2021

Lived Experiences of Adults Using Emotional Support Animals to Cope with Anxiety

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Educational Psychology

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November 2021

Abstract

Anxiety is a clinical disorder affecting nearly 40 million adults in the United States. Treating anxiety symptoms has been most effective when clinicians combine medication and therapy intervention. Still, treatments for anxiety varies among clinicians to determine which one may be the most effective. Emotional support animals (ESAs) provide one kind of intervention that clinicians use to treat anxiety in adults. However, existing research literature has not fully explored the phenomenon of lived experiences of coping with anxiety among adults with an ESA. Social cognitive theory provided a basis for this study's theoretical framework for understanding this phenomenon. This study used a qualitative, descriptive phenomenological paradigm to conduct interviews with eight adults using ESAs for coping with anxiety. Six categorical themes emerged from the coded data: (a) anxiety manifestations, (b) ESA positive engagements and intervening behaviors, (c) ESAs' instinctual responses, (d) alternative to prescribed medications and substance use, (e) current psychological disposition of using ESAs for coping with anxiety, and (f) relationship between the participant and the ESA. This study's implications for positive social change include further validating the use of ESAs as an intervention for anxiety, establishing and formalizing assessments of ESAs in both the home and clinical setting, and advocating to maintain legal protections for housing accommodations and to promote the reinstatement of excluded travel protections.

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Dedication

I dedicate this dissertation to those individuals affected by anxiety and depression, to those individuals who train, support, and advocate for service dogs and emotional support animals, and to those individuals that struggle with unseen and unnoticed disabilities, especially those who have served and continue to serve our country in the military and law enforcement.

I offer a special dedication to the many animals that have positively impacted my life and are the inspiration for this dissertation: Brownie, Lady, Paxton, Duncan, Maxwell, Nela, Daisy, Princess, Hank, Stewie, Fred, and Derby Floyd.

Acknowledgments

I sincerely thank my doctoral Chair and Committee, Dr. William J. Tetu and Dr. John A. Agnew, for their expertise, continued guidance, and overall encouragement throughout this academic journey.

I am ever grateful for the support from my husband and life-partner, Andrew Fisher, for keeping me inspired and focused at every moment of this learning adventure.

I thank my parents, Elaine and Kenneth Gaughan, for their peripheral and spiritual strength through the many prayers they both have offered for a successful completion of this dissertation.

Most importantly, I am thankful for all those participants who shared their wonderous experiences of using their emotional support animals to help them cope with anxiety, especially during the COVID-19 pandemic. Without their honesty and openness to sharing their struggles and challenges with anxiety, this dissertation research would not have been possible to study, analyze, and share with others.

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Chapter 1: Introduction to the Study

Introduction

Emotional support animals (ESAs) are domesticated animals that provide therapeutic assistance to individuals with a diagnosed disability (Younggren et al., 2019). Some mental health professionals use ESAs as a kind of intervention for individuals to treat anxiety symptoms, known as *animal-assisted interventions* (AAIs; American Veterinary Medical Association, 2021; Hoy-Gerlach et al., 2019; Yamamoto & Hart, 2019). Approximately 40 million adults (age 18 and older) in the United States are diagnosed with an anxiety disorder, but only about one in three of these individuals receives any formal treatment (Cassiday, 2017). The use of ESAs is clinically classified as a type of AAI. Many studies have shown that AAI benefits adults in their treatment plan to cope with disabling anxiety (Giuliani & Jacquemettaz, 2017; Hediger et al., 2019; Mims & Waddell, 2016). However, these studies do not specifically identify ESAs as beneficial to their treatment, in that the use of ESAs is quite novel within the last decade.

Growth in the presence of ESAs in society has recently garnered a substantial amount of attention, both in the popular media and the professional literature (Hunjan & Reddy, 2020; Yamamoto & Hart, 2019). Human and animal interactions provide a myriad of positive effects, such as reducing stress, anxiety, depression, and even pain (Bert et al., 2016; Fine & Weaver, 2018; Waite et al., 2018). The research in the study of anthropomorphism and biophilia, which is the innate sense that humans have to interact with nature and animals, provides a foundation for understanding attachment theory

(Holttum, 2018; Martens et al., 2016). Researchers are furthering their understanding of the effects of human-animal bonding and animal-based interventions to buffer anxiety during social interactions (Auger & Amiot, 2019; Beetz, 2017; Nagasawa et al., 2015).

This first chapter further outlines necessary background information, the problem statement, and the purpose of this study. The main research question is introduced within the theoretical framework of social cognitive theory, which spotlights the nature of this study. General terms are identified and defined, along with research assumptions and limitations of this study. This chapter concludes with a summary and transition to the literature review in the next chapter.

Background

Individuals experience anxiety when they encounter a pathological and biological response to a stimulus that may result in a psychological disorder if the anxiety overwhelms both of those responses (Bandelow & Michaelis, 2015). Anxiety as a clinical disorder affects one out of every 10 adults in the United States (Cassiday, 2017). Mental health experts estimate that anxiety disorders among adults during and after the novel coronavirus (COVID-19) pandemic will double (Nelson et al., 2020; Rauktis et al., 2021). The most prevalent anxiety disorder is generalized anxiety disorder (GAD; American Psychiatric Association, 2013). GAD has been characterized as excessive and persistent worry that individuals experience daily (Cuijpers et al., 2014; Goetter et al., 2020). Many different types of interventions are used by practitioners to effectively treat

anxiety symptoms and psychological disorders such as GAD and posttraumatic stress disorder (Cassiday, 2017; Cuijpers et al., 2014).

Researchers have found that ESAs may help alleviate anxiety symptoms (Hoy-Gerlach et al., 2019; Rauktis et al., 2021; Yamamoto & Hart, 2019). As a contemporary intervention for the psychological treatment of anxiety symptoms, the use of ESAs has been informed by extensive research and clinical practices rooted in human and animal interactions spanning the scope of history (Kent, 2016). Human-animal interaction (HAI), from having contact with wildlife to keeping a pet to AAI, has been an evolving and transforming area of interest for people for centuries (Fine & Weaver, 2018; Kent, 2016). The study of HAI has been vast and has lacked vital scientific parameters and controls for intervention (Fine & Weaver, 2018; Serpell et al., 2017). HAI was narrowly studied within the scope of psychological interventions beginning around the 1960s (Fine, 2018). This field of study became known as AAI, which refers to the study of the human and animal interaction within a controlled or therapeutic setting as a type of psychological intervention (Beetz & McCardle, 2017; Fine & Weaver, 2018).

AAI encompasses a broad spectrum of interventions and is the umbrella term for animal-assisted activities, animal-assisted therapy (AAT), and animal-assisted education (Kent, 2016). Within the evolving field of AAI is the classification of ESAs as a type of intervention that mental healthcare practitioners may choose for treating individuals (Fine, 2018). Practitioners use ESAs as an intervention to treat myriad symptoms and disorders, such as anxiety, depression, trauma, socialization, and so forth (Hoy-Gerlach et

al., 2019). Some mental healthcare practitioners have expressed concerns for scripting ESAs as interventions because there has not been much research conducted in this area (Fine & Weaver, 2018). AAI has been successfully used with individuals experiencing anxiety, but primarily within classrooms, hospitals, and nursing home settings (Charry-Sánchez et al., 2018).

AAI is still an emerging field of study, and ESA intervention is the most recent area of practice within this field (Fine et al., 2019; Yamamoto & Hart, 2019). For example, efficacy is still being determined with AAI to treat and manage dementia, depression, and other adult populations' conditions (Charry-Sánchez et al., 2018). In contrast, HAI between junior high school students and various animals within a classroom environment has improved social-emotional development and learning and has increased students' academic performance (Gee, Mueller, et al., 2017).

Generally, mental healthcare practitioners have failed to distinguish between service animals, ESAs, and therapy animals (Fine, 2018). The confusion among these terms has been likely caused by different definitions and classifications (Human Animal Bond Research, 2020). ESAs are not classified as service animals (Parenti et al., 2013; Yamamoto & Hart, 2019). Several different government agencies have different legal definitions, whereas clinical and professional fields of study have other definitions.

The Americans with Disabilities Act (ADA) identifies that a service animal may only be a dog or miniature horse that has been individually trained to conduct a task for an individual with a disability (U.S. Department of Justice [USDOJ], 2015). In contrast,

both the American Psychological Association (2021) and the American Veterinary Medical Association (2021) define an ESA as any animal species as long as it is used as an intervention and supported by a qualified healthcare practitioner. An ESA does not have to be trained to perform many tasks. ESAs do not qualify as a recognized accommodation for persons with disabilities under ADA, but they are permitted as reasonable accommodations for persons with disabilities under the Fair Housing Act (U.S. Department of Housing and Urban Development [USHUD], 2020). However, the U.S. Department of Transportation (USDOT, 2020) amended the classification of ESAs to the same category as pets and not service animals.

The confusion among the definitions between laws and changes of the statutes to classify ESAs as pets has been legally challenged by advocates as a discriminatory definition against individuals who require ESAs, whether in public, at home, or when traveling (Butwin, 2019). Legal advocates and AAI practitioners have noted that pets are not being actively used as an intervention in mental health treatment to help individuals decrease mental health symptoms (Butwin, 2019; Holttum, 2018).

There is strong evidence that ESA intervention does decrease symptoms. For example, researchers found that prescribing ESAs to university students effectively reduced symptoms experienced by the students (Kogan et al., 2016). However, colleges and universities have had growing concerns about permitting too many ESAs on campus and within classrooms (Goodman-Wilson & Highfill, 2019). Boness et al. (2017) reported an increase in requests to practitioners for ESA letters to determine whether the

field of study (clinical vs. forensic) makes a difference for providing recommendations and concluded that ESAs are an effective intervention for college students. In the last 5 years, individuals commonly made requests to bring their ESAs on airlines for travel. These requests required documentation from a mental healthcare practitioner verifying the need to have an ESA as an accommodation to fly (Ensminger & Thomas, 2013). However, USDOT (2020) controversially amended ESAs' classification from service animals to pets, so individuals traveling on planes with ESAs have been subjected to additional pet-related fees.

Problem Statement

This research addressed the literature gap concerning the lived experiences of adults who use ESAs to cope with anxiety (Brooks et al., 2018; Rauktis et al., 2021). Anxiety disorders affect approximately 40 million adults (age 18 and older) in the United States, yet only one out of every three of these adults receives any treatment (Cassiday, 2017). Bandelow and Michaelis (2015) noted a 33.7% increase in the prevalence rate of adults experiencing anxiety disorders from 2005 through 2015, indicating the need for alternative treatment interventions. Mental health practitioners choose treatment interventions, including cognitive behavior therapy (CBT), psychopharmacology, AAI, meditation, hypnosis, psychotherapy, and so forth to address anxiety symptoms among adults (Cuijpers et al., 2014; Mohlman, 2013).

Some mental health practitioners choose alternative interventions, including AAI, to treat anxiety symptoms among adults (Fine, 2018). AAI, defined as interaction

between a person and an animal within a therapeutic setting, may be an effective intervention for treating anxiety among adults to enhance cognitive processes and learning (Beetz & McCardle, 2017; Fine & Weaver, 2018). The use of emotional support animals, a type of AAI, may successfully treat anxiety and provide therapeutic benefits for adults (Fine, 2018; Gee et al., 2016).

Researchers make a distinction between types of AAIs, ESAs, and the use of service animals (Parenti, 2019; Parenti et al., 2013; Younggren et al., 2016). HAI references the overall relationship between human and animal bonds that is the umbrella for AAI, ESA, and the use of service animals (Fine & Weaver, 2018). AAI broadly encompasses various species of animals with multiple benefits to humans. ESAs are specific interventions consisting of animals used for psychological treatment under the supervision of a mental healthcare professional, whereas service animals are specifically trained with a task or set of functions to assist a person with an identified disability (Boness et al., 2017; Melco et al., 2020). The differences in terminology between service animals, emotional support animals, therapy animals, and pets will be outlined to understand better the nuances of these terms.

Service animal is commonly identified as a legal and clinical term that identifies a domesticated animal that is trained to work or conduct a specific task to benefit an individual with a diagnosed disability, such as a guide dog for an individual with a visual impairment or a hearing dog for an individual with hearing impairment (Parenti, 2019; Parenti et al., 2013). Laws in the United States permit individuals to have service animals

within a public context to assist with a seen or unseen disability. Service animals refer to domesticated animals, usually dogs, that are trained to complete a specific task or provide working support to an individual with a diagnosed disability (Parenti et al., 2013). The term *ESA* refers to a domesticated animal that specifically provides therapeutic assistance to an individual with a diagnosed disability. An ESA is commonly prescribed by a mental healthcare clinician; for example, a dog may provide therapeutic support to an individual with a traumatic experience, or a cat may provide therapeutic support to a college student experiencing anxiety (Martens et al., 2016; Smith et al., 2021; Tedeschi & Jenkins, 2019; Younggren et al., 2019). The nuance in terminology between ESAs and service animals is that an ESA is a type of service animal providing emotional support for an individual as a form of treatment for a psychological disorder or disability under a mental healthcare clinician's guidance, whereas a service animal is specifically trained to complete a specific task or physically work to assist a disabled individual (Parenti et al., 2013; Walker & Tumilty, 2019). Yet individuals with ESAs do not have the same legal rights and level of access to public places that individuals with service animals have (Rodriguez et al., 2020).

Another term necessary for clarity is *therapy animal*. The term *therapy animal* refers to the supervised and controlled use of an animal within a clinical setting as an intervention tool for treatment (Boness et al., 2017; Human Animal Bond Research, 2020), as in the case of therapeutic horseback riding being used to alleviate the symptoms of autism spectrum disorder. The significant difference between a therapy animal and an

ESA is that an ESA does not require a clinical setting. All service animals, including ESAs, are owned by the individual requiring treatment. The clinician provides the therapy animal during the time of treatment. The final term to be defined for clarity is *pet*, which refers to a domesticated animal that is owned by an individual who serves as the animal's primary caretaker and that is usually kept for companionship (Langston, 2019). A pet is not considered to be a service animal, ESA, or therapy animal because it does not provide any specialized skill or training used within a therapeutic setting. As previously identified, U.S. laws protecting service animals, ESAs, and therapy animals do not apply to pets (Human Animal Bond Research, 2020).

Younggren et al. (2019) identified critical gaps in the literature for further understanding ESA intervention through a single valid assessment and the lived experiences of individuals using ESAs. ESA intervention has been used as an alternative treatment for adults coping with anxiety and other disorders without much empirical evidence (Hediger et al., 2019). Researchers advocate that more research must be conducted to address the literature gap for improving the understanding of the lived experiences of adults who use ESAs to cope with anxiety symptoms (Brooks et al., 2018; Crossman, 2017; Younggren et al., 2016, 2019).

Purpose of the Study

The purpose of this study was to address the gap in the literature concerning the lived experiences of adults who use ESAs to cope with anxiety. This study used a qualitative descriptive phenomenological paradigm to conduct interviews of adults who

used emotional support animals for coping with anxiety. This study analyzed insights into the lived experiences of these adults. Eight participants were used to achieve data saturation (Saunders et al., 2018). The participants were recruited from a national healthcare system that explicitly used ESAs as an AAI to treat symptoms of anxiety. During this study, I found that current literature was limited containing empirical research on the lived experiences of adults using ESAs to cope with anxiety, especially during a pandemic (Abbott, 2021; Brooks et al., 2018; Melco et al., 2020; O'Haire & Rodriguez, 2018).

Research Question

The qualitative research question for this study was the following: What are the lived experiences of adults who use emotional support animals to cope with anxiety?

Theoretical Foundation for the Study

Social cognitive theory provides a basis for the theoretical framework for AAI with foundations in the biophilia hypothesis that humans have an innate interest in animals because they are beneficial to evolutionary survival (Wilson, 1984). The theory offers an explanation for why ESA intervention serves a role as comforting, motivating, and regulating for individuals experiencing significant stress and anxiety (Hoy-Gerlach et al., 2019; Nimer & Lundahl, 2007). ESAs may help adults learn behaviors through observation, which, once fully understood, could be applied beyond the classroom environment to the workplace (Fine, 2018). Research in educational psychology uses

social cognitive theory to further explain social contexts for how individuals learn behaviors within an educational setting (Turner & Nolen, 2015).

Modeling is the technical term attributed to Bandura et al. (1961) to explain the way that a person learns by observing a behavior and is critical concept in social cognitive theory as the basis for development (Schunk, 2012). The social cognitive theory model consists of a reciprocal, triadic system involving the cause of the action, interpersonal factors, and the environment (Bandura, 1990; Bandura et al., 1961). For human development, social cognitive theory holds that an individual learns a behavior by observation, which causes actions of that person based on cognitive, affective, and environmental events (Bandura, 1990). These three items are all impacted by environmental factors and may further be applied with the AAI of ESAs (Gee, Griffin, et al., 2017).

Observing the experience of individuals using animals as a tool of intervention may help promote positive associations for those individuals to alleviate or learn to cope with anxiety. Hence, the individual understands and practices the desirable behavior. In contrast, using an ESA as an intervention may assist the individual with a normalized behavior within a social environment or during social interaction. Social cognitive theory demonstrates a positive experience for helping individuals with anxiety alleviate, adapt to, and cope with perceived stressful environments and situations (Kamioka et al., 2014). Researchers have presented a seminal model for assessing ESAs by observing behaviors (Younggren et al., 2019).

Nature of the Study

The nature of this study involved a qualitative method approach with descriptive phenomenological analysis (Babchuk, 2017), where eight adults with a history of symptomatic anxiety experienced ESA intervention. Descriptive phenomenology provides a conversation between the researcher and participants to collect data (Giorgi & Giorgi, 2003). The qualitative method was rendered within the social cognitive theory framework to interview adults using ESAs to cope with anxiety (Goodman-Wilson & Highfill, 2019). Through the interview process, I collected data from each individual in a semistructured format using a telephonic medium. Face-to-face contact for interviewing was preferred but not possible with the limitations of social distancing issued by the Centers for Disease Control and Prevention (CDC) health guidelines for the global COVID-19 pandemic.

This study's central research question was the following: What are the lived experiences of adults who use emotional support animals to cope with anxiety? The participants were asked the following five questions during interviews:

1. Describe your experience using an emotional support animal to cope with anxiety.
2. How do you engage with your emotional support animal?
3. How do you experience anxiety?
4. How does an emotional support animal help you with anxiety?

5. How have you noticed a difference between your emotional support animal and your personal experience with the COVID-19 pandemic?

Definitions

The following terms are defined to assist the reader in understanding the psychological, clinical, and educational terms related to this study.

Animal-assisted intervention (AAI): This term refers to the interaction between an individual and an animal within a therapeutic setting to provide specific treatment to reduce anxiety to enhance cognitive processes and learning (Beetz & McCardle, 2017; Fine & Weaver, 2018).

Animal-assisted therapy (AAT): This term refers to the specific component of a treatment plan that includes a domesticated animal used for intervention, observation, and evaluation (Charry-Sánchez et al., 2018).

Anxiety: This term refers to an individual's pathological and biological response to an experience or stimulus characterized by psycho-emotional and physiological limitations often resulting in a disorder (Bandelow & Michaelis, 2015).

Assistance animals: This is a legal and clinical term that generically references domesticated animals trained to provide a specific task to provide an individual accommodation (Parenti et al., 2013).

Emotional support animals (ESAs): This term refers to domesticated animals that provide therapeutic assistance to individuals, usually with a diagnosed disability (Younggren et al., 2019).

Human-animal interaction (HAI): This term references the overall relationship or bond between human and animal bonds that is the umbrella for animal-assisted intervention (AAI), emotional support animals (ESAs), and service animals (Fine & Weaver, 2018).

Pet: This term refers to a domesticated animal that is owned by an individual who serves as the animal's primary caretaker and that is usually kept for companionship (Langston, 2019).

Service animal: This is a legal and clinical term that refers to a domesticated animal trained to do work or conduct a specific task to benefit an individual with a diagnosed disability (Parenti, 2019; Parenti et al., 2013).

Therapy animal: This term refers to the supervised and controlled use of an animal within a clinical setting as an intervention tool for treatment (Boness et al., 2017).

Assumptions

This study was based on four assumptions about the phenomenon for understanding adults' lived experiences with ESAs to cope with anxiety. The first assumption was that the participants currently used ESA interventions within their current treatment plan. The ESAs were under the indirect supervision of the participants' clinician. The second assumption was that each participant had a history of experiences consisting of symptoms of anxiety. Potential participants' files were screened for diagnosis of an anxiety disorder. The exact diagnosis remained confidential, but each participant's record was used to confirm the experience of symptoms of anxiety or need

for treatment. The third assumption was that each participant provided open and honest answers during their interview as a foundation for the data's validity. The participants understood that their responses were anonymous, and their identity was protected to instill confidence for each participant to express emotional reactions to the interview questions. The final assumption was that I conducted a rigorous analysis of the collected data while maintaining the neutrality of any biases or prejudgments throughout the research process. I kept a bracketing journal to reflect and record any preferences and approached the data analysis with a sharp focus on understanding the research phenomenon.

Scope and Delimitations

The use of ESAs as interventions in therapeutic settings has significantly increased over the past decade despite a lack of empirical research (Hoy-Gerlach et al., 2019). This study has proven useful to address the lack of empirical research demonstrating the therapeutically beneficial effects of ESAs for adults coping with anxiety. The purposeful-criterion sampling of participants included eight individuals representing different ages for adulthood who met the predetermined criteria.

This study included specific criteria for participation, with participants attesting to having a verifiably diagnosed disability, having undergone at least 6 months of intervention by ESAs, and providing honest and accurate answers to the interview questions. This study's sample size was eight participants who were at least 18 years old; of any gender; of any race, ethnicity, or culturally identified background, and living in the

United States. This sample size exceeded the minimum target size of five for phenomenological analysis representing adults in the United States (Groenewald, 2004).

Limitations

Researcher Biases

Researcher biases were the primary limitation to this study, as is identified in a majority of qualitative studies (Tufford & Newman, 2012). Interest in the benefits of ESAs and exploration for ESAs as a possible alternative intervention were the primary motivators of this study. My own biases were carefully considered when the interviews were conducted, the data were analyzed, and the conclusions were drawn for this study. An audit trail strategy was implemented to capture my reflection on the process through a journal focused on reflexivity and bracketing.

Sample Size

Qualitative research traditionally has small sample sizes due to the plethora of data collected, so the sample size saturation was limited to access to qualifying participants (Groenewald, 2004). This study had a sample size of eight individuals but was limited to 75% females and 25% males. Additionally, the study lacked a full representation of ethnicity because I fluently speak only English. Hispanic and non-Hispanic representation could not be established due to this research limitation. This study involved a vulnerable population of adults who were experiencing symptoms of anxiety. The fundamental principles of the justice of distribution, the benevolence of the research, and full respect for every participant were upheld (National Commission for the

Protection of Human Subjects of Biomedical and Behavioral Research, 1978). One major challenge of this study was to ensure each participant's protection within the guidelines provided by the Institutional Review Board (IRB) for working with a vulnerable population.

Collection, Analysis, and Coding of Data

The coding of any data and personal information collected from interviews or other identifying participant information complied with the Health Insurance Portability and Accountability Act (HIPAA), Walden University's IRB policies, and other federal laws and local regulations. Provisional coding was the first-tier framework for participants to conceal their identity through an anonymously assigned three-digit number (Saldaña, 2012). The data analysis based on bracketing and potentially identifying categorical themes was carefully considered within the scope of any researcher bias (Sundler et al., 2019). An audit trail was established throughout this coding and data analysis process to concretize the validity of this study.

COVID-19 Pandemic

The research for this study was conducted prior to the COVID-19 pandemic. However, the data collection and analysis occurred during the pandemic and reflected the lived experiences of the participants before and during the pandemic. At the time of presentation for this study, the COVID-19 pandemic was still ongoing, so postpandemic factors and their impact were not known for experiences of anxiety. It was not possible to address postpandemic data on lived experiences in this study.

Significance

The results of this study address the gap in the literature concerning the lived experiences of adults who use ESAs to cope with anxiety. The research has been specialized within the field of psychology because ESAs are a relatively recent concept of AAI for adults experiencing anxiety, primarily since mental healthcare practitioners have expressed negatively biased opinions about ESA intervention as an alternative treatment (Bert et al., 2016; Melco et al., 2020; Stefanini et al., 2016). Researchers have indicated that more empirical investigation must be conducted concerning the lived experiences of adults who use ESAs to cope with anxiety to determine further whether this alternative treatment alleviates anxiety (Charry-Sánchez et al., 2018; Crossman, 2017; O'Haire & Rodriguez, 2018).

Summary

Much research has been conducted on HAI and AAI. Still, a full understanding is lacking concerning the effectiveness of ESAs as a type of AAI for treating adults with anxiety (Hoy-Gerlach et al., 2019). Research has suggested the need for more empirical evidence to demonstrate adults' lived experiences with ESAs and treat anxiety symptoms (Brooks et al., 2016; Younggren et al., 2016, 2019). This qualitative descriptive phenomenological study explored, analyzed, and interpreted the lived experiences of adults who use ESAs to cope with anxiety. In the next chapter, I review the literature within ESA intervention research on treating anxiety in adults within the framework of social cognitive theory.

Chapter 2: Literature Review

Introduction

This research addressed the gap in the literature concerning the lived experiences of adults who use ESAs to cope with anxiety (Brooks et al., 2018). This chapter's overarching goal is to explore the theoretical foundation of social cognitive theory and the phenomenological method for a qualitative literature review on individuals' lived experiences of the phenomenon. This chapter outlines the literary search strategy to unveil the current research, which was conducted through the lens of social cognitive theory through the situative perspective. The perspective uses self-efficacy to delve into the layers of the human psyche as it relates to lived experiences.

The literature review on overarching generalized anxiety, HAI, AAI, and ESAs was defined and thoroughly researched. This literature review demonstrated the literature gap for understanding the phenomenon of adults' lived experiences with ESAs for coping with anxiety. This literature review established the foundation for conducting the phenological qualitative investigation of this study.

Literature Search Strategy

A literature search strategy provides descriptive details about the investigator's framework when researching the phenomenon (Randolph, 2009). The following keywords were analyzed for this research topic to improve the understanding of the lived experiences of adults who use ESAs to cope with anxiety: *anxiety*, *psychological distress*, *animal-assisted treatment*, *animal-assisted intervention*, *animal-assisted therapy*,

emotional support animals, *lived experiences*, *trauma*, *PTSD*, *coronavirus (COVID-19)*, and *treatment with animals* (combined with systemic review and literature review).

I accessed databases focused on behavioral health, psychological, social, educational, and medical literature, narrowing my search to a few databases: PsycARTICLES, ERIC, Education Source, MEDLINE, PsycINFO, PsycBOOKS, and Science Citation Index. For example, the Boolean searches of *animal-assisted therapy, anxiety disorders + adults with anxiety + animal-assisted + emotional support animals*; *PTSD +, lived experiences + anxiety + COVID-19*; and other keywords combined within searches yielded many articles. Through searching these five databases, relevant and peer-reviewed articles were identified to produce this literature review's foundational highlights. Peer-reviewed articles for researching this phenomenon had limited availability between the years 2016 and 2021. Some original texts and books published before this 5 year range were consulted, especially relating to the theoretical foundation and HAI.

Theoretical Foundation

The scope of theories applicable to the benefits of ESAs significantly varies, given the brevity and recency of the research on ESAs as therapeutic interventions. In this section, I explore social cognitive theory framed within AAT and grounded within concepts of the situative perspective in educational psychology.

Social Cognitive Theory and Anxiety

Bandura's (1989) social cognitive theory (SCT) was used as the theoretical framework to understand the basis for ESAs as an intervention for adults experiencing anxiety. SCT relies on clinical guidance and support for adults to fully self-regulate their capabilities to address anxiety-related processes (Bandura, 1999). Adults master their ability to overcome inhibitors caused by anxiety that are known as *stressors*. SCT postulates that learning occurs by individuals observing other individuals and is fundamentally rooted in social learning theory (Bandura, 1989). Social learning theory identifies that individuals learn through modeling, imitation, and observation (Bandura et al., 1961). *Modeling* is a technical term attributed to Bandura et al. (1961) that refers to the way in which an individual learns by observing a behavior; it is critical concept in SCT as the basis for development (Schunk, 2012).

As Bandura (1990) explained, the SCT model posits a system of triadic reciprocal causation of an action, interpersonal factor, and environment, so SCT was rebranded from social learning theory. SCT holds that an individual learns a behavior by observation, which causes actions of that person based on cognitive, affective, and environmental events (Bandura, 1990, p. 101). SCT explains why service animals such as ESAs may assist with changing adults' behavioral outcomes (Fine, 2018). The application of SCT has been found to form positive changes in adult behaviors and responses to anxiety-related situations while using service animals (Melco et al., 2020).

The basic premise of SCT is that individuals learn through experiences and observation of others and cognitively processing those observations. The fundamental constructs of SCT synthesize the process of learning, which may then be formulated for counseling interventions (Schunk, 2012). Reinforcement, self-control, and self-efficacy are fundamental to the intervention approach to change the individual's targeted behavior. For example, an adult diagnosed with disabling anxiety has identified the cause of their anxiety relating directly to socializing and being in public (Melco et al., 2020). SCT guides the adult to determine their behavior, set a goal to change their behavior, and observe/experience to change the behavior by increasing self-efficacy.

One key aspect of SCT is self-efficacy. Self-efficacy, or the individual's belief in their own ability to behave or act, is the key to motivation and changing an individual's behavior (Bandura, 1999). Self-efficacy essentially is what the individual believes that they may accomplish through their action. An adult who experiences disabling anxiety may avoid any social events. The adult's self-efficacy baseline determines whether the behaviors may be changed or manipulated through intervention and then remeasured (Bandura, 1990, 1999). Self-efficacy achievement focuses on the performance, goals, tasks, and challenges that individuals experience (Bandura, 1989).

The other key aspect of SCT is self-reinforcement, whereby cognitive and behavioral changes reinforce one another (Bandura, 1989). The principle of self-reinforcement involves the use of positive cognitive processes to respond to a particular behavioral outcome. Adults who experience anxiety may innately process their behavior

(cognition) in a situation that directly relates to stressors. Their behaviors may cause avoidance, distractions, and dissonance to avoid the situation or environmental factors causing anxiety. SCT indicates that the reinforcement of a behavior through cognitive processing will instill a change in the behavior. These changes in behaviors may be a positive or negative confluence of the environment. ESAs may provide an opportunity for helping adults to cope with anxiety by modeling calm and relaxed behaviors within a social environment that promotes positive experiences to reduce anxiety (Melco et al., 2020).

Framework of Animal-Assisted Therapy

SCT provided a basis for the theoretical framework for AAT with foundations in the biophilia hypothesis that humans have an innate interest in animals because they are beneficial to evolutionary survival (Wilson, 1984). The biophilia hypothesis highlights that humans have a genetic propensity to be attracted to or care for other living things. Culture and individual experiences identify the type of response between humans and animals (Wilson, 1984).

SCT's concept of self-efficacy and the biophilia hypothesis's HAI complement each other as a foundation for studying and researching AAT (Charry-Sánchez et al., 2018). AAT is the therapeutic intervention of incorporating domesticated animals into an individual's treatment plan to elicit a change in behavior (Hoagwood et al., 2017). AAT is an evolving area of study because individuals with their respective animals are exposed to many physical, psychological, and environmental factors that make controlled studies

challenging for researchers (Gee, Mueller, et al., 2017). Researchers have suggested that the study of AAT may further understanding in the field of AAI and possibly ESAs, primarily through future qualitative and descriptive studies (Gee, Mueller, et al., 2017; Younggren et al., 2019).

Self-efficacy explains why ESA interventions serve to comfort, motivate, and regulate individuals experiencing significant stress and anxiety (Hofmann et al., 2012; Nimer & Lundahl, 2007). ESAs may help adults learn behaviors through observation, which could be applied to children and adolescents within a school environment (Fine et al., 2019). Research in educational psychology uses SCT to further explain social contexts for how individuals learn behaviors within an educational setting (Turner & Nolen, 2015).

The observation and experience of individuals with animals may help promote positive associations for the individuals to alleviate or cope with anxiety so that they learn and practice desirable behavior. In contrast, the experience of ESAs may assist individuals with a normalized reaction within a social environment. SCT demonstrates a positive experience for helping individuals with anxiety alleviate, adapt to, and cope with perceived stressful environments and situations (Kamioka et al., 2014; Kingdon & Mander, 2015). Researchers have presented a seminal model for assessing ESAs by observing behaviors (Younggren et al., 2019).

A Situative Perspective in Animal-Assisted Therapy

The framework of SCT emphasizes the "social" aspect of learning (Turner & Nolen, 2015). Learning as a process has two fundamental elements: It is social and is tied to a situation or context. This situative perspective of SCT applies to AAT as an intervention because animals provide social support (Fine & Weaver, 2018). The situative perspective identifies self-efficacy as the individual's participation in "social, cultural, and historical contexts or systems" (Turner & Nolen, 2015, p. 168).

The situative perspective of SCT aligns with AAT and related interventions for further understanding the experiences of individuals in this treatment (Beetz, 2017). This perspective has implications for understanding how AAT may help with learning, cognitive functioning, and neurobiological deficits (Schunk, 2012; Tedeschi & Jenkins, 2019). The situative perspective invites the researcher to explore a myriad of factors within the scope of SCT related to individuals' self-efficacy. This study used the situative perspective of SCT as a lens for investigating and unpacking the research phenomenon of adults' lived experiences with ESAs in coping with anxiety.

Literature Review

Human history contains the origins of animal-human bonds recorded from Egyptian hieroglyphics to Roman conquests. The last 20 years of research have focused on theoretical explanations of the therapeutic benefits of animal-human bonds. Medicine and psychology have been the two primary fields in which researchers have tested and analyzed HAIs methodologically. AAI, a subset of HAI, has voluminous research within

these disciplines as a successful therapeutic intervention (Fine & Weaver, 2018). Researchers have investigated how AAI may successfully be used to treat anxiety, posttraumatic stress disorder (PTSD), and other psychosocial-behavioral alignments (Bert et al., 2016; Mims & Waddell, 2016; O'Haire et al., 2015; Schuck et al., 2018; Stefanini et al., 2016). ESAs are a subset of AAI and have less research attesting to their effectiveness as an intervention (Fine & Weaver, 2018; Younggren et al., 2019).

Gap in the Literature

Generalized Anxiety in Adults in the United States

Anxiety as a clinical disorder affects nearly 40 million adults in the United States (Cassiday, 2017). Generalized anxiety has been classified as a disorder, known as GAD, with three specific criteria: Worrying has been present for at least 6 months; the experience of worrying is challenging for the individual to control; and at least three physical or cognitive symptoms are present, such as restlessness, fatigue, impaired concentration, irritability, difficulty sleeping, and an increase in muscle aches (American Psychiatric Association, 2013). Generalized anxiety in adults in the United States has been the focus of research because anxiety has an array of comorbidity and prevalence within varying disorders (Bandelow & Michaelis, 2015). Generalized anxiety has been characterized as excessive and persistent worry that individuals commonly experience daily (Cuijpers et al., 2014; Goetter et al., 2020).

Pharmacological Interventions for Anxiety Symptoms

Pharmacological treatment for anxiety consists of three types of medication: benzodiazepines, selective serotonin reuptake inhibitors (SSRIs), and buspirone (Bui et al., 2019; Garakani et al., 2020). Benzodiazepines, commonly known as *tranquilizers*, are the most widely prescribed medication for anxiety and include Xanax, Valium, and Klonopin (Tibrewal et al., 2021). These medications provide quick relief from anxiety symptoms. However, they are highly addictive and are not typically used for long-term treatment of anxiety, significantly because they can worsen experiences of depression and increase suicidal ideation (Seeberg et al., 2021; Slee et al., 2019). In addition, immediate withdrawal from benzodiazepines causes severe mental and physical symptoms, such as depression, heart palpitations, and seizures.

SSRIs have been an alternative to treating anxiety instead of benzodiazepines because the medication is not as addictive (Gosmann et al., 2021). SSRIs are used to treat symptoms of depression but are effective for treating anxiety as well (Garakani et al., 2020). Prozac, Zoloft, and Lexapro are a few of the SSRIs prescribed to treat GAD (Cook et al., 2020; Gosmann et al., 2021). However, SSRIs take days and weeks before they begin to relieve symptoms. In addition, abrupt withdrawal from SSRIs creates experiences of extreme depression, anxiety, and fatigue that may increase the risk of suicide (Jakubovski et al., 2019).

The third most prescribed medicine to treat anxiety is buspirone or a beta-blocker. Buspirone has the combined effects of mild sedation, like benzodiazepines, and the

increase of serotonin, like SSRIs (Thom et al., 2020). Buspirone takes effect in about 2 weeks but does lose its effectiveness over time. Buspirone does not have the same addictive concern as SSRIs and benzodiazepines because withdrawal effects are minimal (Garakani et al., 2020; Thom et al., 2020). Treating anxiety symptoms has been most effective when clinicians combine an intervention of both medication and therapy (Cuijpers et al., 2014; Goetter et al., 2020; Seeberg et al., 2021). The treatment type of interventions varies and comes at an array of costs for the kind of intervention (Cassiday, 2017; Cuijpers et al., 2014). Research has shown conflicting results for the exact type of treatment intervention that works best for anxiety (Cuijpers et al., 2014; Mohlman, 2013).

Researchers have found that emotional support animals alleviate anxiety symptoms when prescribed under specified guidance (Hoy-Gerlach et al., 2019; Yamamoto & Hart, 2019). One meta-analysis of 41 studies identified psychological treatment for GAD is CBT as a control group to indicate CBT's effectiveness with other treatments, like AAI, for both short- and long-term effects (Cuijpers et al., 2014). Using animals to treat anxiety will be addressed in the next section of this literature review.

Coronavirus Impact on Anxiety

As of August 2021, it has been generally accepted that the pandemic caused an increase in anxiety, stress, and fear in the global population. The initial stage of the coronavirus pandemic beginning in 2019 (COVID-19) significantly impacted individuals' experiences of anxiety and traumatic experiences by a systematic increase of 40% as indicated by over 2,000 adults in a cross-sectional online survey (Nelson et al., 2020).

Peer-reviewed, published research on the impact of COVID-19 and anxiety was nearly nonexistent at the time of this literature review, especially in relation to using ESAs to treat COVID-19-related anxiety (Hunjan & Reddy, 2020).

Researchers have reported sharing data sets to further link the increases in mental health impairments of adults to the experience of COVID-19, especially resulting in high levels of anxiety and depression experienced during the pandemic (Abbott, 2021). The increase in experiences of anxiety during the COVID-19 pandemic provides a caveat to pre-COVID-19 research. One study conducted during the time of COVID-19 consisted of surveying nearly 300 participants from Canada and the United States who used ESAs for treating GAD, and the researchers reported that all participants had an increased feeling of security and increase of motivation once they began their treatment with ESAs (Canady, 2020).

More research relating to adults' experiences of anxiety as a result of one year of the COVID-19 pandemic have provided more insights into the impact of this phenomenon (Bendau et al., 2021; Fu et al., 2021; Shoesmith et al., 2021; Smith et al., 2021). One longitudinal study of 2,376 participants observed four different times of online data collection from a survey (Bendau et al., 2021). The researchers found that psychological stressors, especially anxiety, continued to increase during the first 6 months of COVID-19 pandemic. Another peer-reviewed study corroborated the findings from Bendau et al. (2021) that anxiety had exponentially risen during the first 3 months of the COVID-19 pandemic (Fu et al., 2021). However, their preliminary findings of past

6 months showed that anxiety was decreasing after exponentially spiking during the first 3 months of the pandemic.

To help cope with anxiety during the COVID-19 pandemic, Shoesmith et al. (2021) examined data from a cross-sectional, qualitative study for 5,926 participants to describe their experiences of HAI during the COVID-19 lockdown phase. The researchers reported that HAI with ESAs yielded a positive impact on the psychological wellbeing of the participants and their experience of anxiety were less than those participants without ESAs (Shoesmith et al., 2021).

Human-Animal Interaction and Bonds

About 65% of the United States' adult population owns a pet (Gee, Mueller, et al., 2017). The use of pets in the therapeutic setting to improve and treat psychological disorders has significantly increased in the last 10 years by 40%, according to a web-based survey of over 25,000 participants (Fine, 2018). Research has examined the therapeutic benefits of humans and animals interacting, known as human-animal interaction (Fine & Weaver, 2018; Gee, Griffin, et al., 2017; Linden, 2018). The preponderance of research has shown that HAI among adults in the United States decreased anxiety and increased overall quality of life (Gee, Mueller, et al., 2017; Linden, 2018).

This research of HAI has raised speculation based on researcher biases, especially methodological validity and reliability (Fine & Weaver, 2018). HAI has not been commonly accepted as a therapeutic practice since HAI lacks rigorous guidelines (Fine &

Weaver, 2018; Gee, Mueller, et al., 2017). A human interacting with a pet may show therapeutic benefits that are not empirically controlled or examined through double-blinded inquiry (Brooks et al., 2016; Fine & Weaver, 2018). One study analyzed semistructured interviews of 54 adult participants diagnosed with mental health issues through the qualitative method (Brooks et al., 2016). The researchers identified the lack of research within this field, especially exploring pets' role in the social network of individuals with mental health issues (Brooks et al., 2018). Yet, the research poses an insight into how ESA intervention may be approached through qualitative investigation.

Measuring HAI's empirical effectiveness has perplexed scientists until neurological factors were made available (Gee et al., 2016). Researchers have examined neural reactions to HAI and the duration of exposure to determine if the individual is making genuine bonds. The researchers compared human to human interactions with HAI while using functional magnetic resonance imaging (fMRI) to measuring neural activity. Gee et al. (2016) found through mixed-method analysis that the comparisons of the two groups from the fMRI showed similar patterns of bonding between human to human and HAI, indicating that individuals' bond with animals through interactions just like those individuals do with humans. These interactions identified by the researchers typically occur through pet ownership. The researchers noted that the qualitative method is preferred to identify the unexplored pet ownership areas and individual perceptions (Gee, Griffin, et al., 2017). The researchers utilized mixed methods but discussed that using the qualitative method would have provided more empirical depth to the phenomena.

Researchers have demonstrated that pet ownership has many health benefits to individuals, like decreased cardiovascular risk by lowering blood pressure and even reducing experienced anxiety episodes (Fine & Weaver, 2018; Kramer et al., 2019). The increase in the use of pets has led to an increase in animals' use for treatment (Gee, Mueller, et al., 2017). Researchers began using pets to treat trauma, mental illness, and attachment issues by comparing client experiences and therapy with engagement with a pet and concluded that those clients with pets had better treatment outcomes than those without a pet (Langston, 2019). The clinical process of using HAI for treatment is a therapy known as animal-assisted intervention (Linden, 2018).

Animal-Assisted Intervention and Therapy

Animals began to be formally used in therapy around the 1960s, with novel clinicians integrating pet-facilitated treatment into their practices traditionally for treating symptoms of loneliness (Kent, 2016). The integration of animals in therapy became known as animal-assisted intervention , defined as the interaction between a person and an animal within a therapeutic setting. AAI has been empirically understood to be an effective intervention for individuals to treat anxiety and enhance cognitive processes and learning (Hu et al., 2018; Lundqvist et al., 2017; McCune et al., 2017). Researchers found that animals used for intervention were useful in therapy as agents of socialization of individuals experiencing anxiety (Hediger et al., 2019; Wood et al., 2015).

Individuals being treated with AAI experienced increases in their ability to relax and mostly socialize, attributed to the emotional attachment (Blazina & Kogan, 2019).

Researchers have continually tried to capture this notion of emotional attachment or the HAI bond with varying successes (Martens et al., 2016; Nagasawa et al., 2015). The use of AAI has been widely debated among clinicians who practice traditional standards in therapy versus other clinicians who incorporate AAI in their treatment (Holttum, 2018; International Association of Human-Animal Interaction Organizations, 2019).

AAI has served as a buffer to ameliorate chronic stress's deleterious effects, known as socially lubricating effects (Yamamoto & Hart, 2019). A meta-analysis of AAI and its impact on anxiety and depressive symptoms found that animals provided empathy, fostered connections, and empowered self-efficacy among the 200 plus studies (Waite et al., 2018). AAI seems to provide psychological support and comfort to help cope with anxiety, traumatic experiences, and chronic health conditions (Brown et al., 2014; Waite et al., 2018). It can be rationally justified that AAI may be used as a mental health intervention in therapy.

Researchers have attempted to create measures to capture AAI's effectiveness in therapy, like Brown et al. (2014). They made the Measurement of Pet Intervention (MOPI) to measure several treatment factors such as motivation, attention span, and socialization. These attempts for capturing the effectiveness of AAI have been challenging to reproduce the research since the conditions were quite variable during different attempts (Fine & Weaver, 2018). Rigorous methods and systemic procedures for measuring and collecting this data have been inconsistent, challenging how clinicians choose to integrate AAI (Serpell et al., 2017; Stapleton, 2016).

AAI has frequently been used in educational environments by researchers. The effectiveness of AAI on student mood and anxiety measured several assessments for anxiety during pretest and posttest assessments (Grajfoner et al., 2017). The researchers found that AAI improved the students' performance with the 30 minutes of exposure to a dog versus a group of students with no exposure. Other researchers further measured blood pressure and other metabolic factors and found that exposure to AAI decreased blood pressure, improved student mood, and decreased experiences of anxiety (Beetz, 2017; Beetz & McCardle, 2017; Charry-Sánchez et al., 2018; Gee et al., 2016).

Serpell et al. (2017) highlighted the current challenges to AAI as a body of empirical research for functionality among varying populations. They concluded that scientific evidence of the effectiveness of AAI remains “inconclusive” (p. 223). Researchers noted that AAI studies must pass through methodological rigor, especially relating to theoretical foundations and accurate experimental designs (Kruger & Serpell, 2010; Serpell et al., 2017). If AAI has presented significant challenges to researchers, then emotional support animals (ESAs), a contemporary AAI intervention, may pose even more challenges within the literature gap.

ESAs within the framework of animal-assisted intervention may provide a useful intervention to support adults diagnosed with anxiety disorders by ameliorating symptoms of anxiety and improving functionality (Waite et al., 2018). Little research has been conducted on emotional support animals as AAI to treat adults with anxiety disorders and an alternative to improve learning in adults (Younggren et al., 2016).

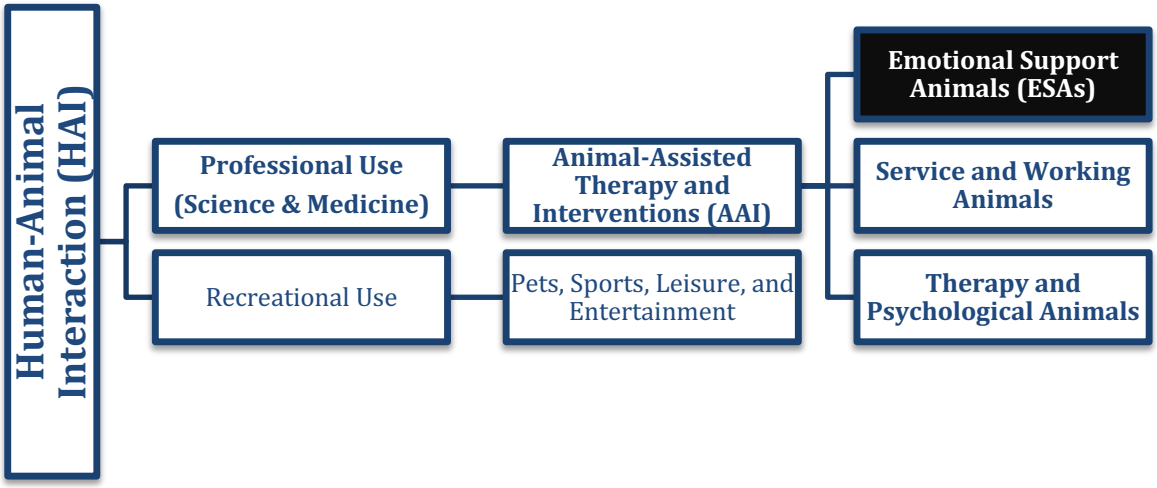
Furthermore, little guidance has been provided to psychologists and mental healthcare providers for utilizing ESAs as an intervention for a treatment plan (Fine & Weaver, 2018).

Emotional Support Animal Interventions

Information about adults' lived experiences using ESAs to cope with anxiety has been scarce within research (Hoy-Gerlach et al., 2019). The novel term *emotional support animal* (ESA) refers to a phenomenon of psychological treatment within the AAI framework (Fine & Weaver, 2018). The notion of ESA within the scope of study in psychology is quite contemporary within the past five years. Information on adults' lived experiences using ESAs to cope with anxiety has been scarce within the research. Figure 1 provides an overview of the hierarchical schematic of how ESAs are framed within the umbrella of human-animal interaction as a specific professional, animal-assisted intervention.

Figure 1

Hierarchy of Human-Animal Interaction



Note. Adapted from "A Brief History of Human-Animal Interaction and the Use of Animals in Society," by H. E. Kent, 2016 (https://hannahsanimals.wordpress.com/2016/11/06/a-brief-history-of-human-animal-interaction-and-the-use-of-animals-in-society/). In the public domain.

The scarcity of research on ESA intervention and its effectiveness provides an opportunity to further explore this type of AAI intervention by using the qualitative method (Becraft, 2016; Gee, Mueller, et al., 2017; Serpell et al., 2017). One study of ten semistructured interviews revealed 22 common themes among the participants' with ESAs described as calming and comforting as a type of intervention (Becraft, 2016).

Mental health providers often "prescribe" an ESA for various treatment scenarios, like promoting socialization strategies, coping with anxiety, or overcoming a traumatic event. The individual utilizing an ESA is entitled to multiple legal protections and

accommodations for housing within the United States. The Fair Housing Act entitled individuals to have a reasonable accommodation of an ESA within their residences despite anti-pet policy rules the landlord or property may enforce (USHUD, 2020). The individual prescribed an ESA is understood to have a mental health disability outlined in the Fair Housing Act's statute (USHUD, 2020). For traveling, the Airline Access Carrier Access Act protects individuals from traveling with their ESA without discrimination or paying pet-related fees for travel on any airline within the United States. The amended law excluded protections to individuals with ESAs (USDOT, 2020).

The prescriptions of ESAs had increased between 150-300% each year between 2014 and 2019 depending on the varying research reports (Boness et al., 2017; Hoy-Gerlach et al., 2019; Younggren et al., 2016). The rate for prescribing ESAs among clinicians has been increasing year over year within the last decade. This prescribing of ESAs has lacked professional guidance from national associations, governments, and standards of practices (Fine, 2018). ESAs have been increasing as an intervention within educational settings and treating posttraumatic stress disorder (PTSD). Yet, a gap within the research exists for the phenomenon of adults' lived experiences using ESAs to cope with stress despite the current research efforts in other areas of interest for further understanding ESAs as an intervention (Crossman, 2017).

Educational Settings

Individuals have demonstrated increases in anxiety and stress experiences within educational settings (Giuliani & Jacquemettaz, 2017). The anxiety within educational

settings has been experienced throughout the human lifespan from children through adults (Bert et al., 2016; Putz, 2014). Anxiety has been linked to inhibiting learning for individuals and treated by interventions, like social cognitive therapy and psychopharmacology (Cassiday, 2017; Kingdon & Mander, 2015). Some researchers explored whether the animal-assisted intervention could act as a treatment for alleviating anxiety within an educational setting (Brelsford et al., 2017).

Von Bergen (2015), a leader in animal-assisted intervention research, focused on the difference between service animals, including ESAs, and guide dogs to highlight the phenomenon and complexity of ESAs within colleges and universities. The study concluded that participants with ESAs outperformed participants without ESAs on a given assessment within a college classroom (Von Bergen, 2015). The researcher indicated that more research is still necessary to identify the effectiveness of ESAs within an educational setting.

Another study investigated the use of dogs as an intervention to assist 152 children with special needs to read (Fung, 2017). This study utilized qualitative analysis and found that when dogs are present, children experienced better dialogical reading and that the dogs promoted an environment more conducive to learning (Fung, 2017). This study has limitations and does not fall within the scope of ESA intervention. Still, its results align with another study utilizing ESAs as part of an intervention to assess reading skills (Beetz & McCardle, 2017). The participants with ESAs had higher verbal skill

scores and retention of content than those without an ESA intervention (Beetz & McCardle, 2017).

ESAs as animal intervention may enhance cognitive processes to improve learning experiences among individuals (Grajfoner et al., 2017; Von Bergen, 2015; Younggren et al., 2016). One systematic review of 21 peer-reviewed journals and 25 scholarly papers concluded that the inclusion of ESAs as an intervention within an educational setting seems promising. However, more conclusive research will be necessary (Brelsford et al., 2017). A mixed methods study explored the parenting behaviors of adult students with ESAs versus those without ESAs and reported that students with ESAs could help provide interventions and assessments to those students without ESAs (Smith et al., 2021). Perceptions of utilizing ESAs as an intervention are positive and accepting among students and faculty on school campuses throughout the U.S. (Giuliani & Jacquemettaz, 2017; Goodman-Wilson & Highfill, 2019; Kogan et al., 2016; Smith et al., 2021). The literature gap indicates that ESAs as an AAI must still be explored to understand further how effective ESAs are to treat anxiety-related orders and improve adults' learning performance.

Clinical Settings and Uses of ESAs

Researchers were also interested in ESA interventions for adults and adolescents within a clinical setting or mental healthcare practice (Jones et al., 2019; Lundqvist et al., 2017). The healthcare industry had previously criticized the use of ESAs within a clinical setting since the effectiveness of the research results have been inconclusive (Lundqvist

et al., 2017; Nimer & Lundahl, 2007). However, more recently, researchers have been reporting positive and effective results for the use of ESAs within a clinical setting, especially among adult and adolescent participants (Blazina & Kogan, 2019; Wood et al., 2015; Yamamoto & Hart, 2019)

ESA interventions within a clinical setting have either been the use of animals within the clinic's office under the direct supervision of the mental healthcare provider or the animal's use in the individual's natural environment under indirect supervision (Younggren et al., 2016). The use of an ESA within a clinical setting only has also been referred to as a therapy animal (Boness et al., 2017). One study sampled 87 clinical and forensic practitioners to determine if any utilized ESAs and how effective the ESAs were as an intervention for their clients (Boness et al., 2017). The researcher used the qualitative method of a written description for investigating perspectives about the phenomena and commented that the qualitative approach is ideal for exploring less studied and less substantiated research for utilizing ESAs as an intervention (Boness et al., 2017). Yet, a gap within the literature exists with the indirect supervision using therapy animals as an intervention (Younggren et al., 2016).

Researchers have warned the use of ESAs with indirect supervision for treatment must have a set of guidelines and evaluations for measuring the effectiveness of the therapy (Boness et al., 2017; Yamamoto & Hart, 2019). Younggren et al. (2019) revolutionized the gap in measuring the effectiveness of ESAs as clinical intervention by introducing standards for a comprehensive evaluation that also examines any adverse

impact on the animal itself. Researchers have not yet addressed a formalized assessment of ESA intervention at the time of this publication despite the new standards for evaluating effectiveness within a clinical setting (Hoy-Gerlach et al., 2019; Younggren et al., 2019). The guidelines for measuring effectiveness within a clinical setting have become crucial since clinicians have been using this intervention for treatments involving anxiety, PTSD, and other psychosocial alignments (King, 2020).

PTSD With ESAs

Animal-assisted intervention to treat PTSD has been utilized since the 1990s (O'Haire et al., 2015). Research on ESAs as a type of animal-assisted intervention for PTSD has spiked since its inception around 2015 (Parenti, 2019). While PTSD is not categorized as an anxiety disorder in the *DSM-5*, the research on PTSD and AAI is robust and provides much insight into how to correlate findings with anxiety symptoms (American Psychiatric Association, 2013; Rodriguez et al., 2020). Researchers have been particularly interested in identifying ESA intervention's effectiveness among veterans since this vulnerable population has an overwhelming need for alternative treatment interventions (Mims & Waddell, 2016).

Researchers often utilize qualitative inquiry as a preferred method to understand the phenomenon of PTSD experienced, especially among veterans (Krause-Parello & Morales, 2018; Rodriguez et al., 2020). One study of 21 semistructured interviews used qualitative analysis to identify four significant themes among veterans treated with service dogs for PTSD (Krause-Parello & Morales, 2018). The researchers found that the

dogs promoted psychological health and promoted the participant's independence in a social setting.

Another study analyzed service dog intervention for PTSD experienced by 83 veterans through a mixed method of surveys and structured interviews (Rodriguez et al., 2020). The analysis yielded security, comfort, and positivity themes as the service dogs assisted the veterans in coping with their PTSD. While both studies involved service dogs and veterans with PTSD, they could be replicated for adults or veterans experiencing anxiety and are using ESAs as their intervention (Krause-Parello & Morales, 2018; Rodriguez et al., 2020). For instance, Mims and Waddell (2016) studied the effects of ESAs on veterans and other individuals that survived traumatic events. They reported beneficial effects for lowering episodes of anxiety and diminished experiences of depression and loneliness.

Researchers have commonly remarked that PTSD must be treated through a regime of exploring different types of interventions to meet the various exposures and varying degrees of traumatic experiences (O'Haire & Rodriguez, 2018; Waite et al., 2018). PTSD has commonly been attributed to experiences of anxiety, which makes studies of PTSD utilizing animal-assisted intervention essential to consider for this research (Tedeschi & Jenkins, 2019). In another qualitative study, researchers examined three focus groups of veteran participants that were court-ordered to train service dogs (Crowe et al., 2020). The study found several themes among all three groups, including a decreased sense of isolation, improved self-regulation, and reconnection or reintegration

with civilian life (Crowe et al., 2020). While this intervention type involves service dogs' training, the research method and analysis may undoubtedly be useful if applied to researching ESA intervention.

Treating PTSD has continued to be necessary to fully understand the psychodynamic impact, including considering further alternative interventions involving therapeutic animals (Kar, 2011). The research on the effectiveness of the use of interventions involving animals has been limited with the use of ESAs as a type of intervention (Parenti, 2019; Tedeschi & Jenkins, 2019). AAI is commonly used to treat PTSD, but more empirical research is needed to explore the impact of ESA intervention (Mims & Waddell, 2016). ESA intervention has the potential for researchers to explore its effectiveness by comparing ESA intervention research results with AAI (Canady, 2020; Rodriguez et al., 2020; Tedeschi & Jenkins, 2019).

Other Known Effects of ESAs

Research has explored myriad effects that ESA intervention has on treating other disorders, such as attention-deficit hyperactivity disorder (ADHD) and social disorders (Melco et al., 2020; Muela et al., 2017). ESA intervention has been used to treat adolescents' behavioral issues and yield positive effects to measure how they adjusted and adapted to a residential environment (Muela et al., 2017). Researchers have reported that ESA interventions promoted psychosocial learning and decreased anxiety among youth when incorporated with ongoing treatment more so than participants that maintained a routine treatment without the ESA intervention.

Measuring outcomes of self-esteem have been reported by researchers when studying the effectiveness of ESAs and treating social and learning disorders (Schuck et al., 2018; Wood et al., 2015). These researchers have indicated the need further to understand the effectiveness and experiences of these young participants. One study utilized a qualitative method through telephonic interviews to identify themes of an individual's experiences as a pet owner (Wood et al., 2015). This study does not explicitly use ESAs as agents of intervention, again a limitation in this research area, but the investigators noted that social-cultural backgrounds did not seem to make a difference on the collective themes of social support and friendship formation (Wood et al., 2015). Other populations have been encouraged to be studied for ESA intervention's effects and experiences, like adults and, specifically, older adults (McCune et al., 2017).

Researchers have indicated a further need for cross-disciplinary studies to further explore ESA's effectiveness as an intervention type (Pendry & Vandagriff, 2019). Neuroscience, medicine, and sociology have been recognized as a few disciplines identified to conduct these studies. For example, cortisol levels, or the hormone produced in the body when stress is experienced, is regulated based on the intensity of a stressor (Pendry & Vandagriff, 2019). The effects of anxiety can be measured through cortisol levels as a biomarker for assessing anxiety with levels of cortisol directly correlated with anxiety (LeMoult et al., 2020). Measuring cortisol levels is significant for further exploring the impact ESAs have on anxiety, as reported in a randomized study between psychologists and medical doctors (Pendry & Vandagriff, 2019).

Another example researchers have shown involved older adults in nursing homes utilizing ESAs during direct supervision by a clinician where residents self-reported their feelings and effects based on their experience (Kårefjärd & Nordgren, 2019). The participants reported an increase in the quality of life after being exposed to ESA intervention over months. Other researchers have explored the dynamic of ESA intervention among older adults in nursing homes and yielded similar results that participants reported fewer experiences of depression and improved moods (Lundqvist et al., 2017; Schuurmans et al., 2016). At the time of this publication, more research has been reported involving the effectiveness of ESA intervention on patients with dementia, on patients in substance-abuse programs, on victims of domestic violence, and on expecting parents (Dell, 2015; Hu et al., 2018; Kårefjärd & Nordgren, 2019; Parenti, 2019). The results of these studies each demonstrated a versatile application of ESA intervention.

Summary and Conclusions

Current literature does not demonstrate a full understanding of how the lived experiences of adults utilizing ESAs cope with anxiety (Brooks et al., 2018; Fine et al., 2019; O'Haire & Rodriguez, 2018; Younggren et al., 2016). This chapter began with the literature search strategy and detailed the theoretical framework of social cognitive theory for exploring human-animal interactions (HAI) through a situative perspective. An exhaustive review of the literature was presented on HAI's scope as the umbrella for

professional, animal-assisted intervention. The complexity of measuring this intervention had been addressed relating to ESAs as a type of intervention.

ESAs as a clinical intervention is novel within current research. An array of research showed that ESA intervention has a consistency of yielding positive outcomes in the vast majority of studies. The literature gap revealed that the adults and their lived experiences should be further studied using ESAs as a therapeutic approach to treating anxiety. This literature review established the methodological basis of this study. The next chapter details the research method used to explore adults' phenomenon of other lived experiences with ESAs coping with anxiety.

Chapter 3: Research Method

Introduction

The purpose of this study was to address the gap in the literature concerning the lived experiences of adults who use ESAs to cope with anxiety. This study used a qualitative descriptive phenomenological paradigm to document the subjective lived experiences of adults who used ESAs for coping with anxiety. I used written annotations within a journal for bracketing potential biases (Tufford & Newman, 2012). This study involved phenomenological insights into the lived experiences of the participants.

This chapter details the research design and rationale, my role as the researcher, the logic for selecting participants, and the instrumentation and procedures for data collection. Data analysis, issues of trustworthiness, and ethical considerations are included, along with a summary of this chapter. Each section of this methodology directly connects to the research question.

Research Design and Rationale

Phenomenology with descriptive inquiry identifies individuals' lived experiences (Babchuk, 2017; Giorgi & Giorgi, 2003). Descriptive inquiry allows me to investigate a specific phenomenon of interest with minimal researcher bias (Tuffour, 2017). The lived experiences of adults who use ESAs to cope with anxiety was the phenomenological focus of this study. I asked the foremost question for this study, "What are the lived experiences of adults who use emotional support animals to cope with anxiety?"

Descriptive phenomenology was chosen for the research design because this qualitative approach requires the researcher to remove personal views, judgments, or preconceived conceptual biases (Giorgi & Giorgi, 2003). The process for removing the researcher's personal preference is known as *bracketing*, or the intentional and deliberate approach to address research bias (Giorgi & Giorgi, 2003; Groenewald, 2004; Tufford & Newman, 2012). Descriptive phenomenology frames the study within an unbiased description of the raw data collected (Groenewald, 2004). This study used this methodology to analyze scripts taken from the participants' answers during their interviews and only examine their lived experiences without researcher bias or interpretation of meaning.

Descriptive phenomenology is synonymous with transcendental phenomenology based on the use by the researcher's choice (Giorgi & Giorgi, 2003). This study's methodological goal involved collecting data from participants through interviews that were transcribed to text in order to analyze their lived experiences' phenom. This descriptive approach focuses on how the lived experiences are described and explained within the participants' actual words without the researcher's inference of meaning. This approach aligned with this study to further investigate any significant statements from the participants to determine additional meaning units or themes to answer the research question (Sundler et al., 2019).

Role of the Researcher

My role as the researcher in this study was that of the primary investigator of the data (Groenewald, 2004). I conducted semistructured interviews of the participants following a scripted questionnaire created by me (see Appendix A). I transcribed and coded the data collected from the interviews, adhering to qualitative thematic analysis for the descriptive phenomenological method (Giorgi & Giorgi, 2003; Groenewald, 2004; Sundler et al., 2019). Bracketing researcher biases was conducted before the interviews to minimize inserting preconceptions or any bias during the interview and analysis (Tufford & Newman, 2012). The bracketing process allowed me to self-reflect on individual beliefs about the research phenomena (Giorgi & Giorgi, 2003). The entire bracketing and self-reflecting process captured any research bias and promoted the opportunity to deliver a purely descriptive analysis of the phenomenon.

Methodology

Participant Selection Logic

I used purposeful-criterion sampling of participants representing different age groups for adulthood who met the predetermined criteria. The intended participant pool was patients at a national clinic who had participated in treatment for coping with anxiety by using an ESA. The clinic specializes in treating adults with anxiety disorders and other anxiety-related issues and facilitated the research by identifying and providing access to the clients.

Purposeful-criterion sampling involves selecting participants of interest within predetermined criteria necessary to collect data on the phenomenon (Antoniadou, 2017; Babchuk, 2017). This study's sample criterion included adults aged 18 years or older who had undergone treatment for coping with anxiety involving an ESA. I was only proficient in the English language, so participants were selected based on their ability to converse in English.

The purposeful-criterion sampling used the following predetermined criteria for selecting participants in the study:

1. They must be a legal adult 18 years of age or older;
2. They must be able to communicate in English fluently;
3. They must reside in the United States;
4. They must have a history of experiences consisting of symptoms of anxiety as defined for GAD;
5. They must have undergone at least 6 months of ESA intervention for coping with anxiety at the clinic; and
6. They must agree to provide honest and accurate answers to the interview questions.

Participants were selected based on official records from the clinic to verify the appropriate age, diagnosis, and duration of intervention. The participating clinic provided access to identified clients. An authorized employee emailed potential clients who met the aforementioned criteria. An introduction flyer and outline of the study were included

in the email to the identified set of potential participants (see Appendix B). The flyer invited potential participants to show interest in the study by replying to a designated email. I identified potential participants and emailed consent forms prior to scheduling the interview. The potential participants attested to their ability to fully communicate in English and provide honest answers during the interviewing process by reviewing the consent form and replying to the email.

Descriptive phenomenological sample sizes vary based on the phenomenon of interest (Giorgi & Giorgi, 2003). Groenewald (2004) indicated that strong sample sizing for interviews consisting of five to 12 participants should yield enough data to reach saturation of the data for the phenomenon. This study's sample size was eight participants based on the purposeful-criterion reference sampling that the participating clinic used to email the potential participants. The sample size of eight was determined once saturation of the data had been achieved. A larger or smaller sample size was not necessary because I collected the data and obtained redundancy and saturation with eight participants. This sample size exceeded the minimum target size of five participants for phenomenological analysis representing adults in the United States (Groenewald, 2004).

Instrumentation

A descriptive phenomenological method often uses the researcher as the research instrument (Giorgi & Giorgi, 2003). I conducted interviews for this study. I was the instrument for these semistructured qualitative interviews, which is why the bracketing process was critically important to identify researcher biases (Groenewald, 2004).

Maintaining empirical integrity throughout the interviewing process was essential for meaningful data collection. Therefore, the interview script and questionnaire kept me on target as an instrument for collecting the data (see Appendix A).

All of the interviews were telephonically conducted and recorded for transcribing data after the interview. The questionnaire established enough guidance for the instrument to collect data to understand the phenomena further. The phenomenological analysis used computer-assisted software to transcribe and analyze the data.

Procedures for Recruitment, Participation, and Data Collection

This study used only one instrument for data collection: the researcher. The data collected were used to analyze the phenomenon and answer the research question. I employed specific recruitment procedures to begin collecting these data. Each participant was identified by conducting a database query within the clinic's patient records. The query was filtered for age, English as a primary language for communication, anxiety symptoms relating to GAD, and having completed 6 months of treatment.

The compiled list was divided into the four regions determined by the U.S. Census Bureau (2017): Northeast, Midwest, South, and West regions. Potential participants were then selected from the list and contacted by me by telephone to determine their interest in participating in the study. The target of at least seven participants was obtained with at least two participants per region.

The interviews were conducted within a secured and quiet room within my home office in Washington, DC. To prevent researcher fatigue and account for scheduling

conflicts, no more than two interviews were conducted within a single day. I adhered to the IRB's interviewing principles throughout this study, especially the interviewing process.

Each participant was scheduled for approximately 1 hour of interviewing time, even though each interview lasted between 25 and 35 minutes based on the interviewing script and questionnaire (see Appendix A). The interviews were concluded with a brief explanation of the next steps of the research process, including analyzing the research data. Interviewees were reminded of the confidentiality of their participation in the study. Each participant received a follow-up email communication thanking them for participation in the study and providing contact information for any further questions or if they would like to request a copy of the results of the study. This email also included the Participation and Resource Guide Following the Interview, which provided resources and guidance if the participant requested or needed any additional support (see Appendix C).

The telephonic data collection used a secure landline phone connected to an electronic audio recorder. The collected data on the audio recorder were examined immediately following the interview. These data were securely transferred to an encrypted hard drive without WIFI or ethernet connectivity to ensure the data's privacy. The data collected on the audio recorder served as a duplicated copy to preserve the data. The data were transcribed from the audio to a secured computer. The audio recorder, computer, and hard drive were stored within a locked filing cabinet when the data were not being used or analyzed.

Data Analysis Plan

I collected the data through the interviewing process. The data were captured through the electronic audio recorder. I transferred the data to a secure hard drive, adhering to the procedures mentioned earlier. I used a technique of provisional coding to code the data. Provisional coding is a framework created by a researcher in preparation for a study (Saldaña, 2012). Each participant was assigned a three-digit number for this interview to provide a first-tier code for the interview responses and data collection. Provisional coding permits flexibility and opportunity for modification or expansion during data analysis (Saldaña, 2012). Therefore, the interviewee's identity remains protected from the dataset for each interview.

This phenomenological analysis used computer-assisted qualitative data analysis software (CAQDAS) as a beneficial and reliable way to conduct the analysis (Antoniadou, 2017). The CAQDAS software used was NVivo (released in 2021) by QSR International Pty Ltd. (2021) to assist with conducting a quality phenomenological review and analysis of the data. Researchers commonly use CAQDAS for data analysis, noting the benefits of conducting thematic and complex analyses within voluminous data (Antoniadou, 2017).

Quality check benchmarks were implemented throughout the research to address discrepancies. One benchmark examined the data collected following the interview by listening to the audio recording to ensure clarity. The CAQDAS software assisted with

transcribing the interviews. The transcribed scripts were reviewed while I listened to the electronic audio recording to ensure accuracy and corrections to the interviewing script.

Issues of Trustworthiness

Internal Reliability and Validity

Rigor and quality control in a qualitative study are central to establishing the study's empirical fortitude (Giorgi & Giorgi, 2003; Porter, 2007). The need for trustworthiness in a descriptive qualitative study mandates that the researcher conduct a process to address validity, transferability, and reliability (Giorgi & Giorgi, 2003). This study used techniques to address researcher bias, eliminate generalizations about the phenomenon, and ensure that qualitative validity and reliability were addressed.

Credibility

The internal validity of a study is known as credibility (Giorgi & Giorgi, 2003; Groenewald, 2004; Sundler et al., 2019). This study's credibility was examined by determining the research question's appropriateness for the desired outcome of further understanding the phenomenon. Credibility was developed and established for my procedures and methods for approval by the IRB. The participants' selection adhered to the purposeful-criterion and ensured that all criteria were met to yield a robust sampling of the adult population.

The data collected underwent member checks or follow up with the participants to review and attest to transcribed interview. Member checking assured that each participant in the study validated their statements of their lived experiences (Giorgi & Giorgi, 2003).

I used this process to ensure internal validity as each participant verified their answers to the interview questions. The follow-up with each participant was estimated to last approximately 30 minutes to review the transcribed interview thoroughly.

Transferability

Transferability provides specific information detailing the setting of the interview, climate, perceived attitudes of the participants, and any reactions, such as crying, in order to gain a full picture of the phenomenon (Giorgi & Giorgi, 2003; Groenewald, 2004). Transferability is another component that supports trustworthiness by referring to how the research may be transferred or interpreted within other contexts by the reader of the study (Sundler et al., 2019). This study examined ESAs, which may trigger readers to conduct similar research within their interest or discipline area. This study provided a thick description of the methods, procedures, and participant selection.

Dependability

A qualitative study's crux of reliability is dependability (Giorgi & Giorgi, 2003; Groenewald, 2004; Sundler et al., 2019). Dependability promotes the research findings to be consistent and repeatable. My memo writing, procedural process, and transcribed interview data have been made available for an audit trail. The audit trail was documented to ensure that each procedure, decision, and outcome involving the data was accurate and correct.

Confirmability

One assumption of qualitative research notes that the researcher offers a unique perspective and approach to any study known as confirmability (Giorgi & Giorgi, 2003; Groenewald, 2004). Confirmability attests to how others confirm the results of the study. This study utilized the strategy of reflexivity to address confirmability. I made all memo writing, coded transcribed interview data, and procedures available within an electronic journal format. Reflexivity promoted an appropriate audit trail for dependability. It also ensured that the phenomenon was safeguarded against researcher biases and misperceptions. The electronic journal has been made accessible to anyone requesting this information, especially my doctoral committee.

Ethical Procedures

Approval by Walden University's Internal Review Board (IRB) was necessary for this study to commence. Walden University's IRB policies ensured that the study was ethical and legal. This final study was approved by the IRB with supporting documents having been finalized, especially for agreements to access participants or data. The IRB provided the approval number of 03-24-21-0038335 that expires on March 23, 2022.

Selecting a research population posed careful consideration and deliberate discernment of upholding the fundamental principles of justice of distribution, the benevolence of the research, and the full respect for every participant (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). This research carefully selected a national representation of adults over the age of 18 years old. This targeted research population of adults did not offer the

significant limitations like children and more senior adult populations. This population has been considered vulnerable since many of the participants have a diagnosis relating to anxiety. Another ethical consideration area involved safeguarding privacy, especially using technology from the electronic audio recording to the reflexivity journal to the coded data on the protected and locked computer.

The telephonic interviewing process had unique limitations with the technology instead of the face-to-face interviews due to public orders for social distancing due to the coronavirus pandemic. Confidentiality of participants was maintained through coding, which the data collected was electronically secured through the audio recording of a passworded encryption on an external hard drive (Lustgarten, 2015). Confidentiality was particularly maintained by using pseudonyms for the ESAs when participants referenced them.

Another area of concern was to address the interview process's possibility of triggering psychological distress within a participant. This ethical consideration may resonate with the increase of anxiety-related diagnoses and lack of treatment alternatives offered by their healthcare practitioners. Thus, a participant may have a skewed perception of an ESA as a reputable intervention and may not have had a pleasant experience with treating their anxiety (Kogan et al., 2016; Schoenfeld-Tacher et al., 2017; Tedeschi & Jenkins, 2019).

A participant who may experience an episode of psychological distress was immediately referred to their healthcare clinician. The interview would have ceased if an

event of this nature occurred. A participant that may not experience distress during the time of the interview but always has the option to withdraw from the study by notifying me. If this incident would occur in the future, I will immediately support and refer the participant to his or her healthcare clinician for follow-up. I provided guidance and contact information of the appropriate clinician to ensure any participant received proper support and resources (see Appendix C).

Safeguarding the data was critical for this study, primarily to protect the participants' privacy and confidentiality. The electronically recorded interview data was stored on a passworded encrypted device and locked within a secured storage cabinet in a security-guarded office. The computer with the coded data was also locked in the same cabinet. The electronic journal for reflexivity and bracketing has been stored on an encrypted and password protected cloud file. The backup external hard drive was stored and secured within a locked filing cabinet at my residence to ensure extra measures for safeguarding the data.

All the data has been safeguarded and will be stored for a minimum of five years (Lustgarten, 2015). The data will be destroyed by employing technological deletion of the electronic files. Maintenance logs for the custody of this data have been maintained, including a timeline for dates when the data may be appropriately deleted.

Summary

This study used the descriptive phenomenological method of inquiry to investigate adults' lived experiences with an emotional support animal to cope with

anxiety. This chapter outlined the research design and rationale for the inquiry to understand the phenomenon of interest. The role of the researcher was presented with strategies reflecting how the research addresses biases.

This chapter further detailed the methodology from participation selection to the thick description of procedures for collecting, coding, and analyzing the interview data. The study's trustworthiness was outlined to address the validity and reliability of the quality of this study. The chapter concluded with ethical considerations ranging from ensuring the participants' confidentiality to safeguard the data collected. The next chapter will discuss the results of the final study.

Chapter 4: Results

Introduction

Through this qualitative descriptive phenomenological study, I aimed to investigate the lived experiences of adults who use ESAs for coping with anxiety. I conducted eight telephonic semistructured interviews to collect data to answer the research question: What are the lived experiences of adults who use emotional support animals to cope with anxiety? All participants provided insightful data about their experiencing using ESAs to cope with anxiety to best answer this question. This chapter reports the participants' collective lived experiences of this phenomenon by detailing the setting, the demographic data of the participants, and the data collection and coding process for qualitative analysis. The chapter concludes with a presentation of the results from the data analysis to answer the research question, evidence of trustworthiness within the research, and the six emerging themes from the coded data.

Setting of the Study

Due to COVID-19 restrictions, the setting for data collection was telephonic interviews that I securely and digitally recorded in my home office. All the participants in this study voluntarily answered semistructured interview questions. Before the interview, each participant was emailed an informed consent form, which they completed and emailed back to me. Each participant understood the scope of this study and their right to withdraw from it at any time, which included protecting their identifying data. Upon ending each interview, I allowed the opportunity for the participant to ask any questions.

I also reviewed the possibility of any undue stress or discomfort occurring after the interview; a resource guide provided additional information on seeking professional support. None of the participants disclosed any concerns or psychological distress during the interview and after. No unexpected incidents occurred during the interviews because they followed the script.

Demographics

This study consisted of eight participants who all met the criteria for participation. The criteria were that the participants needed to be adults at least 18 years old who spoke and understood fluent English, resided in the United States, and had at least 6 months of using an ESA to cope with anxiety. Table 1 displays a summary of the demographic information for the eight participants. I randomly assigned a three-digit number to each participant to protect their identity and privacy. In addition, Table 1 includes the demographic data of age, gender, race, region of the United States where the person resided, the type of ESA animal used, and the duration of the ESA interaction that the participant had with the animal measured in years.

Table 1

Participant Demographics

	Age	Gender	Race	Region	Relationship status	Type of ESA	Duration of interaction (years)
Participant 1	46	Male	White	Midwest	Married	Dog	6
Participant 2	38	Female	White	Northeast	Single	Dog	4
Participant 3	32	Female	White	South	Married	Cat	< 1
Participant 4	54	Female	White	West	Partnered	Dog	1
Participant 5	60	Male	Asian	West	Married	Dog	1
Participant 6	67	Male	White	South	Married	Dog	6
Participant 7	54	Female	White	Northeast	Married	Dog	2
Participant 8	62	Female	White	Midwest	Single	Dog	8

Data Collection

Eight participants volunteered and were selected to participate in this study. All eight of the participants met the required criteria for participation in this study. The participants responded to an email with the recruitment flyer for the study (see Appendix B). In addition, I emailed the informed consent to all of the participants. The participants acknowledged and agreed to the form by replying to the email with acknowledgment stating, “I consent.” This consent email served as their electronic signature.

After consent was received from the participants, I emailed each participant to schedule a time to conduct the telephonic interview for the data collection. Then, I conducted a semistructured interview by telephone using a script (see Appendix A). The data collected from these eight interviews were used to gain insight into the lived experiences of adults using ESAs to cope with anxiety.

An electronic recording device, the RecorderGear TR600 Landline Phone Call Recorder, digitally recorded all interviews. This specific recorder was selected and used

because it encrypts and secures recordings. In addition, participants received an email with the participation follow-up and resource guide (see Appendix C). The interviews lasted on average between 25 and 35 minutes. I securely transferred the digital recording to an encrypted and password-protected external hard drive, specifically the Apricorn Aegis Padlock USB 3.0 256-bit AES XTS Hardware Encrypted Portable External Hard Drive (A25-3PL256-1000) with 1 terabyte of data storage capacity.

As a precaution, the interview recordings existed on the recorder and the external hard drive, which were stored within a locked cabinet when not in use (Lustgarten, 2015). I followed all ethical guidelines outlined in Chapter 3 for the interviews. After each interview, I reflected on the data collection process in a secured bracketing journal securely stored on a cloud-based Google Drive. No unusual circumstances occurred throughout the data collection process.

Data Analysis

I transcribed each of the interviews upon their completion. First, I transcribed all the interviews onto an encrypted and password-protected Google Drive document. Next, I structured and analyzed the data using the descriptive phenomenological methodology presented by Giorgi and Giorgi (2003). Finally, I imported the transcribed data into CAQDAS, NVivo (released in 2021) by QSR International Pty Ltd. (2021). This importing process consisted of uploading the interview data separately for each participant.

I separately coded each of the verbatim transcripts within the CAQDAS software. Coded data consisted of a descriptor of the data segment that assigned meaning (Vaismoradi et al., 2016). I used the functionality of the CAQDAS software to highlight significant statements that provide insight into the lived experiences of adults with ESAs in coping with anxiety. I carefully and thoroughly reviewed, identified, and highlighted the statements to create a cache of codes. Then, I re-reviewed the highlighted segments to ensure their relevance to the phenomenon of this study.

Upon the completion of the coding, I organized the statements into categories. Categories are derived from the codes and provide a more conceptual or abstract understanding of the phenomenon (Saldaña, 2012). I used the functionality of the CAQDAS software to group the codes into categories. From these categories, I identified themes or theoretical constructs that help in explaining similarities or variations across the codes by providing further understanding of the lived experiences of adults using ESAs to cope with anxiety (Saldaña, 2012). The voluminous data had 36 categories from which six categorical themes emerged: (a) anxiety manifestations, (b) ESA positive engagements and intervening behaviors, (c) ESAs' instinctual responses, (d) alternative to prescribed medications and substance use, (e) current psychological disposition of using ESAs for coping with anxiety, and (f) relationship between the participant and the ESA (see Table 2).

Table 2

Qualitative Codes and Thematic Categories

Categorical theme	Coding	Example from source

Anxiety manifestations	Anger COVID-19 Depression Emotions Sleep deprivation Socialization Suicidal Visual hallucination	"I'm an over-thinker. So yeah, I overthink about everything, and the COVID doesn't help. Everything around me causes me anxiety, but she really helps comfort me and keeps me smiling" (Participant 1).
ESA positive engagements & intervening behaviors	Attention Cuddle Distraction Engagement Experience with ESA Petting Play Salvific Touch Walks Worker/Helper	"So we cuddle (chuckles) and we I take him out of his carrier, and we walk, and I just see how happy he makes others, and it makes me happy, just like a just kind of funny. Well, he's just kind of silly looking, but just like. Yeah, just like petting him and cuddling with him and having him close to me and just knowing that. But he's with me" (Participant 2).
ESAs' instinctual responses	Proximity Physical contact Instinct	"He'll come, and he'll put his head on my chest and just kind of crawl up on top of me and sit there and just start touching my hand as if to say, 'Hey, there's something going to happen'" (Participant 4).
Alternative to prescribed medications and substance use	Diagnosis Medication Treatment	"And that was when I sought to find an alternate method to taking prescribed medications. I did the research and found that having an ESA was able to help me deal with it" (Participant 5).
Psychological disposition using ESAs for anxiety	Affect Benefit Confidence Mental health Mood & effect Pandemic (COVID) Security	"I work from home, so it's not like I go to some of them all the time. So, I mean, it's like she keeps my sanity." (Participant 8).
Relationship: Participant & ESA	Affection Love Pet Relationship	"It's amazing, our relationship and how we comfort each other with a just a look" (Participant 3).

I examined each of the codes to identify any discrepancies for the identified themes. All coded data from the participants did not indicate any disadvantages for the lived experiences of the participants using ESAs. I used member checking to ensure the validity of the codes. I emailed each participant a transcript of the interview, where the

participant could provide any feedback and confirm the accuracy of the content. Each participant replied with an email to verify the accuracy and correctness of the transcribed interview data.

Evidence of Trustworthiness

Qualitative researchers consider trustworthiness the culmination and precipice of the data and its analysis (Giorgi & Giorgi, 2003; Porter, 2007; Saldaña, 2012). I described approaches to establish trustworthiness through examining credibility, transferability, dependability, and confirmability. I adhered to the overarching qualitative research guidelines through thoroughness and unity between the interview data collected and the research question aimed at better understanding the lived experiences of adults using ESAs to cope with anxiety.

I established and maintained the trustworthiness of this study by following Walden University's dissertation guidelines for qualitative research. The procedures ensure that a committee of three members must review the study and obtain initial IRB approval. Furthermore, I used member checking for the transcribed and reviewed interview data. Each participant in the study validated their statements of their lived experiences. I used member checking to ensure internal validity or transferability. This study examined ESAs and may trigger readers to conduct similar research within their interest or discipline area. Finally, I presented a sufficient description of the methods, procedures, and participant selection to replicate the study.

Dependability is the crux of reliability of this study that ensures that these findings are consistent and repeatable. My bracketing journal, procedural process, transcribed interviews, and CAQDAS file are available for an audit trail, study replication, and overall data review. I used the bracketing journal to provide self-reflection and attention to the qualitative research process of this study. The use of purposeful criteria for selecting participants, the consent form, and the semistructured interview script in Appendix A further established the dependability of trustworthiness of this study.

Because I was the research instrument, the validity and reliability of the findings are fundamental to the study. Thus, I used the strategy of reflexivity to address confirmability. I made available for review the bracketing journal, the coded transcribed interview data, and procedures within an electronic journal format. Iused reflexivity to promote an appropriate audit trail for dependability. For this study, reflexivity also safeguarded the interpretation of the phenomenon against researcher bias and misperception. The electronic journal is accessible to anyone requesting the information, especially my doctoral committee.

Results of the Study

This study provides a better understanding of the lived experiences of adults who use ESAs to cope with anxiety. The five research-focused questions for the interviews evoked six themes based on the answers of the eight participants. To ensure

confidentiality of the participants, I assigned pseudonyms for the ESAs when participants referenced them during the interview.

Theme 1: Anxiety Manifestations

This first theme came from the participants' reflections on their lived experiences of how anxiety impacts their everyday life. All of the participants provided powerful statements and insights into their experiences of anxiety, from depression to anger to sleep deprivation to social interactions.

Participant 1: "Everything around me causes me anxiety."

Participant 2: "Well, anxiety or depression, again, having multiple sclerosis, it has to do with the lesions on my brain that affect the way that I feel."

Participant 3: "I used to have very intense moments like moving my feet and hands a lot. I was unable to be by myself … I was like very, very emotional and angry."

Participant 4:

> I just start rocking back and forth, and I can't breathe, and I just overreact on everything … I've had some really bad anxiety attacks where I can't even drive my truck; I had to pull my truck over and just. Sit there for about a half an hour because I couldn't breathe; I would start crying and just feel really claustrophobic and everything else.

Participant 5:

> In the past, I've traveled a lot, and I get very anxious when I fly. I used the phrase "fly," but I mean any travel like with a ferry is no different. I've had terrible experiences on a ferry, just anxieties of, you know, my gosh, is it this tippiness [sic] more than should be? Same as when you're flying, is this turbulence more than it should be? And that creates an anxiety in me.

Participant 6:

> I get nervous, and I worry ... a lot, and it can also turn into anger. You can get angry very quickly. You just get angry. And, so there's anger. There's worry is a big part of it. Your mind's racing on stuff that doesn't need to be, but it does anyway. You can't stop it. So, you're thinking about stuff. You don't need to be thinking up, so you're not really in the moment.

Participant 7:

> I have nightmares every night—every night. I had one last night, which was particularly bad. And I wake up, and I'm terrified. But what's not really, I mean, part of it is a nightmare, but it's just the way I've become totally, totally terrified.

Participant 8: "I live by myself, so, like, you're isolated so much like I can hardly see my kids, I could hardly see my grandkids with everything going on [with the COVID-19 pandemic]."

Theme 1 explored the lived experiences of the participants about how anxiety manifests in daily living. Each of the participants had different ways in which and degrees to which they experienced anxiety.

Theme 2: Emotional Support Animal Positive Engagements and Intervening Behaviors

This second theme emerged from the participants sharing how they engage with their ESA on a daily basis as a lived experience. Again, all the participants had significant statements and insights into how their ESA engaged and provided a sense of intervention for their anxiety.

Participant 1: “I’ve been so engulfed with anxiety since COVID. Bailey helps distract me from all the problems.”

Participant 2: “[H]e comforts me when I travel because it can be very stressful, and that can trigger different things.”

Participant 3:

> Bella is very active, so I really have a therapy session. She can cheer me up, and I love to be close to her … I now socialize and go to work, and I work all the time. So, when I come home to Bella, she wants to be close.

Participant 4: “But when he's with me, [stress] kind of goes away - everything down to the point, where I got to think through it, and everything else is just [sic]. It calms me down when I'm with him.”

Participant 5: “My dog [sic] just putting my hand on my dog releases that stress. I don't know if that makes any sense at all, but that action allows my anxieties to dissipate.”

Participant 6:

> When I have her with me, I'm a lot calmer, and just I don't get mad. I just stay calm, and she keeps me calm, and I go along, and nothing bothers me. And you know it's kinda [sic] like a tranquilizer. And you don't worry so much about everything. Don't worry about anything; you just, you know, she keeps your mind distracted. She really helps me.

Participant 7:

> Just snuggle part is a lot. Like me being able to pet her little face and let me go down the crook of her nose…she's got one of those four heads and the little, teeny nose. But that is just the dip of a very deep like right at her forehead and her nose. And I don't know, for some reason, that relaxes me.

Participant 8:

> At that point, literally, I could barely even function because I just lost both my parents. And then it was because of her basically just being with me and everything. It's like I had someone with me to get some stuff like I had a friend.

Theme 2 outlined how the lived experiences of the participants engaged with their ESAs to cope with anxiety. These engagements all provided comfort, support, and a decrease in anxiety, as reported by the participants.

Theme 3: Emotional Support Animals' Instinctual Responses

The third theme developed from the participants' lived experiences of how the ESA helped them cope with their anxiety. Every participant offered statements of their ESAs, instinctually helping them cope with anxiety, especially by the ESAs' physical presence ("cuddling") or proximity to the participant.

Participant 1: "It is just her and me playing and walking. Also, I love our cuddle times and her warmth."

Participant 2: "Yeah, just like petting him and cuddling with him and having him close to me and just knowing that. But, he's with me."

Participant 3: "She can cheer me up, and I love to be close to her…When she sleeps, she loves cuddling up with me."

Participant 4:

> He'll usually will come and sit right beside me, and he'll come and lay on me when I start having an attack and just start pushing his head on me. And then, I just start hugging him and that really calms me down. It's almost like he just naturally knows that whenever I'm going to have an attack that he's right there besides me to help me through it and make sure that I'm okay.

Participant 5: “So she generally is by my side…But, when she sits beside me, that relieves my stress and anxiety... But nonetheless, Lucy and I are attached at the hip”

Participant 6: “She's with me pretty much all the time, and she seems to understand what I say, and she just always likes being with you.”

Participant 7: “You know, she just comes to me, and she just sits there … She's a bit of a Velcro dog.”

Participant 8: “[S]he's with me all the time … She can sense when there's something wrong with me, and then she comes to me, and she just won't leave me until she knows I'm better.”

Theme 3 outlined basic HAI from petting to cuddling to the ESA just being present for each of the lived experiences. This theme provided the most overlap with instinctual engagements between the participants and ESAs of petting and cuddling.

Theme 4: Alternative to Prescribed Medications and Substance Use

The fourth theme emerged from the participants’ lived experiences of how the ESAs provided an alternative to pharmaceutical medicine or substance use to cope with their anxiety. Some participants shared statements of their ESAs instinctually helping them cope with anxiety instead of medication.

Participant 2: “I can take medication, but having a [ESA] to go there to comfort and support me through the feelings of depression or anxiety, whatever you want to call it, helps.”

Participant 5: “And that was when I sought to find an alternative method to taking prescribed medications. I did the research and found that having an ESA was able to help me deal with it.”

Participant 6: “I just stay calm, and she keeps me calm, and I go along, and nothing bothers me. And, you know, it's kinda [sic] like a tranquilizer.”

Participant 7: “I can't sleep without something to help me, lorazepam or alcohol just to get rid of that feeling. I self-medicate a lot to deal with the terror…she’s a helper dog.”

Theme 4 outlined half of the participants’ lived experiences with either prescribed medications or substances used to deal with anxiety. Yet, these four participants shared that the ESA provided the most support and help to them. Therefore, even though the other four participants did not mention this comparison, the theme was necessary to report.

Theme 5: Current Psychological Disposition of Using Emotional Support Animals for Coping With Anxiety

The fifth theme developed from the participants’ lived experiences of how the COVID-19 pandemic compiled more intense experiences of anxiety. Some participants identified differences in how ESAs helped them cope with existent anxiety before the COVID-19 pandemic and the intensity of anxiety experienced during the pandemic. Those participants shared that ESAs served as caveats to disrupt the anxiety experienced by COVID-19.

Participant 1: "She is always happy and puts me in a good mood … Bailey helps. She distracts me from everything else going on in the world."

Participant 2: "Things happening around the world that are horrible, and they can be stressful. There are ways of coping, and so he's always my first go to try and help me cope when things get overwhelming."

Participant 3: "I had to quit my job because of COVID. I was unable to sleep … During COVID, with Bella, I now go on walks outside, and socialize … I think compared to how happy I am now with Bella after COVID."

Participant 4:

> I just tend to stay home a lot more [because of the pandemic]. My dog is just there to help me through it all. And, it's because, in a stressful situation, he doesn't get stressed out, and he just stays completely calm … and he'll help me stay calm.

Participant 5: "But having the dog through the pandemic has allowed me to cope with [anxiety] without having to, you know, struggle, struggle with additional anxieties."

Participant 6:

> Well, I find it probably more helpful to have her or have a dog with you during [COVID-19] than not, because [COVID-19] is stressful. And so, it is more stressful than when it's not here. So, it's good to have, really good to have a dog. I kind of benefit more from it.

Participant 7:

> When I got her, I was off work, but I've always worked from home. And when I went back to work last September, I had to do remote monitoring for actually a COVID-19 drug [sic]. And so, yeah, I do my monitoring from home. So, like I said, that's why she's never been left alone without, you know, never been left without me—ever.

Participant 8: "[Y]ou're isolated so much like I can hardly see my kids, I could hardly see my grandkids with everything going on … So, I mean, it's like [my ESA] keeps my sanity."

Theme 5 highlighted the current lived experiences of individuals and their psychological disposition with having an ESA to cope with anxiety during the COVID-19 pandemic. Overall, the participants reported that the pandemic did cause substantially more anxiety, but their ESAs did successfully help them cope with this additional or increased anxiety.

Theme 6: Relationship Between Participant and the Emotional Support Animal

The final theme emerged from the participants' lived experiences of how using an ESA helped them cope with their anxiety. Participants ascribed humanizing attributes to their ESAs. Every participant described a humanized relationship between them and their ESA. The participants explained that the ESA was a "best friend" and more than a mere pet in all instances.

Participant 1: “Bailey is all smiles. When I’m anxious or upset, Bailey just smiles at me or makes the goofiest faces which makes me laugh. She is my everything.”

Participant 2: “So we cuddle (chuckles), and I take him out of his carrier, and we walk, and I just see how happy he makes others, and it makes me happy, just like a just kind of funny.”

Participant 3: “I love her … It's amazing, our relationship and how we comfort each other with a just a look.”

Participant 4:

> He's really observant. He just seems to know how to just get me to the point before I even have a really bad attack, and he’s there to intercept it … My dog is just there to help me through it all.

Participant 5: “[T]he reason I have Lucy is to help me with anxiety, and the ‘action’ of having lived is what allows me to cope with the anxiety.”

Participant 6: “[Y]ou know, you treat them really with kindness and everything.”

Participant 7: “She gives me responsibility for someone other than myself … her love is unconditional.”

Participant 8: “I mean, she's like my best friend … It's almost like she's part human … It's like I have someone with me to get some stuff, like I have a friend.”

Theme 6 provided insight into the participants' lived experiences humanizing or placing human traits to their ESAs.

Summary

This chapter presented participants' lived experiences in the attempt to answer the research question: What are the lived experiences of adults who use emotional support animals to cope with anxiety? First, I explained the setting for participants within the comfort of their own environment since I collected the data through the telephonic interview. Next, I presented the demographic data within a table and detailed how the data was collected, coded, and analyzed. Next, I identified six themes from the 36 codes based on transcribed data from the responses to the semistructured interview. Finally, the participants shared their lived experiences that provided further insight into the phenomenon of using their ESAs to cope with anxiety, especially during a pandemic.

The next chapter summarizes the findings from this study and interpretation of the results, including the limitations within the research and recommendations for future studies and social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this chapter, I summarize and interpret the key findings from Chapter 4's data analysis of the lived experiences of adults using ESAs to cope with anxiety. Chapter 2 of this study demonstrated that the existing literature does not provide a complete understanding of the lived experiences of adults using ESAs to cope with anxiety (Brooks et al., 2018; Fine et al., 2019; O'Haire & Rodriguez, 2018; Younggren et al., 2016). Due to this gap in the scholarly literature, a clear understanding is lacking of the lived experiences of adults using ESAs as a therapeutic approach to coping with anxiety. The results of this study addressed this gap in the literature, especially the lived experiences of adults using their ESAs to cope with anxiety during the COVID-19 pandemic.

The data collection for this study was the outcome of semistructured telephonic interviews from participants representing the four regions of the adult population in the United States. Participants had been selected based on purposeful-criterion sampling, where the participants met all six criteria: (a) be a legal adult of 18 years or older; (b) be able to communicate in English fluently; (c) reside in the United States; (d) have a history of experiences consisting of symptoms of anxiety as defined for GAD; (e) have undergone at least 6 months of ESA intervention for coping with anxiety at the clinic; and (f) have agreed to provide honest and accurate answers to the interview questions. The participants' answers provided the data necessary to answer the research question concerning the lived experiences of adults who use ESAs to cope with anxiety.

These rich, qualitative data were analyzed using descriptive phenomenological analysis (Babchuk, 2017) and presented a further understanding of this phenomenon. Six categorical themes emerged from the data collection in this study: (a) anxiety manifestations, (b) ESA positive engagements and intervening behaviors, (c) ESAs' instinctual responses, (d) alternative to prescribed medications and substance use, (e) current psychological disposition of using ESAs for coping with anxiety, and (f) relationship between the participant and the ESA. This study used the theoretical framework of SCT to understand further the phenomenon of the lived experiences of participants who used ESAs to cope with anxiety. This chapter presents the findings of six categorical themes with my interpretation of themes, followed by a discussion of the limitations of this study with recommendations for future research and implications for social change.

Interpretation of the Findings

Eight participants in this study shared their lived experiences as adults who used ESAs to cope with anxiety. Before the COVID-19 pandemic, anxiety as a clinical disorder affected about 12% of adults in the United States (Cassiday, 2017). Researchers estimated that anxiety experienced by adults increased during the COVID-19 pandemic, and the interviews with the eight participants support this finding (Bendau et al., 2021; Fu et al., 2021). This study found that ESAs did help adults cope with anxiety based on their lived experiences, especially during the COVID-19 pandemic. The research established that AAI is an effective intervention for individuals to treat anxiety and enhance

cognitive processes and learning (Hu et al., 2018; Lundqvist et al., 2017; McCune et al., 2017).

Theme 1: Anxiety Manifestations

This first theme emerged from the participants' reflections on their lived experiences of how anxiety impacted their everyday life. This impact of anxiety corresponds with the research on the prevalence of anxiety-causing excessive worry on a daily basis (Bandelow & Michaelis, 2015). All of the participants provided powerful statements and insights into their everyday experiences of the manifestations of anxiety, from depression to anger to sleep deprivation to social interactions. For example, Participant 2 commented, "anxiety or depression … affect the way that I feel," and Participant 6 reflected, "I get nervous, and I worry ... a lot, and it can also turn into anger."

Theme 1 involves the lived experiences of the participants concerning how anxiety manifests in daily living and is representative of the larger adult population in the United States experiencing anxiety daily (Cassiday, 2017). The current COVID-19 pandemic has intensified these daily manifestations of anxiety (Bendau et al., 2021; Fu et al., 2021). Theme 5 further details these experiences specific to the COVID-19 pandemic.

Each of the participants had different ways in which and degrees to which they experienced anxiety, such as the anxiety stemming from Participant 7's ongoing nightmares, Participant 5's social situations, or Participant 4's panic attacks. Thus, the participants in this study were representative of the adult population in the United States

experiencing daily manifestations of anxiety based on their responses during the interview process. ESAs provide psychological support and comfort to help cope with anxiety, traumatic experiences, and chronic health conditions (Brown et al., 2014; Waite et al., 2018). Therefore, these participants were good candidates for sharing their experiences with using ESAs to cope with anxiety.

Theme 2: Emotional Support Animal Positive Engagements and Intervening Behaviors

All participants shared how they positively engaged with their ESA on a daily basis as a lived experience, whereby the second theme emerged. SCT postulates that the experience of positive and negative engagements can reinforce or change behaviors through cognitive processing (Bandura, 1999). Melco et al. (2020) reported that ESAs provide a structured model for helping adults cope with anxiety through modeling behaviors and creating positive experiences to reduce anxiety. Participants in this study independently corroborated this research through their experiences. For example, Participant 3 shared the positive change in behavior based on the engagement with the ESA: “Bella is very active, so I really have a therapy session. She can cheer me up, and I love to be close to her. I now socialize and go to work, and I work all the time.”

Positive engagement with ESAs can buffer or alleviate chronic stress’s harmful effects; this is known as a *socially lubricating effect* (Yamamoto & Hart, 2019). As Participant 5 illustrated, “just putting my hand on my dog releases that stress. I don’t know if that makes any sense at all, but that action allows my anxieties to dissipate.”

Each participant had significant statements and insights into how they positively engaged with their ESA and reported some sense of intervention for their anxiety. Participants all reported increases in their ability to relax and be calm, which they attributed to an emotional bond or attachment with the ESA (Blazina & Kogan, 2019). Participant 2's comment exemplified how this positive engagement increased the ability to be comfortable and relaxed: "he makes me feel comforted, he makes me feel calm." Additionally, Participant 4 noted, "it calms me down when I'm with him," and Participant 6 remarked, "I just stay calm, and she keeps me calm, and I go along, and nothing bothers me."

Theme 2 highlights how each participant positively engaged with their ESA to cope with anxiety. The research indicates that an emotional attachment or the HAI bond is a key to successful, positive engagement (Martens et al., 2016; Nagasawa et al., 2015). Furthermore, these positive engagements all provided comfort, relaxing support through the ESA's presence, and a decrease in the participant's experiences of anxiety. Therefore, these lived experiences indicate that a positive engagement decreases anxiety and promotes a change in the participant's behavior to relax and promote psychological health (Krause-Parello & Morales, 2018).

Theme 3: Emotional Support Animals' Instinctual Responses

The third theme emerged from all of the participants' lived experiences of how the ESAs' instinctual responses helped them cope with their anxiety. The literature review in Chapter 2 identified how a human interacting with an ESA promotes

therapeutic benefits (Brooks et al., 2016; Fine & Weaver, 2018). In addition, the researchers detailed instinctual responses of animals during HAI decreasing anxiety and increasing overall quality of life (Gee, Mueller, et al., 2017; Linden, 2018).

Every participant offered statements about their ESA instinctually helping them cope with anxiety, especially by the ESA's physical presence ("cuddling") or proximity to the participant. Participant 3 captured this effect by answering, respectively, "she can cheer me up, and I love to be close to her," and "she can sense when there's something wrong with me, and then she comes to me, and she just won't leave me until she knows I'm better." The participants' lived experiences validated research indicating that HAI with ESAs yielded a positive impact on the psychological well-being of participants and that their experience of anxiety was less than those without ESAs (Shoesmith et al., 2021). Participant 6 commented, "she's with me pretty much all the time, and she seems to understand what I say, and she just always likes being with you."

ESAs' instinctual responses helped all of the participants cope with anxiety. The collective answers from the participants' lived experiences confirmed that this study aligns with HAI research (Brooks et al., 2016; Fine & Weaver, 2018). This theme provided the most overlap with the type of instinctual engagements between the participants and ESAs of petting and cuddling from the participants' answers during the interviews.

Theme 4: Alternative to Prescribed Medications and Substance Use

The fourth theme of this study was the participants' lived experiences of how the ESAs provided an alternative to pharmaceutical medicine or substance use to cope with their anxiety. The literature review in Chapter 2 significantly outlined conflicting information in existing research concerning the best type of treatment intervention for anxiety (Cuijpers et al., 2014; Mohlman, 2013). Some participants specified the alternative impact of using an ESA to cope with anxiety; for instance, Participant 6 compared ESAs to a "tranquilizer." Participant 5 commented on the effect, "I sought to find an alternative method to taking prescribed medications … I did the research and found that having an ESA was able to help me deal with it."

Other researchers reported how blood pressure would decrease and consequently experiences of anxiety decreased (Beetz, 2017; Beetz & McCardle, 2017; Charry-Sánchez et al., 2018). Participant 7's response further evidenced this theme: "I can't sleep without something to help me lorazepam or alcohol just to get rid of that feeling … I self-medicate a lot to deal with the terror." Participant 7 used an ESA as a "helper" to relieve experiences of anxiety. Participant 2 further explained, "I can take medication, but having a [ESA] to go there to comfort and support me through the feelings of depression or anxiety, whatever you want to call it, helps."

ESAs within the framework of AAI validated this theme and provided a practical intervention to ameliorate symptoms of anxiety and improve functionality (Waite et al., 2018). Participant 6 reflected, "I just stay calm, and she keeps me calm, and I go along,

and nothing bothers me." This theme was unable to support the research indicating that treating anxiety symptoms has been most effective when combining interventions of both medication and therapy (Cuijpers et al., 2014; Goetter et al., 2020). I explicitly asked participants about their use of prescribed medications or substance use as a way of coping with anxiety.

This fourth theme outlined the lived experiences of half of the participants and their use of either prescribed medications or substances to cope with anxiety. These four participants shared that ESAs provided the most support and help to them. Although the other four participants did not mention this comparison, the theme emerged as validated by the literature review in Chapter 2. Therefore, this theme will be worth further exploring in future research.

Theme 5: Current Psychological Disposition of Using Emotional Support Animals for Coping With Anxiety

The participants' lived experiences of how the COVID-19 pandemic intensified anxiety was the fifth theme to emerge. The increase of anxiety among adults in the United States due to the COVID-19 pandemic has been commonly accepted and supported by researchers (Bendau et al., 2021; Fine & Weaver, 2018; Fu et al., 2021; Kramer et al., 2019). All participants in this study shared their lived experiences of how their anxiety increased during the pandemic. Participant 1 noted that her ESA "distracts me from everything else going on in the world."

Participant 5 shared further evidence of this theme that “you're isolated so much … with everything going on … So, I mean, it's like [my ESA] keeps my sanity.” This experience of isolation and the help of the ESA to reduce anxiety further supported Shoesmith et al.'s (2021) research indicating how the presence of HAI helped to decrease levels of anxiety. This study further validates this research as exemplified by the experience of Participant 4, who stated, “I just tend to stay home a lot more” due to the COVID-19 pandemic. The experience of having an ESA present helps in a “stressful situation.”

Some participants noted the intensified experiences of anxiety during the pandemic, as researchers have presented (Bendau et al., 2021; Fu et al., 2021). However, these participants shared that their ESAs were critical for them to have during the pandemic and helped them experience less anxiety. For example, Participant 3 commented, “I think compared to how happy I am now with Bella after COVID.”

Research supports these reported experiences of health benefits, such as decreased cardiovascular risk by lowering blood pressure and even reducing experienced anxiety episodes (Waite et al., 2018). Participant 2 even commented on some knowledge of this effect:

> Things happening around the world that are horrible, and they can be stressful. [My ESA] makes me feel comforted. He makes me feel calm. I believe there are studies that show like he just having an animal around lowers your heart rate.

This fifth theme captures the lived experiences of participants and their psychological disposition with having an ESA to cope with anxiety during the pandemic. Some of the participants had this worldview of the pandemic, while others had a very personal experience. This theme highlights a newly unchartered area of investigation for researchers in all scientific disciplines. However, the findings from this study further validate this categorical theme and current research about the lived experiences of adults using ESAs to cope with anxiety. All of the participants reported that the pandemic did cause substantially more anxiety, as evidenced by the research. They further detailed how their ESAs did successfully help them cope with the intensified anxiety.

Theme 6: Relationship Between Participant and the Emotional Support Animal

The participants' lived experiences involved how using an ESA helped them cope with their anxiety. ESAs had a humanized relationship with the participants in the final theme to emerge from the data analysis. All participants attributed human qualities to their ESA and explained their relationship to the ESA in terms that HAI research has explained as humanizing attributes (Brooks et al., 2018). For example, Participant 1 quipped that her ESA smiles and "makes the goofiest faces," and Participant 8 identified her ESA as "almost like she's part human."

The participants all described a relationship between them and their ESA. For example, Participant 3 attested to loving the ESA, stating they had an "amazing" relationship. Participant 4 shared that the ESA was "observant" and innately understanding. Another example of this theme was Participant 8's description of the ESA

as a “best friend.” In all instances, the participants’ ESAs were more than pets. Some researchers have noted that this attribution of human qualities causes scientific inquiry to question the reliability of the data (Becraft, 2016). These attributes and the complexity in the ascribed relationships of the participants with their ESAs have drawn criticism of research on this topic (Gee, Mueller, et al., 2017; Serpell et al., 2017). This final theme highlights an insight into the participants’ lived experiences humanizing or placing human traits on their ESAs and ascribed relationships with them.

Limitations of the Study

This study contained a few limitations: (a) increase in sample size could yield further insights into the phenomenon, (b) the demographic representation of gender could have encompassed males and females equally since six female participants responded versus two males, (c) the demographic of further representing Hispanic participants if the research used Spanish to conduct interviews, and (d) the COVID-19 pandemic prevented me from conducting in-person interviews and post-pandemic research into phenomenon could not be collected.

As previously addressed in Chapter 3, qualitative research sample sizes contain smaller ones than quantitative ones. The sample size in this study did meet the threshold for obtaining saturation. Yet, a larger sample size could have unveiled more insights into the participants' lived experiences, especially since rigorous methods and systemic procedures for measuring and collecting this data have been inconsistent, challenging for exploring AAI and ESA dynamics (Serpell et al., 2017).

Demographic factors for the participants represent two other limitations of this study. The first demographic limitation of gender is that gender did not equally represent since 25% of the participants were male. The study could have used more males to fully represent both the male and female populations in the U.S. Additionally, I only spoke English, so the study was limited to fluent English speakers. Whereas, having a way to collect data from Hispanic participants that only speak Spanish would have further enriched the representation of the phenomenon.

The final limitation dealt with the unprecedented COVID-19 pandemic and timing for the data collection. The initial research for this study occurred before the COVID-19 pandemic. The onset of the pandemic yielded an unknown factor of the impact the pandemic has on the experience of anxiety. The data collection and analysis occurred during the pandemic, so post-pandemic data could not be collected or analyzed.

Audit Trail

This study utilized the strategy of establishing an audit trail to demonstrate that the findings are from the participants' lived experiences. The raw data had been made available for review by the Walden University committee to ensure I had accurately captured the coding of the interview data. Table 2 presented the six categorical themes that emerged from the coding analysis. In addition, I kept a journal focused on reflexivity and bracketing to reduce or address any bias. This researcher maintained the journal on a secured, cloud-based file made available by reasonable request to me or Walden University.

Recommendations

As presented in the literature review in Chapter 2, little research has been conducted on ESAs as AAI to treat adults with anxiety (Younggren et al., 2016). This study specifically addressed the gap in this research with a few limitations. First, I suggest that future studies use the demographic factors of gender and ethnicity to represent the U.S. adult population better. Second, from the six categorical themes that emerged from this study, further research would benefit from examining the phenomenon for the use of prescribed medications and substances.

This study presented the lived experiences of adults using ESAs to cope with anxiety, and more research would benefit from the unknown timing and impact of the COVID-19 pandemic. While this study was framed within the social cognitive theory and grounded within concepts of the situative perspective in educational psychology, further research into other theoretical frameworks and perspectives could provide a fuller understanding of the phenomenon. During this study, ESAs were a novel concept used for AAI, so further investigating any other clinical factors, like exact diagnoses or specific settings other than the home environment, would be highly recommended.

Implications

Positive Social Change

This study presented the lived experiences of adults using ESA to cope with anxiety to address the gap in the scholarly literature (Grajfoner et al., 2017). The findings of this study further validated the use of ESAs as an intervention for individuals

experiencing anxiety. In addition, research has shown that AAI has enhanced cognitive processes to improve learning experiences among individuals (Von Bergen, 2015; Younggren et al., 2016). Therefore, clinicians may use the same application for individuals in their home environment. Utilizing ESAs in the home environment will be particularly critical as the COVID-19 pandemic progresses.

Additionally, clinicians may choose to use ESAs as an intervention option to current treatment practices, and insurance providers would cover this option (Jones et al., 2019; Lundqvist et al., 2017). This study helped demonstrate that the participants' lived experiences acknowledged that ESAs as an intervention worked for them. While clinicians have limited guidance for using ESA intervention at the time of this publication, more clinicians may begin to use ESAs as an effective intervention for treatment, as indicated by earlier research (Fine & Weaver, 2018).

Establishing a recognized and formalized assessment or measurement of this phenomenon would help show a broader acceptance of the promotion and use of ESAs as an intervention. At the time of this study, some clinicians had presented standards for evaluating the effectiveness of ESAs, but these were within a clinical setting (Hoy-Gerlach et al., 2019; Younggren et al., 2019). However, the COVID-19 pandemic has disrupted clinical settings, so further establishing standards and evaluations for ESAs within a home environment could be adapted. In addition, these guidelines could serve as a practical way for clinicians to treat individuals experiencing anxiety from a remote location since the effects of the promoted the practice of telehealth therapy (King, 2020).

The findings of this study could provide further support for enhancing legal protections for individuals by shaping and informing policies in the U.S. For example, the Fair Housing Act entitles individuals to have a reasonable accommodation of an ESA within their residences despite anti-pet policy rules the landlord or property may enforce (USHUD, 2020). This policy was being reconsidered at the time of publication to remove ESAs as a designated accommodation (USHUD, 2020). Another federal law, the Airline Access Carrier Access Act, as amended in 2020 to excluded protections to individuals with ESAs (USDOT, 2019, 2020). However, the findings of this study do not support the exclusion of ESAs and could help advocates further promote the recently excluded protections.

Conclusion

This qualitative, descriptive phenomenological study addressed the scarcity of scholarly literature for adults using ESAs to cope with anxiety (Hoy-Gerlach et al., 2019). In addition, the data collected in this study from eight interviews of adults in the U.S. who use emotional support animals for coping with anxiety was vital to further understanding how adults use ESAs to cope with anxiety. While previous research found that AAI was beneficial for individuals experiencing anxiety (Hediger et al., 2019; Wood et al., 2015), this study focused on ESAs as a type of AAI based on the lived experiences of the participants.

The collective testimonies from participants in this study have validated that ESAs help them cope with anxiety, especially during the COVID-19 pandemic.

Therefore, this study did answer the research question through six categorical themes analyzing the lived experiences of adults who use ESAs to cope with anxiety. Based on the data collected and analyzed from this study, the lived experiences of adults using ESAs help them cope with anxiety, even more so during a pandemic.

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Appendix A: Interview Process and Questionnaire

Script for Introduction to the Participant

Good morning/afternoon/evening. Thank you for taking time out of your schedule to have this telephone interview with me today.

You are being asked to participate in a research study that I am investigating the experiences of individuals with an emotional support animal used to cope with anxiety. My style for asking the questions will be conversational. I will be asking you about 13 questions to better learn about your experience with an emotional support animal for coping with anxiety. I do not expect the interview to take longer than 30 minutes, but please know that you can stop the interview at any time for any reason.

Please feel free to speak openly and honestly about your experiences. If I ask a question that you are not comfortable with answering, then I will move to the next question without any pressure. Do you have any questions before we talk about your participation in this study?

While a face-to-face interview is preferred, the coronavirus pandemic has affected how to conduct this interview for over the telephone. This interview will be audio recorded. The recording will then be used to complete a transcript of the interview. Do I have your permission to audio record this interview? *If a participant denies permission, their time will be thanked, and the interview will not begin*.

Since this research is for a doctoral dissertation in psychology, a process known as “informed consent” means that I review this study's details and your privacy and

confidentiality rights as a participant in the study. You were emailed a consent form that you reviewed and replied back that you consented to participate in this study. Do you have any questions regarding the Informed Consent Form before we begin?

Your privacy and confidentiality are essential to protect for this study. Your identity will be coded so that you will not be identified in the reporting of data or the final report. You will be assigned a three-digit number for this interview to code your responses. Your identity is safeguarded through a process that was reviewed by a review board at Walden University. Do you have any questions or concerns relating to this protection?

I will begin with some basic demographic questions and then ask questions about your experience with your emotional support animal. This portion of the interview should take about 20 to 30 minutes. Are you ready to continue with the interview? *If a participant denies permission, their time will be thanked, and the interview will not begin.*

Interview Questionnaire

General Demographic Questions

1. What is your name?
2. Do you have preferred pronouns that I may use so that I do not offend you? An example of preferred pronouns is she/her/hers or he/him/his.
3. How old are you?
4. Where do you currently live?

5. What is your race or ethnicity (if you identify with one)?
6. What is your marital status?
7. What type of emotional support animal do you have?
8. How long have you had your emotional support animal?

Research Questions

1. Describe your experience using an emotional support animal to cope with anxiety.
2. How do you engage with your emotional support animal?
3. How do you experience anxiety?
4. How does an emotional support animal help you with anxiety?
5. How have you noticed a difference between your emotional support animal and your personal experience with the COVID-19 pandemic?

Script for Conclusion of the Interview

I do not have any further questions for you. Do you have any questions or comments for me? Again, thank you for taking the time to participate in this study.

Appendix B: Recruitment Flyer

Telephone study seeks participants to share experiences of using an emotional support animal to cope with anxiety

There is a new study called "Lived Experiences of Adults Using Emotional Support Animals to Cope with Anxiety" that could help healthcare providers like psychologists and counselors better understand and help their patients. For this study, you are invited to describe your experiences with using an emotional support animal to cope with anxiety.

This telephone interview is part of the doctoral study for a Ph.D. student at Walden University.

About the study:

- One telephone interview that will take approximately 30 minutes
- One follow-up telephone call to review your answers and share your feedback that will take approximately 20 minutes
- Participation is voluntary without any gifts or compensation

Volunteers must meet these requirements:

- Be at least 18 years old.
- Speak and understand fluent English
- Live in the United States
- Have at least six months of using an emotional support animal to cope with anxiety

To confidentially volunteer, please reply to the email.

Appendix C: Participation and Resource Guide Following the Interview

Thank you for your participation in this study! Your participation is greatly appreciated.

Purpose of the Study

You were previously informed that the purpose of the study was about the experiences of individuals with an emotional support animal used to cope with anxiety. The goal of this research is to examine the gap in the literature concerning the lived experiences of adults who use emotional support animals to cope with anxiety.

Some of the questions asked during the interview may have provoked strong emotional reactions. As a researcher, I do not provide mental health services if you experience some of these strong emotional reactions. However, every participant in this study receives the following list of clinical resources that are available, should you decide you need assistance at any time. If you are currently working with a mental healthcare provider, please feel free to contact that person for further assistance with addressing those strong emotional reactions. If the situation is potentially life-threatening, get immediate emergency assistance by calling 911, available 24 hours a day.

Free Crisis Resources:

- Crisis Text Line – crisistextline.org or text HOME to 74174 from a mobile phone
- SAMHSA's National Helpline – 1-800-662-HELP (4357)
- NAMI HelpLine – 1-800-950-NAMI (6264) or info@nami.org
- National Suicide Prevention Lifeline – 1-800-273-TALK (8255)

Confidentiality

You may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, then please contact me.

Final Follow-up:

You will speak with me one more time over the telephone to hear my interpretations and share your feedback. This process is known as memberchecking. Once the study has concluded, you will be emailed a summary of the findings. Feel free to ask any questions or follow-up with me at any time.

Useful Contact Information

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact me. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210.

Please keep a copy of this information for your future reference. Once again, thank you for your participation in this study!