionally disturbed behavior both at home and at school, and withdrawn or inhibited behavior.

Higgins (1994) reported a high correlation of abuse (all types of abuse), as a child or adult, with symptoms of depression, anxiety, panic, and somatic complaints as well as more disruptive complaints such as borderline personality disorder, multiple personality disorder, post traumatic stress disorder, alcoholism, and other mental disorders. He says hostile home lives and abusive treatment are also recognized as causing learning disabilities, cognitive deficits, and hyperactivity. Finkelhor (1984) also emphasized that maltreated children suffer from poor peer relations, cognitive deficits, low self-esteem, and aggressive behaviors.

Garbarino, Guttman, and Seeley (1986) describe emotionally abused children as showing evidence of psychosocial harm. Garbarino et al. summarized their findings:

The psychologically maltreated child is often identified by personal characteristics, perceptions, and behaviors that convey low self-esteem, a negative view of the world, and internalized or externalized anxieties and aggressions. Whether the child clings to adults or avoids them, his or her social behavior and responses are inappropriate and exceptional. (p. 63)
The above list of symptoms or effects of abuse is hardly conclusive. Although the effects of abuse may appear in connection with the abuse, they may also surface or last long after the abuse itself has occurred (Gil, 1991).

Garbarino et al. (1986) also note that some victims of child abuse seem to emerge unscathed. They become pro social and competent adults in spite of their harsh, or even hostile, upbringing. He stated that these children receive “compensatory doses of psychological nurturance and sustenance [that] enable them to develop social competence, that fortify self-esteem, and [that] offer a positive social definition of self” (p. 9). Finkelhor (1984) asked the question, “Why are some children so traumatized by abuse and others survive virtually unscarred?” (p. 16). What factors are present in the lives of those less affected to buffer the abuse? What factors are present in the lives of some abused individuals that perpetuate the abuse as they themselves become abusive to others? These are the questions that this research hopes, at least in part, to address.

Treatments for children who have been abused as well as treatment for offenders are varied and includes as many options as there are theories and individuals delivering the services (Bradshaw, 1990; Finkelhor, 1984). There are little data on successful outcomes of treatment because of the complexity of the issues. Most children suffering from one kind of abuse experience other forms of abuse also. For example, sexual abuse is almost always emotionally devastating. Measurement is difficult for issues so confounded.

**The Human-Animal Bond**

The human-animal bond is also complex. It is obvious by simply observing or talking to individuals that there are many facets and philosophies
of the manifestation of the bond. Research has exposed the link between childhood animal abuse and human violence (Arkow, 1995; Ehrhardt, 1995; ten Bensel, Ward, Kruttschnitt, Quigley, & Anderson, 1984). Childhood animal cruelty occurred to a significantly greater degree in the population of aggressive criminals than in a normal population. It is hypothesized that, as children, these persons learned from "models" in their environment to be abusive to animals and to humans. As they grew, the abuse transferred to people (Ascione, 1995). It has been recognized that in families where there is abuse, animal abuse is connected to child abuse and domestic abuse. The terminology "cycle of abuse" refers to the abused individual who ultimately becomes abusive. Often animals are part of this cycle. It is hypothesized, and new evidence further indicates, that this trend can be reversed through education, strong models, and guided nurturing experiences with animals (Katcher, personal communication, March 18, 1995).

Over 55% of American families have pets, and the largest pet owning segment of the population is families with children (Arkow, 1995; News and Analysis, 1994; Paul & Serpell, 1992). People believe that pets are good for their children.

Currently, one of the focuses of animal-assisted therapy professionals is on emotionally disturbed children. Davis (1986) has observed that emotionally disturbed children become more readily involved with animals than people or tasks. Within the last few years, evidence has been gathered to support the success of specific animal-assisted therapy programs for conduct disorder and at risk youth (Katcher, personal communication, March 18, 1995). This particular emphasis has begun to be recognized by the human service organizations who
are looking for new and innovative ways to work with the ever-growing numbers of at risk youth.

Statement of the Problem

One question about victims of child abuse is why some children are so traumatized by abuse and others survive virtually unscarred (Finkelhor, 1984). What factors are present in the lives of those less affected to buffer the abuse? This study is designed to investigate two factors, bonding with an animal and bonding with a human, that may lessen the traumatization of child abuse.

The research question is: Is there a mediative impact of human and animal supportive relationships on the self-esteem, nurturant behavior, and anger of the abused child, as both a child and an adult. The researcher hypothesizes that the individuals with the supportive animal bond or a supportive human bond will have less aggressive behavior, stronger self-esteem, and more nurturing behaviors than those without the supportive animal or human bond. The human factor of support has already been documented (Ehrhardt, 1995). It has also been documented that social and emotional support is one of the benefits of pet ownership for children in general (Bryant, 1990) and that an animal perceived as supportive also offers support to the sexually abused child (Barker, Barker, Dawson, & Knisely, 1995).

Hypotheses

The Null Hypothesis are as follows:

Null Hypothesis 1

There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the recoded Human-Animal Bond Scale.
Null Hypothesis 2
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the Family Life Space Diagram.

Limitations of Study

Limitations recognized with this study at the onset of this research include the following:

1. The use of retrospective self-reports to assess changes in cognitive and affective domains of the subjects may have lacked reliability.

2. The study was limited to volunteers who are clients at Family Service League and other selected agencies. Motivation may have made this sample non-representative of the general population. However, within the clinical population, the sample was representative.
CHAPTER 2: LITERATURE REVIEW

In this chapter, the researcher examines what she considers the important areas of the research relating to child abuse, the human-animal bond, self-esteem, nurturant behavior, and anger. Because the research question explores the influence of the human-animal bond specifically in abused children, both child abuse and the bond between humans and animals will be examined. In both of these areas, a survey of the history is important not only for a complete understanding of the subject but also for its relevance in current times. Self-esteem, nurturant behaviors, and aggression are areas in which an abused individual is often affected (Everstein & Everstein, 1984; Finkelhor, 1984; Garbarino et al., 1986; Gil, 1991). These areas have been chosen as aspects of the abuse which this research is going to assess. An overview of each area is included in this chapter.

Child Abuse

The effects of child abuse on the individual child as well as the abuse reporting strategies are important information in the area of child abuse and are therefore indirectly related to this research. However, because of the length of this dissertation and their indirect application to the topic, they have been excluded from the following examination. Specifically excluded were information about: the reporting agencies, how abuse reports are handled, why the abuse occurs, and why abuse goes unreported. Treatment is also an extensive topic which has not been included in this study, nor do I think it significant to the understanding of child abuse in general. In this research report, however, treatment as it may apply to the human-animal bond may be significant.
History of Child Abuse

Early (from the time the Puritans landed at Plymouth Rock) there were conflicts about the role of children in society (Ehrhardt, 1995). Beliefs of that time actually supported childhood activities that today we would call abuse. Children were commonly brought to this country as indentured laborers. Labor was expected of children and looked at as being good for their souls or as an economic contribution to the family. Early religious beliefs were responsible for much of the early abuse, but they were also responsible for naming and changing the paradigms that then existed. With the onset of the Industrial Revolution, the demand for child labor increased, and children were employed by the sweat shops and assembly lines.

The first documented action against child abuse occurred in 1875 when Etta Wheeler became frustrated in her attempts to get help for a young girl, Mary Ellen, who had been treated brutally by her parents (Arkow, 1995; Ehrhardt, 1995). Finally, Etta turned to the American Society for the Prevention of Cruelty to Animals (ASPCA) who persuaded the courts that Mary Ellen deserved as much protection as any other helpless and defenseless animal. The ASPCA followed up this incident with legislation to help rescue children from abuse and neglect and formed the Society for the Prevention of Cruelty to Children (SPCC). By the 1920s there were over 250 SPCCs and a definite beginning of an organized effort to advocate for abused and neglected children.

The year 1909 marked the First White House Conference on Children (Arkow, 1995; Ehrhardt, 1995). The conference recommended the establishment of the first Children's Bureau to provide information, resources, money, training, research, technical assistance, standards, and legislation. The
Conference did not recommend direct services. In 1916, the Keating-Owen Act was passed, which protected children who were working in factories and mines; but it did not include children working on farms or working in sweat shops. This law led the states to develop versions of juvenile courts, with codes and laws specifically written for juveniles.

The 1935 Social Security Act was the beginning of direct human services (Arkow, 1995; Ehrhardt, 1995). It was then that the U.S. government formally recognized the impact poverty had on families and children and began providing maternal and child health services, aid to impoverished children, and child welfare services. Administered by state and local governments, it provided for education, health and social services, law enforcement, and income transfers (unemployment insurance and welfare payments). At the same time, the federal government established the social welfare system to help parents supply food, clothing, and shelter for their children. In 1956, a report released by the American Humane Association (AHA) titled “The Nationwide Survey of Child Protective Services,” stirred the federal government to reexamine the problem of infant mortality and low-birthweight infants. This led to better health care for children and expectant mothers. In the 1960s the term “Shaken Baby Syndrome” was coined by Colorado physician Dr. C. Henry Kempe to describe child abuse as a diagnosable condition (Gil, 1991). In 1962, states began to mandate reporting child abuse (Arkow, 1995; Ehrhardt, 1995). At that time, there were many variations because of the differing definitions of neglect and abuse, differences in who was mandated to make reports and who should accept the reports, differences in the consequences for failing to report, differences in where funding and staff would come from, and differences in what the follow up to the report would be. It was
not until 1969 that Dr. Vincent DeFrancis did research on child sexual abuse, introducing a whole new area of abuse (Van Hasselt, Morrison, Bellack, & Hersen, 1988).

Congressional hearings focusing on child abuse and neglect were held in 1973, which were followed in 1974 with the Child Abuse Prevention and Treatment Act (Arkow, 1995; Ehrhardt, 1995). Finally, as a result of this act, the terms child abuse and neglect were defined. The legislature now had the ability to fund the development and the implementation of training programs and to offer financial incentives for states to establish reporting laws for child abuse and neglect. Today, each state has laws that define child maltreatment, reporting responsibilities, and procedures for intervention, and policies and procedures that define the function of child protection services.

Definitions of Child Abuse

The Child Abuse Prevention and Treatment Act defines child abuse as (Ehrhardt, 1995):

... the physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment:
• of a child under the age of 18 or, except in the case of sexual abuse, the age specified by the child prosecution law of the State.
• by a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare
• under circumstances which indicate that the child's health or welfare is harmed or threatened...
also including:
• withholding medical treatment from disabled infants with life threatening conditions. (p. 26)
Laws and definitions differ slightly within each community and state. Next are definitions that are representative of the various existing laws (Ehrhardt, 1995).

**Physical Abuse** results from someone punching, beating, kicking, biting, burning, or otherwise harming a child. Typically parents lose control while disciplining the child or become angry because they have expectations beyond the child’s capabilities. A founded (proven) report can result from a single incident or repeated episodes and can range from minor bruising to injuries that cause death.

Bruises attributed to abuse are considered non-accidental bruises that appear typically on the buttocks and/or lower legs and/or upper back. They may be dangerous enough to cause severe blood loss resulting in anemia. Easily recognizable are bruises made by objects that leave distinctive marks like hands, belt buckles, or wooden spoons. In addition, physical evidence such as bite marks, burns (caused by immersion in hot water, patterned burns like cigarette burns, or splash burns), and head trauma such as Shaken Baby Syndrome are considered physical abuse. (Shaken Baby Syndrome occurs when a baby is shaken vigorously. The baby's neck muscles are undeveloped and their brain tissue is exceptionally fragile. Vigorous shaking pitches the brain in different directions, making it pull apart, which causes bruising and tearing of blood vessels in the brain. This results in bleeding or subdural hematoma.)

**Neglect** is the caregiver's failure to provide for the basic physical, educational, or emotional needs of the child. More children die each year from neglect, especially physical neglect, than from other forms of abuse. Physical neglect is considered a delay in seeking health care, abandonment, inadequate
supervision, expulsion from the home, or refusing to allow a runaway to return home. Educational neglect constitutes permitting chronic truancy, failing to enroll a child of mandatory school age in school, or ignoring a child's special educational needs. Emotional neglect includes displaying chronic or extreme spousal abuse or domestic violence in the child's presence, allowing drug or alcohol use by the child, or refusing or failing to provide necessary psychological care. Child endangerment is defined as failing to provide a safe environment.

**Emotional Abuse** occurs when caregivers act in a manner that causes serious behavioral, emotional, cognitive, or mental disorders in the child. Examples include a parent or caregiver administering a punishment that is torture such as locking a child in the closet; constantly ignoring a child (leading to stunted self-esteem); isolating a child from normal human contact; terrorizing a child; corrupting a child through exposure to drug dealing or other criminal activities; or verbally assaulting a child with constant name-calling, harassments, or threats.

Emotional abuse is the most difficult form of abuse to identify and stop. Child protective services must have demonstrable evidence that harm to the child has been done before they can intervene. Some child development experts consider this type of abuse the most harmful because it is intangible, therefore difficult to prove and difficult to treat.

**Sexual Abuse** includes a wide variety of behaviors, including fondling, intercourse, rape, sodomy, exhibitionism, and exploitation through prostitution or the production of pornographic materials. If the perpetrator is an individual who is not responsible for the care of the child, the term assault is used. Sexual abuse occurs if the perpetrator is a caretaker, such as parents, baby-sitters, day-care
providers, and so forth. Incest is when the perpetrator is a family member. Incest is the most frequently reported type of sexual abuse. The most common perpetrators are fathers and stepfathers, and the most common victims are daughters.

Sexual abuse most often occurs in phases. The perpetrator is a person the victim knows, most likely trusts, and often loves. First, the perpetrator must win the trust or affection of the victim. Next, the sexual act occurs. Third, is the secrecy phase which may include threats if the victim tells anyone about the abuse. The fourth phase is the disclosure of the sexual abuse. Another avenue of sexual abuse is ritualistic sexual abuse where the acts are tied in with satanic or religious rites.

Only 20 years ago sexual abuse was regarded as an uncommon problem. Although it has attracted a lot of attention, there is still much that is not known. Thus far it appears to be an American problem, although this could be attributed to the lack of information and research from other countries. Also, it appears that sexual abuse is increasing in this country. Surveys given to women of different age groups show more than a 15% increase in reported sexual abuse with women in their early 20s over women aged 60 or over. This difference may be attributed, though, to the younger women's better recall and greater willingness to report (Finkelhor, 1984).

After looking at the history of child abuse in this country, one can easily understand that recognition of the abuse of children is historically relatively new. Parallel information exists in first world countries on abuse and neglect, but it is lacking in the area of sexual abuse (Finkelhor, 1984). Culturally held beliefs (such as the early religious beliefs in the United States) influence the way
children are treated, as well as do the lifestyles and the state of technological
development of a country. Child abuse, as this paper is defining child abuse, is
therefore a phenomenon of the United States, and to varying degrees, other first
world countries. Confounding the definitions and recognition of abuse are
cultural practices of cultural groups living within the United States which can
easily be construed or misidentified as abuse. Examples include folk medicine
practices such as Cao Gio (Ehrhardt, 1995). This is a folk medical practice of
Cambodia where hot coins are rubbed over a child’s back or chest to cure fever
leaving a Christmas-tree looking pattern on the skin. Another folk medical
practice of Mexico and South America is referred to as “cupping.” Warm cups
are placed over the chest to draw out illness creating large circles which appear
and remain on the skin.

Effects of Abuse

The recognition of child abuse has resulted in the recognition of the
consequences of child abuse. Following is a compiled list of possible
consequences (Arkow, 1995; Broadhurst, 1979; Starr & Wolfe, 1991; Van Hasselt et
al., 1988).

Cognitive Deficits:
1. Intellectual
2. Communication: language skills
3. Poor school achievement
4. Neurological
5. Learning disabilities
6. Motor skill development

Social and Emotional Deficits:
1. Prematurely developed adult behavior
2. Anger and aggression
3. Fear
4. External locus of control
5. Decreased ability to comprehend social roles
6. Difficulty identifying and acting on feelings
7. Immaturity
8. Developmental delays
9. Depression
10. Hyperactivity and anxiety

Physical/Mental Deficits:
1. Damage to the brain, vital organs, eyes, ears, arms, or legs which can result in: mental retardation, blindness, deafness, loss of limbs, illness, and possible death.
2. Mental illness

A more thorough examination of the consequences of abuse was included in Chapter 1. As well, in Chapter 1 was a description of the cycle of abuse, the propensity of the abused individual to become abusive themselves (Arkow, 1995), thus perpetuating the abusive behavior through their own children, their own families, or through assultive behavior of others.

Factors Mediating the Impact of Abuse

Gil (1991) identified nine factors that mediated the impact of any type of abuse on children. Those factors are as follows:

• **Age of the Child at the Time of Abuse**

  It is supported by most research that the younger child is more vulnerable to damage from abuse. This is believed to be true because the central nervous system and cognitive functions have not yet fully matured.

• **Chronicity**

  The more chronic the abuse, the greater the impact. If the abuse continues over a period of time, the child’s sense of helplessness and vulnerability can increase, and the child has greater opportunity to utilize and refine defense mechanisms, such as dissociation, that can become problematic later in life.
• **Severity**

The more extensive the abuse, the greater the damage. Obviously in cases of physical abuse and neglect, physical problems as well as emotional problems can develop. In sexual abuse cases more extensive genital contact, such as penetration, has been associated with a greater negative impact.

• **Relationship to Offender**

The closer the relationship between the offender and the child, the greater the resultant trauma. The child who is abused outside of the home can turn to the family for protection and reassurance. The child abused by a family member, a loved one, has confusing trust issues and often has no place to turn for protection and reassurance.

• **Level of Threats**

The use of threats, force, and violence potentially worsen a trauma. The presence of threats may produce generalized anxiety and fear in the child. Threats may be explicit or implicit.

• **The Emotional Climate of the Child's Family**

The more dysfunctional the child's family, the greater the problem. Chaos and disorganization, mental health problems, broken family, alcohol dependence, spouse abuse, social isolation, and insufficient income all contribute to worsen the situation.

• **The Child's Mental and Emotional Health**

If the child has good psychological health prior to the abuse, he/she is in a better position to resist the damage.
• The Guilt the Child Feels

In cases of sexual abuse, if the child experiences some pleasure during sexual contact or feels somehow responsible for causing the abuse, he/she is more likely to feel guilt which is associated with greater impact.

• Parental Responses to the Child's Victimization

The child's healing is greatly enhanced by a parent who believes the child and is not accusatory and who is unequivocally supportive and reassuring. A parent who is unsupportive or overly reactive will contribute to greater trauma.

Summary of Child Abuse

As the researcher reported in the Introduction, it is estimated that a large proportion of our population has been abused. It is difficult to estimate how many individuals have been abused, although it is believed that one out of every four individuals has experienced sexual abuse before they reach the age of 18 (Ehrhardt, 1995; Finkelhor, 1984). In an effort to more fully understand abuse and its consequences, there is an ongoing effort to recognize factors that allow for prediction of abuse as well as factors contributing to abuse (Finkelhor, 1984; Starr & Wolfe, 1991).

With the recognition of the population of abused individuals and the consequences of child abuse has come the search for treatment of victims of child abuse. A variety of therapeutic philosophies and treatments exist. One factor that has been recognized as diminishing the consequences of abuse is support (Ehrhardt, 1995; Gil, 1991). If the abused individual has a supportive relationship (with a parent, teacher, friend), this seems to offset the effects of the abuse. In this research another type of relationship is addressed, this is the supportive relationship of an animal.
The Human-Animal Bond

History of the Human-Animal Bond

Dogs have long been noted for being "man's" best friend (Nebbe, 1995). Records of domestication date back over 12,000 years. Humans domesticated animals for food but also for protection and for assistance. Even though domestic animals are believed to aid their human masters first, Levinson (1969) pointed out that "there seemed to have been a universal need and affection for pets which took different forms in different cultures and ages" (p. ix). He continued to hypothesize that "man in every generation found reaffirmation of his unity with nature and with the elemental forces of nature" through a relationship with animals.

The advent of the motion pictures further popularized the animal story, already a best seller in the form of literature (Samson, 1976). After World War II (WW II), several famous movie dogs (Stronghart, Rin Tin Tin, and Lassie) won the hearts of Americans (Boone, 1954). It was clear that these dogs did far more than aid their human counterparts procuring food and offering protection. The family pet became an icon of the American family and became popular throughout modern western civilizations.

A 1984 poll of Fortune 500 chief executive officers reflected the same belief that most families held for their pet, that it was good for the children (Business Bulletin, 1984). Of the Fortune 500 officers, 94% of the respondents had a dog or a cat as a child. About 75% of those respondents still had a pet in 1984. (This figure compares with 53% of U.S. household that owned a pet at the time.) These executives reportedly felt their pets were significant to them during their development. The executives said they learned responsibility, empathy, and
sharing, and experienced companionship from their pets. Many noted that the pet was someone with whom to talk.

Another development following WW II also supported the popularization of the animal companion. By the end of the war, many wonderfully trained military dogs had no further war-time function. The uncertainty of their future was solved when many of the animals were retrained as guide dogs to serve blind individuals. Since that time, the concept of “service dog” has expanded to include many species of animals that aid people with a variety of disabilities.

**Definition of Animal-Assisted Therapy**

Another dimension of the animal companion was added in the late 1960s when Boris Levinson, a child psychologist, began writing professionally about his work with his canine “co-therapist,” Jingles. At first, his peers responded with amusement, but after writing two exceptional books, Levinson was not only taken quite seriously but he was heralded as a pioneer in the field of animal-assisted therapy (Mallon, 1994).

Academia began to take this notion seriously. In the late 1970s a group of professionals formed the professional organization, the Delta Society, for professional individuals working with the human-animal bond. The mission statement of the Delta Society states that “The Delta Society seeks to increase recognition of the mutually nurturing relationship between people and animals, and to establish services by animals to aid people with health difficulties and physical and emotional challenges” (Nebbe, 1995).

Enough individuals with positive personal experiences attested to the fact that their pet was their “best friend” or provided them with unconditional love
and support, that when the work of the Delta Society became public, great popularity followed. Animal-assisted activities and therapy programs were developed across the country and in other westernized nations. It became a common event to have dogs, cats, and even horses and llamas making regular visits to nursing homes and hospitals.

Early research supports the claims of proponents of animal-assisted activities and therapy. The earliest research focused on the elderly. Pet ownership was correlated with a positive attitude toward oneself and others and an enhanced social life (Cusack & Smith, 1984).

Heart disease patients who owned pets were discovered to live longer than those who did not (Beck & Katcher, 1983). In a classic study, the physiological effects of pets were noted as a person's measured blood pressure significantly decreased when the person interacted with a pet (Beck & Katcher, 1983).

The relationship between children and animals was the next focus. Levine and Bohn (1986) reported that children in families with pets were less likely to suck their thumb. They believed this indicated a more emotionally secure environment. They also observed that a pet helped to teach children important skills, including patience and anger management. Children in families with pets where the pet is perceived as a family member (Levine & Bohn, 1986; Soares, 1986) showed feelings of greater competency and high self-esteem.

Research emphasizes the complexity of the human-animal bond and a link between childhood animal abuse and human violence (Arkow, 1995; Ehrhardt, 1995; ten Bensel et al., 1984; ). Childhood animal cruelty occurs to a significantly greater degree in the population of aggressive criminals. It is hypothesized that, as children, these persons learned from "models" in their
environment to be abusive to animals. As they grew, the abuse transferred to people (Arkow, 1995; Ehrhardt, 1995). In abusive families, it has been recognized that animal abuse is connected to child abuse and domestic abuse. The terminology "cycle of abuse" refers to the abused individual who him/herself becomes an abuser. Often animals are part of this pattern. It is hypothesized, and new evidence indicates, that this trend can be reversed through education, strong role models, and guided nurturing experiences with animals (Katcher, personal communication, September 25, 1992; Sussman, 1985).

Davis (1986) has observed that emotionally disturbed children become more readily involved with animals than with people or tasks. Within the last few years evidence has been gathered to support the success of specific animal-assisted therapy programs for conduct disorder and at risk youth (Katcher, personal communication, September 25, 1992). In fact, this particular emphasis has gained a great deal of popularity as human service organizations are looking for new and innovative ways to work with the ever growing numbers of at risk youth.

**Summary of the Human-Animal Bond**

Although the professional history of the human-animal bond is short, research is beginning to show support of the impact of this special relationship between humans and animals. In this study, the researcher is examining the impact of a human's relationship with an animal, and whether this relationship can offer support to an abused child like the support an abused individual receives from another human. If this is so, then the supportive relationship of an animal should also diminish the effects of abuse just as the support of another human does.
Self-Esteem

History of Self-Esteem

Self-esteem is a term that emerged in the 1950s (Branden, 1995). Researchers and writers such as Nathaniel Branden and Stanley Coopersmith were among the first to use the term, although Branden (1995) point to earlier references which include Freud's "self-regard" and Adler's "feelings of inferiority." Freud believed that poor "self-regard" came from the child's discovery that he or she could not have sexual intercourse with his/her mother or father which resulted in the helpless feeling, "I can do nothing." Adler suggested that everyone starts out with feelings of inferiority and that their quest in life is to feel superior.

Gradually the concept of self-esteem grew. Virginia Satir talked of the importance of self-esteem as well as Carl Rogers, but it was during the 1970s and 1980s that an increasing number of articles began to appear in professional journals aimed chiefly at establishing correlations between self-esteem and some aspects of behavior. By the end of the 1980s the term had caught fire. Branden (1995) wrote that perhaps the term is overused and is poorly understood. To date no single definition exists. Branden warns of two dangers of this oversimplification: first, that people will want a quick fix and effortless solution to enhance their self esteem; and, second, that people will develop a fatalistic or deterministic view that individuals "either have good self-esteem or they haven't" (p. xvii).

Ed Redalan (personal communication, September 12, 1996) contended that over the years the basis of self-esteem has changed. Originally, self-esteem was based mainly on one's ability to survive. An individual who survived was
successful. An individual who was not able to survive independently was not successful. Since the middle of this century, the focus of self-esteem has no longer been survival. For most individuals, at least in first world nations, survival is no longer a goal. Society insures that an individual's need for survival will be met. Today in these societies, the goals of the individual are directed to who one can become and what one has. According to Redalan, self-esteem for many individuals today is materialistically determined.

Definition of Self-Esteem

Dorothy Corkille Briggs (1975) in her book, Your Child's Self-Esteem, defined self-esteem as follows:

Self-esteem is how a person feels about himself. It is his over-all judgment of himself—how much he likes his particular person. . . . High self-esteem is not a noisy conceit. It is a quiet sense of self-respect, a feeling of self-worth. . . . Self-esteem is the mainspring that slates every child for success or failure as a human being. (p. 3)

Briggs wrote that self-esteem is based on two main convictions:
I am lovable—the belief that the individual matters and has value because he/she exists.
I am worthwhile—The individual believes he/she can handle him/herself and environment with competence, knowing he/she has something to offer others. (p. 3-4)

Nathaniel Branden (1995) defined self-esteem as the disposition to experience oneself as competent to cope with the basic challenges of life (self-efficacy) and as worthy of happiness (self-respect). He says that there are internal factors (ideas or beliefs, practices or behavior) and external factors (environmental factors such as verbal or nonverbally transmitted messages, experiences evoked by "significant others," organizations, and cultures).
Stanley Coopersmith (1967), another standard name when referring to the subject of self-esteem, defined self-esteem as:

the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. (p. 5)

Coopersmith's Self-Esteem Inventory (SEI), developed for his personal research in the subject, is considered the best measure of self-esteem today by professionals in counseling, therapy, education, and research.

Although these definitions complement one another, Demo (1983) discussed the problems of measuring self-esteem. He wrote that self-esteem is difficult to define because of its multidimensional nature. Various self-esteem assessment tools, as well as definitions, tend to vary widely. Demo explored the validity of self-esteem measurement and compiled rather consistent evidence for the eight measures employed in his research. He found that confirmatory factor analyses substantiated the validity of the Rosenberg Self-Esteem Scale (RSE) and recommended the Rosenberg Self-Esteem Scale and the Self-Esteem Inventory by Coopersmith (SEI) as good tools to measure self-esteem consistently and universally.

The Abused Individual and Self-Esteem

Typically, in individuals who have been abused, self-esteem is destroyed, or more likely, never developed in the first place. Bradshaw (1988) stated that learned helplessness also surfaces as a way of reacting to the abuse.

Positive relationships with animals have been informally noted to influence an individual's self-esteem in positive ways. In the previous section
on the history of animal-assisted therapy, a 1984 poll of Fortune 500 chief executive officers was reported to reflect the belief that most families believed their pet was good for the children (Business Bulletin, 1984). The executives reportedly felt their pets were significant to them during their development because they learned responsibility, empathy, and sharing, and experienced companionship from their pets.

In Table 2.1, Nebbe (1995) defines the therapeutic approaches of animal-assisted therapy. In each category of therapy, the individual's life is enhanced, the individual is able to do more, to be more competent, and to be more independent, and therefore the individual feels worthwhile and loved. Thus, the individual's self-esteem is enhanced.

Research to date tends to substantiate this claim. According to a study done by Levine and Bohn (1986), children in families with pets showed feelings of greater competency and higher self-esteem. Studies by Lookabaough-Triebenbacher (1995) Poresky (1995) and also suggested a connection between self-esteem and a relationship with an animal. Both of these studies, however, did not find a direct relationship. Lookabaough-Triebenbacher found that although her data suggested that pet ownership may not directly influence self-concept, pet ownership does contribute significantly to positive attitudes toward and attachment to companion animals. Poresky's (1995) work found a more complex situation in which gender and type of animal influenced the outcome. Poresky found a nonlinear relationship where those with higher self-esteem were individuals toward the center of the human-animal bond scale. Individuals with lower self-esteem tended toward either end of the human-animal bond scale.
Table 2.1 Therapeutic Approaches of Animal-Assisted Therapy

**Instrumental Therapy**
- Animal becomes an extension of the person.
- Person has some control of the animal.
- Person has increased mobility, coordination, and skill.

**Relationship Therapy**
- The person perceives a warm, personal relationship with the animal.
- There is interpersonal interaction between the person and animal.
- The person feels needed.
- The person feels loved.

**Passive Therapy**
- Person becomes absorbed in the animal’s activities.
- Person is entertained.
- Person relaxes.

**Cognitive Therapy**
- Information promotes understanding, control of life, and respect for life in an environment.
- Information enables self awareness and empathy.
- Information releases memories and fantasies.

**Spiritual**
- Experience brings life renewing energy, sense of oneness with creation, and a sense of peace and well-being.
Bryant (1990) found that from a child's perspective, four factors in the child-pet relationship can be viewed as potential areas of benefit: (1) mutuality; (2) enduring affection; (3) self-enhancing affection; and (4) exclusivity. According to the various definitions of self-esteem, these four factors are compatible with feeling lovable and worthwhile and, therefore, of higher self esteem.

**Summary of Self-esteem**

Self-esteem was a term that surfaced during the 1960s. Self-esteem is the evaluation an individual makes with regard to him/herself in terms of self-judgment and self-worth. Although the term self-esteem has become almost a cliche, it is a complex concept. From the data reported, no clear cut connection between self-esteem and human animal relationships has been demonstrated, although each study has pointed toward an indirect relationship. One reason for this is the multitude of factors that influence self-esteem and the human-animal bond. More information is necessary. In the current study, the relationship between self-esteem and the human bond with an animal will be examined again. This time, individuals who have been abused will be the focus. Individuals who have survived abuse with a supportive human-human or human-animal relationship should have higher self esteem than those without the supportive relationship.

**Nurturing**

**History of Nurturing**

Searching the literature under the headings of nurturance, nurturing behaviors, and nurturant behaviors, there are few entries. Nurturance is not a new behavior as is demonstrated by Montagu's (1986) discussion of nurturance in various animals, including human's nearest ancestors, the apes, but the
emphasis on it appears to be. Near the last part of the 1800s and the early 1900s, it was in vogue to hold and fondle a baby as little as possible. Breast feeding was replaced with bottle propping. A very popular and long-lived guide to rearing of children, *The Care and Feeding of Children: A Catechism for the Use of Mothers and Children's Nurses* written by Luther Emmett Holt in 1897 (Montagu, 1986), guided mothers and mothers-to-be for over 50 years. Holt advised against any behaviors that we now recognize as nurturing. He described rocking a child as "a habit easily acquired, but hard to break and a very useless and sometimes injurious one" (p. 149). He called it a "viscous" practice. Another influential publication appearing in 1928 was the *Psychological Care of Infant and Child* written by behaviorist Broadus Watson (Montagu, 1986) while he was professor of psychology at Johns Hopkins University. He upheld Holt's positions enjoining mothers to keep an emotional distance from their children, to avoid kissing, coddling, or fondling. B. S. Veeder (Ed.) in *Pediatric Profiles* (Montagu, 1986) stated that these writings have had a harmful influence on children for many years. However, research has pointed out the error in this philosophy, and new books on parenting and child rearing speak to the importance of nurturing the child. Still today, though, most of the information on nurturing that does exist is expressed under topic headings such as touch and parenting.

**Definition of Nurturing**

The definition of the nurturance need, according to the Longman Dictionary of Psychology and Psychiatry, is "the need to care for, shield, defend, feed, sustain, and encourage a young child or young animal... a fundamental need for protection, support, comfort, healing, and help" (Goldenson, 1984, p. 502).
Katcher and Beck (1987) stated that nurturing involves more than "just taking care of." The following characteristics of nurturing were identified by Katcher and Beck:

Companionships
- eating together
- sleeping together
- petting
- play
- face-to-face interaction
- reciprocal grooming
- dialogue

Domination-Protection
- shaping of form
- management of sexuality
- constraint of movement
- shift from nature to culture
- working
- killing
- management of excrement

Desirable Consequences
- immersion in cyclical time
- feelings of safety, completeness, control, and intimacy
- knowledge
- relaxation through outward direction of attention (p. 177)

These characteristics of interaction are present in human to human nurturing interaction as well as human to animal nurturing interaction.

It is very clear that nurturing is an essential element in the development of a healthy individual (Montagu, 1986; Santrock, 1995). Although there is not much information readily available under the topic of "nurturing," one can look through Katcher and Beck’s (1987) characteristics of nurturing listed above, or to parenting materials and the delineation of topics within the parenting area, to find a plethora of information on the necessity of the components of nurturing to the development of a healthy individual.
Santrock (1995) defined the various styles of parenting and their outcomes as follows:

**Authoritarian parenting** is a restrictive, punitive style that exhorts the child to follow the parent's directions and to respect work and effort. The authoritarian parent places firm limits and controls on the child with little verbal exchange allowed. Authoritarian parenting is associated with children's social incompetence. . . Children of authoritarian parents are often anxious about social comparison, fail to initiate activity, and have poor communication skills. And in one recent study, early harsh discipline was associated with child aggression.

**Authoritative parenting** encourages children to be independent but still places limits and controls on their actions. Extensive verbal give-and-take is allowed, and parents are warm and nurturant toward the child. Authoritative parenting is associated with children's social competence. . . Children whose parents are authoritative are socially competent, self-reliant, and socially responsible.

**Permissive-indifferent parenting** is a style in which the parent is very uninvolved in the child's life; it is associated with children's social incompetence, especially a lack of self-control. . . Children whose parents are permissive-indifferent are socially incompetent—they show poor self-control and do not handle independence well.

**Permissive-indulgent parenting** is a style of parenting in which parents are highly involved with their children but place few demands or controls on them. Permissive-indulgent parenting is associated with children's social incompetence, especially a lack of self-control. . . Children whose parents are permissive-indulgent rarely learn respect for others and have difficulty controlling their behaviors. (pp. 137-138)

As is evident from the definitions above, the style of parenting with the most successful outcomes is the Authoritative Style, also referred to in the literature as democratic parenting (Dinkmeyer & McKay, 1982), the nurturing style of parenting. The literature on abuse and sexual abuse abounds with information that this style of parenting is not the style of parenting that children who are abused typically experience (Finkelhor, 1984; Furniss, 1991; Starr & Wolfe, 1991).
Touch is considered an important part of nurturing according to Katcher & Beck (1987) and to Montagu (1986). Both authors cite the work of Harlow and others who contended touch is a vital necessity for infant development, health, and wellbeing. Without touch, infants do not develop normally and, if the deprivation is severe enough, they can fail to thrive and die. This is true with both human beings and with animals. Both authors say that talk and verbalizations are an important part of touch or are a companion with touch and therefore the verbalizations a nurturing caregiver makes are an important part of the "touching" process. Katcher and Beck (1987) referred to this as "touch-talk dialogue."

Nurturing is important to the individual in development and even survival. Also, nurturing is an activity that is learned as an individual is nurtured. The model of nurturing presented to the child by the parent usually becomes the pattern of nurturing the child displays as an adult (Katcher, 1995; Popkin, 1983; Santrock, 1995). Furthermore, according to Aaron Katcher (personal communication, March 18, 1996), from information obtained monitoring blood pressure and heart rate, physiologically the same things happen to an individual being nurtured as the individual nurturing. Thus, to nurture is to be nurtured. Katcher went on to say that an individual can learn nurturing by being taught to care for and nurture an animal, and in the process can experience nurturing. Although this is not to replace the extensive nurturing care so important from a parent (Montagu, 1986), the significance of this nurturing has great impact and can be remedial.
Summary of Nurturing

In this study, the researcher measured the nurturant behavior of the subjects. Nurturing is a learned behavior, those individuals with human-human or human-companion animal bond experience that were supportive will display more nurturant behavior than those individuals with no human-human or human-companion animal bond support experience. The question is, did the relationship provided by the animal in some way teach the individual nurturant behaviors and thus is the individual more nurturant?

Anger

History of Anger

Anger is a frequently experienced emotion and a familiar term. As an etymological investigation shows, the roots of the word are found in many forms in all languages (Stearns, 1972). Meanings associated with the roots of anger include: affliction, offensive, trouble, displeasure, to strike at, and wicked. In all the language roots cited by Stearns, none include the terms hostility, aggression, or rage which are the terms typically associated with anger today.

Freud (Davison & Neale, 1994) began the continuing conversation about anger in psychology; and counselors devote a considerable portion of their thinking and practice to unearthing, clarifying, and tracing the variations of anger in their clients. Little literature actually exists on the topic. Little clarification and understanding of the anger processes seem to exist, and what there is has been subsumed under other categories such as aggression, emotion, or affect.

In light of the lack of clear information about anger, almost every resource recounting the effects of abuse, anger, or its relatives also includes information
about rage, hostility, and aggression. According to Williams and Williams (1993), anger is toxic; anger kills. Directed toward another, anger can precipitate harmful actions. Kept inside, anger can harm an individual's health. It is understandable that individuals who have been abused are angry. Some express it by acting out, by inappropriate behaviors, and/or by harming others. Others keep it inside, letting it fester until it eventually has a toxic effect on their physical and/or mental health.

**Definition of Anger**

Anger is a complex emotion. Webster's New Collegiate Dictionary (1991) defines anger as "a strong, passion or emotion of displeasure, and usually antagonism, excited by a sense of injury or insult" (p. 35). Anger is typically an emotion of blame. The individual who is angry assumes that the other party is responsible (Tavris, 1982) and that he/she has been unfairly treated (Averill, 1982). Although a common and universal emotion, anger is often seen as socially unacceptable in varying degrees (Rothenberg, 1971). Anger can be repressed, and when it is, it can cause problems from psychosomatic illnesses (Pennebaker, 1992) to irrational behaviors (Stearns, 1972).

Anger is expressed in a multitude of ways. A study done by Richardson in 1918 divided expression of anger into three categories: 1) Attributive reactions are any hostile thought or impulse. Richardson found attributive reactions the most common type of reaction which included witticisms, irony, irascible play or mock attacks, an imaginary exaltation of the self, and a resolution to do something about the situation in the future. 2) Contrary reactions are a friendly or over polite attitude, or a search for mitigating circumstances. This type of reaction is especially common in situations where the instigator is an intimate
friend or someone with whom the angry person had to get along. 3) The indifferent reaction is apathy, ignoring the offense or taking an "I don't care" attitude. This generally happens eventually, when nothing else can be done. Averill (1982) noted that verbal aggression most frequently occurs in angry episodes. Physical aggression occurred less than 10% of the time. Anger can be expressed directly or indirectly. In the past, the emphasis has been on controlling anger, but today it is considered a normal emotion if dealt with in a healthy way.

Anger is often equated with aggression and hostility. Aggression and hostility are equated with anger because they occur together frequently. Aggression may exist without a basis of anger, though, and people often become angry without aggressive behavior. When a person becomes angry, he/she experiences an involuntary increase in muscle tension almost simultaneously with a perception of threat or obstruction, and the individual is alerted to a need for motor discharge (Rothenberg, 1971). Such motor discharge may be aggressive or hostile, yet verbal discharge such as sarcasm, teasing gossip, and passive aggression are also manifestations of hostility. Therefore, if sarcasm and teasing gossip are also considered forms of hostility as well as repressed anger, which may eventually manifest itself as psychosomatic illness or irrational behavior, then perhaps hostility and anger are always connected.

Individuals who have been abused physically, sexually, or emotionally, show more anger and hostility than do individuals who have not been abused (Starr & Wolfe, 1991). The more abuse an individual has experienced, the more anger and hostility the person typically demonstrates. Starr and Wolfe (1991) reported a study by Rieker and Carmon conducted in 1986, where self-anger and aggression of patients in a mental hospital was monitored. In patients
experiencing sexual and physical abuse, 30% displayed anger toward themselves, 20% of those patients experiencing sexual abuse only displayed self-anger, and 10% of non-abused patients displayed self-anger. Often the initial anger toward the abuser has been repressed and is exhibited later in life as depression, psychosomatic illnesses, and mental illness (Bradshaw, 1990; Starr & Wolfe, 1991). Bradshaw theorized that the individual must go back and deal with the initial hurt and anger before healing can begin to occur.

Anger can be expressed in abuse of another human. Often this is the anger that is left unresolved from an individual’s own abuse. About half of the individuals who have been abused are subsequently abusive to another (Starr & Wolfe, 1991). In addition, the role model presented by the abusive individual is modeled by the individual who is abused. This is what is referred to as the cycle of abuse (Arkow, 1995; Ehrhardt, 1995). With the support gained through a supportive relationship (with either animal or human) and learning new, non-abusive behaviors through experience with animals, it is believed that the “cycle of abuse” can be broken (Katcher, personal communication, March 18, 1996; Nebbe, 1995).

Summary of Anger

In this study, I measured anger/aggression. Because of the nurturing of a supportive relationship as well as the modeling provided by the supportive relationship, those subjects who have experienced a supportive human or supportive animal relationship should exhibit less anger than those individuals who have not experienced the supportive relationship.
Summary

The major components considered or measured by this research include: child abuse, human-animal bond, self-esteem, nurturant behavior, and anger. It is the researcher's belief that if an individual has been abused as a child, but during that time experienced the support of another human being or a close relationship with a supportive animal, he/she will have survived with higher self-esteem, more nurturant behaviors, and less anger than the abused child without the supportive relationships of a human or animal.
CHAPTER 3: METHODOLOGY

The purpose of this study was to investigate childhood abuse and the mediative impact of human and animal supportive relationships on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult.

Subjects

The subjects for this research were adults who were abused as children, and adults who were not abused as children. There are four different types of child abuse and within each of these types are many variations and degrees. The subjects who were abused as children in this study are adults who have been assessed to have experienced six of the nine factors that Gil (1991) identified that affecting the impact of any type of abuse on children (Chapter 2). The level of this abuse was assessed by answers to 9 questions at the beginning of the inventory (Appendix A). In addition, each subject had to meet the following criteria:

1. Be free of mental retardation diagnosis.
2. Be 18 years or older and his/her own guardian.
3. Have experienced abuse as a child.
4. Have voluntarily consented to participate in this research.

The plan for research was submitted to the Iowa State University Human Subjects Review Committee. The Committee approved the research (Appendix C.)

There was no need for a consent form signed by the subject. No name was included on the inventory, the subject gave consent by completing the inventory and turning it in. The subject was informed on the inventory that anytime they chose they could terminate the completion of the instrument and withdraw
from the study. If written consent had been given, then the subject would have been identified and confidentiality no longer protected.

Instrumentation

The instrumentation for this study consists of a compiled inventory which includes other instruments. These instruments assess the main components of this study which are: the human and/or animal bonds, the subject's self-esteem, the subject's nurturing behaviors, and the subject's level of anger both as a child and an adult. The instruments include the Family Life Space Diagram (FLSD), the Companion-Animal Bonding Scale (CABS), the Rosenberg Self-Esteem Scale (RSE), and the nurturance and aggression sub scales of the Edwards Personal Preference Schedule (EPPS). In addition, the inventories contain questions assessing the level of child abuse, questions regarding demographic data, and questions assessing whether there was continuing abuse of the subject, by the subject, or within the subject's family. Appendix A contains examples of these instruments.

Companion-Animal Bonding Scale (CABS)

The Companion-Animal Bonding Scale was developed by Poresky et al., (1987) who recognized that pet ownership itself was not enough to determine an individual's relationship with a pet or animal. The Companion-Animal Bonding Scale was developed to provide a sensitive self-reporting scale for indicating the establishment of a bond between a person and an animal. The authors of the CABS were researchers at Kansas State University in the fields of child development and veterinary medicine. They collaborated in the development of the items on the retrospective childhood Companion-Animal Bonding Scale to provide a better operational definition of the human-animal
bond. The adult scale uses the same items in the present tense, as the childhood scale uses in the past tense with regard to the animal each respondent personally identified or identifies as most important to them during their childhood or in the contemporary situation.

The internal reliability of analysis yields a Cronbach alpha of .77 for administration to an adult retrospective of a childhood relationship and .82 for an adult assessment. Both the childhood and the adult scales used showed construct validity through their significant correlations with the Pet Attitude Scale (Poresky et al., 1987).

The subject completed the Companion-Animal Bonding Scale twice, once for the time period when the subject was a child (if the family had a pet at that time) and once for the present period of time (if the subject has a pet at present).

**Family Life Space Diagram (FLSD)**

The Family Life Space Diagram (FLSD) was developed by Mostwin (Barker et al., 1995) although it was originally adapted from Lewin's (1951) psychological life space concept. Lewin emphasized the interrelationships among living entities and between these entities and their environment. As an adaption of Lewin's psychological life space concept, the FLSD is recognized as an effective diagnostic technique in family therapy and family research (Collins, 1982; Shubeck, 1982). The FLSD is a projective technique utilizing symbols to represent living entities within a defined life space. The technique is grounded in symbolic interaction theory, an established and widely used theory of social psychology and one of the three major theoretical perspectives among family therapists (Collins, 1982). The reliability and validity of the FLSD as well as its value in family therapy research has been documented (Barker & Barker, 1990; Collins,
family therapy research has been documented (Barker & Barker, 1990; Collins, 1982; Coogan, 1982; Shubeck, 1982). The construct validity of the FLSD used in human-animal bond research has also been supported in the literature, showing that physical distance on the diagram represents emotional closeness between the entities drawn (Barker & Barker, 1990). Barker and Barker (1988) found no significant difference between owners' closeness to their dogs and to their closest family members, regardless of gender, age, family size, length of time the dog had been owned, and number of dogs owned. Roughly a third of the dog owners were found to be emotionally closer to their dogs than to any family member. Mostwin (Barker & Barker, 1990) described the Family Life Space as a "biopsycho-social territory of meanings where important persons, physical environment, and emotionally loaded events interact with each other" (p. 4). The approach and symbolic diagram assist in the conceptualization of individuals' positions in their "unique universe of existence" (p. 22).

In the FLSD, standard symbols are used to represent the Family Life Space. The family circle differentiates the family from the environment. Small circles represent living entities, small squares represent institutions of significance, and triangles represent changes, stressors, and biological problems that have emotional components. Because the current study focuses only on human relationships, only the family circle and living entity symbols are used, as they were in previous studies with the same focus (Barker & Barker, 1988; Barker, et al., 1995). For this study, subjects are asked to put a number by each circle represented on their FLSD. An important aspect of this diagram is that it is time-specific; positions may change and often do during the course of life. The diagram reflects the
individual’s perception of their place and interrelationships in their unique world at the time defined in the study directions. This instrument was administered twice to each subject to ascertain information about a period when the subject was a child (between 8 and 12 years of age) and an adult, at the present time.

After completion of the FLSDs, each subject was asked to describe their relationships with individuals and pets drawn on the FLSD by using an Abusiveness-Supportiveness Scale developed by Barker et al. (1995). This is a visual analog scale with a straight line 6 inches long with marks at each end and at one-inch intervals. Hash marks are labeled from one to seven. The following descriptors are entered for the continuum:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always Abusive</td>
<td>Sometimes Abusive</td>
<td>Never Abusive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Supportive</td>
<td>Sometimes Supportive</td>
<td>Always Supportive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rosenberg Self-Esteem Scale (RSE)**

The **Rosenberg Self-Esteem Scale** (RSE) is a 10-item scale with one dimension that was originally designed by Guttman in 1962 to assess self-esteem of high school students (Corcoran & Fischer, 1987). The original research on the RSE was conducted with 5000 high school students, and subsequent research has involved thousands of college students and adults from a variety of backgrounds. The coefficient of reproducibility of the RSE is .92 indicating a good internal consistency. Two-week test-retest reliability show correlations of .85 and .88, indicating excellent stability. The RSE correlates significantly with other self-
esteem measures such as the Coopersmith Self-Esteem Inventory as well as predicted directions with measures of depression, anxiety, and peer-group reputation, demonstrating good construct validity.

Edwards Personal Preference Schedule (EPPS)

Subscales from the Edwards Personal Preference Schedule (Edwards, 1987) were chosen for assessment of nurturance (Nurturance) and anger/aggression (Aggression). The Edwards Personal Preference Schedule (EPPS) was designed primarily as an instrument for research and counseling purposes, to provide quick and convenient measures of a number of relatively independent normal personality variables. The EPPS is a well-known and widely-used instrument. Normative data have been developed for two groups of subjects: college students and adults who were household heads from both urban and rural areas in 1181 counties in the 48 states (as of 1957) in the United States.

Reliability of the Edwards Personal Preference Schedule is high. Split-half reliability coefficients or coefficients of internal consistency were determined for the 15 personality variables. They are .78 for the Nurturance subscale and .84 for the Aggression subscale.

Validity has been tested in various ways with self-ratings and Q sorts indicating consistent validity. The manner in which the EPPS is written eliminates the social desirability factor. Subjects do not respond to a personality characteristic with a yes or no, but they instead choose a characteristic which is most like them or they feel most like. Validity was found to be strong for the subscales of Nurturance and Aggression when the relationships between the variables of the inventory and other variables which should, in theory, be related to the inventory variables were investigated.
Nurturance

According to the *EPPS Test Manual*, an individual scoring high on the Nurturance sub-scale would be described as having the following characteristics: to help friends when they are in trouble, to assist others less fortunate, to treat others with kindness and sympathy, to forgive others, to do small favors for others, to be generous with others, to sympathize with others who are hurt or sick, to show a great deal of affection toward others, to have others confide in one about personal problems.

Anger/Aggression

According to the *EPPS Test Manual*, an individual scoring high on the Aggression sub-scale would be described as having the following characteristics: to feel like attacking contrary points of view, to feel like telling others what one thinks about them, to feel like criticizing others publicly, to feel like making fun of others, to feel like telling others off when disagreeing with them, to feel like getting revenge for insults, to become angry, to blame others when things go wrong, to read newspaper accounts of violence.

Other Measures

In addition to the assessment tools for self-esteem, nurturant behavior, and anger/hostility, the research has included self-report continuum scales for these three personality traits to be marked from the subjects’ recall of their position during their childhood. These continuum scales are included in Appendix A. They are continuums numbered 1 to 7, with descriptive behaviors described at each number. Number 1 denotes low or lack of the named personality trait; number 7 denotes a high level of the named personality trait;
Subjects marked them according to their perceived position of self-esteem, nurturant behaviors, and anger/aggression when they were a child.

The questions to assess the level of childhood abuse, continuing abuse, and the demographic data are also included in Appendix A. A final qualitative question asks subjects to write, draw, or tell anything they wish about the importance of their pet.

**Organization of Inventory**

Appendix B contains an example of the survey instrument. The first part, Part A, of the inventory asks the subject if he/she was abused as a child. Nine questions follow asking specifically about the abuse to assess the level of abuse and whether the subject falls into the "abused" or "not abused" grouping. Part B of the inventory asks the subject to mark a continuum of 1 to 7 noting his/her level of self-esteem, nurturant behavior, and anger level as a child. Part C is the Rosenberg Self-Esteem Scale. Part D is a combination of the 56 paired statements of the Edwards Personal Preference Schedule. Part E is the Family Life Space Diagram to be filled out from the subject’s viewpoint as a child in the family with which he/she lived between the ages of 7 and 12. Part F asks if the subject had a companion animal as a child; if the answer is yes, the subject then fills out the 8 questions from the Human-Animal Bond Scale as it pertains to a pet the subject had in his/her childhood family. Part G is another Family Life Space Diagram from the viewpoint as an adult in the subject’s adult family. Again the question of pet ownership is asked; and, if the answer is yes, the subject is asked to fill out the 8 questions from the Human-Animal Bond Scale as it pertains to his/her present situation. Part H asks for personal information and has four
groups of questions about the continuing existence of abuse in the subject's life. Finally, the subject is asked the optional, qualitative question about his/her pets.

**Data Collection Procedures**

The subjects were clients at the Family Service League of Waterloo, Iowa, and other selected agencies. Each therapist was given a letter requesting participation in the research (Appendix D). Each therapist was asked to identify clients who met the criteria. Therapists were given access to the inventories and were asked to distribute them to their clients as they deemed appropriate. Most clients were able to complete the inventory independently. If a client needed help, then the therapist was asked to aid the client in completion of the inventory or to schedule an appointment with the researcher for the client. After the inventories were completed, the therapists and staff members were asked to return the inventory to the researcher without the names of the subjects. A total of 45 subjects was solicited.

Each subject was given a packet that contained a brief letter describing the study and a copy of the inventory. When the subject was finished with the inventory, it was returned to the therapist who then returned it to the researcher, or it was mailed directly to the researcher in a preaddressed and stamped envelope. Additional subjects were contacted through an internet web site by the web site therapist. These subjects were invited to take part in the research. They would receive their inventory over e-mail and, after transferring it to a word processor to fill out, they would again transfer it back to e-mail and send it back to the researcher.

On the last page of the inventory was a form the subject could fill out and return independently, if the results of the inventory were requested. After the
inventories were returned, they were scored. The data were then entered on a spread sheet.

**Scoring of Data**

Part A consisted of yes, no questions. All questions were read by the researcher, and the subject was ranked either a Yes, a person who met the criteria for having been abused as a child, or a No, a person who did not meet the criteria for having been abused as a child.

On part B, the continuum rankings by the participants indicate scores for self-esteem as a child, nurturant behavior as a child, and anger level as a child. These were numbers between 1.00 and 7.00.

For part C, the *Rosenberg Self-esteem Scale* assessed the self-esteem of the subject as an adult. The scores ranged from 1 to 40. The lower the score, the higher the self-esteem of the subject.

Part D scoring of the nurturant behavior and anger level according to the subscales of the *Edwards Personal Preference Schedule* involved dividing the paired statements into four parts. The scores ranged from 0 to 28.

In parts E and G the subject completed the *Family Life Space Diagram*. These diagrams were analyzed by the researcher. First, the researcher determined the placement of the subject, and then noted circles representing family members or animals closest to the subject. If the circles representing family members or animals were within 3 centimeters of the subject's circle, they were determined to be significantly close. Also taken into consideration was the number 1, noting lack of support, and 7 noting support ascribed to each circle. The subject was given a category establishing the recognition of his/her close bonds: animal, denoting a bond with an animal only; people, connotating a bond with people
no bonds with people or animals (there were no circles within 3 centimeters of the subject's identification circle). This was a subjective rating, but in almost all instances the results were clear cut.

Following both of the **Family Life Space Diagrams** was the **Companion-Animal Bond Scale.** If the subject had an animal in the childhood or adult family, this scale was to be filled out. The answers were scored as follows: Always 5, Generally 4, Often 3, Rarely 2, and Never 1. The scores were added giving a range of 8 to 40, the higher the score the stronger the human-animal bond. The **Companion-Animal Bond Score** was then recoded into two categories for assessment. A frequency distribution of the scores for the **Human-Companion Animal Bond Scale** was calculated. The **Human-Companion Animal Bond** scores were divided into three categories and only the strong and weak categories were used for analysis. The childhood and adult categories used were strong, from 26 to 40, and weak, from 8 to 13.

**Statistical Analysis**

Inventory results and demographic data for each individual were placed on a spreadsheet. The spreadsheet data were then entered into a computer for examination via StatView Student (Feldman, 1992).

Sub null hypotheses were analyzed with a parametric t test or a non parametric Mann-Whitney U-test. The Mann-Whitney U-test was used unless otherwise specified. Specific analysis was made for 18 variables including: the childhood **Human-Animal Bond Scale** recoded for strong bond and weak bond and all subjects, subjects abused as a child, and subjects not abused as a child.
against self-esteem as a child and as an adult, nurturant behavior as a child and as an adult, and anger level as a child and as an adult.

**Hypotheses**

**Null Hypothesis 1**
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the recoded Human-Animal Bond Scale.

**Sub Null Hypothesis 1a**
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child and individuals abused as a child who did not have a supportive animal relationship as a child as assessed by the Human-Animal Bond Scale.

**Sub Null Hypothesis 1b**
There are no significant mean differences of self-esteem, nurturant behavior, and anger level as an adult between individuals abused as a child who had a supportive animal relationship as an adult and individuals abused as a child who did not have a supportive animal relationship as an adult as assessed by the Human-Animal Bond Scale Recoded.

**Null Hypothesis 2**
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the Family Life Space Diagram.

**Sub Null Hypothesis 2a**
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child and individuals abused as a child who did not have a supportive
animal relationship as a child as assessed by the Family Life Space Diagram.

Sub Null Hypothesis 2b
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as an adult between individuals abused as a child who had a supportive animal relationship as an adult and individuals abused as a child who did not have a supportive animal relationship as an adult as assessed by the Family Life Space Diagram.

Additional Questions
The additional data were divided into the following three groups of questions.

First Group of Questions
Are the adult and childhood measures of self-esteem related?
Are the adult and childhood measures of nurturant behavior related?
Are the adult and childhood measures of anger related?

Second Group of Questions
Has the abused individual been abusive to animals, children, or people?
In the abused individual's childhood family, were there other individuals who were abusive to animals, children, and adults?
In the abused individual's adult family, are there other individuals who are abusive to animals, children, and adults?
Has the abused individual been abused as an adult?
All of these question will be treated with the non-parametric chi-square.

Third Group of Questions
The subject was asked the following question:
If you would like to write or draw anything about a favorite pet/animal (for example, what the pet/animal meant to you) or information about your relationship with the pet/animal, please include it with this inventory or send it to the address on this page at another time.
The qualitative data received from the open optional question was recorded and examined for common themes (Appendix E).
CHAPTER 4: RESULTS

Introduction

The purpose of this study was to investigate childhood abuse and the mediatative impact of human and/or animal bond on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult. The adult subjects were given an inventory, which was a compilation of several specifically selected assessment tools, questions designed by the researcher, including continuum rating scales of the subject’s perception of his/her childhood and adult levels of self-esteem, nurturant behavior, and anger. An additional, optional, qualitative question was asked at the end of the inventory.

In the first part of this chapter, the researcher describes the population from which the data were taken. In the second section, the outcomes of the analyses of the data relating to the null hypotheses are examined; and in the third section, additional data from the personal information questions are reported. In the final section, the qualitative data received from the optional question is presented.

Demographic Data of Subjects

Two hundred inventories were distributed to therapists and staff at Family Service League in Waterloo, Iowa. Other therapists working privately and with other agencies were also contacted to distribute the inventory. They, in turn, asked clients who met the criteria to participate in the study. Inventories were returned through the therapists or by mail. Sixty-one of 200 inventories were returned. In addition, a therapist involved with an America On Line web site for survivors of abuse requested participation from 250 web site respondents, 42 responded. A total of 103 inventories were received; 2 inventories were discarded.
because they were incorrectly completed. There was a final total of 101 inventories.

Of the 101 subjects, 73, or 72%, answered yes to being abused as a child (Table 4.1). Twenty-eight, or 28%, of the subjects answered no, they had not been abused. All but 4 of the subjects in this study were Caucasian. Eighty-seven percent of the subjects were female and 13% male. The subjects' age range was 18 to 68 with a mean of 39 years. Sixty-one percent of the respondents were between 31 and 56 years of age. Subjects who presently lived with pets was 81%. Thirty-six of the 42 subjects who returned the inventory over e-mail currently lived with a pet.

The geographic location of the respondents was not asked, to protect confidentiality. Although most of the inventories were distributed in the Waterloo and Cedar Falls area of Iowa, post mark identification also revealed individual inventories from Canada, California, Florida, Colorado, Illinois, Minnesota, Wisconsin, Indiana, and a few small towns near Cedar Falls and Waterloo. The 42 e-mail subjects did not reveal geographic location.

**Analyses of Hypotheses**

The results of the study are presented on the basis of the two major null hypotheses of the study. This is followed by an analysis of additional data collected on questions not specifically relating to the hypotheses.

**Null Hypothesis 1**

There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the recoded Human-Animal Bond Scale.
### Table 4.1 Demographics of Sample

<table>
<thead>
<tr>
<th></th>
<th>Number of Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjects abused as a child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>73</td>
<td>72.28%</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>28.72%</td>
</tr>
<tr>
<td><strong>Ethnicity of subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>88</td>
<td>95.65%</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Spanish Am</td>
<td>2</td>
<td>2.17%</td>
</tr>
<tr>
<td>Biracial</td>
<td>2</td>
<td>2.17%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Non-abused Sample</strong></td>
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<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>24</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Abused Sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>64</td>
<td>94.11%</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Spanish Am</td>
<td>2</td>
<td>2.00%</td>
</tr>
<tr>
<td>Biracial</td>
<td>2</td>
<td>2.94%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Gender of subject</strong></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Male</td>
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<td>13.00%</td>
</tr>
<tr>
<td>Female</td>
<td>87</td>
<td>87.00%</td>
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<tr>
<td><strong>Not abused</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>17.86%</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>82.14%</td>
</tr>
<tr>
<td><strong>Abused</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>11.11%</td>
</tr>
<tr>
<td>Female</td>
<td>64</td>
<td>88.88%</td>
</tr>
<tr>
<td><strong>Subjects who have pet(s) as adult</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>19%</td>
</tr>
<tr>
<td>Yes</td>
<td>81</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Not abused</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>17.86%</td>
</tr>
<tr>
<td>Yes</td>
<td>23</td>
<td>82.14%</td>
</tr>
<tr>
<td><strong>Abused as a child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>19.00%</td>
</tr>
<tr>
<td>Yes</td>
<td>81</td>
<td>81.00%</td>
</tr>
<tr>
<td><strong>Age of subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total group</td>
<td>18 to 68 years</td>
<td>38.81 years</td>
</tr>
<tr>
<td>Non abused</td>
<td>25 to 68 years</td>
<td>41.96 years</td>
</tr>
<tr>
<td>Abused</td>
<td>18 to 45 years</td>
<td>37.64 years of age</td>
</tr>
</tbody>
</table>
Sub Null Hypothesis 1a
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child and individuals abused as a child who did not have a supportive animal relationship as a child as assessed by the Human-Animal Bond Scale.

Sub null hypothesis 1a dealt with the self-esteem level, nurturant behavior, and anger level for both the child and adult when the human-animal bond as a child was assessed by the Human-Animal Bond Scale. This produced 18 incidents in which analyses were performed.

The analyses of the sub null hypothesis 1a indicated that in 4 of these incidents, the null would be rejected; and in 14 of these instances the sub null would be accepted (Table 4.2). Three of the significant results occurred with the nurturant variable for all subjects and one with the anger variable for abused subjects.

Sub Null Hypothesis 1b
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as an adult between individuals abused as a child who had a supportive animal relationship as an adult and individuals abused as a child who did not have a supportive animal relationship as an adult as assessed by the Human-Animal Bond Scale Recoded.

The analyses of sub null hypothesis 1b indicated that in 1 of these incidents, the sub null would be rejected and in 8 of the instances the sub null would be accepted (Table 4.3). The significant result occurred with the self-esteem of the non-abused adult.

Table 4.4 shows the mean or mean rankings for the significant p values reported in Tables 4.2 and 4.3. The mean show significantly higher mean for nurturant behavior for all subjects. The subjects with weak bonding produced a
### Table 4.2 Significant Levels for Child Human-Animal Bond Scale Grouped at Two Age Levels

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not Abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.86</td>
<td>1.0</td>
<td>.92</td>
</tr>
<tr>
<td>As an adult</td>
<td>.94</td>
<td>.76</td>
<td>.94</td>
</tr>
<tr>
<td><strong>Nurturant behaviors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.006*</td>
<td>.03*</td>
<td>.03*</td>
</tr>
<tr>
<td>As an adult</td>
<td>.82</td>
<td>.96</td>
<td>.81</td>
</tr>
<tr>
<td><strong>Anger level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.17</td>
<td>.51</td>
<td>.05*</td>
</tr>
<tr>
<td>As an adult</td>
<td>.56</td>
<td>.88</td>
<td>.42</td>
</tr>
</tbody>
</table>

*Significant p values

### Table 4.3 Significant Levels for Adult Human-Animal Bond Scale Grouped at the Adult Age Level

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not Abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.82</td>
<td>.06a</td>
<td>.81</td>
</tr>
<tr>
<td><strong>Nurturant behaviors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.75</td>
<td>.90</td>
<td>.69</td>
</tr>
<tr>
<td><strong>Anger level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>.35</td>
<td>.69</td>
<td>.35</td>
</tr>
</tbody>
</table>

*Significant p values

aMann-Whitney U-test
Table 4.4 Mean (Mean Ranking\(^a\)) of Significant \( p \) Values for the Child/Adult Human-Companion Bond Scale

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Nurturant Behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong</td>
<td>15.48</td>
<td>5.13</td>
<td>5.61</td>
</tr>
<tr>
<td>Weak</td>
<td>4.13</td>
<td>4</td>
<td>4.18</td>
</tr>
<tr>
<td><strong>Child Anger Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong</td>
<td></td>
<td>3.75</td>
<td></td>
</tr>
<tr>
<td>Weak</td>
<td></td>
<td>5.27</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Self-Esteem</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong</td>
<td></td>
<td>145.5(^a)</td>
<td></td>
</tr>
<tr>
<td>Weak</td>
<td></td>
<td>107.5</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)Mann-Whitney U-test Mean Rank

higher mean ranking on anger. With the assessment of the adult Human-Animal Bonding Scale, the non-abused subjects with a strong human-animal bond possessed a higher level of self-esteem because in this measure, a lower score denotes stronger self-esteem.

Null Hypothesis 2

There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child or as an adult and individuals abused as a child who did not have a supportive animal relationship as a child and as an adult when assessed by the Family Life Space Diagram.
Sub Null Hypothesis 2a
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as a child or as an adult between individuals abused as a child who had a supportive animal relationship as a child and individuals abused as a child who did not have a supportive animal relationship as a child as assessed by the Family Life Space Diagram.

Sub hypothesis 2a dealt with the self-esteem level, nurturant behavior, and anger level for both the child and adult when the human-animal bond as a child was assessed by the Family Life Space Diagram (FLSD). This produced 54 incidents in which analyses were performed (see Table 4.5). In 7 of the incidents, the sub null was rejected, and in 47 of the incidents the sub null was accepted. Four significant results occurred within the nurturant variables. Three of the significant results occurred with the self-esteem variable.

Sub Null hypothesis 2b
There are no significant mean differences in self-esteem, nurturant behavior, and anger level as an adult between individuals abused as a child who had a supportive animal relationship as an adult and individuals abused as a child who did not have a supportive animal relationship as an adult as assessed by the Family Life Space Diagram.

Sub hypothesis 2b dealt with the self-esteem level, nurturant behavior, and anger level for the adult when the human-animal bond as an adult was assessed by the Family Life Space Diagram (Table 4.6). This produced 27 incidents in which analyses were performed. In sub null hypothesis 2b the analyses indicate that in 1 of the incidents the null would be accepted and in 26 incidents the null would be rejected. The significant result occurred with the self-esteem of all subjects who indicated a bond with people.
Table 4.5 Significant Levels for Self-Esteem, Nurturance, and Anger Level
Grouped by the Child Family Life Space Diagram at Two Age Levels

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Animal</td>
<td>People</td>
<td>Both</td>
</tr>
<tr>
<td></td>
<td>Animal 36</td>
<td>People 25</td>
<td>Both 9</td>
</tr>
<tr>
<td></td>
<td>None 30</td>
<td>None 30</td>
<td>None 57</td>
</tr>
</tbody>
</table>

Self-esteem
As a child  .95  .003*  .02*  .82  .21  .49  .81  .14  .34
As an adult .64  .04*  .42  .28  .17  .92  .24  .40  .52

Nurturant behavior
As a child  .05*  .30  .68  .02*  .47  .002*  .23  .40  .52
As an adult .55  .42  .96  .62  .005*  .15  .70  .93  .31

Anger level
As a child  .64  .83  .46  .86  .78  .96  .68  .30  .14
As an adult .46  .23  .75  .30  .38  .69  .79  .06  .17

*Significant p value
Table 4.6 Significant Levels for Self-Esteem, Nurturance, and Anger Level Grouped by the Adult Family Life Space Diagram at the Adult Level

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Animal</td>
<td>People</td>
<td>Both</td>
</tr>
<tr>
<td>Animal</td>
<td>36</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>People</td>
<td>30</td>
<td>30</td>
<td>57</td>
</tr>
</tbody>
</table>

Self-esteem

As an adult

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.18</td>
<td>.005*</td>
<td>.76</td>
</tr>
</tbody>
</table>

Nurturant behavior

As an adult

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.88</td>
<td>.81</td>
<td>.34</td>
</tr>
</tbody>
</table>

Anger level

As an adult

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
<th>Abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.84</td>
<td>.61</td>
<td>.99</td>
</tr>
</tbody>
</table>

*Significant p value
Table 4.7 shows the means for the significant p values reported on Tables 4.5 and 4.6. The mean of the level of self-esteem for all subjects who bonded with people as adults showed a higher self-esteem.

In summary, there were two major null hypotheses with a total of 108 instances where analyses were done. Of these, 14 had a significant p value. On the basis of these results, the null hypotheses are accepted. However, from the analysis of the additional data, there is evidence that the few significant results are important.

**Additional Questions**

The additional data are reported on the basis of the following three groups of questions:

**Group One**

Are the child and adult measures of self-esteem, nurturant behavior, and anger level related?

The self-esteem correlation coefficient for child and adult measures was -.49. The self-esteem correlation coefficient for the abused population was -.32. The self-esteem correlation coefficient for the non-abused population was -.61. These negative correlations indicate a weak to modest relationship between the childhood assessment and the adult assessment for the grouping of all subjects and the grouping of those who were abused. The correlation for the non-abused subjects indicated a strong correlation. The negative direction of the correlation is caused by the lower self-esteem scores for the adult indicating a higher self-esteem level and the reverse for the childhood scale.
Table 4.7 Mean (Mean Ranking*) of Significant p Values with the Childhood Family Life Space Diagram Categories

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>Not abused subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Animal</td>
<td>People</td>
</tr>
<tr>
<td>Child FLSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>People 4.0</td>
<td>Both 4.20</td>
</tr>
<tr>
<td></td>
<td>Animal 5.28</td>
<td>Animal 5.12</td>
</tr>
<tr>
<td></td>
<td>None 4.58</td>
<td>None 4.08</td>
</tr>
<tr>
<td><strong>Nurturant behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a child</td>
<td>Animal 5.28</td>
<td>Animal 5.12</td>
</tr>
<tr>
<td></td>
<td>None 4.58</td>
<td>None 4.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As an adult</td>
<td>People 20.40</td>
<td>People 15.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurturant behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As an adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult FLSD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As an adult</td>
<td>People 20.38</td>
<td>People 15.45</td>
</tr>
<tr>
<td></td>
<td>None 25.39</td>
<td>None 23.82</td>
</tr>
</tbody>
</table>

The nurturant behavior correlation coefficient for adults and children was .31. The nurturant behavior correlation coefficient for adults and children of the abused population was .37. The nurturant behavior correlation coefficient for the adults and children of the non-abused population was .05. These positive
correlations indicate a low relationship between the childhood assessment and the adult assessment for all three groups of subjects.

The anger level correlation coefficient for adults and children of all subjects was .27. The anger level correlation coefficient for adults and children who were abused was .27. The anger level correlation coefficient for adults and children who were non-abused was .16. These positive correlations indicate a very low relationship between the childhood assessment and the adult assessment for all three groups of subjects.

**Group Two**

This grouping deals with the abused individual's continued abuse.

1. *Has the abused individual been abusive to animals, children, or people?*

The p value for the abused subjects' abuse of other adults was significant at the p < .02 level. There were significantly more observations of adult abuse by the subjects than expected (Table 4.8).

<table>
<thead>
<tr>
<th></th>
<th>Abused</th>
<th>Not abused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>None</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed frequencies</td>
<td>54</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>[58.68]</td>
<td>[22.32]</td>
</tr>
<tr>
<td><strong>Several</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed frequencies</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>[9.42]</td>
<td>[3.58]</td>
</tr>
<tr>
<td><strong>Many Times</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed frequencies</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>[2.90]</td>
<td>[2.20]</td>
</tr>
</tbody>
</table>

*Note: Expected frequencies in brackets*
2. In the abused individual's childhood family, were there other individuals who were abusive to animals, children, and adults? Significant \( p \) values were found for the subject's childhood family's abuse of animals (<.0001) and adults within that family (<.0001). There were significantly more observations of family members' abuse of both animals and adults than expected. (Tables 4.9 and 4.10)

<table>
<thead>
<tr>
<th></th>
<th>Abused</th>
<th>Not abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>None Observed</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>[40.15]</td>
<td>[14.85]</td>
</tr>
<tr>
<td>Several Observed</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>[18.98]</td>
<td>[7.02]</td>
</tr>
<tr>
<td>Many Times Observed</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>[13.87]</td>
<td>[5.13]</td>
</tr>
</tbody>
</table>

Expected frequencies in brackets

3. In the abused individual's adult family are there other individuals who are abusive to animals, children, and adults? Significant \( p \) values were found for the abused subject's adult family's abuse of adults within that family (<.0009). There were significantly more observations of family members' abuse of adults within the family than expected (Table 4.11).
Table 4.10 Chi Square Observed and Expected Frequencies of Abused Subjects’ Family Members Abuse of Animals

<table>
<thead>
<tr>
<th></th>
<th>Abused</th>
<th>Not abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[35.36]</td>
<td>[13.64]</td>
</tr>
<tr>
<td>Several</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[12.27]</td>
<td>[4.73]</td>
</tr>
<tr>
<td>Many Times</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[22.37]</td>
<td>[8.63]</td>
</tr>
</tbody>
</table>

Note: Expected frequencies in brackets

Table 4.11 Chi Square Observed and Expected Frequencies of Abused Subjects’ Adult Family’s Abuse of Adults

<table>
<thead>
<tr>
<th></th>
<th>Abused</th>
<th>Not abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>39</td>
<td>26</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[46.72]</td>
<td>[18.28]</td>
</tr>
<tr>
<td>Several</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[14.38]</td>
<td>[5.63]</td>
</tr>
<tr>
<td>Many Times</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequencies</td>
<td>[7.9]</td>
<td>[3.09]</td>
</tr>
</tbody>
</table>

Note: Expected frequencies in brackets
4. Has the abused individual been abused as an adult? Significant p values were found for the abused subjects' continued abuse as adults (<.0001). There were significantly more observations of the subjects' on-going abuse than expected (Table 4.12).

<table>
<thead>
<tr>
<th></th>
<th>Abused</th>
<th>Not abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>20 [30.46]</td>
<td>22 [11.54]</td>
</tr>
<tr>
<td>Observed frequencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Several</td>
<td>23 [18.13]</td>
<td>1 [6.87]</td>
</tr>
<tr>
<td>Observed frequencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many Times</td>
<td>22 [17.41]</td>
<td>2 [6.58]</td>
</tr>
<tr>
<td>Observed frequencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Expected frequencies in brackets

**Group Three**

An open-ended question appeared at the end of the inventory requesting qualitative responses from the subjects. There were 29 responses to this question; all of them were from subjects who were abused as children. The responses appear in Appendix D. In addition, 3 subjects sent photographs of their pets, and 1 subject sent a newsletter with a story about her and her dog. These data have been examined to find common themes.
1. For many of the abused individuals, their relationship with an animal or several animals was important, often credited with being life-supporting.

2. For some of the abused individuals, the animals were included as part of the abuse. These individuals were therefore frightened of the animals.

3. For some of the abused individuals, the animals were included as part of the abuse; but these were animals to whom the children were bonded, and they felt this made the abuse even more terrible. Often guilt that the animal was abused because of them was associated with this theme.

4. For some of the abused individuals, the animals were an important part of the healing process.

It was obvious that the individuals who answered the question did so because of a strong attachment to an animal and because of their personal belief that the animal was a significant part of their lives.

Summary

The purpose of this study was to investigate adults who were abused as children and the mediative impact of human and/or animal bond on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult. Of 108 incidents of analyses, 12 were found statistically significant. These 12 incidents occurred most frequently with the self-esteem and nurturant variables. In addition, adjunct information showed there were weak to moderate correlations with the assessments of childhood and adult self-esteem and nurturant behaviors. Chi square analyses clearly connected the abused individual with ongoing abuse situations throughout that individual's life. Finally, the quantitative data reproduced in Appendix E were analyzed and described as having four common themes.
CHAPTER 5: DISCUSSION

Introduction

The high instance (Arkow, 1995; Ehrhardt, 1995; Finkelhor, 1984) and serious effects of childhood abuse (Arkow, 1995; Broadhurst, 1979; Starr & Wolfe, 1991; Van Hasselt et al., 1988) have been documented, and it has been recognized that the effects of abuse can be traumatic and long lasting (Ehrhardt, 1995; Finkelhor, 1984; Gil, 1991). Low self-esteem, aggressive or abusive behaviors (lack of nurturant behaviors), and anger are three noted effects of abuse (Everstein & Everstein, 1989; Garbarino et al., 1986; Gil, 1991). There is a continuing effort to recognize the factors that would allow for the prediction of abuse as well as the factors that mediate the effects of abuse (Finkelhor, 1984; Starr & Wolfe, 1991). Evidence exists demonstrating that if an abused child had a close or supportive bond with another person, the effects of the abuse could be mediated (Ehrhardt, 1995). There is also evidence that a close bond with an animal has some influence on self-esteem and nurturant behaviors (Katcher & Beck, 1987; Levine & Bohn, 1986; Lookabaough-Triebenbacher, 1995; Poresky, 1995; Soares, 1986). The purpose of this study was to investigate childhood abuse and the mediative impact of human and animal supportive relationships on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult.

The inventory was completed by a total of 101 adult subjects. The inventory was a compilation of assessment tools and specifically designed questions by the researcher including continuum rating scales of the subject's perception of his/her childhood and adult levels of self-esteem, nurturant behavior, and anger; the Family Life Space Diagram (FLSD); the Companion-
Animal Bonding Scale; the Rosenberg Self-Esteem Scale (RSE); and subscales on aggression/anger and nurturance from the Edwards Personal Preference Schedule. An additional, optional, qualitative question was asked at the end of the inventory.

The t-test or the Mann-Whitney U-test was used to analyze the 108 variables involving the two assessments of the animal-bond (the Human-Animal Bond Scale and the Family Life Space Diagram) and the assessments of self-esteem, nurturant behavior, and anger level as a child and an adult. There were 12 significant incidents found. The qualitative information supported the premise that relationships with animals were important to some of the abused subjects when they were children. The animals were viewed as supportive, as a tool used by the abuser to abuse, as a threat to the abused child, and as part of the healing process.

Discussion

Sample

The subjects' age range was 18 to 68 with a mean of 39 years, with 61% between 31 and 56 years of age. All but 4 were Caucasian, which was representative of the ethnicity of the geographical location of local subjects. The state of Iowa's non-White population is less than 5% (Bram, 1979). Eighty-seven percent of the subjects were female and 13 percent male. These numbers were indicative of the high number of Caucasian, female clientele at Family Service League and other local agencies (Pfalzgraf, personal communication, March 12, 1997) and the higher representation of females reporting abuse compared to the number of males (Arkow, 1995; Ehrhardt, 1995).
Those subjects currently owning pets comprised 81% of the subjects. This is much higher than the average of 55% of the U.S. population reported to have pets (Arkow, 1995; Anthrozoos, 1994). The reason this number was so high is not known, unless individuals who had pets were more inclined to return the inventory. This could have been a factor with the e-mail returns. Thirty-six of the 42 (80%) inventories returned over e-mail reported having a pet. Perhaps there was some discussion among those subjects over the time period (2 weeks) they were working on the inventories. It is also possible that this population simply had more pets. Because individuals using computers would tend to have a higher educational level, perhaps this is similar to the reported Fortune 500 Chief Executive Officers, 95% of whom had pets as children and 73% of whom still had pets as adults. Another study by Davis (1986) showed that emotionally disturbed children tend to become more involved with animals than people. Since many of the subjects had been abused and were also in therapy, many of them were likely to have emotional problems and therefore tend to become involved with animals more easily. Although a large number of subjects did have pets, this did not reflect the outcome of the research since the relationship between people and pets was one of the focuses of the research. It would have been ideal to have had more subjects without pets but not fewer subjects with pets.

Results of Analysis

Of the 108 instances analyzed involving the two assessments of the animal-bond, the Human-Animal Bond Scale and the Family Life Space Diagram, and assessments of self-esteem, nurturant behavior, and anger level as a child and an adult, 12 significant instances were found.
The adult self-esteem of all subjects with a human-human bond, as assessed by the Family Life Space Diagram (p value <.03) was significant. The adult self-esteem for non-abused subjects was borderline significant (p value <.06). The adult self-esteem scores of subjects who were abused and who were not abused were not significant. These results supported the positive influence of human relationships on an individual's self-esteem which has previously been noted (Ehrhardt, 1995; Gil, 1991).

Also significant were the childhood self-esteem scores of all subjects who had a human-human bond (p <.0003) and all subjects who had both a human-animal and a human-human bond (p <.02). This, again, was consistent with previous findings that self-esteem is influenced by positive human relationships (Ehrhardt, 1995; Gil, 1991).

Six of the significant p values were in the area of nurturant behavior. These included all subjects as children (p <.006), non-abused subjects as children (p <.03), and abused subjects as children (p <.03) as assessed by the Human-Animal Bond Scale. The nurturant behavior variable was significant for the non-abused subjects as children who had a bond with an animal (p <.01), and with both an animal and a human (p <.002); and all subjects who had a bond with an animal (p <.05) as assessed by the Family Life Space Diagram. Since all significant p values were for children, the nurturant behavior was measured by the self-reporting nurturant behavior scale. According to this data there is a relationship between having a bond with an animal and the adults perception of their nurturant behavior as a child.

The nurturant behavior of non-abused adults with a human-human bond was significant (p <.006) as assessed by the Family Life Space Diagram (FLSD).
Adult individuals who did not bond with another human did not have a significant score.

Finally, the last significant variable was the low anger level of the abused child who had a strong human-animal bond \((p < .05)\). Thus, the anger level of the abused child with the animal bond was lower than other abused children.

Almost half of the individuals who experience abuse as children will grow up to become abusive adults themselves. Others will be in situations where they will continue to be abused by others (Ehrhardt, 1995; Starr & Wolfe, 1991; ten Bensel et al., 1984). According to the additional data, subjects who had been abused reported that as adults they themselves had abused other adults, other individuals in their childhood family abused animals and adults, and in their adult family they reported other adults were abusive to adults. In addition, a high significance was found for the continued abuse of the abused subjects throughout their lives. These findings are consistent with the existing research (Ehrhardt, 1995; ten Bensel et al., 1984). This research showed one difference, however. The abused subjects reported that individuals in their adult family were not as abusive to animals or to children as would have been expected.

The Cycle of Abuse

The cycle of abuse has been previously explained in this paper (Chapter 1, Chapter 2). When children are abused they experience severe physical, social, and emotional scares. As they become adults they are the group most likely to abuse children or commit crimes against others (Arkow, 1995; Ehrhardt, 1995). As children, in addition to the abuse they experience, they often do not have their needs for nurturance met (Magid & McKelvey, 1987). Because nurturing is a learned behavior (Katcher, 1995), many abused children may not have an
opportunity to learn to nurture because it is not part of their lifestyle. With the lack of nurturance on one hand and the abuse they experience on the other, coupled with the emotional scares, the low self esteem and the anger that result (Broadhurst, 1979; Starr & Wolfe, 1991; Van Hassele et al., 1988), it is no wonder they themselves become adults that are abusive.

What, then, can mediate the abuse? What can break the cycle of abuse? A supportive relationship with another person (Ehrhardt, 1995; Gil, 1991) has already been documented as one factor that can mediate the effects of abuse. The higher self-esteem scores for individuals with a human-human bond found in this research supports this concept. Looking at the results of this research, it is possible that, for some people, a close bond with an animal could also be a factor which mediates the effects of abuse. Abused subjects with a supportive animal relationship were more nurturing. Katcher (1995) has identified that, physiologically, to nurture is to be nurtured. Thus, these individuals also experienced nurturing from their relationship with their animal companions. The subjects in this research (over 80% had pets) reported that as adults they were not as abusive to children and animals in their families as would have normally been expected, even though in all other areas there was continuing abuse as expected (Arkow, 1995; Ehrhardt, 1995). These results may support the theory that in situations where children are not nurtured by humans, they can learn to nurture by caring for animals; thus, in the process they can have some of their own nurturing needs met, therefore breaking the continuing cycle of abuse.

The other significant variable was the low anger level of the abused child who had a strong human-animal bond (p<.05). Could it be with the support of the relationship with an animal these children are spared from the intense angry
feelings associated with abuse (Everstein & Everstein, 1989; Gil, 1991)? Beck and Katcher (1983) have reported that a relaxation response occurs when an individual is in the company of animals. Williams and Williams (1994) use this rational (as well as others) in their book, *Anger Kills*, when suggesting methods to decrease anger level. Reduced anger could be a significant factor in mediating the effects of abuse as well as resulting in a decrease of future abusive behaviors.

In the discussion of the additional data which follows, some of the thought process and rationale of the subjects, described in their own words, explains how for them the presence and relationship of the animal achieved this mediating support.

**Additional Questions**

An open-ended question appeared at the end of the inventory requesting qualitative responses from the subjects drawing, writing, or telling about their animals. There were 28 responses to this question, and all of them were from individuals who were abused as children. The responses appear in Appendix E. In addition, 3 individuals sent photographs, and 1 individual sent a newsletter with the returned inventory. There were four common themes which were evident. Examples are given for each of those four themes.

1. For many of the abused individuals, their relationships with an animal or several animals were very important, often credited with being life saving or life supporting. These excerpts are copied as they were written, as is usual for qualitative data.

   **No. 3**

   I was an only child. My best friends since my earliest memories (all through childhood) were my cats. Many hours of play were spent with them I used imagination having them be "students and patients." I pretended to be their teacher and nurse. I used to make them their
own Christmas three and give them gifts. They gave me many hours of pleasure! I felt very close to them and often kissed them. I also confided in them.

No. 4

I couldn’t have made it through all I have without all the pets I have had and loved throughout the years.

No. 6

As adult dog has been comforting to me it is a small pomeranian and hugging her has helped me not commit suicide at times and helps me stay in the present day of non abuse.

No. 8

As a child our family dog was an important source of comfort to me many times when I felt I had no one else to go to. My dog was a constant and enduring source of love for me. When the dog experienced abuse at the hand of my father, I strategized ways to sneak out to be with the dog and comfort him. I felt that I couldn’t stop him from being abused (just as he couldn’t stop the abuse from happening to me) but I really felt like we were a source of comfort to each other.

I will never forget the importance of that dog to me. He gave me a sense of being needed. He gave me emotional support. He gave me a soft physical body to hold. Most of all he gave me unconditional love.

No. 10

I love all my pet’s and unlike many humans, they love me back.

No. 12

As a child I am not sure I would have survived without our German shepherd. He was a constant-unconditional love dog. When I look back most of my fondest memories were with the German shepherd. Such as pulling the rug and giving me a ride across the yard. He was always there.

No. 14

My pets are what enables me to go on sometimes.

No. 17

When I was young I had a cat named Sam who adopted me and treated me like her kitten. When I was gone she would look for me. She would lick me and comfort me when I got back. She was my life
when I was young. I felt I got love from her that I didn't get from my family. My mom was jealous of my relationship because it was her cat.

No. 20

As for my pet as a child, she saved my life. She kept the loving and nurturing part of me alive and would always bring a smile to my face. The day she died a part of me died with her, and it wasn't until several years later when I became attached to another pet that I learned to begin to trust again. Pets are a major part of my life and I love them dearly. The bonds I have with my pets people have a hard time understanding and I think that is cuz they can not understand the hurt and betrayal I have felt caused by people I do not have that fear with my pets.

No. 21

My cats have kept me from committing suicide many times. They are the closest things to me in my life.

No. 24

However melodramatic it might sound, I don't know if I would have made it through the last 5 years without them, without especially the help of a blue merle collie named Chase. When I was suicidal, the thought of leaving him helped stay my hand. When I would wake in the middle of the night, frozen in terror and clinging to the bed - his body would press into mine, and I could feel the rhythm of his breathing coaxing me to stop holding my breath. With Chase, I could dare to stop isolating, to go out, to meet people who were drawn by his beauty and bearing.

2. For some of the abused individuals, the animals were included as part of the abuse. These individuals were therefore frightened of the animals.

No. 6

I did have a favorite animal (a cat) at the cult in the barn as a kid. The cult did not know I liked it and I had some time I could nurture with petting that cat but saw it only when taken for cult rituals. The cult forced animal sacrifice and it was difficult at times as a kid to touch animals.

At a snuf porn ranch I befriended a black sheep and pretended I did not so it would not be killed. It worked. I was stuck there in cages with animals and was bitten by rats, opossum, dog (German shepherds) there and freak at big dogs rats and anything with vicious teeth (opossums have a hell of a lot of teeth)
No. 11

Brother 2 killed my cat as an example to me to keep quiet.

3. For some of the abused individuals, the animals were included as part of the abuse, but these were animals to whom the children were bonded, and they felt this made the abuse even more terrible. Often guilt that the animal was abused because of them was associated with this theme.

No. 7

As I stated earlier, as a child my pets were used as an instrument of punishment against me....however, I always felt bonded with my pets and I am still working on recovering from the guilt that I took with the death of each pet.

No. 15

There was one dog especially that we had when I was a child that would try to protect me from my father, but would often end up being hurt because of it. Afterwards the dog and I often commiserated after.

No. 16

Pets are too numerous to mention or remember. I would be given pets (cats, dogs, birds, hamsters) and the pets would be killed or gotten rid of to punish me and to "make me be good".

4. For some of the abused individuals, the animals were an important part of the healing process.

No. 2

I believe the most effective milestone in my recovery was AA, Friends, Husband, and my animals. Without anyone of these, I would not be alive, I'm sure.

No. 24

Over the past few years I’ve become increasingly involved in animal-assisted therapy. It focuses my need to make some good purpose be served by my abuse - to create a meaning to cure its senselessness - by blending my need to nurture with my bonding with animals. In my work, I’ve taken my Therapy Dogs (who are truly my own co-therapists) to visit in a shelter for abused children, in nursing homes (which is where my father died), in psychiatric wards, in pediatric hospitals. I suppose I’ve taken my dogs with me on a search
for pieces of myself and my family, sharing their gifts along the way with the people, the stand-ins, that we meet.

The dogs have been my healers, my guides, my comfort, and my great good fortune.

As is evident in the examples above, few of the situations were clear-cut. Even though specific examples of the four themes were present in each example, often they were overlapped as is evident in the example which follows.

No. 18

A tiny tiger striped gray kitten, she was from a large litter of a domestic house cat. The father was angered that the kittens were always underfoot and one day he killed one kitten. He saw the child's extreme horror as if he had killed her. He also saw his angle. Each time one of us (insiders) would perform well he was kind to the kittens and he allowed us to feed them and care for them, when we were not good he will hurt them or kill them. Down to a litter of 4 we learned to perform better and better but still 3 paid for our failure. One was harmed, she wound up retarded. We fed her, we cared for her. Her name was baby. One day he brought home a male for Baby and baby had more kittens, it became a pattern. We learned to tuck parts of us in kitten bodies when we knew that he would kill them or harm them, we sent the kitten soul into our body and replaced the kittens with a part of us so that he would not actually kill the kitten. To us he was killing a wounded part of us, doing us some good and sparing the kitten. We knew by then that a body was only a thing and that only the soul could feel. In our eyes the kitten was spared, our soul was hurt or killed. Today we still put parts of us into dying or wounded cats or kittens and when we take theirs we put them in a special place in our world where they can have a new healthy body and are pain free. They roam and play as kittens should, as children should. Baby saved many parts for us and in the end Baby suffered for us. She still roams in our world and mothers all the kittens, she is safe now. We have had many cats in our adult life of them only 2 have been murdered the rest lived a healthy life some where given to elderly who needed a friend, others to children, some passed of natural causes others by accident. We now have Sammy, an orange tiger striped kitty 6 months old, happy and free as a cat/child should be.

Thank you for letting me share this. I believe pets of all sorts but especially cats are precious to a wounded child, they play and run and do all that a child should be able to do, sometimes they live for the
child, but always they are loyal and safe, you can tell them all the horrors and the secrets, they will snuggle up to you and muffle your cries, lick your tears and let you know that you are loved. For those who say animals are lower life forms have never experienced the low parts of life. Animals are the highest form of life there is.

Diamond Vandike (an alter within)

The questions about ongoing abuse, as well as the additional data, support the information already documented in this research, that indeed the cycle of abuse goes on. Interestingly enough, the information from the questions about ongoing abuse also supports the idea that at least in some instances the cycle of abuse can be broken. Many of the subjects had pets, and it was not found significant that as adults the subjects abused children or animals. Coupled with the information on nurturing found in the analysis of the data, nurturing and being nurtured are part of the human animal bond, a part that is often missing from the cycle of abuse, and according to the stories in this last section, a part that a relationship with an animal may be able to put back into the picture and perhaps can change the outcome.

Application

What does this all mean? One obvious thought is that all abused children need to have pets. However, from reading the personal accounts of the subjects, it is also obvious that in too many of the situations the animals also suffered at the hands of the abusers. The subjects were helpless and unable to protect their animal friend, thus their own abuse was compounded. That is definitely not the answer.

One important facet of this research is simply to emphasize that the human-human and human-animal bonds are important and can impact lives is
significant ways. Both can mediate the effects of abuse and provide support to the abused child. Both can be detrimental, as in the case when the other person in a human-human bond is abusive or the animal is used against the child. For human health care professionals, an awareness and understanding of the importance of these bonds is essential. Understanding of the role an animal plays within a family and for an individual can aid the human health care professional with their work with the individual and the family through assessment as well as treatment.

Treatment programs including our knowledge of the human-animal bond have begun to be developed. Safe, structured programs with teachers and therapists who are knowledgeable about their professional field as well as the human-animal bond and the individual animal species have the potential to offer the abused or at-risk child the opportunity for nurturance, to learn to nurture, and therefore to change behaviors. Programs at Green Chimneys and Brandywine Center (Nebbe, 1995) have experienced successful outcomes.

Recommendations

One of the weaknesses of this research was the instrumentation. To replicate the research, work would be necessary to find or develop instruments more appropriate for the research and easier for the subject’s to complete.

The weak correlations of childhood and adult assessment of self-esteem, nurturant behavior, and anger level showed that the childhood assessment (which was a self-rating scale) and the adult assessment tools are not correlated. This could be due to the different methods of assessment, but it also could be a reflection of normal growth and development and changes in individuals due to therapy and healing. More consistency between these different instruments
would be desirable. Also, additional research with randomly selected populations would be important to determine what the expected child adult patterns are.

The Nurturance sub-scale of the Edwards Personal Preference Schedule, when examined, appeared to assess one aspect of nurturing, (doing for, taking care of, helping other people). According to the definition of nurturance by Katcher and Beck (1987) in Chapter 2, there are many more components to nurturing. A new assessment could be developed which includes nurturing behavior in its totality. This may involve direct observation of subjects, or in the case of children, an assessment tool for parents to complete.

Many subjects included in this research informally commented on the length and the frustrating questions of the instrument. In a number of cases individuals looked at the length and refused to take part. Others did not complete the inventory. Several even wrote comments on the instruments about the frustrating nature of some of the questions from the Edwards Personal Preference Schedule. This poses a problem for the researcher because another problem of the study was that it would have been desirable to get more information. For example, on the questions about continuing abuse throughout the subjects life, it would have been advisable to include more definitions and more specific categories (no, once, several, and many were the categories). This, however, would have made the instrument even longer and possibly more confusing for the subjects.

Future research I recommend from this study would focus on nurturant behavior. Observation and interviewing would produce more explicit data. There are so many variables involved because of the complex nature of abuse that a more detailed look at the individual abuse situation is necessary. As one
subject mentioned, healing is also an important aspect. She stated that had she filled the instrument out only two years ago, her answers would have been very different. Longitudinal data would be useful. Further research could explore the connection between the child with the animal bond and nurturance and bonds with people as an adult. Boris Levinson (1969, 1972) theorized that as the disturbed child began to heal, the relationships would transfer to humans. With the addition of the healing component, did this indeed happen?

The qualitative research gives insight into the importance of the nature of the human-animal bond and how different it can be for different individuals and in different situations. From the qualitative information, it is evident that many subjects found the animal extremely important; however, it would be difficult to statistically analyze data when the subjects have such a variety of experiences and perceptions. Perhaps here are the answers to how and why the animal is important. This leads, then, to how this information can be applied in treatment. I definitely recommend more qualitative research.

Summary

The purpose of this study was to investigate childhood abuse and the mediating impact of human and animal support relationships on the self-esteem, nurturant behavior, and anger/aggression of the abused child as both a child and an adult. Although most of the variables were not statistically significant, those in the area of self-esteem of individuals with a human-human bond and of nurturant behavior of individuals with a human-animal bond were significant. The self-esteem variable has previously been documented (Ehrhardt, 1995; Gil, 1991). The existing information and research on the cycle of abuse and the data in this study appear to have a connection that warrants further
investigation. The qualitative data illustrated how the human-animal bond is part of the cycle of abuse and suggested some ways that it intervenes or buffers that cycle, in many ways changing it.

As a final word, I wish to encourage more research in this area as well as more practical application based on an enlightened view of abuse, the human-animal bond, and nurturance. A quote from one of the subjects in this research says it very well.

No. 24

I feel a very conscious sense of mission about working in the field of AAT. I have been helped; others can be helped; I must help them; they can help others. That cycle is my answer to the cycle of abuse that caught up my family, like so many others, in its web. That seems to me something very worth doing.
APPENDIX A

INSTRUMENTS
Rosenberg Self-Esteem Scale (RSE)  
Morris Rosenberg (1962)

Indicate the degree that the following statements apply to you at present.

1. Strongly agree  
2. Agree  
3. Disagree  
4. Strongly disagree

1. On the whole, I am satisfied with myself. _____
2. At times I think I am no good at all. _____
3. I feel that I have a number of good qualities. _____
4. I am able to do things as well as most other people. _____
5. I feel I do not have much to be proud of. _____
6. I certainly feel useless at times. _____
7. I feel that I'm a person of worth, at least on an equal plane with others. _____
8. I wish I could have more respect for myself. _____
9. All in all, I am inclined to feel that I am a failure. _____
10. I take a positive attitude toward myself. _____

Edwards Personal Profile Survey

1 A I like to help my friends when they are in trouble.
B I like to do my very best in whatever I undertake.

2 A I like to find out what great men and women have thought about various problems in which I am interested.
B I would like to accomplish something of great significance.

3 A Any written work that I do I like to have precise, neat, and well organized.
B I would like to be a recognized authority in some job, profession, or field of specialization.

4 A I like to tell amusing stories and jokes at parties.
B I would like to write a great novel or play.

5 A I like to be able to come and go as I want to.
B I like to be able to say that I have done a difficult job well.

6 A I like to solve puzzles and problems that other people have difficulty with.
B I like to follow instructions and to do what is expected of me.

7 A I like to experience novelty and change in my daily routine.
B I like to tell my superiors that they have done a good job on something, when I think they have.

8 A I like to plan and organize the details of any work that I have to undertake.
B I like to follow instructions and to do what is expected of me.

9 A I like people to notice and to comment upon my appearance when I am out in public.
B I like to read about the lives of great men and women.

10 A I like to avoid situations where I am expected to do things in a conventional way.
B I like to read about the lives of great men and women.

11 A I would like to be a recognized authority in some job, profession, or field of specialization.
B I like to have my work organized and planned before beginning it.

12 A I like to find out what great men and women have thought about various problems in which I am interested.
B If I have to take a trip, I like to have things planned in advance.

13 A I like to finish any job or task that I begin.
B I like to keep my things neat and orderly on my desk or workspace.

14 A I like to tell other people about adventures and strange things that have happened to me.
B I like to have my meals organized and a definite time set aside for eating.

15 A I like to be independent of others in deciding what I want to do.
B I like to keep my things neat and orderly on my desk or workspace.

16 A I like to be able to do things better than other people can.
B I like to tell amusing stories and jokes at parties.

17 A I like to conform to custom and to avoid doing things that people I respect might consider unconventional.
B I like to talk about my achievements.

18 A I like to have my life so arranged that it runs smoothly and without much change in my plans.
B I like to tell other people about adventures and strange things that have happened to me.

19 A I like to read books and plays in which sex plays a major part.
B I like to be the center of attention in a group.

20 A I like to criticize people who are in a position of authority.
B I like to use words which other people often do not know the meaning of.

21 A I like to accomplish tasks that others recognize as requiring skill and effort.
B I like to be able to come and go as I want to.

22 A I like to praise someone I admire.
B I like to feel free to do what I want to do.

23 A I like to keep my letters, bills, and other papers neatly arranged and filed according to some system.
B I like to be independent of others in deciding what I want to do.

24 A I like to ask questions which I know no one will be able to answer.
B I like to criticize people who are in a position of authority.

25 A I get so angry that I feel like throwing and breaking things.
B I like to avoid responsibilities and obligations.

26 A I like to be successful in things undertaken.
B I like to form new friendships.

27 A I like to follow instructions and to do what is expected of me.
B I like to have strong attachments with my friends.

28 A Any written work that I do I like to have precise, neat, and well organized.
B I like to make as many friends as I can.

29 A I like to tell amusing stories and jokes at parties.
B I like to write letters to my friends.

30 A I like to be able to come and go as I want to.
B I like to share things with my friends.

31 A I like to solve puzzles and problems that other people have difficulty with.
B I like to judge people by why they do something—not by what they actually do.

32 A I like to accept the leadership of people I admire.
B I like to understand how my friends feel about various problems they have to face.

33 A I like to have my meals organized and a definite time set aside for eating.
B I like to study and to analyze the behavior of others.
Family Life Space Diagram Instructions/Adult

The first time you did this exercise you did it of your family as a child between the ages of 7 and 12. This time complete the exercise of your present family situation. Please do not look back.

1. Trace the pre-drawn circle with your finger and say:
   "This circle represents a family"

2. Using a smaller symbol of a circle a person, first draw a circle that represents you where you belong anywhere on the page and label it “ME”.

3. Still using small circles , place your family members where they belong and label them. Label them in terms of their relationship to you, eg. mother, brother, friend. Use a broken line in making the circle for people who have died. Include anyone that you consider family.

4. Use a circle to place any pets you would like to include and place an X in that circle. Label the type of pet, eg. dog, cat.

5. Indicate what your relationship was like with each person drawn by placing the most appropriate number by each circle. Choose a number between 1 and 7, with 1 indicating a highly abusive relationship and 7 indicating a highly supportive relationship. Include your relationship with your pet.

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6. Put another circle around any of the people in the diagram who were abusive to you.

Companion Animal Bonding Scale

If you had a companion animal (pet) as a child, please answer the following questions by putting an X in the space before the most appropriate answer.

1. How often were you responsible for your companion animal's care?
   ___Always ___Generally ___Often ___Rarely ___Never

2. How often did you clean up after your companion animal?
   ___Always ___Generally ___Often ___Rarely ___Never

3. How often did you hold, stroke, or pet your companion animal?
   ___Always ___Generally ___Often ___Rarely ___Never

4. How often did your companion animal sleep in your room?
   ___Always ___Generally ___Often ___Rarely ___Never

5. How often did you feel that your companion animal was responsive to you?
   ___Always ___Generally ___Often ___Rarely ___Never

6. How often did you feel that you had a close relationship with your companion animal?
   ___Always ___Generally ___Often ___Rarely ___Never

7. How often did you travel with your companion animal?
   ___Always ___Generally ___Often ___Rarely ___Never

8. How often did you sleep near your companion animal?
   ___Always ___Generally ___Often ___Rarely ___Never

Three Scales Marking Childhood Recollection of Self-Esteem, Nurturant Behavior, and Anger.

Please mark the scales below according to how you remember you felt as a child at the time indicated on the first Family Life Space Diagram.

Self esteem is how you feel about your self. Do you feel worthwhile and lovable? Indicate below on the continuum your rating of your self-esteem as a child.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very low</td>
<td>average self-esteem</td>
<td>strong self-esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurturant behavior is helping others, treating others with kindness and sympathy, forgiving others, doing favors for others, being generous with others, showing affection for others, and having others confide in one about personal problems. Indicate below on the continuum your rating of your nurturant behavior as a child.

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no nurturant behavior</td>
<td>average</td>
<td>very nurturing /self focused behavior</td>
<td></td>
<td></td>
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</tbody>
</table>

Anger can be internal or expressed. Indicate below on the continuum your rating of your feelings of anger as a child.

<table>
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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very low</td>
<td>average anger</td>
<td>strong feelings of anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-----------------------------
Part H: Personal Information:

1. Age: __________ 2. Gender: Male____ Female____

3. Ethnicity: ________________________________

4. If you have been abused
   check all that apply
   circle the main type of abuse you experienced

   Physical _____ Emotional _____
   Sexual _____ Neglect _____

   At what age did the abuse occurred?
   First Occurred at Age _______ Last Occurred at Age______

6. As an adult, have you ever abused an animal?
   No____ Once_____ Several times._____ Many times._____

   Did anyone in your childhood family ever abuse an animal?
   No____ Several times._____ Many times._____

   Does anyone in your family now ever abuse an animal?
   No____ Several times._____ Many times._____

7. As an adult, have you ever abused another adult?
   No____ Several times._____ Many times._____

   Did anyone in your childhood family abuse another adult in the family?
   No____ Several times._____ Many times._____

   Does anyone in your family now ever abuse another family member?
   No____ Several times._____ Many times._____

8. As an adult, have you ever abused a child?
   No____ Once_____ Several times._____ Many times._____

   Does anyone in your family now abuse children in the family?
   No____ Several times._____ Many times._____

9. Have you been abused as an adult?
   No____ Several times_____ Many times_____ domestic abuse _____ assault
   _____ rape _____ other

10. Is there an animal living in your family now?
    Yes ____    No ____
Part A
Were you abused as a child?
Yes No

*If your answer is NO please omit questions 2 through 8 and go to Part B. 2.

Were you between the ages of 7 and 12 when the abuse occurred?
Yes No

2. Was the abuse (circle those that apply):
   physical sexual emotional neglect

3. Was the abuse on going?
   Yes No

4. Was the abuse reportable, did it endanger your normal development physically or emotionally?
   Yes No

5. Was the abuser a member of your family or very close to your family?
   Yes No

6. Were threats, force, or violence used to coerce you?
   Yes No

7. Was the emotional climate of your family unhappy or dysfunctional?
   Yes No

8. Did you feel guilty or at fault, as though your actions or behavior contributed to the abuse?
   Yes No

9. Have you received counseling or therapy from a professional:
   _____ because of the abuse?
   _____ for other reasons?
APPENDIX B

INVENTORY
Winter 1997

I am a Ph. D. candidate at Iowa State University in the Professional Studies Department. My major area is Counselor Education. I am recruiting individuals for my research. Your cooperation in completing the enclosed questionnaire will be of assistance in completing my research project.

The purpose of the research is to gather information about effects of childhood abuse. The information will be gathered through your responses to the attached questionnaire which will be completed by individuals who have experienced abuse as children and individuals who have not experienced childhood abuse. The process of answering the questions should take no longer than 30 minutes. If you are a subject that has experienced childhood abuse, a few of the questions focus directly on the abuse. These questions are not graphic and should not be unduly uncomfortable to answer. Please do not put your name on the instrument, this will assure that the information on this instrument is confidential. It is the researchers' intent that the information gathered through this study will aid in the understanding and treatment of childhood abuse. If at any time you wish to discontinue filling out the questionnaire, you are free to do so. You may dispose of the questionnaire.

If you have questions or wish more information, please contact me.

When the survey is completed, please give or send the it to:

Linda Nebbe
2027 S. Union Road
Cedar Falls, Iowa 50613

phone: 319-277-1696
FAX: 319-277-8058
e-mail: LNebbe@aol.com
Part A

Were you abused as a child?  
Yes  No

*If your answer is NO please omit questions 2 through 8 and go to Part B.*

Were you between the ages of 7 and 12 when the abuse occurred?  
Yes  No

2. Was the abuse (circle those that apply):  
- physical
- sexual
- emotional
- neglect

3. Was the abuse ongoing?  
Yes  No

4. Was the abuse reportable, did it endanger your normal development physically or emotionally?  
Yes  No

5. Was the abuser a member of your family or very close to your family?  
Yes  No

6. Were threats, force, or violence used to coerce you?  
Yes  No

7. Was the emotional climate of your family unhappy or dysfunctional?  
Yes  No

8. Did you feel guilty or at fault, as though your actions or behavior contributed to the abuse?  
Yes  No

9. Have you received counseling or therapy from a professional:  
- because of the abuse?  
- for other reasons?

Part B

Self esteem is how you feel about your self. Do you feel worthwhile and lovable? Indicate below on the continuum your rating of your self-esteem as a child.

<table>
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<tr>
<th>1</th>
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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very low self-esteem</td>
<td>average</td>
<td>strong self-esteem</td>
<td></td>
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Nurturant behavior is helping others, treating others with kindness and sympathy, forgiving others, doing favors for others, being generous with others, showing affection for others, and having others confide in you about personal problems. Indicate below on the continuum your rating of your nurturant behavior as a child.

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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no nurturant behavior</td>
<td>average</td>
<td>very nurturing behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anger can be internal or expressed. Indicate below on the continuum your rating of your feelings of anger as a child.

<table>
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<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very low feeling of anger</td>
<td>average</td>
<td>strong feelings of anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Your Information Purpose of Research

The purpose of this research is to investigate the role a pet plays in buffering the effects or consequences of childhood abuse. This instrument has asked questions concerning your childhood family, relationships with pets/animals, and personal characteristics of self-esteem, nurturing behaviors, and anger. The purpose of the research was not specifically mentioned earlier so your answers to the questions wouldn't be prejudiced. If at this time you disagree with the research or wish to end your cooperation, please simply throw the instrument away. Thank you for your cooperation.

If you wish the results of this research, please tear off the last page and return it by mail or e-mail to the researcher. This is being done in this manner to assure the confidentiality of your responses to the questionnaire.

Please send me the results of the study, The Human-Animal bond's Role with the Abused Child.

Name ____________________________________________

Address ____________________________________________

City State Zip Code

Send to:
Linda Nebbe
2027 S. Union Road
Cedar Falls, Iowa 50613

Phone: 319-277-1696
FAX: 319-277-0058
E-mail: L.Nebbe@aol.com

Optional:
If you would like to write or draw anything about a favorite pet/animal (for example, what the pet (animal) meant to you or information about your relationship with the pet/animal), please include it with this questionnaire or send it to the address on this page at a later time.
Part H
Personal Information:
1. Age: ____________ 2. Gender: Male ______ Female ______
3. Ethnicity: ________________________________
4. If you have been abused check all that apply circle the main type of abuse you experienced
   Physical ______ Emotional ______
   Sexual ______ Neglect ______
   At what age did the abuse occur?
   First Occurred at Age ______ Last Occurred at Age ______

6. As an adult, have you ever abused an animal?
   No ______ Once ______ Several times ______ Many times ______
   Did anyone in your childhood family ever abuse an animal?
   No. ______ Several times ______ Many times ______
   Does anyone in your family now ever abuse an animal?
   No. ______ Several times ______ Many times ______

7. As an adult, have you ever abused another adult?
   No ______ Several times ______ Many times ______
   Did anyone in your childhood family abuse another adult in the family?
   No ______ Several times ______ Many times ______
   Does anyone in your family now ever abuse another family member?
   No ______ Several times ______ Many times ______

8. As an adult, have you ever abused a child?
   No ______ Once ______ Several times ______ Many times ______
   Does anyone in your family now abuse children in the family?
   No ______ Several times ______ Many times ______

9. Have you been abused as an adult?
   No ______ Several times ______ Many times ______
   Domestic abuse ______ assault ______ rape ______ other ______

10. Is there an animal living in your family now?
    Yes ______ No ______
    Species (dog, cat, bird, etc.) ________________________________

Part C
Indicate the degree that the following statements apply to you NOW.

1. Strongly agree ______ Disagree ______
   On the whole, I am satisfied with myself ______

2. Agree ______ Strongly disagree ______
   At times I think I am no good at all ______

3. I feel that I have a number of good qualities ______

4. I am able to do things as well as most other people ______

5. I feel I do not have much to be proud of ______

6. I certainly feel useless at times ______

7. I feel that I'm a person of worth, at least on an equal level with others ______

8. I wish I could have more respect for myself ______

9. All in all, I am inclined to feel that I am a failure ______

10. I take a positive attitude toward myself ______

--------------------------

Part D
Current Life Situation*

Directions for the Following Questions
Following are pairs of statements about things you may or may not like: about ways in which you may or may not feel. Pick the statement more characteristic of what you like or how you feel NOW in your life. Circle the A or B of each pair of statements.

1. A I like to help my friends when they are in trouble ______
   B I like to do my best in whatever I undertake ______

2. A I like to read newspaper accounts of murders and other forms of violence ______
   B I would like to write a great novel or play ______

3. A I like to do small favors for my friends ______
   B When planning something, I like to get suggestions from other people whose opinions I respect ______

4. A I feel like getting revenge when someone has insulted me ______
   B When I am in a group, I like to accept the leadership of someone else in deciding what the group is going to do ______

--------------------------
5. A I like to be generous with my friends.  
   B I like to make a plan before starting in to do something difficult.

6. A I like to tell other people what I think of them.  
   B I like to have my meals organized and a definite time set aside for eating.

7. A I like to show a great deal of affection toward my friends.  
   B I like to say things that are regarded as witty and clever by other people.

8. A I feel like blaming others when things go wrong for me.  
   B I like to ask questions which I know no one will be able to answer.

9. A I like to sympathize with my friends when they are hurt or sick.  
   B I like to do things that other people regard as unconventional.

10. A I get so angry that I feel like throwing and breaking things.  
    B I like to avoid responsibilities and obligations.

11. A I like to help my friends when they are in trouble.  
    B I like to be loyal to my friends.

12. A I like to attack points of view that are contrary to mine.  
    B I like to write letters to my friends.

13. A I like to be generous with my friends.  
    B I like to observe how another individual feels in a given situation.

    B I like to predict how my friends will act in various situations.

15. A I like to forgive my friends who may sometimes hurt me.  
    B I like my friends to encourage me when I meet with failure.

16. A I feel like criticizing someone publicly if he deserves it.  
    B I like my friends to make a fuss over me when I am hurt or sick.

17. A I like to show a great deal of affection toward my friends.  
    B I like to be regarded by others as a leader.

18. A I get so angry that I feel like throwing and breaking things.  
    B I like to tell other people how to do their jobs.

19. A I like to show a great deal of affection toward my friends.  
    B When things go wrong for me, I feel that I am more to blame than anyone else.

20. A I feel like blaming others when things go wrong for me.  
    B I feel that I am inferior to others in most respects.

---

Part G
Did you have a companion animal (pet) relationship NOW?

________ YES       ______ NO

If you answered NO, omit the next 10 questions.

1. How often were you responsible for your companion animal's care?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

2. How often did you clean up after your companion animal?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

3. How often did you hold, stroke, or pet your companion animal?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

4. How often did your companion animal sleep in your room?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

5. How often did you feel that your companion animal was responsive to you?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

6. How often did you feel that you had a close relationship with your companion animal?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

7. How often did you travel with your companion animal?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never

8. How often did you sleep near your companion animal?  
   _____ Always _____ Generally _____ Often _____ Rarely _____ Never
21. A I like to treat other people with kindness and sympathy.  
   B I like to travel and to see the country.

22. A I like to attack points of view that are contrary to mine.  
   B I like my friends to confide in me and to tell me their troubles.

23. A I like to help other people who are less fortunate than I am.  
   B I like to finish any job or task that I begin.

24. A I feel like telling other people off when I disagree with them.  
   B I like to participate in new fads and fashion.

25. A I like to do small favors for my friends.  
   B I like to engage in social activities with persons of the opposite sex.

26. A I like to tell other people what I think of them.  
   B I like to avoid being interrupted while at my work.

27. A I like my friends to confide in me and to tell me their troubles.  
   B I like to read newspaper accounts of murder and other forms of violence.

28. A I feel like making fun of people who do things that I regard as stupid.  
   B I like to listen to or to tell jokes in which sex plays a major part.

29. A I like to do my very best in whatever I undertake.  
   B I like to help other people who are less fortunate than I am.

30. A I would like to write a great novel or play.  
   B I like to attack points of view that are contrary to mine.

31. A I like to find out what great men have thought about various problems in which I am interested.  
   B I like to be generous with my friends.

32. A When I am in a group, I like to accept the leadership of someone else in deciding what the group is going to do.  
   B I feel like criticizing someone publicly if he deserves it.

33. A I like to make a plan before starting in to do something difficult.  
   B I like to do small favors for my friends.

34. A I like to have my life so arranged that it runs smoothly and without much change in my plans.  
   B I get so angry that I feel like throwing and breaking things.

35. A I like to tell other people about adventures and strange things that have happened to me.  
   B I like my friends to confide in me and to tell me their troubles.
36. A I like to ask questions which I know no one will be able to answer.  
B I like to tell other people what I think of them.

37. A I like to say what I think about things.  
B I like to forgive my friends who may sometimes hurt me.

38. A I like to avoid responsibilities and obligations.  
B I feel like making fun of people who do things that I regard as stupid.

39. A I like to participate in groups in which the members have warm and friendly feelings toward one another.  
B I like to help my friends when they are in trouble.

40. A I like to write letters to my friends.  
B I like to read newspaper accounts of murders and other forms of violence.

41. A I like to analyze my own motives and feelings.  
B I like to sympathize with my friends when they are hurt or sick.

42. A I like to predict how my friends will act in various situations.  
B I like to attack points of view that are contrary to mine.

43. A I like my friends to help me when I am in trouble.  
B I like to treat other people with kindness and sympathy.

44. A I like my friends to make a fuss over me when I am hurt or sick.  
B I feel like blaming others when things go wrong for me.

45. A I like to be one of the leaders in the organizations and groups to which I belong.  
B I like to sympathize with my friends when they are hurt or sick.

46. A I like to tell other people how to do their jobs.  
B I feel like getting revenge when someone has insulted me.

47. A I feel that the pain and misery that I have suffered has done me more good than harm.  
B I like to show a great deal of affection toward my friends.

48. A I feel that I am inferior to others in most respects.  
B I feel like telling other people off when I disagree with them.

49. A I like to do new and different things.  
B I like to treat other people with kindness and sympathy.

50. A I like my friends to confide in me and to tell me their troubles.  
B I like to read newspaper accounts of murders and other forms of violence.

---

Part G

Family Life Space Diagram Instructions/Adult

The first time you did this exercise you did it of your family as a child between the ages of 7 and 12. This time complete the exercise of your current family situation. Please do not look back.

1. On the next page is a circle that represents your family.

2. Using a smaller symbol of a circle [ ] as a person, first draw a circle that represents you where you belong anywhere on the page and label it "ME".

3. Still using small circles [ ], place your family members where they belong and label them. Label them in terms of their relationship to you, e.g., mother, brother, friend. Use a broken line in making the circle [ ] for people who have died. Include anyone that you consider family.

4. Use a circle [ ] to place any pets you would like to include and place an X in that circle. Label the type of pet, e.g., dog, cat.

5. Indicate what your relationship was like with each person drawn by placing the most appropriate number by each circle. Choose a number between 1 and 7, with 1 indicating a highly abusive relationship and 7 indicating a highly supportive relationship. Include your relationship with your pet.

6. Indicate what your relationship was like with each person drawn by placing the most appropriate number by each circle. Choose a number between 1 and 7, with 1 indicating a highly abusive relationship and 7 indicating a highly supportive relationship. Include your relationship with your pet.

7. Did you include any of your abusers (if you were abused as a child) on the diagram you just completed?

   Yes _____ No _____

   If you did not include all of your abusers on the diagram, please explain why.


Copyright, 1996, Barker & Barker
Family Life Space Diagram Instructions

Complete the following Life Space Exercise from your viewpoint as a child with the family you lived with between the ages 7 and 12.

1. On the next page is a circle which represents your family.

2. Using a smaller symbol of a circle as a person, first draw a circle that represents you where you belong anywhere on the page and label it "ME".

3. Still using small circles, place your family members where they belong and label them. Label them in terms of their relationship to you, e.g., mother, brother, friend. Use a broken line in making the circle for people who have died. Include anyone that you consider family.

4. Use a circle to place any pets put an X in that circle. Label the type of pet, e.g., dog, cat, bird.

5. Indicate what your relationship was like with each person drawn by placing the most appropriate number by each circle. Choose a number between 1 and 7, with 1 indicating a highly abusive relationship and 7 indicating a highly supportive relationship. Include your relationship with your pet.

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>highly-abusive relationship</td>
<td>highly-supportive relationship</td>
<td></td>
<td></td>
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</table>

6. If you were abused and did not include all of your abusers on the diagram, please explain why.

7. Is the family you represented in the circle your biological family? If not please explain.

Copyright, 1996, Barker & Barker
Part E
Did you have a companion animal (pet) relationship as a child?

_________________________ YES  ________________________ NO

If you answered NO, omit the next 10 questions.

1. How often were you responsible for your companion animal's care?
   __Always  __Generally  __Often  __Rarely  __Never

2. How often did you clean up after your companion animal?
   __Always  __Generally  __Often  __Rarely  __Never

3. How often did you hold, stroke, or pet your companion animal?
   __Always  __Generally  __Often  __Rarely  __Never

4. How often did your companion animal sleep in your room?
   __Always  __Generally  __Often  __Rarely  __Never

5. How often did you feel that your companion animal was responsive to you?
   __Always  __Generally  __Often  __Rarely  __Never

6. How often did you feel that you had a close relationship with your companion animal?
   __Always  __Generally  __Often  __Rarely  __Never

7. How often did you travel with your companion animal?
   __Always  __Generally  __Often  __Rarely  __Never

8. How often did you sleep near your companion animal?
   __Always  __Generally  __Often  __Rarely  __Never

9. A When I have some assignment to do, I like to start in and keep working on it until it is completed.
   B I like to help other people who are less fortunate than I am.

10. A I like to participate in new fads and fashions.
      B I feel like criticizing someone publicly if he deserves it.

11. A I like to engage in social activities with persons of the opposite sex.
        B I like to forgive my friends who may sometimes hurt me.

12. A I like to avoid being interrupted while at my work.
        B I feel like telling other people off when I disagree with them.

13. A I like to attack points of view that are contrary to mine.
        B I like my friends to confide in me and to tell me their troubles.

14. A I like to listen to or to tell jokes in which sex plays a major part.
        B I feel like getting revenge when someone has insulted me.

*These questions were taken from the Edwards Personal Preference Schedule with permission from The Psychological Corporation: Harcourt Brace Jovanovich, Inc.
APPENDIX C
APPROVAL FROM HUMAN SUBJECTS REVIEW BOARD
Information for Review of Research Involving Human Subjects
Iowa State University
(Please type and use the attached instructions for completing this form)

1. Title of Project: The Human-Animal Bond Role with the Abused Child

2. I agree to provide the proper surveillance of this project to insure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the committee. Additions to or changes in research procedures after the project has been approved will be submitted to the committee for review. I agree to request renewal of approval for any project continuing more than one year.

   Linda J. Nebbe   October 12, 1996
   Typed Name of Principal Investigator   Date
   Department of Professional Studies   N232 Lagomarcino
   Department   Campus Address

   Linda Nebbe home phone: 319-277-1696
   Phone Number to Report Results
   (campus phone: leave message with Marva Ruther 294-9550)

3. Signatures of other investigators   Date   Relationship to Principal Investigator

4. Principal Investigator(s) (check all that apply)
   □ Faculty   □ Staff   □ Graduate Student   □ Undergraduate Student

5. Project (check all that apply)
   □ Research   □ Thesis or dissertation   □ Class project   □ Independent Study (490, 590, Honors project)

6. Number of subjects (check all that apply)
   □ # Adults, non-students   □ # ISU student   □ # minors under 14   □ # minors 14 - 17   □ other (explain)

7. Brief description of proposed research involving human subjects: (See instructions, Item 7. Use an additional page if needed.)
   See attached.

8. Informed Consent:
   □ Signed informed consent will be obtained. (Attach a copy of your form.)
   □ Modified informed consent will be obtained. (See instructions, item 8.)
   □ Not applicable to this project.
9. Confidentiality of Data: Describe below the methods to be used to ensure the confidentiality of data obtained. (See instructions, item 9.)

10. What risks or discomfort will be part of the study? Will subjects in the research be placed at risk or incur discomfort? Describe any risks to the subjects and precautions that will be taken to minimize them. (The concept of risk goes beyond physical risk and includes risks to subjects' dignity and self-respect as well as psychological or emotional risk. See instructions, item 10.)

11. CHECK ALL of the following that apply to your research:
   - A. Medical clearance necessary before subjects can participate
   - B. Administration of substances (foods, drugs, etc.) to subjects
   - C. Physical exercise or conditioning for subjects
   - D. Samples (Blood, tissue, etc.) from subjects
   - E. Administration of infectious agents or recombinant DNA
   - F. Deception of subjects
   - G. Subjects under 14 years of age and/or Subjects 14 - 17 years of age
   - H. Subjects in institutions (nursing homes, prisons, etc.)
   - I. Research must be approved by another institution or agency (Attach letters of approval)

If you checked any of the items in 11, please complete the following in the space below (include any attachments):

Items A–E Describe the procedures and note the proposed safety precautions being taken.

Items D–E The principal investigator should send a copy of this form to Environmental Health and Safety, 118 Agronomy Lab for review.

Item F Describe how subjects will be deceived; justify the deception; indicate the debriefing procedure, including the timing and information to be presented to subjects.

Item G For subjects under the age of 14, indicate how informed consent from parents or legally authorized representatives as well as from subjects will be obtained.

Items H–I Specify the agency or institution that must approve the project. If subjects in any outside agency or institution are involved, approval must be obtained prior to beginning the research, and the letter of approval should be filed.
Checklist for Attachments and Time Schedule
The following are attached (please check):

12. [X] Letter or written statement to subjects indicating clearly:
   a) purpose of the research
   b) the use of any identifier codes (names, #s), how they will be used, and when they will be removed (see item 17)
   c) an estimate of time needed for participation in the research and the place
   d) if applicable, location of the research activity
   e) how you will ensure confidentiality
   f) in a longitudinal study, note when and how you will contact subjects later
   g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. [ ] Consent form (if applicable)

14. [ ] Letter of approval for research from cooperating organizations or institutions (if applicable)

15. [ ] Data-gathering instruments

16. Anticipated dates for contact with subjects:

<table>
<thead>
<tr>
<th>First Contact</th>
<th>Last Contact</th>
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<tr>
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<td>December 1, 1995</td>
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<td>December 1, 1995</td>
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17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

18. Signature of Departmental Executive Officer

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<th>Department or Administrative Unit</th>
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9. Decision of the University Human Subjects Review Committee:

- [ ] Project Approved
- [ ] Project Not Approved
- [ ] No Action Required

<table>
<thead>
<tr>
<th>Name of Committee Chairperson</th>
<th>Date</th>
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<tbody>
<tr>
<td>Patricia M. Keith</td>
<td>11-18-96</td>
<td>PMK 96</td>
</tr>
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</table>

GC: 8/95
Attachment for Research Involving Human Subjects: Linda Nebbe

Question 7.

I will be examining the role of a supportive adult relationship or a supportive animal relationship in mediating or buffering the effects of abuse which took place during the subject's childhood. Through the subject's completion of a Family Life Space Diagram and the subject's answers to specific questions I will determine if they were abused as a child and if they had a supportive relationship with an adult or an animal. Through another series of questions a determination will be made about the subject's current level of self-esteem, nurturant behaviors, and level of anger. Since low self-esteem, poor nurturant behaviors, and personal anger are often effects of childhood abuse, the subjects with supportive adult and supportive animal relationships are suspected to have higher levels of self-esteem, nurturant behaviors, and a lower level of anger. Finally through a current Life Space Diagram and questions about the subject's adult life, determinations will be made on the impact of the earlier supportive relationships and the subject's current life style.

My subjects will be volunteers contacted through professional therapists and other professionals working with populations who may have experienced childhood abuse and by a request through e-mail, specifically an American On Line Chat Room which frequently has subscribers who have childhood histories of abuse. I will work with the Chat Room Host who is a licensed therapist. Potential subjects will be asked if they are willing to fill out a questionnaire. The process will take 30 minutes or less. If at any time they wish to change their decision to fill out the questionnaire, they may do so.

The instrument is attached. There are no incentives, compensations, and/or follow-up techniques to be used in this research. The subject's name will not be attached to the questionnaire. Near the end of the instrument the purpose of the research will be briefly explained. The subject will be informed that if they wish the results of the research to send the researcher a request separately by mail or e-mail.

Question 8

Modified informed consent will be obtained. Please see the attached cover letter for the information which will be given to the subjects or conveyed to the subjects verbally explaining the research project. I have not mentioned or requested
information about pets in the cover letter so as not to influence responses to other areas being examined. There is a more detailed explanation of the research at the end of the questionnaire, to be read after the questionnaire is filled out. The subject may abort the project at this time if they are uncomfortable with the purpose.

**Question 9**

Subjects will not sign or in any way identify their questionnaire, thus there is no need for any other means of confidentiality control to be employed.

**Question 10**

There are no procedures in this research that involve risk or discomfort. The only discomfort a subject may feel would occur when answering demographic questions about their personal abuse. This questions are not graphic and are minimal. Also the subject is given the option of aborting the questionnaire if the questions do cause undue discomfort.
To: The Human Subjects in Research Committee

Attention: Joyce Joens

Fax:

From: Linda Nebbe
2027 S. Union Road
Cedar Falls, Iowa 50613

   phone: 319-277-1696
   FAX: 319-277-8058
   e-mail: LNebbe@aol.com

November 18, 1996

1 page of 2 pages

Message:

Joyce,

The following information took longer to get together than I thought (of course!). My on line contact was ill, and I complicated it by being out of town again. On the following page is the message that will appear in select places on line:

   Personal Empowerment Network-PEN bulletin board on AOL
   Announced to an on line e-mail group for survivors of abuse

These will be put on line by CynSutton@aol.com (using on line names rather than real names for confidentiality purposes) who is a mental health counselor and a student at Iowa State University in the Counseling Education Department. CynSutton@aol.com will also contact specific on line clients she works with who may be interested in completing the instrument.

There are a few minor modifications to the instrument for e-mail use. Such changes as

   "put an X beside A or B" rather than "circle A or B"

If you wish a copy of the e-mail instrument I will send one to you.
APPENDIX D
CORRESPONDENCE
Letter sent/given to individual therapists.

Fall 1996

I am a doctoral candidate at Iowa State University in the Professional Studies Department. My major area is Counseling Education. This request pertains to my research for the completion of my Ph.D.

I am investigating the role a pet plays in buffering the effects or consequences of child abuse. My instrument is designed to give me information about the role of the pet in the abused child's family, the relationship of the child to the animal, and the behavioral characteristics of self-esteem, anger/aggression, and nurturance of the adult who was abused as a child.

I am recruiting subjects for my research. If you or any of your clients meet the criteria on the attached page, I would appreciate it if you or your client would take the time to fill out the instrument. Current pet ownership or pet ownership during the subject's childhood or currently is not a criteria.

Research subjects need to be:

1. Free of a mental retardation diagnosis.
2. Be 18 years or older and his/her own guardian.
3. Have experienced abuse as a child.
4. Have voluntarily consented to participate in this research.

If you have any questions or wish more information, please contact me.

When the survey is completed please give or send the instrument to:

Linda Nebbe
2027 S. Union Road
Cedar Falls, Iowa 50613
phone: 319-277-1696
FAX: 319-277-8058
e-mail: LNebbe@aol.com
List of criteria for subjects given to individual therapists.

Please use the following questions as a guideline in determining which clients you will ask to fill out the inventory. You do not need to fill this out; these questions are asked at the beginning of the inventory so I can also determine the level of abuse of each subject when I am assessing the instrument.

1. Was the subject between the ages of 7 and 12 when the abuse occurred.
   Yes   No

2. Was the abuse ongoing?
   Yes   No

3. Was the abuse reportable?
   Yes   No

4. Was the offender a member of the family or very close to the family?
   Yes   No

5. Were threats, force, or violence used to coerce the child?
   Yes   No

6. Was the emotional climate of the child's family dysfunctional?
   Yes   No

7. Does the client feel guilt or fault connected with the abuse?
   Yes   No

If the answer is yes to five of these seven questions the subject has met the criteria for this research project.
Family Service League  
Waterloo, Iowa  

To the Board of Directors:  

I’m writing this letter to ask permission to do my research at Family Service League. My research is looking at adult survivors of abuse and the support systems they had as abused children that may have buffered or mediated the abuse. I have included a copy of my Human Subjects in Research request which was approved by the Iowa State University Human Subjects in Research Committee.  

I would like to make this instrument available to staff at Family Service League with the request that if they have clients who would be appropriate for complete it they offer it to them. The instrument also may be appropriate to incorporate as a tool in the therapy process so if a therapist felt it was appropriate, the instrument could be completed during therapy sessions.  

No names appear on the instrument so confidentiality is protected. Instruments may be returned to my mail box.  

Staff members are also encouraged to complete the instrument. I need subjects that experienced childhood abuse as well as those who did not.  

Sincerely,  

Linda Nebbe  
2027 S. Union Road  
Cedar Falls, Iowa 50613
APPENDIX E

ADDITIONAL DATA
The following responses were sent as a response to the final, optional, inventory question: If you would like to write or draw anything about a favorite pet/animal (for example, what the pet/animal meant to you or information about your relationship with the pet/animal), please include it with this questionnaire or send it to the address on this page at a later time.

No. 1

We had a German Shepherd my father took a knife to. She eventually turned mean. She had a painful kidney condition. We always had pets growing up. They were not allowed in the house, except for the parakeets! The were always a good friend, a comfort.

I have our pets in the house so they can have the attention and love everyone else gets. They feel the moods in the family, they know when to give love and comfort, when to be a "bud".

No. 2

I believe the most effective milestone in my recovery was AA, Friends, Husband, and my animals. Without anyone of these, I would not be alive, I'm sure.

I am very blessed and love my pets as if they were human. My favorite thing to do is be with them only on long snowy days like today.

No. 3

I was an only child. My best friends since my earliest memories (all through childhood) were my cats. Many hours of play were spent with them I used imagination having them be "students and patients." I pretended to be their teacher and nurse. I used to make them their own Christmas tree and give them gifts. They gave me many hours of pleasure! I felt very close to them and often kissed them. I also confided in them.

Today I still enjoy my pet cat although, each pet has been different in terms of their personality.

No. 4

I couldn't have made it through all I have without all the pets I have had and loved throughout the years. I have no children, so they have been, and the one I have now, the ones that are gone and the future ones I will have, will always be my "babies".

No. 5

Have always had a dog or dogs in my life (now has 8 cats). I do Pet Therapy with pets in nursing homes and hospitals.
No. 6

I did have a favorite animal (a cat) at the cult in the barn as a kid. The cult did not know I liked it and I had some time I could nurture with petting that cat but saw it only when taken for cult rituals. The cult forced animal sacrifice and it was difficult at times as a kid to touch animals.

At a snuf porn ranch I befriended a black sheep and pretended I did not so it would not be killed. It worked. I was stuck there in cages with animals and was bitten by rats, opossum, dog (German shepherds) there and freak at big dogs rats and anything with vicious teeth (opossums have a hell of a lot of teeth)

As adult, cats have connected me to the comfort I wanted back then as a kid. As adult dog has been comforting to me it is a small pomeranian and hugging her has helped me not commit suicide at times and helps me stay in the present day of nonabuse.

No. 7

As I stated earlier, as a child my pets were used as an instrument of punishment against me....however, I always felt bonded with my pets and I am still working on recovering from the guilt that I took with the death of each pet.

As an adult I have had my pets from birth to their (natural) death and currently have two pets. They are where I turn when I am feeling suicidal and they follow me everywhere (which I love).

No. 8

As a child our family dog was an important source of comfort to me many times when I felt I had no one else to go to. My dog was a constant and enduring source of love for me. When the dog experienced abuse at the hand of my father, I strategized ways to sneak out to be with the dog and comfort him. I felt that I couldn’t stop him from being abused (just as he couldn’t stop the abuse from happening to me) but I really felt like we were a source of comfort to each other.

I will never forget the importance of that dog to me. He gave me a sense of being needed. He gave me emotional support. He gave me a soft physical body to hold. Most of all he gave me unconditional love.

No. 9

I’ve been married to a wonderful man (also abused) for 1 year. He’s wonderful. We have no children. We have 4 dogs, nine cats, and a bird. My husband is not abusive nor am I.

No. 10

I have a Lasa Apso. She is 14 year old, mostly deaf and blind and very slow. She stays close by me, by smell. In my earlier adult life I had a dog that I got in high school. He had to be put to sleep in his later life due to failure associated with aging. I fear my dog I have now will need to be put down soon. Another
BIG loss in my life. I have cats that sleep all over my bed. I love all my pet's and unlike many humans, they love me back.

No. 11
Brother 2 killed my cat as an example to me to keep quiet.

No. 12
As a child I am not sure I would have survived without our german shepherd. He was a constant-unconditional love dog. When I look back most of my fondest memories were with the german shepard. Such as pulling the rug and giving me a ride across the yard. He was always there.

Growing up I had people who were like parents to me (a place to go when sick, took me fishing—support 4; and now I have a couple who are also like parents. This couple would be a 5 in support—they are always available if I need them. This couple NOW lives 23 miles away and until the last few years their home was more home than my own. Don and Lori I have known since I was 17 for Don and 20 for Lori—got married in their home, they stood up with Mike and I when we got married. When they went on vacation I would stay in their home and care for their two dogs and sometimes their daughter—summers it would be most of June, all of July and two weeks in August. Thanksgiving and Christmas breaks.

No. 13
My dog is a service animal but the responses apply to my cats as well.

No. 14
My pets are what enables me to go on sometimes. They are always happy to see me and I know they really depend on me.

No. 15
There was one dog especially that we had when I was a child that would try to protect me from my father, but would often end up being hurt because of it. Afterwards the dog and I often commiserated after.

No. 16
Pets are too numerous to mention or remember. I would be given pets (cats, dogs, birds, hamsters) and the pets would be killed or gotten rid of to punish me and to “make me be good”.

No. 17
When I was young I had a cat named Sam who adopted me and treated me like her kitten. When I was gone she would look for me. She would lick me
and comfort me when I got back. She was my life when I was young. I felt I got love from her that I didn’t get from my family. My mom was jealous of my relationship because it was her cat.

No. 18

A tiny tiger striped grey kitten, she was from a large litter of a domestic housecat. The father was angered that the kittens were always underfoot and one day he killed one kitten. He saw the child’s extreme horror as if he had killed her. He also saw his angle. Each time one of us (insiders) would perform well he was kind to the kittens and he allowed us to feed them and care for them, when we were not good he will hurt them or kill them. Down to a litter of 4 we learned to perform better and better but still 3 paid for our failure. One was harmed, she wound up retarded. We fed her, we cared for her. Her name was baby. One day he brought home a male for Baby and baby had more kittens, it became a pattern. We learned to tuck parts of us in kitten bodies when we knew that he would kill them or harm them, we sent the kitten soul into our body and replaced the kittens with a part of us so that he would not actually kill the kitten. To us he was killing a wounded part of us, doing us some good and sparing the kitten. We knew by then that a body was only a thing and that only the soul could feel. In our eyes the kitten was spared, our soul was hurt or killed. Today we still put parts of us into dying or wounded cats or kittens and when we take theirs we put them in a special place in our world where they can have a new healthy body and are pain free. They roam and play as kittens should, as children should. Baby saved many parts for us and in the end Baby suffered for us. She still roams in our world and mothers all the kittens, she is safe now. We have had many cats in our adult life of them only 2 have been murdered the rest lived a healthy life some where given to elderly who needed a friend, others to children, some passed of natural causes others by accident. We now have Sammy, an orange tiger striped kitty 6 months old, happy and free as a cat/child should be.

Thank you for letting me share this. I believe pets of all sorts but especially cats are precious to a wounded child, they play and run and do all that a child should be able to do, sometimes they live for the child, but always they are loyal and safe, you can tell them all the horrors and the secrets, they will snuggle up to you and muffle your cries, lick your tears and let you know that you are loved. For those who say animals are lower life forms have never experienced the low parts of life. Animals are the highest form of life there is.

Diamond Vandike (an alter within)
No. 19

When I was young I often thought that my cat could help me decide if I'd done something wrong. After being beaten, etc. I'd go outside and talk to the cat. If she wanted to talk to me, play with me, lay down and purr, I was good. If she wandered away from me or was disinterested, I was bad. It was a very simple childish, black-and-white form of dispensing justice for me.

No, I don't think that way about my pets now.

No. 20

There are a couple of things I would like to say, first there were questions or responses I did not answer because I felt they did not apply. Also on a couple of question I added a response. Hope this does not mess up survey but felt completed to add. As for my pet as a child, she saved my life. She kept the loving and nurturing part of me alive and would always bring a smile to my face. The day she died a part of me died with her, and it wasn't until several years later when I became attached to another pet that I learned to begin to trust again. Pets are a major part of my life and I love them dearly. The bonds I have with my pets people have a hard time understanding and I think that is cuz they can not understand the hurt and betrayal I have felt caused by people I do not have that fear with my pets. Thank you for allowing me to be part of your survey.

No. 21

My cats have kept me from committing suicide many times. They are the closest things to me in my life.

No. 22

All unlabeled F's are extended family who were chaotically part of our life, but not one to give stability to my life; any males were abusers; the females were passive and permitted abuse

KKK means kitties/cats; we literally had hundreds over first 12 yrs of childhood, but father/mother would make us dump them on roadsides when they couldn't afford food, or I (and us inside) watched neighbors a zillion times drown my cats, or beat them with brooms, or throw cats/kittens onto bon fires, etc etc One large persian cat (size of small dog) got all 4 legs broken & a broken neck & was strung upside down on the clothesline pole in backyard were I found him/her? next day - I was real little and don't know how old I was

NOTES::
cat-a through cat-d are black cats from same litter
* "inside" means they live inside my APARTMENT (not inside us - LOL)

Sweetie, Sunnie, Pete were strays I rescued; mother of cats-a thru cats-d we rescued as stray too but she (Star Star) lives at my friends house now.

We also have 2 other cats living temporarily at my friends house (but they are
still MY family! - "Sha" and "Jessie-cat"
small a = baby & child alters (not meant to represent actual numbers)
Big A = teen & adult alters (not meant to represent actual numbers) - we just feel very "populated" LOL
S. O. = impotent support person
s.o. = not as important supp person

I hope you can add this to what I sent last night.

re: pets Neat questions could have been:::
How often did you "talk to your pets" and "how often did you talk to your pets about your troubles, as a child".
I would like to add to my info. by including that

As a child, I talked CONSTANTLY to whatever cat(s)/kitten(s) I had at that time, whether out loud OR silently (because I couldn't let PEOPLE overhear me!). My father, especially, hated cats who also "talked" (meowed).... Talkative cats were the first to get hurt - or dumped in the country. As an adult, I talk constantly to my pets (always OUT LOUD now! :). I have many part-siamese cats - so, guess what? They talk constantly to me! I "answer" them, just as I would "have a conversation" with a babbling baby or toddler. :)

Another good question might have been:
What was the name of your childhood pet?

The fact that I cannot remember names of my childhood cats is telling - about how much I was affected by the constant taking-away of the ONE thing I most counted on for my survival. I was constantly stripped of the most comfort I could find. The most "love" I felt was constantly being taken away. I guess that's why I HAD to put all my cats into "My Family Now" diagram, and to NAME them ALL for you.

No. 23
We have two adorable dogs—both strays—saved from death by us. One shot on the road in Utah, and one hit by a car in Indiana. Oldest, Zeke, a golden retriever/lab, the baby, now 4 years old, is border collie mixture. Both very lovable, gentle, extremely smart. The younger is called Sam Hill because we don't know where in "the Sam Hill" he came from! I hope to write and illustrate children's books about the adventures of Zeius and Sam Hill. Always wanted a pet, but city life as a child and extremely busy personal life didn't allow them. Now 58 years later and early retirement and 9 1/2 acre yard—2 dogs!
No. 24

I feel like my dog was my only friend for ten years. I feel that she really saved me. The bond I felt with my Collie was the best bond in my life. It brought up a sad but happy memory. I even impress sensitivity toward animals in my kids. I think it can open doors to sensitivity toward others. I was right I have a seventeen year old who is exhibiting this and a six year old I am teaching. It was a lesson of no choice for me to learn, but something very grateful for.
A SURVIVOUR'S COMMENTARY
February 3, 1977

The incest started when I was very young - around two or three. Like many little children, I did the only thing possible with the unthinkable: I forgot it. I repressed the abuse so thoroughly, in fact, that the truth behind my happy childhood only came to light five years ago, when, early in the course of recovery from alcoholism, I was asked by a psychologist if it were possible I had been molested as a child. Fully intending to answer "no", I heard a strangled little voice say "yes". Within a few days, the flashbacks started. Not only was I coming to grips with the novel reality that I was an alcoholic, but PTSD, something I had thought was confined to Vietnam vets, had taken a firm grip on both my waking and sleeping life. Recovery from chemical dependency, however vital, became secondary to recovering from the explosion of my life as I had understood it, lived it, unconsciously refashioned and edited it to suit for over 40 years. There was, too, the matter of my then shaky marriage - and my two loving, supportive, aging parents, who had just happily celebrated their 50th wedding anniversary.

It took me several months, living at a treatment centre first for chemical dependents, (Hazelden) then for trauma survivors (Sierra Tucson) before I could face the truth. The abuser was my father. In addition to being so many wonderful things: kind, witty, generous, gentle and encouraging - he was a child molester. I don't know if he ever abused other children. He always seemed very intent on young children, more interested than I or my mother in making friends and chatting with kids we would meet. I don't know when he stopped abusing me. The last incident I recall, albeit hazily, was when I was about 8. However, I suffered repeated, severe psychogenic illness as a teenager, coincident with my father's worsening manic-depressive states - so I suspect something may have happened as late as my mid-teens. I no longer push and strain to regain the hidden memories: if they come, they come.

I was my mother's "parentified child". And, of course, the only child. She has always looked to me for emotional support and advice. Confronting her about the incest - at the treatment centre's "family week" - was the single hardest thing I've ever had to do. She collapsed. Then within a few minutes seemed to rally and became involved in the group session. I sat and wept and knew the guilt that visits secret tellers when they detonate the truth. When the session ended, and my mother ushered out, I beat my head against the wall until the counsellor came for me.

Later I found out my father had been molested as a boy - by his governess and a camp counsellor. My mother had been sexually abused by her father (of whom I have rather queasy
suspicions regarding myself) — she had repressed all memory of it until I disclosed. As a young woman, her mother was raped by an uncle and spent the last 25 years of her life in a mental institution for involutional melancholia.

I never confronted my father. Or saw him or spoke to him or wrote him. I asked that he not contact me. Two years after I learned the truth, he died, after a rapid decline, at 80. I think he knew it was time to go. My mother confronted him about a year before his death. He denied nothing, just said he couldn't remember. Like incest, it runs in the family.

My mother sought treatment for about a year. I was in weekly therapy (with the same psychologist I remembered with) for four years. I discontinued therapy last year, wanting to concentrate on other things, feeling the symptoms of PTSD — which came to rule my life in the first few years following disclosure — slip away, and needing to save the money.

You are interested in nurturing behaviours, self-esteem and anger in survivors. I would offer these comments. About anger: My family didn't "do" anger. Anger frightens and confuses me. I have been repeatedly told I need to get in touch with my anger over what happened to me — but it has been difficult to access. Just recently I have started to feel angry at the sound of my mother's voice, her mannerisms — not her behaviour or comments — just her presence. Visits are becoming difficult. I don't want to express this anger to her. She is 82. She has been very supportive of me in recovery, and has worked hard to honour our new relationship. And I want to shield her (still)...

About self-esteem. I have always been a high achiever, a perfectionist, the family "hero" — all the usual stuff, striving to be "perfect". Accomplishments make me feel safe. Both academically and later professionally I've done well enough that I always identified myself as having high self-esteem. Even when I learned the truth, when I got in touch with the feelings I must have had as a child, figuring I somehow deserved the abuse — I had difficulty accepting low self-esteem as part of the bedrock of my personality. There is no question, however, that what self-esteem I do possess is these days much higher as the result of what I have learned — and been given — in recovery.

About nurturing. At base, my parents were two very insecure, damaged people who desperately wanted a baby to fix things. To make their lives self-evidently right, to validate the happy picture. I was filling their needs — too many of them — from the beginning. I have never wanted to have children. I always disliked them — right up until I learned what happened to me as a child. Then I didn't need to dislike them anymore. My nurturing is lavished on my animals — a constellation over the years of remarkable collies, whose breeding, showing,
training, grooming - but mostly mutual loving and sharing - has enriched so much of my life. I don't nurture my husband nearly as much as I suppose I should - but we manage quite happily. I am truly blessed to have him in my life.

Over the past few years I've become increasingly involved in animal-assisted therapy. It focuses my need to make some good purpose be served by my abuse - to create a meaning to cure its senselessness - by blending my need to nurture with my bonding with animals. In my work, I've taken my Therapy Dogs (who are truly my own co-therapists) to visit in a shelter for abused children, in nursing homes (which is where my father died), in psychiatric wards, in pediatric hospitals. I suppose I've taken my dogs with me on a search for pieces of myself and my family, sharing their gifts along the way with the people, the stand-ins, that we meet.

My dogs have been my healers, my guides, my comfort and my great good fortune. However melodramatic it might sound, I don't know if I would have made it through the last 5 years without them, without especially the help of a blue merle collie named Chase. When I was suicidal, the thought of leaving him helped stay my hand. When I would wake in the middle of the night, frozen in terror and clinging to the bed - his body would press into mine, and I could feel the rhythm of his breathing coaxing me to stop holding my breath. With Chase, I could dare to stop isolating, to go out, to meet people who were drawn by his beauty and bearing. We shared many travels and adventures. The day before he died, last March, we went on one final excursion together - to a remote conservation area that I had feared to go to without my husband. I saw it as one last lesson from Chase.

As we wandered through the woods, I let Chase off-leash and, unusual for him, he went on quite far ahead of me. I called out to him and he stopped, but did not come back, just looked at me with his mild, calm gaze, as I said out loud "Don't leave me. I'm frightened." Something in his expression said I would be alright. While in the woods, we came upon a young man walking with his little girl, as my father had walked in different woods with me, and I wondered about them and her safety, but knew I was alright. And we passed a young mother with three small children; she said to them "Look girls, a lovely big wolf." And I smiled to myself because I always called Chase "my personal wolf". We walked through allegory that day, Chase and I, as much as through woodland. The next day, he died on the operating table; exploratory surgery revealed inoperable cancer, and I said goodbye to him there. Chase was only 7. With his death, in addition to the blinding grief, I felt old, useless and very ordinary. I had had a splendid treasure to enjoy and share and was now quite poor.
Three days after Chase died, I was given his nephew, a young
blue merle who closely resembled him in looks and manner, and
who bonded with me seemingly on sight. I re-named him Tide -
partly as a nod to the almost unseemly haste with which he
entered the scene ("Time and tide wait for no man") and also
short for tidings, those of comfort and joy, which I so hoped
he'd bring me. Hopes he's richly filled.

I feel a very conscious sense of mission about working in the
field of AAT. I have been helped; others can be helped; I
must help them; they can help others. That cycle is my answer
to the cycle of abuse that caught up my family, like so many
others, in its web. That seems to me something very worth
doing, and something I have been uniquely well-endowed to do.
I can't believe it's by accident — any of it.

Mary Merchant
Powassan
Ontario, Canada
THINKING OF THE ANIMALS
Mary Merchant

It has become too commonplace today to speak of angels: let's call them guides. Animals have been present throughout my life as confidants, protectors, mirrors, friends - and guides. As a little girl, I used to surround myself at night with a dozen or so stuffed animals (never dolls) on my bed - mute ranks of unseeing, largely ineffectual but still cherished guardians. I don't remember if my father pushed them on the floor. I do know once I overheard him tell Mother he wasn't sure if he'd kissed me goodnight or one of the animals. I remember smiling: 'it had worked'...

Our first pet was a young male collie, Donnie. My parents bought when I was about 2 - just about the time the abuse started. My father was recovering from a severe car accident that left him first bedridden, then learning to walk again. As he progressed, he complained that Donnie kept bumping him, and he was afraid he might fall. Donnie promptly was found a nice home in the country. Forty-odd years later, I finally put together what I knew of collies with what I was remembering of my past. Donnie wasn't being a clumsy pest; collies are morbidly sensitive to injuries and tread very carefully around people who are hurt. He was trying to come, literally, between me and my father.

There were no more dogs in our household until I got my first, another collie, at 12. In the meantime we had a series of unflappable cats who steered well clear of any codependent behaviour. When I was 8 or so, we fell hostage for many years to a family of Siamese, loving, vocal, demanding - and very self-sufficient. I needed them far more than they needed me.

I was a horse-lover from the time I could first indicate my enthusiasm for them - shouting a daily greeting to the old Clydesdale who lived near the kindergarten. I spent my childhood fiercely wishing for a horse (clearly unaffordable), riding, then "working" at stables - and often fantasizing that I was, in fact a horse. Whenever I've had the chance, often after many years lay-off, I've always gone riding. It makes me feel strong within myself. Early in recovery, having quit my job as a magazine editor, I volunteered to become chief groom at a riding stable. It was difficult for me to be around other people just then for very long at a time, but among the horses I felt calm, centered - and very safe. Flashbacks never came to the barn, and I never questioned the value of what I was doing. Long ago, I set myself a goal - a horse of my own by age 50; I have 11 months to go, and things look promising.
Collies re-entered my life, and provided much shape to my life as a teenager. I became very involved in training and showing — an all-consuming hobby that allowed me to sail past the raging hormone phase of life that I clearly was having no part of. Who needed boys and dates when there were dogs and shows? My second dog, Iris, was petrified of men, but only when I was around. Without me in the picture, she was fine.

Later, my first true soul-guide, a blue merle collie named Sky, would develop what the vet firmly diagnosed as psychogenic colitis just at the time I married my live-in boyfriend of many years. Sky had lived with us since puppyhood with never a problem. The night before our wedding, he had a severe bout of colitis, and the disease was to plague him for the rest of his life. It always flared up badly on our wedding anniversaries. (You tend to remember it when the aftermath of a pleasant evening on the town concludes with paper towels and disinfectant.) The vet even questioned whether we were fighting for the dog to be so affected. We weren't and I, of course, was mystified — everything was, like me, I thought, fine. Just fine. But like Iris, Sky was picking up on messages of a deep fear I didn't know existed and wouldn't learn of till after he died.

Several years later, Chase came to us as an outgoing, boisterous 8 months old pup, clearly slated to fill Sky's role with me. Within days he became very nervous around my husband. He would pace back and forth between us, looking agitated and almost overwhelmed. (Occasionally, he would bump against my husband's legs — but I had no reason to recall Donnie just then.) When my husband would come home from work, Chase would bark thunderously at the door, then come to find me, still barking. Then he'd start the pacing (almost herding) until Laurie changed out of his office clothes and into casual garb. Then, back to normal. Our other two dogs ignored all this ritual. At first, we put it down to "kennel-shyness", but Chase's breeder was doubtful, and in time we noticed that when I was gone, Chase and my husband got along famously, no barking, no pacing when he would return from work. Laurie is wonderful with dogs, we met at a dog show and he was breeding collies at the time. (Were we meant to meet, or what?) We finally consulted a famous dog behaviourist about Chase's reactions, but got nowhere.

A year or so into recovery, another behaviourist, apprised of my background of childhood sexual abuse, suggested the solution. She told me to sit with Chase when I heard the car arrive, imagine Laurie's face smiling at me and try to relax. I thought it sounded like the ultimate in psychobabble, but tried it anyway. We were both astounded when Chase trotted out to meet Laurie, followed him up the stairs and lay down at my feet, no barking, no pacing. He occasionally reverted to the barking after that, usually coinciding with times when my PTSD was particularly bad. But his pacing between us
ceased forever. When I told my therapist about all this, his reaction was immediate: "My God, you've been telling your dogs about the abuse all these years, even when you couldn't recall it. All your dogs have known, they have always known". After that, my therapist would often ask about Chase's behaviour and responses as a way of assessing my own state. We noticed that when the PTSD was bad, Chase would stay especially close - often leaning against me. Later, when I took him with me to therapy sessions, his ritual never varied. He would take up position behind the couch I sat on, lying with his back to me, touching the couch but facing the door. Guarding. When he died, my therapist said he felt he'd lost a colleague.

And now of course, there is Tide, my latest blue merle with hidden wings. At the time of Chase's death, I dreaded the pain of losing him so much and feared that grief would cripple me. Tide's arrival (totally unplanned and unforeseen) so soon after Chase's death seemed almost mystical, and the comfort he brought was immediate. I miss Chase profoundly, but in a sense that same loving-wise and serenely strong presence is with me still, alive in memory. And, when I look into Tide's eyes, multitudes of friends, of guides gone on, gaze back at me.
Chase was a serene and loving Champion blue merle collie. He was also an accomplished Therapy Dog who, in five short years, plied his craft in the UK, the Bahamas, the US and Canada. Here, some of the memories, some of the faces, and some of the lessons he left behind him on the healing path.

Well Began
Chase began his Therapy Dog career as a two year old in the Isle of Man, a member of PAT (Pets As Therapy), one of the largest of the various pet facilitated therapy organizations in the British Isles. The year was 1990 and then as now, like most Therapy Dogs he got his start in a nursing home, trekking from day rooms to TV rooms to smoking rooms to infirmary rooms - all in a day's visiting, filled with caresses from shaky tobacco-stained hands, admiring greetings from the nurses and graciously accepted cookies and buns. One of his favourite residents was an elderly woman who always greeted us with the same litany. "What a lovely dog! What's his name? Is he yours? You must love him very much." Her comments never varied.

Chase: Ch. Alfinisch Impresario, CD TT, a truly international Therapy Dog.

never expanded and frequently, after a moment's pause, were repeated word for word. Nor did her obvious delight in seeing Chase - each time a new introduction - ever seem to fade. On one occasion, her equally aged companion, clearly impatient with this weekly ritual, burst out "Oh knock it off. Madelaine. That's Chase, he's her dog and we all love him very much!" But Madelaine ignored the rebuke and remained transfixed in the moment she occupied, seeing his canine caller for the first time.

Living in the Now
Through cheerful Madelaine, poor in retention but rich in joy, Chase demonstrated one of the eternal truths of pet facilitated therapy. Healing, like living, takes place on a moment by moment basis. Animals live in the present and savor it fully. Theirs is the antidote of the 90s' weary refrain: "been there, done that, got the T-shirt." The Therapy Dog brings the gift of now, the enjoyment of the present to the people he greets. It is a lesson from which all of us, regardless of our state of mind or health, can benefit.

Amazing Grace
Our transfer to the UK proved to be a short stay, and by 1992 we were westbound again, posted to the Bahamas. The whole concept of pet facilitated therapy was unheard of there, and Chase ably pioneered as the country's first Therapy Dog, visiting at a day care centre for the elderly and an emergency hostel for abused children. The day care centre proved full of surprises. The participants were amazed at Chase's bountiful coat ("You got way too much on, mon, way too much for here." he was advised by one retired sea captain). Chase for his part was confounded and alarmed by an early encounter with a hymn-singing session, part of a devotional service that preceded one of our first visits. Clearly convinced that the aged voices raised in song were a pack howl of distress, he had to be forcibly restrained from shoving the minister aside and rescuing his new friend from unseen perils.

NOTICE OF HABAC ANNUAL GENERAL MEETING
We look forward to meeting members and friends at the Annual General Meeting to be held on November 14, 1996 in the Members' Lounge (behind the Council Chambers) of Toronto City Hall. The Meeting will commence at 7 pm, followed by a presentation by Brian Kilcommons, internationally renowned dog trainer and author of Good Owners. Great Dogs; Good Owners. Great Cats; and Childproofing Your Dog. Refreshments will be served.
Therapy from P. J

One of Chase's visits at Acre brought home another lesson - the positive benefits of a negative reception. Miss Nita, bent and wrinkled and not one to suffer fools gladly, sharply dismissed the suggestion that she might like to pet the Therapy Dog. "I've seen dogs. I don't like dogs and I'm not petting no dog," she huffed as she weaved her way towards the door. Properly chastened, I stepped aside with Chase to allow her clear passage. Miss Nita stopped, gave us an appraising look and announced that she might "just touch that damn dog," which she proceeded to do with a great show of determination, if little joy. Seeing her poke Chase's hip, another woman reached out to stroke his head. "No chile - that's no way to do," cried Miss Nita. "You gots to pat the back pan over here." Newly qualified as a dog handler, Miss Nita pulled over a hovering nurse and confided in something of a stage whisper, "I love that dog. He would never bit me, y'see, he's a good 'un." As Miss Nita basked in the general praise for overcoming her fears, I caught the woman's eye - and the look of triumph gleaming therein spoke volumes. True to her word, Miss Nita really didn't like dogs at all. Far from being a convert, she was using Chase's presence to get what she really craved - some attention and respect from the other residents and staff. But she was as well pleased and reaffirmed by this little episode as any ear-rubbing, cookie-giving dog lover we've ever visited.

Just Say No

While he arguably got little from the exchange, Chase served the formidable Miss Nita well indeed. It was my first exposure to another lesson - that a good visit isn't always a welcoming one for dog and handler. In fact, some people get a lot out of turning us away. Consider the hospital patient who never gets a say. The medications, the tests, the examinations, the 5 am breakfasts - none of these take "no" for an answer. But seeing a Therapy Dog is something a patient is perfectly free to refuse. The luxury of choice, the power to make one's wishes stick are rare commodities in hospitals - and two very healthy gifts that Therapy Dogs can bring to those who are not so keen on canine companionship.

Silent Service

The potential value of the minimalist visit was brought home to me when Chase and I finally home in Canada in 1995 - began visiting at York Central Hospital. Many of the patients we called on in Long Term Care were Oriental and, in addition to sometimes speaking no English, were frequently leery of having a large dog enter their room. We struck on a solution - for these patients, Chase would sit at their door and raise his paw in a respectful wave. One Japanese woman became a regular stop on our rounds. For two months, every Monday, we'd knock on her door, she would bow from her bed. I would bow. Chase would wave, she would wave back, and we would pass on, visit complete in 30 wordless seconds. A half minute that nonetheless pushed past barriers of language and culture to reassure a sick woman that she was still respected, included and valued.

Outbreaks of Normalcy

"Shape up or ship out, shape up or ship out, shape up..." the gaunt man in the Markham-Stouffville Hospital psychiatric ward mumbled his unending creed as he paced the corridors of the inpatient facility and, as a new visitor there, was frankly unnerved. It seemed like a good time to go off duty. Chase, on the other hand, took a step in the patient's direction, wagged his tail and sat down to observe the unfolding ritual. "What's he doing here?" the man challenged abruptly. On being told that the dog worked there, he stopped his pacing, approached and began to pat Chase's head. Unlike his rapidly repeated mantra to shape up or ship out, his previous refrain, now his words and thoughts were connected to an outside reality, not a private prison. As we left for the day, one of the nurses told me that this was the first time since he was admitted that the patient had been heard to say anything other than shape up or ship out....

TogetherDCSS

It was a phenomenon that I witnessed many times at Chase's side. People who are cut off and isolated by their illness, be it of body, mind or spirit, reach out to connect with the visiting Therapy Dog - and regain more of themselves in the process. The outbreak of 'normalcy' in the confused patient, the laughter of the severely depressed, the tears of the seemingly self-assured teenager awaiting surgery who tells the dog she's scared to death, the stroke victim who cried in gratitude when the dog licks his newly paralyzed hand - all are, in that moment, recovering part of...
Therapy from P. 5

Themselves through the dog’s intervention. As the

teenaged patients put it, “Dogs have it more together

that we do.” And the power of Therapy. Dogs seems
to lie in helping us become more together, to

recover and heal – even when there is no cure.

Going in Circles

Chase died unexpectedly in March 1996, barely
seven, a victim of cancer. The day he left, a special
friend named Mary Hamilton, one of the local
nursing home residents he’d visited faithfully for
over a year, called me at home to console me and
share her grief at his loss. A few months later she
helped me teach Chase’s nephews, my new dog,
Tide, how to work around wheelchairs like hers and
other arts of the Therapy Dog’s craft. In August
Mary died quite unexpectedly of heart failure. I
took Tide to her funeral and in the eulogy, the
minister spoke of her life-long love of animals, of
the pleasure she took in visiting with the Therapy
Dogs who came to call, and her recent pride in
helping to train a new recruit named Tide.

Te Life...

And thus, too, is a lesson from Chase. That those of
us who reach out to – and are in turn touched by
animals become more whole, more fully human, and part of the circle of life as it dawns,
extends, extinguishes and new. The human

animal bond, in linking us more firmly to other living beings, binds us more closely to life itself,
and enriches our passage along the way.

Chase was a registered service dog with five
organizations: Pets as Therapy, Bahama Therapy
Dogs, Therapy Dogs International, St. John Ambu-
lance Therapy Dogs, and the Delta Society’s Pet
Partners. Mary is a consultant in pet facilitated
therapy; a member of the above organizations and
HABAC – and Chase’s chief beneficiary. She can be
reached at R.R. J. Povvassan, ON POH 120.

Dr. N. Endenburg of the University of Utrecht
spoke on the positive influence animals can have
on the development of children, with an outline
of the known research so far carried out. He gave
a resume of several investigations, such as So-
cial-Emotional Development, Cognitive Devel-
"opment, Parental Style and noted the question:
“How can animals positively influence the develop-
ment of children?” Conclusion: it is difficult to
demonstrate causal relations and it is important
that research be guided by theoretical models.

Ms. Mayer-Müller of Austria gave an account
of her work with animals in schools for mentally
handicapped children and children with severe
social/emotional problems.

Other speakers were Dr. Lidija Arambasic
from the University of Zagreb and Professor Ivan
StubeÄ from Ljubljana on human-animal rela-
tions in Slovenia.

The Congress on The Influence of Animals on
Human Health held on September 23, 1996, in
Utrecht, included the IAAHIO Declaration and
the influence of companion animals on human
health; influence of companion animals on chil-
dren with a post traumatic stress disorder; com-
p)panion animals and welfare seen from a political
point of view; review of therapies involving
animals; influence of companion animals on
the development of children; the welfare of compan-
ion animals and Zoonosis; or can you catch
diseases from animals?

We hope to report on these presentations in
future issues of ANIMALS & US.

REMINDER

Don’t forget to make a date to attend one of the
Brian Kilcommons Good Owners, Great Dogs

cat pet training seminars sponsored by Ralston

Purina.

The success of Brian’s seminars is all the more
credible because he works with shelter animals
that he has not met until they are presented to him
on stage the very morning or afternoon of the
seminar itself.

TORONTO – Saturday, November 16

at GLENN GOULD STUDIO

Cats session 9:00 am to 12:30 pm

Dogs session 1:30 pm to 5:00 pm

For tickets call (416) 205-5555

VANCOUVER – Saturday, November 30

at ROBSON SQUARE CONFERENCE CENTRE

Cats session 9:00 am to 12:30 pm

Dogs session 1:30 pm to 5:00 pm

For tickets call (604) 280-4444

CALGARY – Sunday, December 1

at ARCHIE BOYCE PAVILION

Cats session 9:00 am to 12:30 pm

Dogs session 1:30 pm to 5:00 pm

For tickets call (403) 269-9822

The price is $30.00 per session.

Call today as space is limited and these seminars
are sure to be sell-outs.

ETHO NEWS: Prince Laurent extends support
to DYADIS

From Ethologia in Brussels, we have news of the
generous support extended to DYADIS (Belgian
Association for Citizens for the Handicapped), by
the Foundation established by H.R.H. Prince Laurens
of Belgium.

Created in 1995 for the Protection of Domestic
and Wild Animals, the Foundation works for the
well being of all animals. It is concerned with the
effect of human actions on the future of animals and
their contribution to the improvement of human
health.

There were three funding Awards given by the
Foundation in 1996. The first went to Veterinarians
Without Frontiers, involving volunteer veterinar-
ians and agricultural technicians in programs for
students in developing countries.

The second Award to Shepherds of the Falcons
Association recognized the value of caring pro-
duced to animals of various species by young delin-
genous as an aid in their progress towards social integration.

The third Award was given by H.R.H. Prince
Laurent to Madeleine Arnold, administrator and
founder of DYADIS, who is handicapped, with a
canine aid Fritzen.

DYADIS selects, buys and trains dogs and after
special committee assessment, makes them avail-
able to physically challenged people wishing to
have four-footed helpers in their life.

For more information on DYADIS, write to:

Avenue Albert Elisabeth, 46 Brussels, Belgium.
REFERENCES


Redalan, E. (1996). Personal communication with Mr. Redalan, September 12.


