2023

Attachment Bond Experiences Among Adults Using Service Dogs to Mitigate Psychiatric Disabilities

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Psychology

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Abstract

Mental illness has a negative influence on U.S. society, affecting more than 21% of adults. Worldwide, approximately 264 million people are impacted by psychiatric conditions. Despite the prevalence of psychological disorders, treatment resources are lacking. As such, the addition of adjunctive therapeutic interventions could benefit society. Researchers have demonstrated that the bond formed between humans and animals offers a vital healing tool. However, there was limited information on the use of service dogs in the psychiatric population. This qualitative interpretative phenomenological analysis explored how adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities. Bowlby's theory of attachment was used to guide the study. Participants were recruited with a flyer and selected via purposeful sampling. Semistructured interviews with 10 participants were conducted to obtain rich data. Findings demonstrated that service dogs positively influenced the lives of individuals with psychological disorders. The bond formed through working together eased psychiatric distress and provided increased stability and confidence for handlers. Therefore, this study contributes to positive social change by offering insight into a potential adjunctive treatment modality in addressing mental illness in the adult population. The study's implications and experiences shared by the participants also add to the knowledge base of qualitative research regarding service dogs, thereby contributing to positive social change.

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Dedication

First and foremost, I dedicate this dissertation to my ever-present canine companion, Eddie. As my service dog, he has been the driving force behind the study that led to this achievement. This dissertation is also dedicated to all men and women who deal with mental illness. Those of us who face the stigma of invisible disabilities know what strength it takes to endure. This dissertation is also dedicated to everyone who has experienced the benefits and challenges of handling a service dog.

I dedicate all that I am and all that I have achieved to God. Without faith, neither life nor success would be possible. This dissertation is also dedicated to my friends who supported me and prayed for me throughout my journey. To Beth Gaspard, my friend of over 20 years, thank you for your endless support and encouragement. To my friend, Linda Pittard, thank you for taking care of my fur babies so I could work, focus, and heal as needed. To Roxanne Davis, YMCA community liaison and group fitness instructor, thank you for reminding me of the importance of physical health in maintaining mental and spiritual health. To Shanna Clark, PhD, thank you for helping me get started in this process and checking in along the way.

Acknowledgments

A doctoral degree is not a solitary journey. Many people have been instrumental in my reaching this goal. First, I thank and recognize God. Without faith, life, much less success, would not be possible. I want to acknowledge Walden University for providing the educational opportunities and structure that made this process achievable. I would like to thank all the faculty members who coached and guided me along the way.

Most importantly, I want to thank my dissertation chair, Dr. Ethel Perry, and my second committee member, Dr. Valerie Worthington. Without the encouragement, support, patience, wisdom, guidance, and compassion of this amazing committee, I would not have made it this far. My committee is the absolute best, and I am so grateful to you.

I want to acknowledge and thank Psychiatric Service Dog Partners for their support of my topic and their assistance in recruiting participants. I am thankful for every individual who participated in my study, without whom I would not have had a dissertation. I wish them all happy service dog partnerships and blessed futures.

Many other relationships have been invaluable along this road. I am grateful for my own psychiatric service dog, Eddie. He was the inspiration for this project and my omnipresent support through each challenge along the way. I am so appreciative of Aaron Tolman and Mindy Dang for transforming Eddie from a twice abandoned rescue dog into the priceless service dog he is today. He has enriched my life so much, and without these amazing trainers that would not have been possible.

Last, but certainly not least, I want to thank my new colleagues at Blinn College. Transitioning to a new job in the middle of writing a dissertation is quite challenging. I

am especially grateful for Brandon Franke; Katherine Wickes, PhD; Rachel Gallardo, PhD; W. Dale Weeks, PhD; Kenneth Howell, PhD; Rebecca Talley, PhD; and Shonda Whetstone, PhD. They welcomed me warmly to my new role at Blinn College. They pushed me when I wanted to give up. They gently nudged me when I wanted to procrastinate. They offered wisdom as individuals who had achieved what I was striving for. They listened when I talked endlessly about my study. They were patient when I complained. They motivated me when I was tired. They brainstormed with me when I was stuck. They loved Eddie when I feared being accepted due to my own psychiatric disabilities. Without them, the life changes may have been overwhelming.

Table of Contents

Chapter 1: Introduction to the Study

Mental illness is a severe and debilitating condition impacting more than 21% of all adults in the United States. According to the National Alliance on Mental Illness (NAMI, 2022), more than 52 million people experienced a serious psychiatric illness in 2020. Common psychological disorders include depression, bipolar disorder, schizophrenia, dementia, and developmental disorders. The most common of these disorders is depression, the leading cause of disability worldwide. Approximately 264 million people are affected by this condition (World Health Organization, 2019).

Despite the high rates of mental illness throughout the world, resources for treating it are limited. Problems such as lack of funding and an insufficient number of mental health professionals have led to a "treatment gap" (Saxena et al., 2007, p. 886). Saxena et al. (2007) developed this term to describe the inability of people in need to receive adequate care. Not only are mental health services difficult to obtain, but those with access to treatment often fail to follow through due to fears of stigmatization.

In this chapter, I provide a summary of existing literature related to the topic and the significance of this study. The problem statement is delineated, demonstrating the need for the research. The purpose of the study is also described, followed by the research question. The theoretical framework is described, including the connection between theory and research. The phenomenon being investigated is examined by reviewing the nature of the study and the methodology. Key terms are defined, and assumptions that contributed to the study are provided. Finally, the scope of the study is discussed, with its implications for social change.

Background

Mental illness has a financial impact of more than $193 billion each year on the U.S. economy. Individuals with depression are more likely to develop cardiovascular disease, be unemployed, and visit emergency departments (NAMI, 2022). The World Health Organization (2019) reported that, in 2019, suicide was the second leading cause of death among young people. Similarly, NAMI (2022) found that more than 12 million adults throughout the United States had thoughts of suicide.

Dogs have served as human companions for more than 150 years (Wisdom et al., 2009). They have helped people hunt and have provided protection for them for more than a thousand years (Pop et al., 2014). In the 19th century, it was discovered that when people confined to mental institutions cared for animals, they experienced decreased symptoms (Friedmann & Thomas, 1995; Krause-Parello & Morales, 2018). Exposure to animals has been shown to lower stress, reduce blood pressure and heart rate, and help people recover more quickly from stressful events (Wisdom et al., 2009). Pop et al. (2014) also found that playing with animals offered people comfort and an increased appreciation for the joy of living. Pets have also contributed to increased socialization, decreased loneliness, improved quality of life, increased physical and mental activity, and decreased anxiety (Wisdom et al., 2009).

The use of animals to aid individuals with disabilities is broadly referred to as animal-assisted intervention (AAI; Linder et al., 2017). Since the 1980s, dogs have helped people cope with various challenges such as blindness, mental illness, diabetic alert, and seizure warnings. In these roles, animals have offered their human companions

increased confidence and independence (Bray et al., 2019; Hunter et al., 2019; Lloyd et al., 2019: Patterson-Kane et al., 2020; Walther et al., 2017). Animals used for AAI fall into three categories: service, emotional support, and therapy animals (Shilling et al., 2020).

Service dogs are trained to perform tasks for people with disabilities. The work they perform must be directly related to the individual's disability (Shilling et al., 2020; Shotwell & Wagner, 2019; United States Department of Justice [DOJ], 2020b). The National Network, Information, Guidance, and Training on the Americans with Disabilities Act (ADA, 2022a) provides comprehensive, federally mandated regulations concerning disability within the United States. (ADA, 2022). Title II of the ADA outlines guidelines for service animals' definition, rights, and responsibilities. It recognizes only dogs as service animals, with some allowances for miniature horses in exceptional circumstances (ADA, 2022b).

Existing literature regarding service dogs specifically for the psychological disabled was limited. van Houtert et al. (2018) found that only 19 of 126 articles reviewed focused on canines and mental illness. Much of the recent research focused on human–animal interaction and service dogs for physical disabilities. Available data related to psychiatric service dogs (PSDs) were subjective and lacked rigorous empiricism (van Houtert et al., 2018). Similarly, Rodriguez et al. (2020) reported that research examining the benefits of service dogs on the psychiatric population was incongruent and had not been thoroughly reviewed since 2012.

Although researchers have investigated the issue of service dogs, those specifically for psychological purposes have not been explored in this manner. Research on service dogs in the psychiatric population was scarce. The recent research focused on assistance dogs used for medical and mobility purposes (Rodriguez et al., 2020). van Houtert et al. (2018) stated that PSDs were underrepresented in existing literature. Scholarly literature regarding working dogs was limited to veterans with post-traumatic stress disorder (PTSD). Recent data were also diminished by inconsistent methodologies and subjectivity, such as handler self-reports and prejudiced assessments (van Houtert et al., 2018). Inconsistencies in data collection and reporting and moderating and confounding variables have prevented the replication of existing studies (Rodriguez et al., 2020). Further research was needed to understand the impact of service dogs on psychological well-being (Brooks et al., 2018; Lloyd et al., 2019; Rodriguez et al., 2020; van Houtert et al., 2018).

Problem Statement

The academic community had a limited understanding of the attachment bond between psychiatrically diagnosed adults and the service dogs who aid in mitigating the symptoms of their disabilities. There was also limited knowledge regarding the attachment that humans have with their canine companions and how that bond may improve psychiatric symptomology (Rodriguez et al., 2020). The research problem that was addressed in the current qualitative study was the expansion of the understanding of the role of service dogs on the U.S. adult psychiatric population.

Most previous research on service dogs focused on their use in assisting individuals with physical disabilities (Rodriguez et al., 2020). Literature specific to the psychiatric population was limited to military veterans, representing a small percentage of the U.S. population (van Houtert et al., 2018). There also appeared to be a lack of rigorous methodology and replicability of existing literature (Brooks et al., 2018; Lloyd et al., 2019; Rodriguez et al., 2020; van Houtert et al., 2018). Therefore, definitive conclusions regarding the effectiveness of service dogs on psychological conditions could not be drawn. More research with consistent assessment methods, a broader population, and a robust methodology was necessary.

Purpose of the Study

The purpose of the qualitative interpretative phenomenological study was to explore the lived experiences of individuals who use service dogs to mitigate the symptoms of their psychological disorders. I explored how the attachment bond between canines and humans improves mental health outcomes in those facing psychiatric illness. Studies on PSDs have the potential to advance the literature and provide empirical support to the use of service dogs in the psychiatric population.

This qualitative study was intended to improve the academic community's understanding of the role of attachment in the experiences of adults with psychiatric diagnoses who use service dogs to mitigate the symptoms of their disabilities. As the research problem demonstrates, van Houtert et al. (2018) suggested the need for a more comprehensive understanding of the role of service dogs in the lives of adults with psychiatric diagnoses. Further, Kwong and Bartholomew (2011) suggested that exploring

the role of attachment between humans and animals may increase understanding of the service dogs' role in mitigating symptoms of mental illness among adults. An interpretative phenomenological analysis (IPA) provided a rich, inclusive focus on how adults make sense of the role of service dogs in mitigating the symptoms of their disabilities. The focus was on the attachment bond between the individual and the canine companion.

Research Question

The current study sought to answer a single research question: How do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities?

Theoretical Framework

The theory that grounds this study was Bowlby's (1982) theory of development, emphasizing attachment. During stress, infants are biologically driven to maintain proximity to a caregiver. This adaptive survival instinct is the foundation of attachment. Though most often applied to humans, Bowlby posited that all higher species seek safety in one perceived to be more capable of coping with environmental threats. I explored the attachment between individuals with psychological disabilities and their service dogs.

The logical connections between the framework presented and the nature of my study included Bowlby's theoretical work, which has been used to describe how humans form emotional bonds that facilitate comfort and security. The theory was extended to explain the human–animal bond that occurs between a service dog handler/owner and the dog. Such a bond can provide insight into the psychological benefits of service dogs for

individuals with psychiatric diagnoses. Canine companions have many characteristics that allow people to develop strong cooperative relationships with them. Such bonds mimic the human infant–mother attachment (Nagasawa et al., 2009). Attachment theory provided a solid theoretical framework for exploring the human–animal bond. It clarifies what makes up an attachment relationship for humans (Rockett & Carr, 2014). Behaviors demonstrated by humans regarding their dogs are consistent with the four features of attachment bonds (Payne et al., 2015). Pet owners cite the nonjudgmental and unconditional love they receive to develop such strong connections with their dogs. Owners feel a sense of security in the haven created by their canine companions. Dogs are omnipresent, affectionate, dedicated, loyal, and mobile, making them uniquely capable of serving as emotional caregivers (Zilcha-Mano et al., 2011). The current study contributed to the existing literature by exploring how adults with psychological disabilities describe their bonding experiences with service dogs.

As noted by Kwong and Bartholomew (2011), the unconditional love demonstrated by dogs increases the owner's sense of security. The stability offered by service dogs provides handlers with the confidence to explore, knowing their canine companion is always available as a safe base. For some individuals with disabilities, the task of owning a dog provides them with a sense of being needed. The dogs may also help those with psychiatric conditions better manage their emotions. The desire to protect their dogs from stressful situations encourages them to control themselves better. Finally, dog owners may experience increased self-esteem and empathy through the attachment

bond, which is especially important for individuals with psychological disorders (Kwong & Bartholomew, 2011).

Nature of the Study

To answer the research question in this qualitative study, I used IPA. The sample size for this IPA study included 10 adults with psychiatric diagnoses who use service dogs to serve as attachment figures in mitigating the symptoms of their disabilities. I used suggestions from Smith and Nizza (2022) and Kvale (2009) to develop open-ended questions to gather rich, in-depth information. Attachment theory was also instrumental in preparing the interview guide. The work of Bowlby (1982) informed the thematic analysis of attachment bonds in the human–animal dyads. Furthermore, data collection involved in-depth semistructured virtual interviews with each participant. The interview guide allowed me time to ask the questions in the order presented, permitted notetaking and helping me stay within the allotted time frame for each interview. The setting for the data collection had no distractions and an environment that was comfortable for the participants. All interviews were digitally recorded and manually transcribed for future data and thematic analysis.

Definitions

Assistance animals: The terminology related to companion and working animals is often perplexing. Therefore, the American Animal Hospital Association (AAHA, 2021, as cited in Otto et al., 2021) developed a comprehensive list of acronyms and definitions important in understanding the various types of working and service dogs. However,

despite comprehensive explanations, the lack of consistent language associated with this animal population leads to confusion:

- *ADA: Americans with Disabilities Act*
- *Animal-assisted activity (AAA)*: The term for animal-assisted activities delivered in a variety of environments by specially trained professionals, paraprofessionals, or volunteers in association with animals that meet specific criteria and provide opportunities for motivation, education, or recreation to enhance quality of life.
- *AAI: Animal-assisted intervention*
- *Animal-assisted therapy (AAT)*: Goal-directed interventions in which an animal meeting specific criteria is an integral part of the treatment process delivered or directed by health or human service providers working within the scope of their profession. AAT is provided in various settings and may be group or individual in nature.
- *Assistance dog (assistance animal)*: Animals who do work, perform tasks, provide assistance, or provide psychological support for a person with a physical or mental impairment that substantially limits at least one major life activity or bodily function. An assistance animal is not a pet.
- *Emotional support animal (ESA)*: An animal of any species that provides therapeutic emotional support for individuals with disabilities in which the use is supported by a qualified physician, psychiatrist, social worker, or other mental health professional based on a disability-related need. ESAs do not

qualify as service animals under the ADA or a recent ruling by the U.S. Department of Transportation because they do not require training to perform a particular task.

- *FHA*: Fair Housing Act
- *Service dog*: Any dog trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic or trained or untrained, are not considered service animals.
- *Therapy dog*: An umbrella term for a dog used in animal-assisted activities or goal-directed interventions of animal-assisted therapy and is not recognized by the ADA as a service animal.

Mental health: The American Psychiatric Association (APA, 2013) defined a mental disorder as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (p. 20). Psychological illness frequently leads to impairments in an individual's ability to function in social, occupational, academic, or personal contexts (APA, 2013). More than 157 psychological diagnoses have a distinctive clinical presentation (Cherry, 2021). They include abnormal thoughts or emotions, inaccurate perceptions, unstable emotions, and problematic interpersonal relationships. Psychological disorders pose an ongoing and increasing burden on society, impacting physical, social, and economic health worldwide (Jau & Hodgson, 2017; Wisdom et al., 2009; World Health Organization, 2019).

Assumptions

Prior to conducting the study, I made certain assumptions. The first assumption was that, through interviews with participants, the research question would be comprehensively answered. This required a sufficient sample size and adequate data collection to identify all relevant themes. I also assumed that all participants would provide cooperative and honest responses to interview questions. I assumed that participants would be able to describe their experiences with service dogs relevant to mitigating their psychiatric symptomology. Another assumption was my ability to create a safe environment for participants to engage in the interviews without interruptions and distractions. Further, I assumed that I would be able to conduct interviews objectively, without bias, to discover the subjects' lived experiences. Semistructured interviews with open-ended questions allowed interviewees to provide descriptive and comprehensive accounts of their experiences with a PSD.

Scope and Delimitations

The scope of the current study was delimited to adults who owned service dogs specifically for psychiatric purposes. In supporting the phenomenon of interest for this study, I included individuals who met the Diagnostic and Statistical Manual (DSM-5-TR) criteria for having a psychological disability. To ensure equality of life experiences concerning having a mental illness, I limited participants to those who received a qualifying diagnosis at least 3 years before the project's initiation. Establishing such a time frame reduced the probability that some individuals would describe their experiences differently due to the recency effect of the diagnosis. Exclusion criteria

consisted of individuals who did not have a DSM-5-TR diagnosis or those who had been diagnosed within 3 years of the project's initiation. Also excluded were people who did not have experience with service dogs. Individuals who could not provide informed consent due to impairment, incompetence, or inability to make decisions were also excluded. Finally, military veterans were excluded from this study due to the saturation of this population in the current literature.

Semistructured interviews were conducted to investigate subjects' perspectives on living with a PSD. Self-reported service dog handlers' experiences contributed to an understanding of the bond between service dogs and their handlers (Yamamoto & Hart, 2019a). The project generated data through collaboration between subjects and me (Creswell & Creswell, 2018). The focus was on the participants' experiences and how they transformed into consciousness (Merriam & Tisdell, 2016).

Limitations

Participants were selected primarily from within the United States, with a single case exemption who was residing outside the country at the time of the interview. Therefore, collected data may not be generalized to individuals outside of this geographic area. The nature of qualitative research is amenable to this lack of global generalizability (Creswell, 2018). Additionally, the IPA design provided a framework for evaluating the spirit of participants' experiences and was, therefore, transformative (Patton, 2015).

Being a qualitative researcher demanded sensitivity and awareness of ethical issues. It required developing trustful relationships with participants, respecting each person's individuality, and understanding unique perspectives. I was aware of my cultural

values and how they may be projected onto the study participants. I recognized how my biases could potentially lead to some form of discrimination. Thus, I respected the subjects' identity by acknowledging the dynamic interactions of the cultural contexts in which the research occurred. Researchers who fail to reflect an awareness of cultural differences violate acceptable norms and may reveal a culturally biased perspective in interpreting collected data (Karagiozis, 2018).

Researchers need also be aware of the potential for dual relationships with study participants. Sharing business, personal, financial, or familial interests may impair professional judgment. Conflicting roles are ideally avoided unless they serve as helpful or necessary to the purposes of the research. If such incompatible functions should be harmful, the investigator should withdraw from or adjust their position within the project (Karagiozis, 2018).

I demonstrated sensitivity and respect toward all participants. The level of interaction impacted the depth and quality of the interviews and the research data. Because interviews are the primary data source in most qualitative studies, I needed to be fully engaged and present with the subjects who shared their stories. Active listening, compassion, genuineness, and acceptance are essential competencies that were demonstrated during the interactions. The quality of the interview data collected was shaped by my ability to demonstrate these skills (Karagiozis, 2018). Additionally, a potential barrier when collecting primary data includes selecting participants from a vulnerable population. Early consultation with the institutional review board (IRB) was conducted to ensure subject safety.

Finally, the researcher must view each interview session within the context of the entire study. Personal interviews contain a depth and ambiguity that transcends the transcribed, written text of collected data. Both parties' perspectives influence the verbal and nonverbal interactions between the researcher and subjects. Thus, I was mindful of what was happening at every moment of each interview. I also remembered that each interviewee ds a history and brought an individual perspective to the study (Karagiozis, 2018).

My role in this phenomenological study was to understand how people interpret their lives with handling PSDs. As the primary data collection instrument, I carefully examined my perspectives. I was culturally aware of and respectful of the cultural differences between myself and my participants. I utilized interpersonal skills such as sensitivity, honesty, and authenticity. I established a trusting relationship with my subjects to genuinely understand the experiences they volunteered to share with me. Considering these factors, I respected my participants as coresearchers rather than merely subjects from whom I was gathering data (Karagiozis, 2018).

Lastly, I was a native researcher meeting the inclusion criteria of this study. As such, I was especially cautious of dual relationships. I strove to maintain objectivity. Journaling was one method of preventing bias during this study. A research journal allowed me to note my personal reflections, thoughts, and ideas. Objectivity was also maintained by conducting ongoing reviews of participant responses. Finally, bracketing my personal experiences, biases, and perceptions before interviewing participants allowed subjects to describe their experiences without my influence. My experiences and

perceptions of working with a PSD were not allowed to impede my ability to gather and interpret rich data from the study participants. Because those experiences were an inseparable part of me, I believed that professional supervision, honesty with my subjects, and reflective journaling were essential in my work.

Significance

This study was significant because it filled a gap in understanding attachment bond experiences in adults with psychiatric diagnoses and the dogs they use to mitigate their symptoms. The study offered the perspective of the underserved population of PSD handlers, namely nonveterans. The relationship between the handler and the canine companion was the foundation of the attachment dynamics. By exploring the lived experiences of the population, the study aids society in gaining better insight into a potential alternative modality in addressing mental illness in the adult population. Additional interventions for adults with psychiatric disabilities may contribute to social change by offering expanded and perpetual access to a method of symptom reduction.

Nepps et al. (2014) posited that AAI can improve symptoms of multiple psychological disorders. However, further research was needed to evaluate the long-term benefits of AAT. Nepps et al. also stated that further research with a nontreatment control group would clarify whether positive results occurred due to placebo effects or were treatment effects. Koukourikos et al. (2019) found that AAT benefits those who have mental illness as an adjunct to traditional approaches:

> The positive benefits of animal involvement in the treatment process led to the reduction of the onset of negative symptoms caused by mental disorders and the

> emergence of positive behaviors, mainly concerning the responsibilities of and activities of everyday life on behalf of patients. (p. 1903)

However, Koukourikos et al. cautioned that research into the involvement of animals in the treatment of psychological disorders needs to be broadened and enriched.

Summary

The problem that prompted the current study was the lack of understanding in the academic community of the attachment bond between adults with psychological disorders and the service dogs they use to mitigate the symptoms of their disabilities (Rodriguez et al., 2020). Research on service dogs in the psychiatric population was scarce. Much of the recent research on service dogs pertained to those used for medical purposes (Rodriguez et al., 2020). Published information on canine companions specifically for psychological purposes was limited. van Houtert et al. (2018) stated that PSDs are underrepresented in the literature. Recent scholarly literature regarding PSDs focused on veterans with PTSD (van Houtert et al., 2018).

In addition to the focus on medical service animals and those used for PTSD among veterans, the existing literature was weakened by subjective data and inconsistent methodologies (Rodriguez et al., 2020). The recent service dog data were primarily based on handler self-reports and prejudiced measurement techniques (van Houtert et al., 2018). Studies had been difficult to replicate due to inconsistencies such as time disparities and varying assessment techniques. Definitive conclusions could not be drawn due to inadequate reporting and a failure of most studies to account for moderating or confounding variables (Rodriguez et al., 2020). Thus, further research was needed to

understand the impact of service dogs on mental health (Brooks et al., 2018; Lloyd et al., 2019; Rodriguez et al., 2020; van Houtert et al., 2018). The study was intended to improve the academic community's understanding of the role of attachment in the experiences of adults with psychiatric diagnoses who use service dogs to mitigate the symptoms of their disabilities. As the research problem demonstrates, van Houtert et al. (2018) suggested the need for a more comprehensive understanding of the role of service dogs in the lives of adults with psychiatric diagnoses.

Further, Kwong and Bartholomew (2011) suggested that exploring the role of attachment between humans and animals may increase understanding of the service dogs' role in mitigating symptoms of mental illness among adults. An IPA provided a rich, inclusive focus on how adults make sense of the role of service dogs in mitigating the symptoms of their disabilities. Specifically, the focus was on the attachment bond between the individual and the canine companion. This study's theories and concepts included Bowlby's (1982) development theory, focusing specifically on attachment. The logical connections between the framework presented and the nature of my study included Bowlby's theoretical work, which had been used to describe how humans form emotional bonds that facilitate comfort and security. The theory was extended to explain the human–animal bond that occurs between a service dog handler/owner and the dog. The study may provide insight into the psychological benefits of service dogs for individuals with psychiatric diagnoses.

Chapter 2 presents a literature review addressing the research problem and existing gaps in academic knowledge. I also describe attachment theory as evidenced by

the human–animal bond. The role of assistance animals in supporting mental health is addressed. I also discuss the significance of mental illness in society and the barriers to current treatment modalities. I provide a historical context for animals as human companions and describe the various types of assistance animals. An overview of relevant government regulations and pertinent policies and exclusions is provided. Service animal lifestyle factors are discussed, such as financial considerations, training, travel, and the benefits and challenges of handling a service dog. Finally, the role of service dogs in assisting those with psychiatric disorders is examined. The chapter concludes with an overview of how the bond between humans and animals is critical in understanding the nature of service dogs in the lives of individuals with disabilities.

Chapter 2: Literature Review

The purpose of this qualitative study was to improve the academic community's understanding of the role of attachment in the experiences of adults with psychiatric diagnoses who use service dogs to mitigate the symptoms of their disabilities. The problem the study addressed was the limited knowledge regarding the attachment that humans have with their canine companions and how that bond may improve psychiatric symptomology. van Houtert et al. (2018) suggested the need for a more comprehensive understanding of the role of service dogs in the lives of adults with psychiatric diagnoses. Further, Kwong and Bartholomew (2011) suggested that exploring the role of attachment between humans and animals may increase understanding of the service dogs' role in mitigating symptoms of mental illness among adults. An IPA provided a rich, inclusive focus on how adults make sense of the role of service dogs in mitigating the symptoms of their disabilities. Specifically, the focus was on the attachment bond that develops between the individual and the canine companion.

Kwong and Bartholomew (2011) found that people who form emotional bonds with assistance animals experience improved psychological health. The human–animal bond explains the connection that forms between handler and canine (Rockett & Carr, 2014). Dogs provide nonjudgmental and unconditional love, allowing owners to develop a sense of security and safety. The consistent companionship, affection, loyalty, and dedication make dogs uniquely qualified to serve as emotional caregivers (Zilcha-Mano et al., 2011). As handler and canine come to depend on each other for daily life activities, the bond becomes increasingly powerful and secure (Kwong & Bartholomew, 2011).

Then, such an attachment serves as a source of support and comfort (Zilcha-Mano et al., 2011). In the case of service dogs, the tasks performed through intense training afford disabled individuals' levels of independence, socialization, and environmental control that may otherwise be unattainable (Hicks & Weisman, 2015). Service dog handlers have been shown to have improved social welfare and lower anxiety, loneliness, and depression (Walsh, 2009).

This literature review was intended to provide the reader with an overview of the role of service dogs in the lives of individuals with psychological disabilities. Historically, service animals have been used to aid individuals with various medical disorders. More recently, the role of service animals in supporting mental health has become increasingly evident. The chapter addresses the significance of mental health in society, including its prevalence and barriers to treatment modalities. The chapter also provides the historical context for animals as human companions. The types of assistance animals are described, including service animals. An overview of government regulations allowing for service dogs is provided, along with policies, rights, and exclusions. Specific service animal lifestyle factors are also discussed, such as training, travel, and the benefits and challenges of owning a service dog. Finally, the role of service dogs in assisting those with psychiatric disorders is examined. The chapter concludes with an overview of how the bond between humans and animals is critical in understanding the nature of service dogs in the lives of individuals with disabilities.

Literature Search Strategy

I searched for relevant literature from the PsycINFO, Journals@OVID, PsycARTICLES, PubMed, Psychiatry Online, ProQuest, Medline, SocIndex, APA PsycInfo, Science Direct, Directory of Open Access Journals, Gale, and EBSCO databases. The search was limited to peer-reviewed scholarly journals using the search terms *psychiatric service dogs, service dogs* AND *attachment, attachment, assistance animals, pet dogs, service dogs, Americans with Disabilities Act, service dog training, attachment* AND *dogs, mental illness, assistance dogs, human-animal relationships, human-animal bond, attachment* AND *companion animals, mental health treatment, John Bowlby, attachment theory, owning a service dog, training a service dog, cost of service dogs, barriers to having a service dog, history of service dogs, role of service dogs, service dogs* AND *psychiatric, service dogs* AND *mental health, service dogs* AND *illness, service dogs* AND *well-being, human-animal bond, human-animal interaction, assistance dogs, assistance dogs* AND *psychiatric, animal-assisted interventions, animal-assisted therapy, dog-assisted therapy, animal therapy, canine-assisted interventions, service dogs* AND *psychological disorders, service dogs* AND *mental illness, psychiatric assistance dog, service dogs AND disabilities,* and *canine* AND *PTSD*.

Databases

A secondary search was conducted using Google Scholar and a general online search to ensure all potentially relevant information was found. This search allowed for a broader range of results because it was not limited to peer-reviewed articles. It also allowed for the inclusion of information related to service dogs and assistance dog

organizations, which provided educational information. Filters were added to include only articles published since 2018. General internet searches included no filters.

The criteria for literature to be included in the review were as follows: (a) animal-related articles, (b) psychiatry/psychology-related articles, (c) relevance to service dogs, (d) adult population, and (e) written in English. The references list of selected articles led to seminal works from as far back as 1982 on attachment theory in the *American Journal of Orthopsychiatry*. This research also included two books.

Landmark Studies

In developing my topic of interest (psychiatric assistance dogs), I chose to use the theoretical framework of attachment theory. To confirm the origin of this concept, I searched Google Scholar for attachment theory and found that Bowlby is recognized as the first attachment theorist (Cherry, 2019). The website verywellmind.com provided a good background on the development of this theory. The information presented, along with the references, proved helpful in developing an understanding of my topic. Galvan and Galvan (2017) noted that it is vital to understand classic studies to provide context for a topic. I then found original studies conducted by Bowlby by searching for attachment theory and the surname.

Theoretical Foundation

The current study examined the intense bond between owners and their service dogs through the framework of attachment theory (Bowlby, 1982). During stress, infants are biologically driven to maintain proximity to a caregiver. Such an adaptive survival instinct is the foundation of attachment. Though most often applied to humans, Bowlby

(1982) posited that all higher species seek safety in one perceived to be more capable of coping with environmental threats. I explored the attachment that develops between individuals with psychological disabilities and their service dogs.

Attachment is a strong emotional connection between two individuals (Payne et al., 2015). It helps explain why infants seek mother figures for safety and comfort when hungry, afraid, ill, or tired. Attachment maintains environmental homeostasis and a safety regulation system by reducing threats of harm and increasing a sense of security (Bowlby, 1982; Nagasawa et al., 2009). With fierce tenacity, newborns seek proximity with and comfort from a safe caregiver (Bowlby, 1982).

According to Zilcha-Mano et al. (2011, p. 345), attachment theory requires the fulfillment of four criteria:

- proximity maintenance: preferring to be near an attachment figure, especially in times of stress or need
- using the attachment figure as a safe haven who relieves distress and provides comfort, encouragement, and support
- using the attachment figure as a secure base who increases one's sense of security, which in turn sustains exploration, risk taking, and self-development
- experiencing separation distress when the attachment figure is temporarily or permanently unavailable

Many distinct types of relationships demonstrate these criteria. Romantic partners, parent–child relationships, therapist–patient relationships, leaders, and even institutions

and groups may serve as sources of comfort and support in some situations (Zilcha-Mano et al., 2011).

Dogs have formed unique relationships with humans not seen in other domesticated animals. They have established a special place in society among people (Nagasawa et al., 2009). Canines are known to possess strong loyalty and a desire to please. Such reliability allows dogs to be trained to perform various service tasks for their owners (Hicks & Weisman, 2015). In addition to medical and psychological assistance tasks, dogs have been employed in drug detection, hunting, guarding, and herding. Canines have many characteristics that allow people to develop strong cooperative relationships with them. Such bonds mimic the human infant–mother attachment (Nagasawa et al., 2009).

Recent literature included the premise that humans form strong emotional connections with their companion dogs. This relationship is characterized by compassion and affection and often leads to improved psychological health for the handler (Kwong & Bartholomew, 2011). Attachment theory provided a solid theoretical framework to explore the human–animal bond. It clarifies what makes up an attachment relationship for humans (Rockett & Carr, 2014). Behaviors demonstrated by humans regarding their dogs are consistent with the four features of attachment bonds (Payne et al., 2015). Pet owners cite the nonjudgmental and unconditional love they receive as the reasons for developing such strong connections with their dogs. They feel a sense of security in the safe haven created by their canine companions. Dogs are omnipresent, affectionate, dedicated, loyal, and mobile, making them uniquely capable of serving as emotional caregivers (Zilcha-

Mano et al., 2011). The current study contributed to the literature by clarifying how adults with psychological disabilities describe their bonding experiences with service dogs.

Due to interdependence, the attachment bond between individuals with disabilities and their service dogs is often powerful. Dogs depend on their owners for daily care, while handlers rely on their dogs for activities of daily living. The amount of time the pair spends together further increases the likelihood of attachment (Kwong & Bartholomew, 2011). Dogs offer their owners unconditional love and acceptance unrivaled by human companionships, making them ideal attachment figures. Canines can also provide their handlers with friendship characterized by consistency, stability, authenticity, and loyalty. Many view their dogs as a significant source of support, comfort, and respite, especially in times of distress (Zilcha-Mano et al., 2011).

Service dogs are highly trained animals. They offer individuals with psychological disabilities an opportunity to enjoy levels of independence in daily living that may otherwise be unattainable. Tasks such as socialization, emergency management, and environmental control are a few ways canines can assist their owners. Research indicated that the bond handlers have with their dogs can be a reliable intervention strategy for many people with disabilities. By providing comfort, empathy, and companionship, dogs can increase self-efficacy, self-worth, and empowerment. In this way, dogs function as attachment figures that offer their owners a sense of safety and security. Additionally, handlers develop a sense of trust in their dogs to perform the services they are trained for (Hicks & Weisman, 2015).

Hicks and Weisman (2015) interviewed individuals who used service dogs to mitigate the detriments of disability. Their study found that participants often considered their dogs to be members of their families. One participant reported that his service dog was his best friend and could protect him because he was always with him. Another study subject discussed the feeling of losing a service dog to which she was attached. “The emotional attachment is like a river that runs from one to the next. The tide comes in and the tide comes out…I just see that as a fluid emotional bond from one dog to the next” (Hicks & Weisman, 2015, p. 254). Most of the research participants echoed such sentiments describing their dogs as their friends they deeply loved and shared life. Hicks and Weisman supported the value of using service dogs for emotional support and a sense of safety, characteristics of the attachment bond.

Attachment takes time to develop, but instant connections can often be observed when an owner interacts with their service dog. The relationship between owner and service dog is rich and deep and extends beyond the service provided. The bond creates a sense of trust and interdependence. It is crucial to acknowledge that this bond is different from what develops between a human and a pet. Service dogs participate in extensive training to provide security, support, and comfort to their owners (Hicks & Weisman, 2015).

Recent research suggested that the human–animal bond improves psychological well-being. Pet owners have shown lower anxiety, loneliness, depression, and improved social welfare. Many pet owners have expressed stronger connections to their animals than other humans. They find that dogs elicit and respond to the feelings and behaviors of

their handlers. The bond between humans and pets may be a lifeline for some, especially those with special needs. For this reason, attachment theory applies to the human–animal bond (Walsh, 2009).

Dogs provide their owners with playful and joyful activities that assist in reducing stress. They offer relief from many of life's challenges. Dogs greet people with curiosity, enthusiasm, compassion, and affection. They meet handlers' needs for a consistent and reliable bond. This is particularly true of service animals. Legally differentiated from pets, service dogs receive extensive training, which allows them to partner with individuals with disabilities. By providing a constant source of comfort and unconditional love, they offer their owners a sense of security not easily duplicated by human relationships. Attachment with their owners is particularly critical (Walsh, 2009).

In addition to the training that allows service dogs to meet the specific needs of their owners, the relational bond formed by this dyad is likely to be significantly stronger than that of other humans and pets. Individuals with disabilities often seek comfort and support from their service dogs. Individuals with disabilities frequently depend on their dogs for daily functioning. This fosters a sense of mutual dependence as the dog depends on the owner for primary care. Service dog handlers also spend considerably more time with their animals. The bond that develops is often described as familial. Further supporting the attachment perspective, individuals with disabilities may seek proximity to their dogs as protection from danger. In some instances, dogs can perceive their owners' emotions and needs and instinctively engage with them (Kwong & Bartholomew, 2011).

The unconditional love demonstrated by dogs increases the owner's sense of security. The stability offered by service dogs provides handlers with the confidence to explore, knowing their canine companion is always available as a safe base. For some individuals with disabilities, the task of owning a dog provides them with a sense of being needed. The dogs may also help those with psychiatric conditions better manage their emotions. The desire to protect their owners from stressful situations encourages dogs to control themselves better. Finally, dog owners may experience increased self-esteem and empathy through the attachment bond, which is especially important for individuals with psychological disorders (Kwong & Bartholomew, 2011).

Mental Illness

Mental health is characterized by emotions, responses to stress, impulses, and moods. Each of these states impacts the thoughts, feelings, and behaviors of people. They may be viewed as healthy or dysfunctional depending upon duration, frequency, intensity, or etiology (Gross et al., 2019). Most individuals will experience some measure of maladaptive symptoms during a lifetime (Gross et al., 2019; Peter et al., 2021). Thus, each state is assessed on a continuum ranging from severely psychiatric to subclinical. Given the role of culture in human emotional regulation and motivation, mental illness is an iterative diagnosis socially constructed (Peter et al., 2021). As perspectives on what is deemed normal versus deviant shift, the understanding of psychological syndromes similarly evolves (Gross et al., 2019; Peter et al., 2021; Weiste et al., 2021).

Worldwide Prevalence

Major psychiatric syndromes include depression, bipolar disorder, schizophrenia, dementia, and developmental disorders. Within each category are numerous specific psychological conditions. Depression is the most common and is the leading cause of disability worldwide. Suicide is the second leading cause of death among individuals aged 15-29. Approximately 264 million people worldwide are affected by depression, most of whom are women. About 45 million people worldwide have bipolar disorder, and approximately 20 million are diagnosed with schizophrenia. A variety of diseases and injuries that affect the brain, known as dementia, afflicts roughly 50 million people worldwide (World Health Organization, 2019).

By the Numbers, United States

In the United States (U.S.), approximately 21% of all adults, or 52.9 million people, experienced mental illness in 2020. One in 20 adults, 5.6%, experienced serious mental illness in 2020, and 6.7% of adults experienced a co-occurring substance use disorder and mental illness in 2020 (National Alliance on Mental Illness, 2020). Annual prevalence among U.S. adults by condition according to the National Alliance on Mental Illness (NAMI, 2022):

- Schizophrenia: <1% (estimated 1.5 million people)
- Obsessive Compulsive Disorder: 1.2% (estimated 3 million people)
- Borderline Personality Disorder: 1.4% (estimated 3.5 million people)
- Bipolar Disorder: 2.8% (estimated 7 million people)
- Posttraumatic Stress Disorder: 3.6% (estimated 9 million people)

People with depression are 40% more likely to develop cardiovascular disease, while those with serious mental illness are about twice as likely. The unemployment rate for those with mental illness is 6.4% compared to 5.1% for the general public. An estimated 12 million annual visits to emergency departments involve mental illness. Serious mental illness costs the U.S. economy nearly $193.2 billion annually. In 2020, more than 12 million adults throughout the U.S. had thoughts of suicide (NAMI, 2022).

Problems in Current Mental Health Treatments

In 2018, the Lancet Commission on Global Mental Health and Sustainable Development reported a global burden of psychological disorders. The commission determined that many people who needed psychological care were unable to receive such due to poor allocation of limited resources. They found that funding for therapeutic services was inadequate, and the number of mental health professionals was insufficient to meet the demand. Additionally, those who could access care were often afraid to do so due to concerns about stigmatization. Saxena et al. (2007) called this a "treatment gap - the proportion of those who need but do not receive care" (p. 886). Most of those who need mental health interventions simply do not receive services (Saxena et al., 2007).

Animals as Human Companions

Humans and animals have interacted for centuries (Oftedal & Harfeld, 2020). For more than 150 years, dogs have been considered man's best friend (Wisdom et al., 2009). As long as 14 thousand years ago, dogs helped hunter-gatherer peoples hunt. As societies began settling and building shelters, dogs protected them (Pop et al., 2014). As early as the 19th century, the presence of animals in people's lives was believed to have healing

properties. Individuals confined to mental asylums cared for animals as a psychotherapeutic intervention (Friedmann & Krause-Parello, 2018). Hippocrates was said to have prescribed horseback riding for insomnia (Charry-Sanchez et al., 2018). Longitudinal research examining the impact of companion animals on the survival of patients with coronary heart disease was the first scientific study to provide evidence for the health benefits of companion animals. This study indicated that those who owned dogs were more likely than non-owners to live more than one-year post-hospitalization (Friedmann & Thomas, 1995). Patronek and Glickman (1993) suggested that the reduced mortality rate of those patients was correlated with the human-animal bond. Other studies have supported the long-term health outcomes of owning animals (Friedmann & Krause-Parello, 2018).

Research suggests that exposure to pets reduces stress, lowers blood pressure and heart rate, and quicker recovery from stressful encounters (Wisdom et al., 2009). Interacting with animals offers humans an opportunity to provide comfort and care for pets, who offer altruism and a playful appreciation for life (Pop et al., 2014). They also contributed to increased socialization, decreased loneliness, and improved quality of life. Pets are also correlated with increased civic engagement and social capital as owners interact with neighbors, other pet owners, and the community. Furthermore, pets have also been shown to increase physical fitness and decrease anxiety (Wisdom et al., 2009). Other beneficial effects of assistance dogs may include increased independence and socialization and improved self-esteem and confidence (Yamamoto & Hart, 2019a).

The use of animals for therapeutic purposes is commonly known by several titles, such as therapy animals, assistance animals, companion animals, medical alert animals, and emotional support animals. The designations generally refer to the relationship between the animal and owner and the level of training the animal has received (Marshall, 2012). Animal-assisted interventions (AAI) is another broad term used to describe the use of pets to benefit humans therapeutically. It includes goal-oriented interventions aimed at promoting physical and psychological health. There are no regulatory agencies governing animal-assisted interventions (Linder et al., 2017).

Assistance Animals

Dogs have been used to aid individuals with disabilities since the ninth century. They have been serving in exceedingly diverse roles since the 1980s (Lloyd et al., 2019; Patterson-Kane et al., 2020). Animals may help people cope with the symptoms of psychological, ambulatory, and sensory challenges. For instance, dogs have been used as guides for the blind (Walther et al., 2017) and deaf, diabetic, and seizure alert. Others have aided their owners who use wheelchairs. By aiding individuals with disabilities, dogs can provide a significant level of support to humans (Hunter et al., 2019). They often allow their owners an increased sense of confidence and independence, thereby improving the lives of those with disabilities (Bray et al., 2019; Hunter et al., 2019). The broad term for such animals is assistance animals. There are three types of assistance animals: service, emotional support, and therapy animals (Shilling et al., 2020).

The United States Department of Justice refers to working dogs who perform tasks for individuals with disabilities as “service dogs.” However, the more inclusive

term “assistance dogs” is accepted worldwide by Assistance Dogs International (ADI). The term generally refers to a dog that supports human handlers with disabilities. The ADI classifies dogs into three categories: “guide dogs for people with visual disabilities, hearing dogs for hearing disabilities, and service dogs for people with any disabilities other than visual or hearing disabilities” (Yamamoto & Hart, 2019a, p. 1).

Emotional Support Animals

Any animal that offers aid to a person with a psychological condition is an emotional support animal (ESA). Such creatures may reduce stress and provide comfort to their owners. Emotional support animals have no specific training (DOJ, 2020; McNary, 2018; Otto et al., 2021; Shilling et al., 2020; Shotwell & Wagner, 2019; Yamamoto & Hart, 2019a). Emotional support animals are not recognized by the ADA but are defined by the Fair Housing Act as any animal that helps individuals through companionship. Such animals, often dogs, relieve loneliness, decrease depression and anxiety, and help owners cope with various psychological symptoms (Otto et al., 2021). Obtaining an ESA often requires owners to obtain documentation from a health care provider confirming that the animal assists in managing a condition, though the specific diagnosis is not required. With such documentation, animals can live with their owners in dwellings where animals may otherwise be prohibited (Marshall, 2012; Shilling et al., 2020).

In the United States, ESAs were once recognized under the Airline Carrier Access Act (ACAA), and airlines were required to make accommodations for them. Specifically, they were allowed to travel with their handlers in an airplane cabin free of charge.

However, the owner was required to provide written documentation from a licensed mental health professional (McNary, 2018). However, effective January 1, 2021, the Department of Transportation (DOT) amended the ACAA. The amendments deemed that airlines were not required to recognize ESAs as service animals and were allowed to treat them as pets (DOT, 2020).

Therapy Animals

Animals that engage in supervised interventions within schools, healthcare facilities, nursing homes, and other treatment settings are referred to as therapy animals (Linder et al., 2017; Shilling et al., 2020). Their role is to provide structure and support to individuals with mental illness (Wisdom et al., 2009). Social workers, counselors, psychologists, and other therapeutic interventionists often use therapy animals. They allow patients to feel understood by offering empathy and love. They may also encourage social interaction among those who find such discourse overwhelming and intimidating. Therapy animals may also improve the cognitive functioning of individuals with dementia. Finally, therapy animals in physical rehabilitation may improve mobility by encouraging patients to exercise (Wisdom et al., 2009). While therapy animals offer many physical, emotional, and cognitive benefits, they are not allowed access to public places where pets are prohibited (Shilling et al., 2020; Wisdom et al., 2009).

Multiple terms describe the use of animals in a therapeutic milieu. Animal-assisted activities (AAA) and animal-assisted therapy (AAT) are two such interventions. Pet therapy, pet-facilitated therapy, pet-assisted therapy, and animal-assisted therapy are various forms of AAA and AAT. Despite the inconsistent terminology, all animal-related

therapeutic modalities seek to provide motivational, recreational, and therapeutic interactions to enhance the quality of life. They may be facilitated by trained professionals or volunteers and are delivered in various settings (Friedmann & Krause-Parello, 2018).

The processes involved in AAA and AAT may be distinguished by how they are facilitated. Therapeutic interventions facilitated by professional therapists as a goal-directed intervention describe AAT. The aim is to improve patients' physical, social, emotional, and cognitive functioning. (Friedmann & Krause-Parello, 2018; Marshall, 2012; Pop et al., 2014; Shotwell & Wagner, 2019; Wisdom et al., 2009). They have proven effective in providing physical and psychological benefits and decreasing medical expenses (Wisdom et al., 2009). In such therapeutic modalities, the individuals who interact with the animals are not the owners. The animal's mere presence is expected to benefit the patient (Friedmann & Krause-Parello, 2018; Marshall, 2012; Pop et al., 2014). There are specific goals and outcomes in the therapeutic process, often related to improved health of individuals with symptoms such as depression, isolation, anxiety, or cognitive dysfunctions (Friedmann & Krause-Parello, 2018; Pop et al., 2014). Other benefits of animals in therapy include relaxation, increased self-esteem, stress reduction, nurturing skills, improved mood, and reality orientation (Pop et al., 2014).

Service Animals

In 1975 Bonita Bergin showed that dogs could be used for mobility support, thereby innovating the service dog role. Since then, dogs have been used for numerous other purposes. For instance, they may guide individuals with visual impairments, pull

wheelchairs, alert to a diabetic crisis or seizure, remind individuals with mental illness to take medications, or calm someone experiencing anxiety. They can be life-altering for people with disabilities (McNary, 2018; Yamamoto & Hart, 2019a).

"Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities" (United States Department of Justice (DOJ), 2020, How "Service Animal" Is Defined). The dog's job must be directly related to the person's disability (DOJ, 2020; Shilling et al., 2020; Shotwell & Wagner, 2019). The ADA (2022) defines disability from a legalistic perspective. A person with a disability "has a physical or mental impairment that substantially limits one or more major life activities. The definition includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability" (What is the definition of disability under the ADA?).

Title II of the Americans with Disabilities Act (ADA) defines service animals as dogs (ADA, 2022). However, miniature horses may serve individuals with disabilities who, due to religion or allergies, would prefer and if the animal is trained to perform specific tasks and is housebroken. Service animals help support the right to equal access to education, employment, and leisure for individuals with disabilities (Shilling et al., 2020). For this reason, the DOJ (2020) labels them working dogs rather than pets and affords them federal protection under the ADA. Service dogs can also ride in the cabin section of airplanes under the Air Carrier Access Act (Shilling et al., 2020). Because of

their public access, service dogs are expected to be well trained and virtually invisible while in public (McNary, 2018).

The International Association of Assistance Dog Partners (IAADP) is a non-profit organization representing people partnered with service dogs. The goal of the agency is to educate people about assistance dogs. While there is no formal requirement for the training of service dogs in the United States, some elect to adhere to the guidelines of the IAADP for appropriate service dog behavior. For instance, assistance dogs are expected to display no aggression towards people or animals, such as growling or lunging. They should not seek food or attention while working, nor should they sniff objects or people. Working dogs should also endure loud noises, strange sights, sounds, and odors while in public. Assistance animals should also ignore food dropped in their vicinity. It is also essential that a service dog walk calmly on a leash and not engage in disruptive behaviors, such as excessive barking, while in public. Finally, assistance dogs should avoid relieving themselves in inappropriate places away from home (IAADP minimum training standards for public access, n.d.).

Assistance Dogs International (ADI), like IAADP, is a non-profit organization focused on training dogs to perform tasks to assist individuals with disabilities. The organization's goal is to improve the quality of life for disabled people through empowerment, increased safety, and independence. It was started in 1986 in the United States by a few service dog programs. The organization is now made up of more than 100 members worldwide. ADI has developed a code of standards and ethics for training service dogs. It provides public access certification tests, trainer certification tests, and

accreditation standards. ADI is considered a global authority on assistance dogs (Assistance Dogs International, 2022).

Americans With Disabilities Act

The ADA civil rights law provides protections for individuals with disabilities in areas of public life, such as work, school, transportation, and all places that are open to the general public. The purpose is to ensure equal rights and opportunities for those with disabilities. The regulations apply to all state and local governments, public transportation systems that receive monetary funds, hotels, restaurants, retail establishments, doctor's offices, leisure areas, schools, daycare centers, fitness centers, sports stadiums, movie theaters, and other publicly accessible facilities. The ADA requires that businesses make efforts to accommodate individuals with disabilities to ensure equal access (National Network, 2022a).

To ensure that individuals with disabilities have equal access to all public facilities, the ADA requires that reasonable accommodations be made. Some employment-related accommodations may include modifying job duties and schedules, acquiring specialized equipment, offering readers or interpreters, and modifying training programs and modalities. They may also include moving an employee to a vacant, lateral position in the workplace. Public businesses and organizations may need to modify parking lots, entrances, restrooms, exits, elevators, and other areas of the facilities to comply with the ADA regulations (National Network, 2022b).

Service Animal Policies

Multiple studies have demonstrated that service dogs improve their owners' functioning and quality of life. However, many disabled individuals who may benefit from the increased independence and empowerment associated with service dogs are hesitant to take full advantage of this resource. Current policies in the United States are vague, inconsistent, and cumbersome. Further adding to the confusion is the disparity between federal and state regulations. Additionally, existing laws often fail to protect service animals' rights and their owners adequately. For example, the ADA does not mandate professional training as it may create a barrier for some in attaining a service dog. However, some states require certified expert training. Therefore, these policies are contradictory and can lead to problems for disabled individuals wishing to use service dogs. The ambiguous nature of the regulations also makes it difficult to determine what dogs are genuinely service dogs. The ADA requires no registration, training, paperwork, or identification for service dogs. Therefore, service dog fraud is an increasingly relevant problem. For individuals with disabilities, this means increased scrutiny about the legitimacy of their service dogs. Intrusiveness and denial of public access are exceedingly common for people with disabilities that are not apparent. Fraudulent service dogs may also create dangerous situations as they are often untrained and can prevent a legitimate service dog from performing its tasks (Yamamoto & Hart, 2019a; Zier, 2020).

Service Dog Rights

A service dog is one accommodation that individuals with disabilities may require to gain equal access to public facilities and employment. They may aid individuals with

sensory, physical, intellectual, or psychiatric disabilities (National Network, 2022b). Organizations that serve the public, including government agencies, corporations, and non-profit organizations, must allow service dogs to accompany their handlers in all areas accessible to the public, referred to as public access (Marshall, 2012; United States Department of Justice, 2020). They must be allowed to accompany the handler to all areas of restaurants open to other guests. Service dogs must also be allowed in most areas of hospitals. Service animals are generally considered a reasonable accommodation for an employee in the workforce. They are also allowed on airplanes, homeless shelters, and emergency shelters. Small businesses must also accommodate individuals with disabilities who have service animals (National Network, 2022b). Businesses that sell or prepare food are not exempt from this regulation, even if animals are generally prohibited due to health codes. It is allowable to prohibit service dogs in environments where their presence may compromise the environment's integrity. Equal service and access must be provided to those with service animals (United States Department of Justice, 2020, Inquiries, exclusions, charges, and other specific rules related to service animals).

Some localities within the United States have breed restrictions on dogs. However, service animals may be of any breed and, therefore, may not be excluded (National Network, 2022c). Businesses may not require individuals with disabilities to pay a surcharge or deposit when accompanied by a service dog (National Network, 2022d). Students with service animals may not be isolated from other students or treated differently than their peers. They may also not be charged fees not levied on other students. Service dogs may not be denied due to allergies or fears of other students.

Students with disabilities who live in school housing must also be allowed to be accompanied by their service dogs (National Network, 2022e). The Fair Housing Act prevents individuals with disabilities from being discriminated against concerning housing. Therefore, modifications or exemptions to housing policies may be required to accommodate individuals with disabilities. For instance, if the housing development does not allow pets, that rule must be modified to allow the service animal to live with the handler. In addition, where pet deposits or fees are required for assistance animals, those fees must be waived (National Network, 2022f).

Service Dog Exclusions

If a service dog accompanies the handler into a public facility, there are certain circumstances under which the business may exclude or remove the animal. For instance, if the dog is not housebroken or is out of control and the owner does not correct the behavior. Service dogs may be excluded when their presence would threaten safe operation. Hospital operating rooms are one such location where service dogs may be excluded due to the sterile environment (National Network, 2022c). They may also be excluded from intensive care units or other areas of hospitals where they could jeopardize safety. If the animal's presence interferes with business operations, the dog may also be excluded. For instance, specific zoo exhibits may be restricted as other animals could view the dog as a predator or prey. Service animals are generally expected to remain on the floor inside businesses. For instance, service dogs should not be in grocery store or retailer shopping carts. There are some exceptions, such as an individual with diabetes carrying the dog to allow it to detect glucose level changes in the person's breath. Finally,

service dogs are not exempted from public health rules, such as swimming pools, but must be allowed on the pool deck and other areas surrounding the pool (National network, 2022g).

When a service dog accompanies an individual with a disability, only two questions may be asked of the handler: “(1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform” (United States Department of Justice, 2020, Inquiries, exclusions, charges, and other specific rules related to service animals). Fear of and allergies to dogs are not valid reasons for denying the presence of a service dog. When necessary, appropriate accommodations should be made for both the dog handler and any other involved individuals. Service dog handlers may not be asked to remove the dog unless “(1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken: United States Department of Justice, 2020, Inquiries, exclusions, charges, and other specific rules related to service animals). Finally, handlers of service dogs must maintain control of their animal at all times. This may include tethering, harnessing, or leashing unless doing so would impede the effective performance of the dog’s tasks. In such instances, the dog must remain under voice control of the handler (DOJ, 2020).

When service dogs are utilized for mobility purposes, they are generally publicly recognizable. Many wear special vests or harnesses indicating their position. However, this is not required by the ADA. In the case of psychological disorders, there is a lack of public awareness due to the invisible nature of the illnesses and the stigma associated

with such. Therefore, PSDs are often denied public access despite their protections under the ADA (Marshall, 2012).

Why Psychiatric Service Dogs Are Uncommon

Evidence largely supports the positive benefits assistance dogs can provide their handlers. However, there are multiple obstacles disabled individuals must overcome. For instance, it can be difficult to acquire a professionally trained service dog. Organizations that train assistance dogs are limited by staffing constraints in how many dogs they can train. There is also a high failure (approximately 50%) of dogs in such programs. For these reasons, individuals with disabilities may experience long wait times or explore other options. Unfortunately, that may include buying service animal vests for dogs with no training (Gravrok et al., 2020). Consequently, this may lead to people buying service animal accessories for dogs with no formal training, thereby leading to problems with the perpetuation of fake service dogs (Gravrok et al., 2020).

The financial cost of acquiring a professionally trained assistance dog may also be prohibitive (Gravrok et al., 2020). Some organizations estimated that the cost of training a service dog was between $20,000 and $35,000 per dog (Yarborough et al., 2018). Little Angels Service Dogs is a non-profit agency that trains and places dogs with disabled individuals in the United States. The organization reports that it costs an average of $38,000 to train and place a service dog. Potential owners may participate in fundraising to assist with this expense but are responsible for ¼ of that total, or $9,500. In addition to the cost, individuals who apply for a dog through Little Angels Service Dogs must submit an application, which requires a fee of $50 and then a four to six-week waiting period.

Once the application is processed, medical documentation and personal videos are submitted to the agency. After all, paperwork is processed, recipients typically wait a minimum of 24-36 months before receiving a dog. Travel expenses are also the responsibility of the potential handler and maybe challenging if someone is not near the facility, which has locations in New Hampshire and California (Little Angels Service Dogs, 2022).

Many with psychiatric disabilities choose to work with service dogs to avoid proximity to people in public. Unfortunately, interest in the dog brings extra attention. People often comment on the dog and ask questions about the dog's role in the handler's life. In physical disabilities, it may be more obvious what tasks the dog performs for the individual. However, in the case of invisible disabilities, people may question what is wrong with the person and comment on the lack of visible challenges (Yarborough et al., 2018). Due to the stigma related to their disorders, the negative public attention was viewed as burdensome (Yamamoto & Hart, 2019b).

The act of training and using a service dog may present additional challenges to individuals with psychiatric diagnoses. For instance, learning appropriate commands to provide clear and consistent instructions to the dog may be difficult for some handlers. There is also the pressure of learning to execute commands, especially in public places filled with distractions for the dog and owner. Working with service dogs takes a considerable amount of energy, patience, practice, and persistence.

In a study to determine the benefits of service dogs for veterans with posttraumatic stress disorder (PTSD), Lessard et al. (2018) found that many subjects cited

ongoing training requirements, medical expenses, and other associated financial cost considerations created obstacles to their use of service dogs. For instance, Assistance Dogs International (ADI) estimates that service dogs require a minimum of 120 hours of training over six months or 180-360 hours for a well-trained service dog. Some of their study participants noted that the responsibility of regularly practicing obedience and other tasks was overwhelming. Others admitted that their own emotional and psychological situations made maintaining training regimens difficult. Responsibilities such as ensuring regular veterinarian checkups and providing high-quality food were also listed as barriers to using service dogs (Lessard et al., 2018).

The presence of a service dog may present challenges for a disabled individual's family. For instance, caregivers may feel displaced as the handler learns to depend more on their dogs for assistance. Family members may experience problems adjusting to their changing roles in their lives. Some may even experience jealousy as the dog and handler bond grows. Loved ones may fear being replaced by a canine companion (Yarborough et al., 2018).

Another primary concern related to the use of service dogs in the psychiatric population is the lack of scientific data confirming their effectiveness. There is limited empirical knowledge on the effect of psychiatric service dogs (PSD). The lack of training standards and certifications for PSDs also makes mental health professionals hesitant to recommend them to their patients as a complementary intervention (Lessard et al., 2018).

The increase in fraudulent service dogs created by the lack of formal training and certification has highlighted other problems related to having and using a service dog. For

instance, owners must consider the welfare of the animal. Untrained canines may be distressed by crowds and the loud noises of public places. Frequent changes to physical and social environments may be unsettling to many dogs. Not all dogs are appropriate for service work, meaning that proper selection of such animals is crucial. Potential service dogs also need structured and healthy environments during early development. Some owners may use inappropriate training methods that are detrimental to dogs' physical and mental health. Additionally, handlers may have unrealistic expectations of their companion animals (Yamamoto & Hart, 2019b).

Training a Service Dog

Laws regarding service dogs are intentionally broad to allow those who use them to do so without additional burdens. Formal training is not required of service dogs, nor is any certification. Additionally, they are not required to wear identifiers such as vests or tags (McNary, 2018). Owing to the lack of regulations surrounding service dog qualifications in the United States, many individuals with disabilities elect to self-train. However, some owners found that doing so delayed the ability of the animal to begin performing the expected tasks compared to professionally trained service dogs. This is partly because professionally trained service dogs have completed all training before being placed with human companions (Yamamoto & Hart, 2019a).

Individuals who utilize service dogs for psychiatric purposes generally prefer to self-train. Doing so provides several advantages, such as allowing the person to select their favorite breed of dog and raising it from the time it is a puppy. The training process also allows the dog to understand the handler's physical and behavioral characteristics.

Perhaps most importantly, raising and training a puppy increases the team's bond (Yamamoto & Hart, 2019a). Further, assistance animals can be expensive to purchase and train when utilizing professional services (Otto et al., 2021).

The bond between a service dog and handler should benefit both humans and animals. This human-animal bond is generally associated with increased psychological and physiological benefits for the owner. People who are more strongly bonded with their canines are more likely to provide their dogs with appropriate exercise and health care (LaFollette et al., 2019).

Self-training a service dog is not without challenges. The failure rate with self-training is significantly higher than in professional training. Incidents of behavioral problems are also higher in self-trained PSDs. It may also be difficult for an individual who is emotionally invested in their dog to accept when the canine is not suitable for service dog work (Yamamoto & Hart, 2019a).

Traveling With a Service Dog

In December 2020, the United States Department of Transportation (DOT) published new guidelines regarding airline travel with service dogs. The policy changes were in response to the Federal Aviation Administration (FAA) Reauthorization Act of 2018, which required the DOT to develop minimum standards for what is required for service and emotional support animals. The updated rules were also designed to align with the ACAA and DOJ regarding disability and service animals. Among the rules defined at this time were the following:

- Requires airlines to treat psychiatric service animals the same as other service animals;
- Allows airlines to require forms developed by DOT attesting to a service animal's health, behavior and training, and if taking a long flight attesting that the service animal can either not relieve itself or can relieve itself in a sanitary manner;
- Allows airlines to require individuals traveling with a service animal to provide the DOT service animal form(s) up to 48 hours in advance of the date of travel if the passenger's reservation was made prior to that time;
- Prohibits airlines from requiring passengers with a disability who are traveling with a service animal to physically check in at the airport instead of using the online check-in process;
- Allows airlines to require a person with a disability seeking to travel with a service animal to provide the DOT service animal form(s) at the passenger's departure gate on the date of travel;
- Allows airlines to limit the number of service animals traveling with a single passenger with a disability to two service animals;
- Allows airlines to require a service animal to fit within its handler's foot space on the aircraft;
- Allows airlines to require that service animals be harnessed, leashed, or tethered at all times in the airport and on the aircraft;

- Continues to allow airlines to refuse transportation to service animals that exhibit aggressive behavior and that pose a direct threat to the health or safety of others; and
- Continues to prohibit airlines from refusing to transport a service animal solely based on breed (DOT, 2020, the final rule).

The new regulations provide for the safety of all passengers and crews aboard airlines. They recognize that animals may pose a risk to the health and safety of individuals on the aircraft. Thus, the Air Carrier Access Act (ACAA) maintains some discretion regarding balancing the health, safety, and well-being of passengers and crew with the requirement to accommodate passengers and maintain the safe operation of the aircraft. Amended guidelines were deemed necessary due to increased reports of disruptive animals and the fraudulent representation of pets as service animals.

The DOT requires individuals traveling with service dogs to submit three DOT-specific forms, certification of training and behavior, health certification, and certification that the dog would not create a sanitation risk by being able to avoid eliminating during flights of more than eight hours. The DOT conceded that training authorizations can be attested to by dog owners and do not require professional confirmation. Despite these requirements not being consistent with the DOJ and ADA, the DOT states that air transportation is unique due to the large number of individuals sharing a confined space with no means for exit (DOT, 2020).

The DOT provides circumstances under which service animals may be prohibited from accompanying individuals with disabilities aboard aircraft. If the animal poses a

threat to the health and safety of others or causes a disruption in the airport or aircraft, the service animal may be denied transport. Additionally, if the animal would violate any United States government regulations or foreign government, the service animal's presence may be denied. Airlines are also permitted to require that the service animal fit within the owner's foot space on the aircraft or sit on the passenger's lap. Passengers traveling with large service animals are not allowed to utilize more space than that for which they paid. The DOT's response to concerns regarding large breeds was that they were trained to fit into small spaces. Larger service animals are not automatically prohibited, but accommodations are at the airline's discretion. Carriers can move large dogs to another seat within the same class where the animal can be accommodated, such as next to an empty seat. If no reasonable alternatives are available, the airline can offer the passenger to transport the dog in the airplane's cargo hold at no expense. Airlines may also offer travel on alternate flights where additional space may be available. Large service dog handlers may also have the option to purchase an additional seat to accommodate their dogs on the aircraft (DOT, 2020).

Dogs and Mental Illness

Psychiatric Service Dogs

Service dogs trained to assist individuals with psychological disorders are referred to as psychiatric service dogs (PSDs). With assistance from PSDs, many individuals who experience mental illness enjoy increased independence and improved quality of life. The dog is an essential part of daily life for many such individuals. Through their specialized

tasks, service dogs mitigate many of the disabling symptoms of mental illness (Marshall, 2012).

Psychiatric service dogs are trained for each of the wide variety of symptoms presented in a psychological disorder. They offer physiological, psychological, and social benefits that increase the independence of their handlers. They may also increase self-esteem, feelings of security, relaxation, and confidence. PSDs facilitate these benefits through a variety of tasks, such as waking the handler, reminding them to take medication, providing tactile stimulation, guiding the owner out of a stressful situation, alerting to the presence of other people, turning on lights, bracing the handler, assist in daily routines, facilitate social interaction, and interrupting behaviors. Diagnosis-specific tasks have been shown to decrease owners' need for psychiatric medications, particularly for those with major depressive disorder and posttraumatic stress disorder (Yamamoto & Hart, 2019b).

Benefits

Much research has shown that the mere presence of animals provides benefits for humans. This is particularly salient in the relationship between humans and dogs. Canines can offer companionship, the opportunity to care for another living creature, and provide comfort and relaxation. They can also encourage people to be active through their playful nature (Pop et al., 2014). People with disabilities may benefit more greatly from interacting with their furry friends (Wisdom et al., 2009; Yamamoto & Hart, 2019a).

Individuals with disabilities have reported multiple beneficial effects resulting from the presence of dogs. Many recounted engaging in social activities more freely,

making new friends, gaining greater independence, enjoying life more, and experiencing less loneliness and depression. Those with psychiatric illnesses have reported that their dogs help them feel more comfortable when meeting strangers in public. Others have experienced decreased stress and improved self-efficacy. Psychiatric service dogs may offer a greater sense of empowerment, decreased anxiety, improved cognitive functioning, and decreases in disruptive behaviors. Dogs also provide structure, support, and unconditional love to their owners (Wisdom et al., 2009; Yamamoto & Hart, 2019a). Some owners with severe mental illness have felt understood and accepted by the empathy provided by their dogs. Other handlers have been able to reconnect with the world through improved human relationships supported by the presence of their dogs. Many dog owners think of their canine companions as family members, particularly when they are uncomfortable connecting with intimate partners or having children. Individuals who have experienced suicidal ideation have used the responsibility of owning a dog as motivation to keep living (Wisdom et al., 2009).

Challenges in Owning a Service Dog

When individuals elect to partner with a service dog, the fact that they have a disability becomes public. For some, this can be intimidating and overwhelming, and many see this as a violation of privacy (Glenn et al., 2017). Others fear the discrimination and stigma that often accompanies the acknowledgment of disability. This is particularly salient in those with less obvious disabilities. Indeed, “the less visible the disability, the more likely it is suspected as fake” (Dorfman, 2019, p. 17). Given this, individuals with disabilities that are not apparent fear being suspected of faking or “not looking

sick/disabled" (Dorfman, 2019, p. 17). The perception that people who are not entitled to have their dogs with them in public places are committing fraud further complicates the challenges. Media outlets suggest that such fake service dog use is a growing concern for businesses, housing, and the disability community (Huss, 2020). Such suspicion of the abuse of accommodations for disabilities often delays or prevents those in need from exercising their rights. They may not want to accept the label of being disabled and suspected of receiving special treatment. When accommodations are accepted and available, some individuals may still be hesitant to use them, believing others may need them more (Dorfman, 2019).

Disabled individuals with service animals may experience challenges when faced with demands for documentation when trying to buy or rent housing (Huss, 2020). However, the ADA does not require formal training or documentation (McNary, 2018). Despite this, some have been asked to prove their disabilities to health providers, judges, and the general public (Dorfman, 2019). Therefore, accommodating disabilities remains a confusing endeavor, as evidenced by litigation and media reports (Huss, 2020).

Another negative aspect of owning a service dog is the demand for caring for the animal. Dogs are living creatures and require health care, exercise, and daily feeding. They need time and space to eliminate and sometimes experience illness and injury like humans. Dogs are similar to children in the level of care needed to maintain their physical and behavioral health. Despite their trainability, dogs are still dependent upon people. Dogs learn from humans, both positive and negative behaviors. Lack of training maintenance can contribute to behavioral problems and unsuccessful service dog-human

partnerships. Additionally, PSDs may be impacted by the psychiatric symptoms of their owners (Yamamoto & Hart, 2019b).

Behavioral problems in companion dogs can create insurmountable stress on the human-animal bond. Without amelioration, the consequences can be potentially fatal for the dog. Behavioral concerns represent one of the most common reasons for animal euthanasia. Other dogs end up in shelters when owners can no longer live with problem behaviors. Of significant concern is that many owners are unaware of the usual manners for dogs of certain breeds and are ill-equipped to manage undesired behaviors. In some human-animal pairs, breed characteristics may be a poor fit for the handler, creating stress on the relationship. For instance, the natural traits of breeds or age and temperament of a dog may not be a good match for the owner. The lack of clear guidelines in service animal training contributes to these behavioral concerns and could be resolved through proper behavior modification (Grigg, 2019).

Loss of a Service Dog

Individuals who use service dogs must consider the eventual loss of the partnership. People may struggle with separation when their companions must retire due to age, illness, injury, or other reasons. Additionally, Dogs have shorter lifespans than humans, and the handler will inevitably experience the death of a canine partner. The mental distress in coping with the loss is strongly correlated with the level of attachment between the handler and the dog (Yamamoto & Hart, 2019b).

Retirement

Every living being that works will ultimately retire. While considered a uniquely human concept, retirement applies to the life of a working animal. Unlike humans, canines cannot consent to the end of their careers. While it should be celebrated as an earned guarantee to enjoy the remainder of life, retirement can take an emotional and physical toll on the dog and the handler. To ease the transition for the animal, some may experience a gradual decline in their work responsibilities until they adjust to a new role as a family pet (Ng & Fine, 2019).

The retirement of service dogs has a tremendous impact on both the animal and the owner. For the dog, changes in routine decreased exercise, and increased attention from other humans, are areas of concern. Retirement may harm the physical and mental health of the dogs. Being forced to retire while having the drive to work may lead the dogs to lose their sense of purpose. Service dogs may continue to perform the tasks for which they were trained and may develop maladaptive behaviors when not rewarded. Some may require retraining to learn not to function as a working dog (Ng & Fine, 2019).

Handlers often experience stress and pain when their assistance animals cease working. Due to the strong bond between humans and their service animals, retirement may pose a significant threat to mental health and daily life activities. Many owners feel very connected to their dogs and may even rely on them for many years. Therefore, there is considerable hardship when faced with the retirement of a service dog (Ng & Fine, 2019).

The attachment theory proposed by John Bowlby suggests that humans' strong bonds with animals are due to the innate desire to act as caregivers. Dog handlers often view their obligations to their canines as caring for an infant. Caregiving is a vital part of the bond between a service dog and a human. Individuals who utilize service dogs are taught that caring for their animals is essential for a healthy working partnership. Thus, handlers may struggle to cope when that alliance is terminated. The dog's retirement represents a major life adjustment for the owner (Ng & Fine, 2019).

The decision to retire a service animal is a challenging one. According to Assistance Dogs International (ADI), it is best to allow assistance animals to cease working when they display any signs of mental or physical health conditions that impair their ability to work. Dogs may be retired for health reasons or age. Any medical condition which impedes the animal's ability to work is a sign that retirement is recommended. For instance, working dogs often develop musculoskeletal and neurological diseases evidenced by slowing down, trouble navigating stairs, weakness, seizures, and falling. Some may develop cardiovascular conditions indicated by excessive coughing and difficulty breathing. Impairments in vision and hearing also negatively impact a dog's ability to work (Ng & Fine, 2019).

In order to ensure a healthy retirement, working dogs may be retired when they reach the senior life stage. Often defined as the last 25% of the dog's expected lifespan, this phase is difficult to predict. While there are general expectations for lifespan for various breeds of dogs, many factors, including genetics and health care, can significantly affect life expectancy. Thus, age is a problematic factor in determining when to retire a

service dog. Generally, most service dogs have an average working life of eight years (Ng & Fine, 2019).

Death

Individuals with deep attachments to their service dogs may experience traumatic grief when their companion dies. Such loss may be severely stressful for the handler. Those who depend upon their animal for companionship may find the loss of the relationship particularly painful. As the attachment between owner and service dog is generally quite strong due to the nature of the relationship, the termination of the bond may lead to extreme grief. Because the dog represents a source of unconditional love and attention, the loss of the object of affirmation is particularly salient. This fear of loss may pose challenges when owners face decisions regarding care, euthanasia, and memorializing their dogs (Messam & Hart, 2019).

Tasks of Psychiatric Service Dogs

The functions of service dogs vary widely by the needs of the disabled individual. A task is a behavior performed by the dog to mitigate the handler's symptoms. Some everyday tasks of psychiatric service dogs include alerting them to panic attacks, reminders to take medications, and providing tactile stimulation (Yamamoto & Hart, 2019a). Tactile stimulation may involve an owner massaging the dog in order to self-soothe. Dogs may distract their owners from maladaptive thoughts by nudging or licking. Others awaken their owners from nightmares and block people from close proximity to their handlers. Individuals experiencing severe depression may use PSDs to help them get out of bed when they lack motivation. Physical contact, such as having the dog rest on the

chest or abdomen, may calm handlers and deescalate anxiety symptoms. This is referred to as deep pressure stimulation and decreases physiological arousal (Marshall, 2012).

Gap

van Houtert et al. (2018) found 126 articles in their review of the literature using the search terms “dog OR Canine AND PTSD OR Veteran in either the title, abstract, or keywords of an article.” (p. 4). Only 19 of the 126 results matched the author’s inclusion criteria, six of which were empirical studies. The authors found that most current research focuses on human-animal interaction on other types of service dogs. Existing literature is limited in the specific representation of PSDs. Additionally, most of the data collected were subjective, focusing on handler self-reports, lacking standardized methodologies and objective measurement techniques.

Rodriguez et al. (2020) reported that literature describing the benefits of assistance dogs on the well-being of handlers is growing. However, they found that the research is broadly incongruent and has not been reviewed since 2012. This evaluation of existing data expressly excluded studies on psychiatric service dogs in support of the assertion by van Houtert et al. (2018) of the limited representation of PSDs. Also mirroring van Houtert et al. (2018), Rogriguez et al. (2020) concluded that studies evaluated lacked methodological rigor. As a result, investigations could not draw definitive conclusions about the effectiveness of assistance dogs due to inadequate reporting and a failure to account for moderating or confounding variables.

The authors of the two literature review articles I examined recommended that future studies more strongly contribute to understanding the human-animal bond. Both

assessments also suggested that current research work to improve methodological rigor. In addition, there was a consensus indicating the need for improved reproduction of published studies. The inconsistencies in measurement techniques, time disparities, and a lack of clear understanding of the impact of service dogs on human wellbeing were cited as reasons for poor replicability (Rodriguez et al., 2020; van Houtert et al., 2018).

Methodological Weaknesses

Many positive outcomes have been noted in research related to service dogs. However, several methodological weaknesses of many studies have made it difficult to draw definitive conclusions. For example, many studies inadequately report their results, and others fail to account for moderating or confounding variables. The use of formal methodological assessments is lacking in much of the literature regarding service dogs. Rodriguez et al. (2020) found that many published studies lacked comparison groups, had inadequate descriptions of the role of the animals, and many had nonstandardized outcome measures (Rodriguez et al., 2020).

Shotwell and Wagner (2019) reported that many studies into animal-assisted interventions have been conducted with small sample sizes and lacked sufficient control to evaluate their impact adequately. Jau and Hodgson (2018) drew the same conclusion through a literature review into the benefit of animal companionship. Many studies were not generalizable beyond those involved due to inadequate sample sizes. Indeed, the researchers suggested that quantitative and experimental data deficiency should prompt further research (Jau & Hodgson, 2018). Glintborg and Hansen (2017) also discussed the

methodological weaknesses of existing studies, stating that previous research prohibits clear conclusions and that more research is needed to contextualize results.

Glintborg and Hanson (2017) also cautioned that the benefits of animals on psychiatric symptoms might be difficult to ascertain due to small effect sizes, various intervention procedures, and inconsistent research designs. They further noted that despite the emergence of promising data, conclusions should be drawn cautiously due to inadequate study protocols and a lack of rigorous research. A study conducted by Shotwell and Wagner (2019) similarly found that many studies regarding the benefits of using dogs for psychological intervention were of short duration. The investigators question whether the positive impact of the dogs would remain if their presence became routine rather than novel. Moreover, Shotwell and Wagner (2019) concluded that the efficacy of using animals in treating psychiatric disorders might exceed the existing evidence.

Limited Understanding

Current literature shows that little is known about the population of people who use psychiatric service dogs (Lloyd et al., 2019). There is a paucity of research directly aimed at exploring the use of service dogs for psychiatric reasons (Oftedal & Harfeld, 2020). Lloyd et al. (2019) also reported that the body of knowledge on psychiatric service dogs is limited. Additionally, Rodriguez et al. (2020) found that much of the existing literature expressly excluded service dogs used explicitly for psychiatric reasons. Krause-Parello and Morales (2018) conducted a phenomenological study to fill a gap in

knowledge regarding the experiences of those living with service dogs trained to ameliorate symptoms of PTSD.

Krause-Parello and Morales (2018) suggested that more information is needed to understand service dogs' efficacy for psychiatric purposes truly. The existence of public ignorance, skepticism, and vague disability laws deter some from utilizing this treatment method. A poor understanding of accommodation requirements, privacy concerns, and poor social etiquette has created additional barriers to using service dogs for mental health purposes. Additionally, while pet ownership has been linked to mental health and well-being improvements, little is known about how these benefits occur (Jau & Hodgson, 2018).

Summary and Conclusions

Psychological disorders significantly impact individuals' ability to function in daily life (Gross et al., 2019; Peter et al., 2021). Approximately 264 million people worldwide are affected by psychiatric conditions such as depression. About 45 million are affected by bipolar disorder, and approximately 20 million are diagnosed with schizophrenia (World Health Organization, 2019). Psychiatric disorders account for 12 million emergency department visits annually. The toll on the economy of the United States is estimated to be $193.2 billion (National Alliance on Mental Illness, 2022).

Despite the prevalence of mental illness and the high economic impact, funding for services to treat them is highly inadequate. The Lancet Commission on Global Mental health and Sustainable Development deemed the lack of resources a global burden. In addition to financial limitations, the number of mental health professionals is insufficient

to meet the demands. When care is available and affordable, some eligible people refuse to seek assistance due to concerns about stigmatization (Sazena et al., 2007).

Building on the long history of animals as human companions, dogs have been increasingly utilized for psychotherapeutic interventions (Friedmann & Krause-Parello, 2018). Research has demonstrated that pets can lower blood pressure, reduce stress, lower heart rate, and aid in recovery from psychological and physical trauma (Wisdom et al., 2009). Animals have also been shown to increase independence in individuals with disabilities and improve self-esteem and confidence (Yamamoto & Hart, 2019). Because of the positive impact of dogs on human well-being, they are commonly used in a variety of animal-assisted interventions (Linder et al., 2017).

The Americans with Disabilities Act (United States Department of Justice, 2010) provides legal guidelines for protecting the rights of disabled citizens. Included in such is the entitlement of individuals with disabilities to be accompanied by service dogs. Under the law, service animals are working dogs and are granted access to public areas generally considered off-limits to other animals. Therefore, the constant presence of service dogs allows them to perform tasks that help mitigate the symptoms of adults with psychiatric disorders (United States Department of Justice, 2010).

Service dogs have been shown to assist individuals with post-traumatic stress disorder (PTSD). They do so primarily by decreasing the need to self-medicate with illicit drugs. Husband et al. (2020) also found that service dogs provided such individuals with a steady source of personalized support, thereby improving their symptoms. Similarly, Lloyd et al. (2019) discovered that dogs who performed tasks such as tactile stimulation,

nudging, blocking, and deep pressure therapy allowed their owners to lead more active lives. Handlers attributed this to the benefits achieved by the human-animal bond.

Gee et al. (2021) investigated the psychological benefits of interacting with a dog. They found that individuals who bonded with dogs experienced decreased depression and loneliness. Their study demonstrated that dog owners with psychiatric disorders also had reduced anxiety levels and that their dogs served as coping resources. For this reason, Jau and Hodgson (2018) posit that companion animals act as support mechanisms and are an essential component in a holistic plan of treating mental illness in adults.

John Bowlby (1982) is credited with describing the significance of attachment in human development. His research demonstrated that individuals in distress seek to find environmental homeostasis. In childhood, this generally manifests as an infant seeking proximity to a parent. In adults, attachment can be identified in the human-animal bond. The relationship that ensues facilitates feelings of safety and security (Bowlby, 1982).

This research fills a gap in understanding the lived experiences of individuals who utilize service dogs to mitigate the symptoms of psychiatric disabilities. There exists considerable research on service dog use for physical disabilities (Rodriguez et al., 2020). However, service dog use for psychological purposes is limited. The existing data focuses primarily on Veterans living with posttraumatic stress disorder (PTSD) (van Houtert et al., 2018). Further, the literature on psychiatric service dogs is weakened by inconsistent methodologies and subjective data (Rodriguez et al., 2020). Current data is based mainly on handler self-reports and prejudiced measurement techniques (van Houtert et al., 2018). Inconsistencies such as time disparities and assessment variability have made it difficult

to reach definitive conclusions and replicate existing studies (Rodriguez et al., 2020). Thus, the current study seeks to provide the academic community with a better understanding of the impact of servicer dogs on mental health (Brooks et al., 2018; Lloyd et al., 2019; Rodriguez et al., 2020, & van Houtert et al., 2018).

Chapter 3 will address the gap in the literature by employing an interpretative phenomenological research design. The current study seeks to answer the question, how do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities? To address this question, an interpretative phenomenological analysis will be conducted. My sample will include eight to ten adults with mental health disabilities who use service dogs as attachment figures to mitigate their psychological symptomology. The work of Smith et al. (2009) will serve as the foundation in developing open-ended questions to gather rich, personal data. An interview guide will be developed to allow for presenting questions in a logical order for virtual meetings with each participant. Data to be collected will include questions regarding how subjects make sense of their lives with dogs to mitigate the symptoms of their disabilities. The attachment theory of John Bowlby (1982) will provide the theoretical foundation with which to examine the human-animal bond.

Chapter 3: Research Method

The purpose of this qualitative IPA study was to explore the lived experiences of individuals who use service dogs to mitigate the symptoms of their psychological disorders. I explored how the human–canine attachment bond influences mental health outcomes in those facing psychiatric illness. Studies on PSDs have the potential to advance the understanding of and provide empirical support for the use of service dogs in the psychiatric population. Existing literature indicated a need for further qualitative studies investigating the role of the human–animal attachment bond in mitigating symptoms of mental illness. The recent research focused on using service dogs for medical and mobility purposes (Rodriquez et al., 2020). There was limited information regarding the use of service dogs for psychiatric purposes. Additionally, previous studies demonstrated inconsistent methodologies and subjectivity, such as prejudiced assessments and subject self-reports (van Houtert et al., 2018).

Chapter 3 begins with a review of the research design and rationale. A discussion of the role of the researcher follows. Next, the methodology is examined, including the population, sampling strategies, and data collection plan. Finally, trustworthiness issues are addressed, including dependability, confirmability, and ethical considerations.

Research Design and Rationale

Research Question

The focus of this study was the lived experiences of adults with mental illness who use service dogs for psychiatric purposes. Based on the problem and purpose of the project, I sought to answer a single research question: How do adults with psychiatric

diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities?

Central Phenomenon

The purpose of this qualitative study was to improve the academic community's understanding of the role of attachment in the experiences of adults with psychiatric diagnoses who use service dogs to mitigate the symptoms of their disabilities. As the research problem demonstrates, van Houtert et al. (2018) suggested the need for a more comprehensive understanding of the role of service dogs in the lives of adults with psychiatric diagnoses. Further, Kwong and Bartholomew (2011) suggested that exploring the role of attachment between humans and animals may increase understanding of the service dogs' role in mitigating symptoms of mental illness among adults. An interpretative phenomenological analysis provided a rich, inclusive focus on how adults make sense of the role of service dogs in mitigating the symptoms of their disabilities. Specifically, the focus was on the attachment bond that develops between the individual and the canine companion.

Research Tradition

I used the qualitative method of inquiry. With minimal prior research available, I selected the qualitative approach to gain an in-depth understanding of the phenomenon in its natural setting. The purpose of this study was to gather data and interpret themes to improve people's knowledge of PSDs. The qualitative approach was appropriate to accomplish this goal by focusing on understanding, making meaning, flexibility, and

insight. Descriptive research allows participants to express their experiences and provides the academic community with rich, informative findings (Merriam & Tisdell, 2016).

Commonly used qualitative approaches include phenomenology, grounded theory, ethnography, narrative analysis, and case study. Each method varies in the type of research questions posed, how participants are selected, sample size, and data collection. Phenomenology focuses on lived experiences and individuals' awareness of their worlds. The researcher's goal is to illustrate an experience's elemental composition. Ethnographic researchers immerse themselves in the culture of the group being studied. The goal is to describe how members of society go about daily life. Ethnography requires long, intimate exposure to research subjects. Grounded theory focuses on building a theory. As a qualitative method, grounded theory seeks to develop a substantive theory based on real-world situations. Grounded theory is best suited for addressing inquiries about processes. Narrative inquiry addresses stories to help people make sense of their experiences. Narrative inquiry is a biographical approach in which subjects produce life histories, journals, or letters that the researcher analyzes. Finally, qualitative case studies offer an in-depth description and analysis of a phenomenon. This researcher seeks to define what is being studied within particular parameters, such as a single person, program, policy, or community. Case studies require a bounded system (Merriam & Tisdell, 2016).

Rationale for Chosen Tradition

The nature of the current study was qualitative with a phenomenological design. A qualitative approach, with its focus on increasing the understanding of a specific

population, was better suited to this study's objectives than the dispassionate quantitative methodology (Merriam & Tisdell, 2016). I aimed to develop a clear understanding of the human–animal attachment bond among adults with mental illness who use service dogs to mitigate the symptoms of their disabilities. There was a need for comprehensive insight into the role of PSDs that was not well suited for quantitative analysis (van Houtert et al., 2018).

The goal of the current study was to create a vivid awareness of individuals who use PSDs. Ethnography was ill-suited for this project due to its focus on a group of people's beliefs, values, and attitudes. I did not aim to introduce theories grounded in the population of interest, which is the focus of this design. Narrative inquiry, although descriptive, was also not the most appropriate qualitative design for the current study. Narrative inquiry focuses on stories to make sense of experiences and communicate with others (Merriam & Tisdell, 2016). My goal was to focus on each participant as an individual and examine that individual's life experiences with a PSD. Finally, the case study is best used when separating the phenomenon from its context is impractical (Merriam & Tisdell, 2016).

Phenomenology is used to study human experience as it occurs naturally. Events are analyzed in the way they occur rather than according to predefined theoretical categories. This form of inquiry rejects preconceived views of the world, which can suppress details of the experience of interest. Instead, the focus is on people's perceptions of their worlds. Phenomenology addresses participants' conscious awareness of their experiences (Smith & Nizza, 2022). Because the purpose of the current study was to

develop knowledge about the participants' lived experiences, phenomenology was the most practical design.

Interpretative Phenomenology Method

For the current study, IPA was utilized to help me develop an in-depth understanding of the lived experiences of individuals who use PSDs. IPA is a comprehensive exploration requiring digging deep to reveal the meaning of experiences that may not be superficially evident (Smith & Nizza, 2022). As a rich qualitative methodological tradition, IPA allowed me to bond with study participants. Because I aimed to develop a greater understanding of how adults experience life with a PSD, such investigative traditions were most appropriate. Additionally, interviewees were allowed to express themselves openly and freely through IPA, thereby providing rich, detailed insight (Alase, 2017).

Smith et al. (2022) some of the preeminent theorists of the IPA methodology, purported that IPA allows researchers to reflect on and make sense of participants' life experiences. IPA enables researchers to gather detailed information from the perspective of the participants. This type of research focuses on the descriptions, emotions, meanings, and interpretations of people's experiences. IPA is well suited for exploring unique phenomena such as mental illness. In the current study, I sought to gain insight into what it is like to have a service dog for those who use them to mitigate symptoms of mental illness. Coping with a psychological disorder and finding effective treatments are vital to those with such challenges. IPA research is useful for highlighting how people react to what is happening in their lives. That was the mission of the current study, to understand

how people respond to the role of service dogs in the lives of those with psychological disorders (Smith & Nizza, 2022).

IPA assumes that participants are the experts in the phenomenon being studied. In conducting this study, I sought to understand the thoughts and feelings of participants about life with a PSD. As an idiographic approach, IPA enables researchers to explore cases and their circumstances by analyzing each person individually. Researchers attempt to retain the personal qualities of each participant's experiences. "An IPA researcher attempts, through the idiographic, case-by-case process, to produce an analytic account that shows a patterning of convergence and differentiation in participants' experience of a similar phenomenon" (Smith & Nizza, 2022, p. 10).

Role of the Researcher

In IPA, the researcher is an integral part of the process. Investigators acknowledge participants as the experts on the phenomenon of interest. The methodology requires that the researcher and the participants offer an interpretation of life experiences. The study is, thus, an iterative process involving the integration of the parts and the whole investigated experiences. The IPA researcher must be aware of how their beliefs and experiences can bias and enrich their interpretation of subjects' experiences (Peat et al., 2019).

As the sole researcher for the present study, I was able to remain neutral and objective in understanding the personal experiences of adults with PSDs. I sought to extract meaning from the narratives of participants with psychological diagnoses who use service dogs to mitigate symptomology. As an inside researcher who shares some aspects of the experiences I investigated, I entered the study with some awareness of the

environments in which I conducted the study. As such, developing rapport with interviewees was a more natural process. My own experiences and biases made it necessary to conduct each interview objectively (Smith & Nizza, 2022).

While conducting this phenomenological research, it was essential that I set aside my personal beliefs about the phenomenon of interest so as not to interfere with developing insight into the experiences of the participants (Merriam & Tisdell, 2016). This process, known as bracketing, ensured that my personal bias did not impact the efficacy of my study. As a tool in phenomenology, bracketing holds researchers accountable for setting aside their preconceived ideas and assumptions to explore how participants make sense of their worlds (Goldspink & Engward, 2019).

It is impossible to separate lived experiences from the context of the experience and the prejudiced opinions of the researcher and the participants. “IPA researchers are both part of and apart from their own research. Reflexivity, as a concept, aids this dual perspective of being both inside and outside the research by informing self-awareness and analysis” (Goldspink & Engward, 2019, p. 291). Through reflexivity, researchers can make the shift from observers to interpreters. Reflexive consideration maintains the idiographic qualities of IPA while allowing participants to provide descriptive data. Reflexive consideration also encourages the researcher to evaluate their understanding of the participants’ accounts before moving forward (Goldspink & Engward, 2019).

Smith and Nizza (2022) suggested writing about my thoughts and beliefs in a personal statement before collecting data. Through journaling, I recorded my feelings about the topic being researched. In the journal, I imagined how I would answer the

posed questions and summarized possible responses. I then bracketed those by being detailed about my perceptions as I conducted interviews with my participants (Smith & Nizza, 2022).

Researcher Relationships

I did not interview any subjects with whom I had a prior relationship. Therefore, no dual relationship boundaries were crossed. All interviews took place virtually, allowing subjects to be in an environment comfortable for their participation. Before I conducted the interviews, I provided all contributors with an informed consent document detailing the background information of the study, privacy, limits to confidentiality, voluntary nature of the study, and risks and benefits of participating in the study. I developed rapport with participants and practiced positive communication through active listening to create a comfortable interviewing environment.

Methodology

Participant Selection

The purpose of this qualitative study was to explore the lived experiences of individuals with mental disorders. This was best accomplished through purposive sampling. Ideal participants were those who could provide insight into the phenomenon being studied. Due to the focus on a specific experience, the sample was homogeneous. Participants needed to have more common than contrasting characteristics. This confirms that differences among subjects are due to personal attributes rather than the phenomenon itself. The sampling strategy needed to enable me to identify a closely defined set of people (Smith & Nizza, 2022).

For this study, the sample was drawn from individuals who met the DSM-5-TR criteria for having a psychological disability. Those diagnoses that fall into the following categories were considered for this study: bipolar and related disorders, depressive disorders, anxiety disorders, and obsessive-compulsive and related disorders (APA, 2022). Eligible diagnoses were based on self-report to comply with health information privacy concerns.

Individuals who received a qualifying diagnosis at least 3 years prior to the data collection phase of this study were considered for participation. Setting such a time frame reduced the likelihood that the recency effect of the diagnosis confounded differences in experience. Participants also needed to be at least 18 years of age because the study did not address the experiences of minors. Interviewees were all able to speak the English language and had a minimum of a fifth-grade reading level. Finally, in accordance with the Americans with Disabilities Act regarding service dogs, owners were asked the only two questions allowed by this regulation to determine whether dogs are trained: (a) Is the dog a service animal required because of disability, and (b) what work or task has the dog been trained to perform? (DOJ, 2020b). Consistent with the Act, responses were based solely upon handlers' self-report. The study required that participants have a psychological disorder and use a service dog. Interviewees were encouraged to have access to a mental health provider during the process. They were also provided with mental resources should they experience a psychological crisis. None of the participants reported experiencing a crisis during the study.

Individuals under the age of 18, those who did not have a qualifying psychiatric disorder, individuals without psychiatric service dogs, those who did not speak the English language and were unable to read and write, and those who could not provide informed consent due to impairment, incompetence, or inability to make decisions were excluded. Those with severe mental disorders, such as a psychotic disorder, were excluded due to the potential for decompensation in mental well-being. Similarly, those with psychiatric disorders outside the categories listed were excluded due to the lack of efficacy in the usefulness of service dogs for those conditions. Additionally, it is important to note that as the researcher, I did not have the expertise to offer treatment to participants. Finally, military veterans were excluded from this study due to the saturation in current literature regarding the use of service dogs in this population.

Samples in IPA studies are required to be small and specific. This is recommended due to the time and attention needed to complete an IPA study (Smith & Nizza, 2022). For this reason, recruitment occurred partially through snowballing. I reached out to Psychiatric Service Dog Partners to assist in the recruitment of participants. According to Smith and Nizza (2022), a sample size of 10 to 12 is appropriate for a doctoral dissertation.

Instrumentation

An IPA study enables researchers to collect data that provides insight into participants' lived experiences. This is often done through interviews, diaries, personal accounts, and historical documents. For the purposes of this study, I conducted semi-structured interviews with each participant. Smith and Nizza (2022) suggest this as the

most appropriate source of data because they offer a first-person account of the phenomenon of interest. Interviews also allowed participants to freely answer questions, be reflective, and discuss their experiences in detail. Within the interview, I was also able to elicit additional information through interactive probing (Smith & Nizza, 2022).

Due to current pandemic restrictions, interviews were conducted virtually via Zoom. The collaborative software program offered transcripts that helped analyze the interview data. Virtual meetings also eliminated travel and offer a larger population from which to draw a sample for this study. The online medium also created a comfort barrier for the sensitive topics discussed during the interviews (Smith & Nizza, 2022).

Interviewing is a standard mode of inquiry in qualitative research. It demonstrates an interest in the experiences of others and how they attribute meaning to those experiences. Interviewing allows researchers to understand the context of people's behavior. It is a compelling way to gain insight into the experiences of the research participants (Seidman, 2006).

Interviewing in IPA research should allow participants to tell their stories in their own words, with time to reflect and express their thoughts and feelings. Researchers conducting the interviews must create a safe, judgment-free environment. The conversation should flow naturally and easily, with the participant doing most of the talking with gentle guidance from the interviewer. This requires developing an interview guide in advance with the questions to be asked. It also requires the researcher to have an understanding of interviewing techniques. Interview guides direct the researcher, ensuring questions are simple, clear, concise, and ordered in a manner that steers

responses toward the research question. Preparing an interview guide also allows the researcher to examine the questions in detail before conversing with subjects. Thus, questions can be designed and framed appropriately. Sensitive topics can be identified as well as how to handle them. Finally, they help the researcher be well prepared and relaxed for the interview (Smith & Nizza, 2022).

Following the recommendations of Smith and Nizza (2022), my interview guide began with broad, descriptive questions as they allow for rapport building. Complex, sensitive questions were asked later when the participant was more relaxed and engaged. I followed a funnel structure, where initial topics were broader, questions became increasingly specific, and then more sensitive issues were discussed. My interview guide (see Appendix A) consisted of 13 questions, allowing for 45-60 minutes to be interviewed. Because I am an insider on the research topic, was some shared understandings between myself and the subject. Therefore, I encouraged participants to respond as if I know nothing about the topic (Smith & Nizza, 2022).

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited through snowball sampling. I posted recruitment flyers (see Appendix B) on social media and requested volunteers from “Psychiatric Service Dog Partners,” a community of service dog owners. I provided each interested respondent with an eligibility checklist (See Appendix C) as an initial screening tool. Data was collected via semi-structured interviews lasting approximately 60 minutes. As the sole researcher, I gathered all data for this study. I met with each participant via Zoom, which allowed for video and audio recordings of all interviews. Respondents participated in the

semi-structured interviews and were given the opportunity to review analyzed transcripts for accuracy and amendments.

Participants exited the study once they had an opportunity to review the interview transcript. I followed up with each participant to express my gratitude at their willingness to assist in this research project. Upon completion of the data analysis, no further contact with subjects was required.

Interview Protocol Questions

The interview protocol was developed under the guidance of Jacob and Furgerson (2012), Smith et al. (2021), and with input from my dissertation committee. Further inspiration for the questions was provided by existing literature on psychological disorders and service dogs. Semi-structured interviews with open-ended questions were developed with guidance from the literature. This type of interview offers virtual interviewees flexibility with some guidance from the researcher. The protocol will consist of 10 questions. Prompts will be used as needed to help participants clarify their responses. This qualitative approach is designed to elicit responses helpful in understanding the phenomenon of interest. The research question is: how do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities?

Data Analysis Plan

I am the sole person responsible for data collection for this study, including interviewing, transcription, and data analysis. In an IPA study, interpretation is an essential component of data analysis. The analytical process focuses on the participants'

perspectives and the meaning they attribute to their experiences. Data for each participant was analyzed individually on its own terms without theoretical constraints. A single case analysis of each transcript was performed, noting the participant's narrative, identifying experiential comments, and categorizing those into a logical structure to create a table of themes. My analytical process was recorded in a manner amenable to auditing by the reader (Smith & Nizza, 2022).

Upon completion of interview transcription, each participant was sent the transcribed interviews via email to review for accuracy. Any errors were corrected before data analysis. The primary goal of the data analysis process was to answer the research question and identify rich, meaningful narratives from each participant. There were three sources of data involved in this process: (1) semi-structured interviews, collected and transcribed into a Microsoft Word document, (2) researcher notes, and (3) any documents provided by the participant (Creswell, 2018).

Interview analysis followed the procedures Smith and Nizza (2022) prescribed for analyzing IPA interviews. All conversations were recorded using the media platform of the meeting (Zoom). Before analyzing each interview, I reviewed the recording and transcripts carefully. Each transcript was read carefully, noting reactions and interpretations. My analysis was conducted with an open mind, reflecting on the participants' words. I focused on comparisons and contrasts between different portions of the interviews. As Smith and Nizza (2022) recommended, I developed descriptive, linguistic, and conceptual exploratory notes. Such notes helped me think deeply about what was contained in each transcript.

Descriptive notes provided basic summaries of the explicit meaning of what each participant said. They also described what things were important to the interviewee, such as objects, events, experiences, and locations. Descriptive notes served to structure the participant's thoughts and experiences. This note-taking stage helped me develop a basic understanding of what was happening in the interview (Smith & Nizza, 2022).

Linguistic aspects of interviews include the use of language, meanings ascribed to word choice, and how words are used. Paying attention to things such as the use of pronouns and verb tenses can help inform my interpretation. I observed the subjects for behaviors such as repetition, laughter, hesitation, and changes in tone of voice. It was also useful to note and explain any metaphors used by the participants (Smith & Nizza, 2022).

Conceptual notes involved questions related to my overall sense of the data at each point of the interview. They assisted me in considering my understanding of what was being discussed. At this point, notes helped me keep an open mind while considering the participant's perspective. This was the longest part of the transcript analysis as it required reflection and forming of ideas as they were developed and refined (Smith & Nizza, 2022).

Once notes have been made on the transcripts, I developed experiential statements. In this phase, I focused on capturing what I learned about how participants made sense of their experiences. Each question response produced experiential statements. During this analytical phase, significant themes and concepts began to emerge. Experiential comments offered the reader an understanding of the psychological

dynamic of the process of making meaning of the phenomenon of interest (Smith & Nizza, 2022).

The third step in the IPA data analysis plan is finding connections among experiential statements and categorizing them. I reviewed and refined the comments during this phase, organizing them into logical groups. The clustering process was guided by the group experiential statements and how they related to the research question. The focus was on capturing the key features of the participant's experience (Smith & Nizza, 2022).

Smith and Nizza (2022) suggest that the fourth and final phase of data analysis in IPA is to compile a table of experiential themes. This is done once the statements are grouped and titled based on an experiential theme. Each idea was given a title that described how the experiential accounts were connected. Page and line numbers were indicated on the transcript for each theme as part of the audit trail. Doing so helped remind me of what the participant said during the interview. Such documentation was helpful during the write-up process (Smith & Nizza, 2022).

Once each case was analyzed individually, I did a cross-case analysis. Here I found the commonalities and discrepancies among participants. This process helped me develop a complete picture of the phenomenon. The result of the cross-case analysis led to the creation of a new table of categorized experiential themes. Group experiential themes helped explain the experience of owning a psychiatric service dog for the participants. The new table formed the basis for the final written analysis (Smith & Nizza, 2022).

I input the tables of experiential themes into a Microsoft Word document for organizing. Data was color-coded based on theme and hand coded. In-depth, manual coding helped me identify frequently used words, experiential statements, perceptions, and patterns as they occurred in the interviews. Interviews were conducted and analyzed until data saturation was reached. Any incomplete data was removed from the analysis process to maintain the accuracy and dependability of the information.

Issues of Trustworthiness

Qualitative researchers seeking to conduct a trustworthy study should address four specific areas of concern: credibility, transferability, dependability, and confirmability (Shenton, 2004). Credibility is equivalent to the naturalistic research concept of internal validity. Thus, the findings of the study should be congruent with reality. Transferability ensures that the study results can be applied to a larger population. Dependability refers to the reliability, or the concept that the results would be similar if the study was repeated using the same methodology and with the same subjects. Finally, confirmability refers to the researcher's objectivity in conducting the study (Shenton, 2004).

Credibility

To ensure the credibility of my study, I have adopted a well-established research method. Interpretative phenomenological analysis (IPA) is a qualitative approach that allows the researcher to capture subject experiences while remaining consistent with mainstream psychological theory. Choosing IPA demonstrates a commitment to scientific research principles while focusing on recruiting participants with a specific lived experience. It concentrates on the human lived experience and suggests that these

experiences can best be understood by examining the meanings people place upon them (Shinebourne, 2011). Thus, utilizing IPA is appropriate for investigating the lived experiences of individuals who use psychiatric service dogs to mitigate the symptoms of their psychological disorders and truly understand the essence of that experience.

Transferability

By examining the experiences of individuals who utilize psychiatric service dogs, I was able to moderately generalize the findings to the larger population of individuals with psychological disorders. As previously noted, many individuals with mental illness experience barriers to treatment. Because my study provided evidence of psychiatric service dogs providing significant benefits to their handlers, the results can be transferable to others coping with mental illness (Shenton, 2004).

Dependability

My study collected data via semi-structured interviews. All interviews were recorded via the virtual platform utilized for the conversation (Zoom). Transcripts were printed and reviewed by participants for accuracy. I completed an audit trail through each transcript's descriptive, linguistic, and conceptual experiential notes. I then supported my findings through relevant quotes from participants and interpretative commentary (Smith & Nizza, 2022). I also related my results to current literature and discussed its application to social change.

Confirmability

I demonstrated credibility in my study through reflexive journaling. I remained consciously aware of my thoughts and perceptions through bracketing. I maintained

neutrality and was mindful of personal beliefs about the phenomenon of interest. I sought supervision when needed to process any feelings that did arise during the study. I carefully studied all interview transcripts for accuracy without bias. As the sole researcher, I also used bracketing to objectively compare my conclusions with those of the study participants (Goldspink & Engward, 2019).

Ethical Procedures

Ethical considerations are essential in all research, particularly in qualitative projects. Ethical research aims to protect human subjects and ensure projects are carried out to contribute to social change. Issues of risk, confidentiality, and informed consent are inherent in ethical research. The goal of IPA research is to capture the human experience in depth. This process can involve sensitive topics; the researcher must be aware of and sympathetic to this. At the end of each interview, I demonstrated understanding by checking in with each participant to gauge how they felt. Informed consent guided my need to safeguard participants (Smith & Nizza, 2022). I followed the IRB guidelines outlined by Walden University for doctoral research. All potential participants were provided with the Walden University informed consent forms. Interviewees were advised that participation was entirely voluntary and that they retained the right to withdraw from the study at any time.

To protect the identities of the participants, only I had knowledge of personally identifying information. All information was kept confidential on a password-protected personal computer and will be maintained for five years as required by the Walden

University IRB office. For this IPA approach, anonymity was maintained by assigning participants pseudonyms on all documents or forms connected to the research study.

Summary

Chapter 3 discusses the purpose of the present study, which is to explore the lived experiences of adults who utilize service dogs to mitigate the symptoms of psychological disorders. The research methodology employed for this study was Interpretative Phenomenological Analysis (IPA). As a qualitative design, IPA seeks to understand people's lived experiences and how they make sense of those experiences (Smith & Nizza, 2022). This methodology can vividly capture and interpret the lived experiences of adults who use service dogs to mitigate symptoms of psychological disorders.

The primary data collection method of qualitative research is interviewing. This IPA study used semi-structured interviews to engage participants in discussing how they make meaning of life with psychiatric service dogs. Each interview transcript was transcribed and carefully reviewed for data analysis. Through reflexive journaling, I bracketed my experiences as an inside researcher to ensure objectivity during the interview and analytical processes. As Alase (2017) noted, IPA is a participant-oriented approach, allowing the researcher to develop rapport with participants. The intent is that this relational bond will enable interviewees to explore their perspectives, resulting in quality data thoroughly. Subsequently, the credibility and transferability of the findings are enhanced.

The study findings will be presented in the next section, Chapter 4. In following qualitative design protocols, participant responses to questions will be reported. Each

interview will be discussed in detail and connected to the research question. Implications of the findings on social change will also be presented.

Chapter 4: Results

The academic community had a dearth of information regarding the use of service dogs in the psychiatrically diagnosed adult population. To contribute to the literature, I completed a qualitative study to explore how adults with psychological disorders use service dogs to mitigate the symptoms of their disabilities. Using IPA, I explored the relationship between humans and their PSDs. Specifically, this study addressed the attachment bond between individuals with disabilities and their canine assistants. The research question addressed was the following: How do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities? In this chapter, I describe the setting and personal experiences that may have influenced participants' lives at the time of the study. Chapter 4 also contains a discussion of the data collection and analysis process, evidence of trustworthiness, and the results from the study. The chapter ends with a summary and a transition to Chapter 5.

Setting

The interviews took place virtually using the video and audio platform Zoom. Meeting with people electronically allowed me to include participants throughout the United States and one participant in Europe. The interviews were conducted in my quiet and confidential home office. To the best of my knowledge, no circumstances during the discussions would have affected interpretation of the study results. Each interviewee was advised that the process would take approximately 60 minutes. Most of the interviews were completed within 45–60 minutes, depending on the length of the participant

responses. One participant shared multiple relevant personal experiences, leading to a meeting time of approximately 90 minutes.

Demographics

The participants consisted of 10 adults who reported having been diagnosed with a mental illness. Further identifying characteristics were not specified to maintain confidentiality and were not considered significant to the research question addressed in this study. Some participants acknowledged the gender female while others requested to be referred to by the gender neutral pronoun, they. During the course of the study, the demographics of biological gender female were made known to me. Additionally, observation led to the awareness that nine of the 10 participants were White. All participants acknowledged having coped with a mental illness for more than 3 years at the time of the interviews. All interviewees could speak, read, and understand English. Nine participants resided in the United States, and one subject lived in Europe.

Data Collection

Data collection occurred over a period of 4 months. I received Walden University IRB approval (10-17-22-1023731) to conduct research on October 17, 2022. Data collection began with a recruitment flyer emailed to a partner agency. Prior to data collection, I had reached out to Psychiatric Service Dog Partners and was contacted by the president of the agency. I introduced myself, explained the purpose of my study, and requested assistance in recruiting participants. With the aid of the president of Psychiatric Service Dog Partners, I distributed the flyer via listserv to individuals affiliated with this volunteer organization. After approximately 2 months of recruiting, I expanded my

search for volunteers. The recruitment flyer was then posted in Facebook social media groups related to the topic under study, psychiatric service dogs. Before posting the study information, I sought and received approval from group administrators. Follow-up recruitment flyers included an additional email with the flyer attached distributed by Psychiatric Service Dog Partners and the addition of a second and third relevant Facebook social media group. Data collection continued until the goal of 10 participants, an average number of interviewees deemed appropriate for such a study, was reached. In February 2023, all participants were selected and interviewed. Data analysis continued into March 2023.

Upon acknowledgment of interest in the study, individuals were sent a copy of the interview guide and a statement of informed consent. All 10 participants consented to video-recorded virtual interviews conducted via Zoom. Once the participants provided informed consent via email and interviews were scheduled, I sent a Zoom link to their email addresses. The participants clicked the link to join the Zoom video interview at the scheduled time. At the beginning of each interview, I reminded subjects of the voluntary nature of their participation and that they had the right to refuse to answer any question or to withdraw from the study at any time. I then advised participants that the interview would be video recorded, with the Zoom platform requesting permission from each individual, and started recording. Once recording began, I asked each individual the questions from the interview guide until the interview was completed. At the end of each interview, I allowed participants to add any additional information desired and to provide feedback on the interview process. After each interview, the recording was stopped,

ending the data collection process. There were no variations in data collection from the plan presented in Chapter 3. No unusual circumstances were encountered during the interviews, except minor distractions from some of the participants' children and dogs.

Data Analysis

The Zoom platform provided audio, video, and written transcripts for each interview. I emailed copies of the transcripts to each participant to verify the accuracy of the transcripts. All participants responded and offered no objections or amendments. I manually analyzed each written transcript per the recommendations of Smith et al. (2022). From there, the data analysis followed the IPA process (Smith et al., 2022).

Each participant had their own physical folder, labeled Handler 1 (H1), Handler 2 (H2), and so on. Each folder contained a printout of the participant's interview transcript and handwritten notes regarding consent and scheduling. I read through each transcript multiple times, familiarizing myself with the individual experiences of each handler.

Step 1 of the analysis process involved immersing myself in each interview transcript by reading and rereading the data. This step was intended to ensure that each participant was the focus of my analysis. Through a repeated reading of the transcripts, I came to appreciate the life stories that began to develop in each interview. I also noted significant observations in my research journal in each transcript (Smith et al., 2022).

Step 2 involved making notes on the printed transcripts to become more familiar with the experiences relayed by the participants. I developed exploratory notes by underlining and highlighting key concepts expressed by the participants. By focusing on language and context, I began to create a sense of life through the eyes of my

participants. I made notes on handler comments regarding relationships, processes, and emotions. The goal of this step was to identify what mattered to the participants. Finally, I made conceptual comments through personal reflection to combine my experiences and knowledge to better understand the emerging understandings of my participants' lives (Smith et al., 2022).

Step 3 of the analysis consisted of constructing experiential statements (Smith et al., 2022). During this step, I consolidated my thoughts by examining the exploratory notes made in Step 2. The focus was on capturing what was important to the participants by reflecting on their words and my analytic interpretations. I was beginning to develop a clearer sense of how participants made sense of the phenomenon.

Step 4 involved searching for connections across experiential statements (Smith et al., 2022). Analysis at this level involved developing an organizational representation of how the statements related to each other and the interviews. I reread the transcripts to reevaluate the relevance of the experiential themes developed in Step 3. I then drew together the statements to identify interesting and significant components of each handler's story.

Step 5 consisted of naming the personal experiential themes and consolidating and organizing them in a table (Smith et al., 2022). During this step, I developed a Microsoft Word document to track themes and personal experiential statements. The statements were aligned with the interview questions in a Microsoft Word chart. Using a table allowed me to keep the themes organized and ensured that each interview component received adequate attention. The table consisted of three columns: interview

questions, group experiential theme, and personal experiential statements. Each interview question also had a row within the table to track critical concepts for each primary concept in the study. There were also six rows in the table containing supplemental statements offered by the participants.

Step 6 of the data analysis process involved continuing the individual analysis of other cases (Smith et al., 2022). Because my study consisted of 10 participants, it was during this phase that I repeated the previous steps with each interview transcript. Each case was analyzed individually to ensure each received individual diligence. Emerging themes and statements from each interview were then entered into the Microsoft Word table.

The final step was to work with personal experiential themes to develop group experiential themes across cases. Step 7 focused on looking for similarities and differences across the personal themes discovered in the previous steps (Smith et al., 2022). I again reviewed each transcript and the themes and concepts table to compare themes across participants. Here I found patterns of experience among all participants. The process was followed for each interview question, yielding 13 group experiential themes with 185 personal experiential statements.

Additionally, probing questions led to six additional group experiential themes and 14 personal experiential statements. The breakdown of themes and clusters is demonstrated in Table 1. The large number of themes and personal experiential statements ensured that the true nature of the participant experiences was adequately captured.

Discrepant Cases

While each case had its characteristic manner of experiencing mental illness and the use of PSDs, they were relatively consistent in how their dogs mitigated the symptoms of their disabilities. Each advised that although they faced challenges associated with their disabilities as well as with their canine companions, service dogs had a positive impact on their lives. Although there were no genuinely discrepant cases, Handler 6 provided additional insight and perspective as the only participant residing outside of the United States. The experiences of using service dogs varied based on other countries' cultural differences and expectations. Most significantly, the laws and expectations guiding service dog ownership are much more stringent in European countries.

Evidence of Trustworthiness

Qualitative research seeks to be acknowledged as relevant by other researchers and stakeholders. Trustworthiness is a means by which researchers demonstrate the degree to which their findings are worthy of attention (Nowell et al., 2017). Four areas of concern should be addressed when addressing the trustworthiness of a study: credibility, transferability, dependability, and confirmability (Shenton, 2004). The following subsections will address each of the four criteria.

Credibility

Credibility refers to the naturalistic research concept of interval validity. Study findings should be congruent with reality (Shenton, 2004). To ensure the credibility of my research, I adopted a well-established research method: IPA. This qualitative

approach allowed me to capture my participants' experiences while remaining consistent with current psychological theory (Shinebourne, 2011). Strategies I used to maintain credibility throughout my study included member checking, saturation, and reflexivity. Although the Zoom media platform provided printed transcripts, I reviewed each transcript for accuracy. I also sent copies via email to each participant to verify accuracy. I kept a journal in which I made notes of contacts with any interested individuals, potential participants, and selected participants. I also used journaling to reflect on my experiences as I collected information to manage potential bias.

Transferability

Transferability refers to the generalizability of a study to a larger context (Nowell et al., 2017). I promoted transferability by using quotes from each participant. Using vivid descriptions of their experiences offered deep insight into the lives of those who use PSDs. The stories shared by the participants provided evidence of the efficacy of service dogs in benefiting handlers with psychiatric disorders. Their stories may extend to a larger population of individuals living with mental illness.

Dependability

Valuable research should be reliable, meaning if the study were repeated in the same manner and with the same subjects, the results would be essentially the same (Shenton, 2004). I promoted the dependability of my findings by reviewing the video recordings collected via the media platform Zoom. I also printed and reviewed each interview transcript and provided copies to participants to check for accuracy. I manually kept an audit trail on each printed transcript where I kept descriptive, linguistic, and

conceptual experiential notes. My findings were supported by relevant participant quotes and interpretative commentary (Smith & Nizza, 2022). A peer also reviewed my thematic analysis table for enhanced dependability in that step of the data analysis. Throughout my research, all digital and physical copies of relevant materials were kept confidential by being in my possession, locked, or password protected. Backups of transcripts and analyses were retained on password-protected cloud drives and a flash drive.

Confirmability

Confirmability supports the accuracy of a researcher's results (Nowell et al., 2017). also refers to the researcher's objectivity in conducting a study (Shenton, 2004). I demonstrated confirmability in my study through reflexive journaling and professional supervision. During the process, I kept a diary of my own thoughts and perceptions through bracketing, which allowed me to compare my conclusions with those of the study participants (Goldspink & Engward, 2019). When I felt inclined to lose neutrality or objectivity, I spoke with professional colleagues to process those thoughts. Finally, my dissertation chair reviewed my data analysis, which provided triangulation for my research.

Results

The purpose of this study was to explore the lived experiences of adults who utilize service dogs to mitigate the symptoms of their psychological disabilities. Through semistructured interviews, I explored how the bond between humans and canines improves mental health outcomes in the study population. The interviews consisted of a preplanned guide of 13 main questions. Two contained additional probing questions

developed to answer the following research question: How do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities?

After reviewing and conducting an in-depth analysis of each handler's lived experiences, I established major (group experiential) themes derived from each interview question, thereby identifying 13 group experiential themes with 185 personal experiential statements. Additionally, probing questions led to six additional group experiential themes and 14 personal experiential statements. The breakdown of themes and clusters is demonstrated in Table 1. The large number of themes and personal experiential statements ensured that the true nature of the participant experiences was adequately captured. I use selected interview excerpts to illustrate the group experiential themes and personal experiential statements in the following subsections.

Table 1

Group Experiential Themes and Personal Experiential Themes

Interview Question	Group Experiential Themes	Personal Experiential Themes
Q1 Describe how you felt after being diagnosed with a mental illness.	Being diagnosed	• Fear (H2, 3, 4, 7, 8, 10) • Confusion (H2) • Loneliness (H2, 4, 7) • Betrayal (H2, 7) • Sadness (H3) • Validated (H1, 8, 10) • Relieved (H3, 6,9, 10) • Hopeful (H5, 6) • Broken (H2) • Vindicated (H10)
Q2 How did the diagnosis influence your life?	Influence of the diagnosis on life	• Made treatment options available (H1, 5, 6, 9) • Could get help (H2, 5, 6, 9, 10) • Realized help was needed (H2, 5, 8, 10) • Could learn about the illness (H2, 3, 5, 6, 9, 10) • Encouraged personal strength (H4, 6, 10) • Helped understand self (H2, 3, 4, 5, 6, 8) • Experienced internal struggles (H8) • Illuminated real support in life (H10)

Q3 Describe your experiences with using mental health services after your diagnosis.	Using mental health services before PSD	• Not helpful (H1, 2, 3, 4, 5, 7, 8,9) • Too many meds (H1, 4) • Scared (H10)
Q4 Describe your decision to get a service dog. a) how did you find out about psychiatric service dogs? b) What was it like trying to find a service dog? c) What was it like training a service dog? a. How and by whom was your dog trained?	Getting a service dog. (A)Discovering PSD (B)Finding PSD (C)Training PSD	(A) • From friends (H1, 2) • Online (H1, 3, 4, 7, 8, 9, 10) • From MH services (H3, 4, 10) • From family (H5) • Faked it at first (H1, 6) (B) • Trained my pet (H1, 6, 7, 10) • Breeder (H2, 3, 8) • Rescue/rehome (H4, 5, 9) (C) • Service tasks self-trained (H1, 2, 3, 4, 5, 7, 8, 9, 10) ○ Helps with bonding (H4, 6) • Obedience self-trained (H2, 3, 7, 10) • Obedience pro trained (H1, 3, 4, 5, 8, 9, 10) • Hard (H1, 4, 8, 9) • Time consuming (H1, 4, 8, 9) • Fun (H3, 5, 7) • Lack of family support and help (H1) • Easy (H2, 5, 6)
Q5 What tasks does your service dog perform for you?	Service dog tasking	• Anxiety/panic alert (H1, 3, 5, 6, 8, 10) • Pressure therapy (H1, 3, 4, 5, 8, 9, 10) • Grounding (H1, 2, 3, 5, 6) • Distraction (H2, 3) • Object retrieval (H3, 5) • Medication reminder (H3, 5, 8) • Guide to exit (H3, 7) • Situation escape (H6, 10) • Tactile stimulation (H6) • Blocking/Barrier (H6, 8, 10) • Daily reminders (H6) • Heart rate alert (H7, 8, 10) • Wake from nightmares (H8, 10)
Q6 Describe what it is like to have a service dog. a) What are some of the benefits of having a service dog? b) What are some of the challenges of having a service dog?	Pros and cons of having a service dog	Pros • Independence (H1, 4, 6, 8) • Freedom (H1) • Courage/safety (H4, 7, 8, 9, 10) • Help with symptoms (H1, 2, 3, 4, 5, 6, 7, 9, 10) • More social (H2, 4, 5, 6, 10) • More active physically (H2, 4, 5, 6, 7, 9, 10) • Educate others on service dogs (H2) • Constant companion (H3, 4, 10) • More focused (H4, 7) • Training is therapeutic (H10) • Physical boundaries (H10) Cons • Extra attention from others (H1, 3, 4, 5, 6, 8, 9, 10) • People petting my dog (H1, 5, 8, 10) • Public access challenges (H1, 5, 8, 10) • People ask about disability (H1, 4, 8, 10) • Being judged (H3, 6, 7, 8, 10) • Lack of family support (H1, 5, 10) • Inconvenience; plan things around dog (food, water, clothing, gear, time away from home, time training) (H1, 6, 7, 8, 9, 10) • Finding a job that accepts PSD (H1, 5)

		• Lack of privacy (H2) • Imposter syndrome (H3, 6, 7, 10) • Lack of public knowledge on SD etiquette (H3, 10) • Understanding SD laws (H4, 8, 10) • Responsibility of a dog (H5, 6, 8, 10) • Dog may not always be enough (H8)
Q7 How would you describe your relationship with your service dog?	Relationship with service dog	• Part of me (H1, 8, 10) • Baby (H2, 7) • Do everything together (H1, 2, 4, 6) • Helped me find peers who understand me and my PSD (H1) • Life saver (H2) • Love (H2, 4, 9) • 24 hour therapist (H4) • Best friend (H3, 4, 6, 8) • My sweetheart (H4) • Tight (H4) • Family (H4) • Close (H5) • Strong bond (H5) • Partner (H6) • Reliable (H6, 10) • Lost without (H7) • My everything (H7) • Connected (H8) • Communicate without words (H8, 10) • Attached (H9) • Trusting (H10) • My rock (H10)
Q8 Tell me about how your service dog makes you feel.	How my service dog makes me feel	• Complete/whole (H1, 4) • Joyful (H1) • Happy (H1, 3, 4) • Independent (H1, 6, 7, 8, 10) • Empowered (H2, 4, 7) • Needed (H2, 10) • Wanted (H2, 10) • Confident (H2, 6, 10) • Purposeful • (H2, 3, 10) • Entertained (H3) • Alive (H3, 4) • Loved (H3) • Human (H4) • Sense of belonging (H4) • Safe (H8, 9, 10) • Comforted (H6, 9, 10) • Protected (H9, 10) • Stable (H9)
Q9 Describe what it is like when you and your service dog are separated.	Being separated	Handler Response • Hard (H1, 3) • Part of me is missing (H1, 9, 10) • Not normal (H1) • Worried (H3, 4, 7) • Heart ripped out (H4) • Sad (H4) • Anxious (H4, 5, 7, 8, 9) • Destructive (H6) • Lost (H6) • Empty (H6)

		• Regressed (H1, 8) • Scared (H8) • Naked (H10) PSD Response • Loses his mind (H2) • Whines, whimpers, complains (H2, 3, 9) • Tries to escape (H3) • Doesn't eat (H6) • Anxious (H8)
Q10 Describe your use of mental health services now that you have a service dog.	Mental health services with a PSD	• None (H1,2, 8) • Less meds (H1, 4) • Not needed (H2) • Peer support rather than professional help (H3) • No change (H5, 6, 7, 9) • More willing to advocate for self (H7, 10)
Q11 Describe how your service dog influences your life.	The influence of a PSD on life	• Makes me more normal (H1) • Able to do things others do (H1, 7) • More friends/socializing (H1, 10) • More relationships (H1, 10) • Life revolves around PSD (H1, 8) • Life is easier (H1, 2, 7, 8, 9) • Don't feel like a burden to other people (H1) • PSD always wants to help (H1) • Gives me a purpose, reason to function (H2, 3, 7, 10) • Makes me feel safe (H3, 8, 9, 10) • Gives me a constant companion (H3, 9) • Provides stability (H3, 9) • Have to plan things out more to make sure dog's needs are met (H4, 5, 6, 10) • Causes some anxiety in public due to access and attention (H6) • Interested in educating people about SDs (H8) • Taught me to slow down and enjoy life (H8) • Reminds me I'm disabled (H10)
Q12 How has your life changed since getting a service dog.	How my PSD has changed my life	• More social/active (H1, 7, 8, 9, 10) • Disability improvements (H1, 3, 4, 7, 10) • Life is better (H2, 4) • Annoyed with people asking questions (H3) • Realizing my true self (H4, 10) • Less time for some other things in life (H5, 8, 9, 10) • Helped me learn to take breaks (H5) • More independent (H6, 10) • More solid routine (H6) • More accountability to care for self and dog (H6, 10) • More dog hair (H9) • More bills (H9, 10)
Q13 What advice would you give to someone who might be interested in having a service dog.	Advice to others	• Talk to other PSD handlers; ask questions (H1, 4, 7, 9) • Make sure you can handle the extra attention, work, and stress (H1, 3, 4, 6, 8, 9, 10) • Do research (H1, 2, 3, 4, 7, 9) • Watch videos (H1) • Find a good breeder (H1) • Go slow with training and public access (H1) • Find a good dog (H1, 2, 5, 7,9, 10) • Dogs are a big responsibility (H3, 4, 9, 10) • Talk to family and medical providers (H3, 10)

		• Train the dog yourself if possible (H5) • Know the dog won't fix everything; be realistic (H5, 6, 8, 10) • Decide if you really need a PSD (H6, 8, 9) • Weigh pros and cons (H6, 8, 9) • Recognize that some dogs don't work out; wash (H7, 10) • Know the laws (H8) • Get family on board (H10) • Plan ahead for dogs' needs (H10)
Supplemental		

	Impact of PSD on relationships	• Some stress with family relationships
		  ○ Initially husband not on board (H1, H4)
		  ○ Family became more accepting (H1, H4, H10)
		  ○ Husband was able to become a husband rather than a caregiver (H1)
		  ○ Relationship with some family members has improved since SD (H4)

	Public perceptions of service dogs	• Some people don't accept small service dogs (H4, 10) • Judged for PSD not being "Fab 4" (H4) • Some people are curious about the dogs (H4) • Some people think you're faking it since disability is invisible (H4, H10) • Dog is just a pet (H4)
	Research on service dogs	• There needs to be more research into PSDs (H5, H7, H8)
	Perspective from outside U.S.	H6 lives outside U.S. • Laws around SDs are more strict • Some countries require SDs pass tests • Communities are more dog friendly in general • Less problems with aggressive dogs • Less problems with fake SDs
	They are great dogs	• Dogs are amazing (H8)
	Insufficient resources for service dogs	• Resources aren't there for people without combat related PTSD (H8)

Group Experiential Theme 1: Being Diagnosed

Group experiential theme 1 was created from the first interview question related to describing how it felt to be given a mental illness diagnosis. This group experiential theme comprised ten personal experiential statements of fear, confusion, loneliness, betrayal, sadness, validation, relief, hopeful, broken, and vindicated. Many of the

participants expressed having both negative and positive responses to the diagnosis. Handler 3 stated:

> Well, there's a variety of feelings. There's relief of having a label put on what's happening. You know, there's shock, disbelief, certainly fear of what are other people going to say and sadness, depression of that there's something wrong with you that isn't physical. So, a variety of everything you can possibly feel goes into it. But a lot of relief, too, though, of having it identified.

Handlers 2, 3, 4, 7, 8, and 10 acknowledged experiencing fear upon being diagnosed with mental illness. H2 grew up in a home without being able to talk to anyone about feelings or problems. When given the diagnosis, there was no one to turn to for understanding. H4 recalled being hospitalized in a psychiatric facility as a teenager with no explanation of what was happening to her. "All I knew was that they were trying to shove pills down my throat and trying to get me to talk, and I didn't talk because I was too scared, and I felt very alone." H7 reported being unsure who to trust and scared about being alone. "I remember that day, I drove home crying and telling my dead mother that your little cookie is cracking up." H8 also reported feeling fear at being diagnosed with posttraumatic stress disorder (PTSD) because she didn't realize it was not just for veterans.

Handlers 3, 6, 9, and 10 all felt relieved after being diagnosed. For them, the label confirmed that there was an explanation for what they were going through emotionally. H6 stated, "For me, it was sort of like an aha, like, oh, okay, I'm not a humongous freak. There's actually a reason for my weirdness." H9 was diagnosed as a minor and

remembered feeling “different.” Getting a diagnosis helped her understand why things were hard. H10 stated, “I felt validated and vindicated almost because I’ve been struggling with undiagnosed illnesses for basically my whole life.”

Group Experiential Theme 2: Influence of the Diagnosis on Life

Group Experiential theme 2 was developed from interview question 2, which asked participants to discuss how the diagnosis of a mental illness influenced their lives. Eight personal experiential statements emerged from this Group Experiential theme. Handlers discussed how the diagnosis made them realize that help was needed and available, opening up new treatment options. Finding the right combination of medications and therapy greatly benefited several handlers. Others found inner strength and grace through the experience of being diagnosed with a mental illness. Handlers 2, 3, 4, 5, 6, and 8 all came to better understand themselves through the diagnostic process.

Handler 2 had spent considerable time searching “Doctor Google” which led to increased fear and misunderstandings of the symptoms. The diagnosis allowed her to focus on getting the needed help to address the illness. Handler 1 battled insurance companies for needed therapy sessions when the diagnosis allowed for additional coverage. Handlers 5 and 6 found that the diagnosis created a continuity of care among their medical professionals. Handler 7 found that she could better figure out what to do and who to talk to once she became more open about her diagnosis. After going through “pharmaceutical roulette,” she finally found the proper medication regimen. Handler 9 discussed a similar battle with finding the appropriate medication, simplified by having an accurate diagnosis.

Handlers 3, 4, 5, 6, 8, and 9 found that having a diagnosis made life easier for them in many ways. Handler 3 noted that while life continued pretty much the same as before the diagnosis, finding a valid reason for what she had been feeling made life a little easier. Similarly, Handler 4 said that the diagnosis made them a stronger person on the inside, while handlers 6 and 8 reported developing a better understanding of themselves. Handler 5 stated, "it was just helpful to know what's going on, and then I could tell different providers that was my diagnosis." Handler 6 also reported that the diagnosis allowed her to speak to professionals about the diagnosis, which made life easier. Handler 9 stated, "I think like finding the right medication for the right diagnoses has been really helpful."

Handlers 7 and 10 found that the diagnosis taught them to advocate for and stand up for themselves. Handler 7 found that she had to be her best advocate, while Handler 10 discovered who was genuinely supportive in her life. "You've got to learn to fight for yourself, and that's what I've had to do, and boy has it been a fight," is how Handler 7 described the influence of the diagnosis on her life. Handler 10 added that the diagnosis "helped me realize where my true support is. Professionals and trusting health professionals to guide me into a more healthier mindset".

Group Experiential Theme 3: Use of Mental Health Services After Diagnosis

Interview question 3 asked participants to describe their use of mental health services after being diagnosed with a psychological disorder and before acquiring assistance dogs. The question led to three personal experiential statements, not helpful, too many meds, and scared. Handlers 1, 2, 3, 4, 5, 7, 8, and 9 all reported that

professional mental health services were not helpful for them post-diagnosis. Handlers 1 and 4 also said that they had gone through too many trials and errors with medications, while Handler 10 was afraid of "being labeled as crazy."

Many study participants had found through experiences with professional psychiatric help that peers and friends provided more benefit. Handler 1 reported trying seven or eight different therapists, none of whom were helpful. Trauma-informed friends were more therapeutic and helpful than therapists who "weren't sure how to handle my complicated case." Handler 2 also found that friends and writing poetry offered a better outlet than therapists, with Handler 8 also finding peer counseling more beneficial. Handler 5 reported that professional therapy led to no improvements in symptoms. However, a spiritual advisor helped her realize what was happening and met with her regularly to help her cope.

Handler 1 found that psychiatry offered her a "merry-go-round" of medications, most of which did not help but led to "horrible side effects." She had made a list of 30-40 medications she had tried. Many would work for a short time and then stop working. Handler 4 expressed concerns about the possible permanent damage caused by the multiple medications they had tried since childhood. They once left an inpatient facility on 14 drugs and were a "walking zombie." They would go to one hospital and be prescribed medications; another hospital would change them, leaving them with unbearable withdrawal effects.

Group Experiential Theme 4: Getting a Service Dog

Interview question 4 asked participants to describe their decision to get a service dog. It included sub-questions related to learning about psychiatric service dogs, acquiring a service dog, and training. Three major themes emerged from this question: discovering psychiatric service dogs, finding psychiatric service dogs, and training psychiatric service dogs. These themes resulted in sixteen personal experiential statements.

The first central theme was related to discovering the existence of psychiatric service dogs. Most handlers learned about these assistance animals from friends and the internet, while mental health professionals educated a few. Handler 1 had a friend with an emotional support animal who took her dog on a plane with her. Thinking this seemed like a great idea, she perpetrated her pet dog as a service dog so she could take it places with her. Handler 6 also admitted to publicly using her emotional support animal despite knowing it was wrong. Even at that time she was aware that emotional support animals were not afforded public access rights such as those approved for service animals.

Handlers 3, 4, and 10 first heard about psychiatric service dogs from medical providers and expanded their knowledge via online research. Handler 7 joined Facebook groups related to service dogs and found that some were explicitly trained for psychiatric purposes. Handler 9 also learned about psychiatric tasks from reading about service dogs online. Handler 8 found out about the use of dogs when researching treatment options for PTSD. A psychiatrist advised Handler 10 of the potential benefits of dogs for her panic attacks.

Four participants trained their pets to become their psychiatric service dogs. Three of the handlers found their dogs from breeders and three adopted rescues. Handler 1 discussed multiple means of acquiring a service dog. Her first was a pet she used as a "fake service dog" for a while, then realized the benefits and studied the laws. After discovering Psychiatric Service Dog Partners, she received guidance on proper training, and her pet became her service dog. Handler 6 had a similar experience of using her pet in public to help her and finding it beneficial, so she decided to train the dog to become an actual psychiatric service dog. Handler 7 also had a pet dog that was "so smart" and so "attuned" that she also transformed him into a service dog. Handler 9 adopted a dog from a shelter and then "realized how much comfort and companionship she gave me." Handler 10 had a pet dog active in search and rescue but appeared to be losing the desire for that type of work. Finding that the dog seemed very attached to her and would naturally offer her behaviors she found comforting, she learned about psychiatric service dogs. She began the process of converting her pet to an assistance animal.

Handler 2 stated, "one of the most complicated things I've ever done is trying to find a service dog." While many encouraged her to adopt a shelter dog, having prior experience training dogs as a veterinary technician, she was concerned about overbreeding or behavioral issues that may make shelter dogs unsuitable for service work. Knowing the dog's temperament was vital to finding a dog that would meet her needs, she, therefore decided that selecting a purebred dog from a breeder would be best for her. Handler 3 also sought out a breeder who could choose for her a dog with the desired characteristics to train as a service dog.

Handler 4 sought to purchase a service dog from a program that specifically trained dogs for that purpose. After more than nine months of waiting, they found a dog on the side of a highway. The dog immediately jumped into their car after being thrown out of a car window. They removed their name from the waiting list for the program and started training their new pet to become a service dog. Handler 5 had also intended to get a service dog from a specific organization. After researching and finding such dogs to be cost-prohibitive, a friend helped her search for alternatives. They came across a family with a dog they could not keep, and it had a good temperament, so Handler 5 adopted their dog. The cost of buying a dog from a specific service dog program was overwhelming for Handler 8, who contacted reputable breeders to select a dog. Her prior experience with German shepherd dogs led her to choose that breed.

The last central theme relevant to interview question four was related to training a service dog. Handlers 1, 3, 4, 5, 8, 9, and 10 reported using professional services to train their dogs in obedience, with only Handlers 2, 6, and 7 completely self-training their dogs. All ten handlers owner-trained the tasks for their service dogs. While many handlers admitted that the training process was challenging and time-consuming, some found it helpful and fun.

Handler 1 advised that training her first service dog was “harder than getting my Ph.D.” She said it was challenging to keep up with the training without support from friends and family. The process forced her to step outside of her comfort zone in many areas, including socializing and exploring a variety of different environments. While professional lessons helped prepare her dog for different scenarios, she found that trainers

were generally ineffective at training specific service dog tasks. Most were unable to understand what she needed from her dog. So, she used the services of group lessons and private sessions to build obedience in her dog and did the service task training herself.

Handler 4 noted that training a service dog required considerable time and energy; it is a "lifelong process." Handler 8 compared training to having a full-time job with the amount of work that goes into having a well-trained service dog. Handler 9 also admitted that training a service dog is not easy and takes a lot of work. "There are some days where it's hard for me to get out of bed or whatever, and so I think, like those days, it's harder for me to train her."

Handler 2 was one of the few participants who reported the training process to be easy. Having had previous experience with dog training, she found self-training to be more an issue of teaching others how to interact with her and her dog than of training the dog. Handler 3 also noted that self-training her service dog was fun. She enjoyed having her dog compete for obedience and trick titles through the American Kennel Club. Having "every service dog owner's dream" made life easier for Handler 5 in turning her canine into a working dog. "She's very easy to train" was how Handler 5 described working with her current service dog. As a behaviorist, Handler 6 also found training a service dog easy and natural.

Despite owner-training challenges, many participants conveyed the importance of self-training their service dogs. Being part of puppy classes and dog sports has been a good bonding experience for Handler 3 and her service dog. Handler 4 also stated, "I don't think I'd ever want to get a program dog because the bond is so strong between us"

when talking about owner-training their service dog. Handler 5 described training with her dog as “good mental stimulation,” while Handler 6 considered it a “good distraction” so she’s not “freaking out” worrying about other people in public. Handler 10 found that training with her pit bull allowed her to advocate for the breed, often plagued by a negative reputation.

Group Experiential Theme 5: Service Dog Tasking

Interview question 5 explored the tasks their service dogs perform for the handlers. When considering those that have been mastered by their canine companions and those that are currently being perfected, there were 13 personal experiential statements or tasks identified by the participants. All the handlers described the work their dogs perform for them that aims to mitigate their psychological disorders’ symptoms. Some duties included pressure therapy, anxiety alert, distraction, reminders, blocking, grounding, and escape. Eight participants, Handlers 1, 3, 4, 5, 6, 8, 9, and 10, advised that their dogs helped with anxiety and panic through alerting and pressure therapy. Handler 2 receives assistance from her dog through grounding, and Handler 7’s dog helps her find exits in stressful situations. Handlers 8 and 10 also reported their dogs woke them from nightmares related to trauma.

Handler 8 described her dog’s tasks as “security enhancement tasks. She’ll block, she’ll orbit, just effectively creating a physical barrier around me to make people not come into my space”. Handler 9 was also teaching her dog to “orbit” around her as a form of crowd control. Similarly, Handler 10 appreciates that people avoid her when

accompanied by her canine companion, creating physical space between her and others in public.

Group Experiential Theme 6: Pros and Cons of Having a Service Dog

Interview question 6 asked participants to describe life with a service dog. The question was divided into two parts, where I asked them to identify the benefits and challenges of having a service dog. This led to Group Experiential theme 6, examining the pros and cons of living with a service dog. Eleven personal experiential statements emerged from discussing the advantages, and 14 emerged from discussing the cons of having a service dog. The primary challenges identified by Handlers 1, 3, 4, 5, 6, 8, 9, and 10 were related to the extra attention they received from other people when accompanied by their dogs. The most significant benefit identified by handlers 1, 2, 3, 4, 5, 6, 7, 9, and 10 was the mitigation of their symptomology.

Handlers 1, 4, 6, and 8 reported having more independence as a result of having service dogs. Feeling safer was an advantage identified by handlers 4, 7, 8, 9, and 10. Handlers 2, 4, 5, 6, and 10 stated they could be more socially active thanks to their dogs, while 2, 4, 5, 6, 7, 9, and 10 were more physically active. Having a constant companion was another benefit experienced by handlers 3, 4, and 10.

Handler 1 stated that her service dog helped her “be normal.” Handler 4 returned to work for the first time in many years, thanks to their service dog. The canine assistant increased their confidence in completing job tasks with more focus and less distraction.

An increase in physical exercise was a benefit shared by handlers 5, 6, 7, and 10 because of the need to walk their dogs. Handler 2 advised her dog, “gives me the

opportunity to help with social anxiety. I feel better leaving the house". Handlers 1, 2, 5, 6, 7, and 10 also experienced less social anxiety and more positive social interactions when accompanied by their dogs. Similarly, Handler 2 stated she feels safer leaving the house now that she has a canine companion. At the same time, Handler 7 reported being more "secure about going places." Handler 8 also stated that having a service dog means her family is less worried about her acting out in public. At the same time, Handler 9 was more able to remain calm outside the home.

The biggest challenge expressed by the study participants was the extra attention their service dogs attracted, mentioned by handlers 1, 3, 4, 5, 6, 8, 9, and 10. Handler 1 acknowledged discomfort in frequently being asked "what's wrong" and "somebody wants to have conservations with me, and that gets old and annoying." Handler 3 admitted feeling like people were always staring at and judging her because of her dog. Being noticed and asked intrusive questions was also a concern reported by Handlers 4 and 8. The extra attention was a source of anxiety for Handler 6, who said, "I think a lot of my stressors were like, oh my God! What if I take her out, you know, what if people yell at me? What if I get an access issue? What if, like, somebody assaults me because of it?" Handler 9 expressed a similar concern, "I'm always worried that like she's gonna be a little naughty or something" when in public with her dog. The "stares and whispers" also posed a challenge for Handler 8. Several handlers were also concerned that because their disabilities were not visible, they may be seen as not needing service dogs. "People think you're faking," noted Handler 10, while Handler 3 admitted that sometimes she leaves her dog home because "I worry too much about what everybody else is going to

say or how they're looking at me; judging me and calling her a fake." Handler 7 also shared concerns about being labeled as "fake."

Ignorance of proper service dog etiquette was a common theme expressed by several handlers. For instance, Handlers 1, 5, and 8 stated that people in public frequently talk to their dogs and ask to pet them. Others, such as Handlers 6 and 8, have noticed that people around them talk about their dogs. A lack of understanding of service dog laws is also a challenge for many service dog owners. Handler 8 said, "all of a sudden, that 5-minute trip to get the mail turns into a 15-20 minute ordeal because people just don't know they're not; they're supposed to act as if the dog is not there, which is hard for people". Accessibility was a challenge experienced by a few of the handlers. Handlers 1, 5, 7, and 8 shared stories of not being allowed to take their dogs to work or to other public places.

Another major disadvantage of having a service dog is the tremendous responsibility involved in caring for a dog and taking it in public. Every participant discussed some inconveniences involved in owning service dogs. Handler 1 noted, "you can't just go for an outing somewhere." You have to plan everything, such as when will my dog use the bathroom; do I need to bring food or protective gear? Taking care of a dog is very time-consuming, reported Handler 5, while Handler 6 advised that having a dog is a "really big restriction on your life."

> I mean, a dog on its own, service dog or not, is a really big restriction on your life. You know, you choose to devote your life to this other creature that needs you. You can't be gone for longer than 6-8 hours at a time. You can't just take a

> spontaneous vacation because, well, who's going to take care of the dog? You know, you're always planning your life around having a dog and, I think, like, I try to tell that to young handlers as well, that I see wanting a service dog and, like, realize this is a massive impact on your life, service dog or not.

Handler 7 discussed the challenges of navigating stores and doing things in public while holding a dog leash in one hand and trying to function with the free hand. Handler 10 also noted that there are financial considerations when owning any dog. The lack of family support in having, training, and maintaining a service dog posed additional challenges for handlers 1, 5, and 10.

Group Experiential Theme 7: Relationship With Service Dog

The central theoretical underpinning of this study was to explore the attachment bond between psychiatric service dogs and their handlers. Therefore, Group Experiential theme 7 was particularly significant. Interview question 7 asked participants to describe their relationship with their service dog. Handlers provided many words to describe this bond, resulting in 22 personal experiential statements.

Handlers 1, 8, and 10 said their service dogs were "part of them." "If I go somewhere without her, I'm looking around and feel like something's missing," stated Handler 1. "She's honestly an extension of me, basically," noted Handler 8. Handler 9 commented, "I feel like a part of me is missing when, if I like, I rarely go out without her." "I like their presence, you know, I welcome their presence, and very happy that they're here with me," responded Handler 10 in describing her relationship with her current service dog and her service dog in training. Handler 4, whose service dog has

cancer and is likely to retire soon, stated about their service dog, “he was at the hospital for three days without me, and it just ripped my heart out to be away from him that long.”

Other personal experiential statements that emerged from this Group Experiential theme included baby, helpful, lifesaver, love, and best friend. Handler 4 stated, “even my best friend is not as close as these guys are to me,” referring to their current and in-training service dogs.” “She was my best friend,” responded Handler 6, whose service dog passed away shortly before this interview. Handler 2 described her service dog as a “baby,” as did Handler 7. Similarly, Handler 6 described her service dog as her “partner.” Handler 3 stated, “I don’t think I’d be here without her” when describing her bond with her service dog. Handler 5 also reported being very close with her service dog, and Handler 7 called her service dog her “everything” and added, “I’d be lost without this dog.” Referring to the television sitcom, Handler 4 described their relationship with their service dogs as being like the Golden Girls, “if they were humans, it would be very tight, you know humans that you could never separate, like Golden Girls or something.”

Several handlers described the ease with which they can communicate with their service dogs and how that makes life easier. For instance, Handler 8, in describing her relationship with her service dog, said, “Like if I look at her, and she looks at me like we just have this weird connection. It’s almost like we can communicate without any words.” “He’s like a 24-hour therapist,” stated Handler 4. Handler 6 recalled of her service dog. I could “tell her everything. Thank God they can’t talk,” discussing how they communicated.

Handlers used many adjectives to depict their connections with their service dogs. Handler 4 described it as “very, very tight; I show these guys more affection than my husband.” Handler 5 noted, “we have a really strong bond; we’re really close.” “He’s my everything; I try to give him the best of everything because he deserves it, and he works for it,” remarked Handler 7. Handler 8 stated, “at this point in my life, there is no me without her.” “She is very attached to me, and I feel very attached to her,” commented Handler 9. Handler 10 expressed her bond with her service dog as built upon trust. “I can trust her to take the wheel. That’s how I feel. I can trust her.”

Group Experiential Theme 8: How My Service Dog Makes Me Feel

Interview question 8 asked participants about how their service dogs made them feel. From this question arose Group Experiential theme 8, from which emerged 18 personal experiential statements. The clusters are made up primarily of the descriptive terms used by the handlers in discussing their service dogs. All 10 participants attributed positive emotions to their canine companions, including joyful, happy, confident, loved, comforted, and safe.

Handler 1 remarked, “a lot of people don’t get this much happiness in their lives. I get it, you know, every time I go out with my dog.” She further noted that her dog makes her feel joyful and happy. Handlers 3 and 4 also used the word happy in describing how their service dogs made them feel. Handler 2 added that her dog makes her feel needed and wanted, as did Handler 10. Handler 6 described the feelings as “warm and fuzzy” and “comforted,” a term also used by handlers 9 and 10.

Independent was another description offered by several handlers when discussing how their service dogs made them feel. Handlers 1, 6, 7, 8, and 10 expressed that idea when talking about emotions related to their service dogs. “She made me feel more confident, more independent,” commented Handler 6. Handler 7 stated, “he makes me feel like I can get anything done that I need to do out in the world. I don’t have to stop and worry about are people going to get in my way.” Before having a service dog, Handler 8 struggled with independence, “No matter what I tried before I got (dog’s name), no matter what I did, I didn’t feel safe, free, or independent. She allows me to be those things”.

Purposeful was another theme expressed by multiple handlers in describing how their service dogs made them feel. Handlers 2, 3, and 10 noted that having a service dog gave them a sense of purpose. I “felt like I couldn’t do anything. Now I feel like I have a purpose,” stated Handler 2. Handler 3 remarked, “just having another living creature to take care of makes me get up in the morning and get out of the recliner to feed and walk her and take care of her; (she) gives me a sense of routine and something to do.” “I keep myself around for them, and I keep myself at a certain level of functionality because they rely on me and depend on me,” commented Handler 10.

Group Experiential Theme 9: Separation

From interview question 9, the Group Experiential theme is relevant to the experiences of handlers being separated from their service dogs. The personal experiential statements were divided into handler responses, with 13, and dog responses, with 5 clusters. All 10 participants used negative language to describe how it felt to be

separated from their service dogs. Terms such as hard, not normal, sad, lost, anxious, and naked were used by multiple handlers. Several could identify similar emotions demonstrated by their dogs during a separation. For instance, handlers 2, 3, and 9 noted that their dogs would whine and whimper when not with their handlers.

Handler 1 told me that being separated from her service dog was really hard, “I feel like a part of me is missing. I can’t stop thinking about her, can’t stop looking for her.” Handler 3 similarly commented that when away from her service dog, “I spend the whole time worrying about her.” “If I’m in the hospital or something and can’t have them, I track them on my phone to make sure they’re where they’re supposed to be,” reported Handler 4. Handler 6 has been experiencing the loss of her service dog and said, “without a dog, it’s lonely and empty. I didn’t know what to do with myself because there was just dead silence in my house all the time”. The difficulties of losing her service dog resulted in Handler 6 moving in with family members. “I got quite destructive,” she added. Handler 7 said, “it’s hard to breathe; I can’t get back to him fast enough; I’m worried constantly” when separated from her service dog. Handler 8 admitted to experiencing a relapse in her psychiatric symptoms when her dog is not with her.

> When I don’t have her with me, it’s like I’m back to where I was before. It takes a lot more brain power and a lot more work to make sure that I’m okay when I’m by myself, without my dog. My hypervigilance kind of goes to a maximum level, which makes it even harder because my brain becomes so focused on what’s around me I’m not paying attention to how I’m feeling. At that point, I’m too far gone into a panic attack that I can’t do anything. It takes me a lot longer to come

> out of those episodes, just because of the hard time I have recognizing them either before they happen or at the beginning stages of them. It's not a fun time at all in those moments where I don't have my dog.

Handler 9 reported feeling like "a piece of me is missing or I wish she was there" when she is without her service dog. In response to this question, Handler 10 stated, "it's like losing a limb like It's kinda awkward; you feel a little naked."

Some of the handlers could identify their dogs' reactions when separated from them. For instance, Handler 2 said, "he loses his mind; sounds like he is dying," with respect to her dog's response to separation. Handler 3 temporarily left her dog in a kennel to go on a ride at Disneyland, and the dog reportedly climbed to the top of the crate trying to find a way out. Handler 6 noticed that her dog would not eat when they were apart. Handler 9 described her canine companion as "a Velcro dog" who does not respond well to separation.

Group Experiential Theme 10: Mental Health Services With a Psychiatric Service Dog

Interview question 10 asked participants to describe their use of mental health services now that they have a service dog. From this question came the Group Experiential theme of using mental health services with a psychiatric service dog. Six personal experiential statements emerged, including no change in services and fewer medications. Handler 1 discontinued using medications, which "never really worked," once she got her psychiatric service dog. Handler 4 has also reduced the number of medications they take, noting, "it's a lot easier because I'm not as drugged," and she sees

a therapist who incorporates the dog into the treatment process. The most significant advantage for Handler 4 has been not having "all the weird side effects" thanks to being on less medication. Handler 2 hasn't "felt the need to actively seek them (services) out like I did before." Handlers 6, 7, and 9 reported no changes in their use of mental health services since acquiring service dogs. Though Handler 7 advised that her dog goes with her to therapy appointments, and now, with having him, she has learned that "I've got to be my own best advocate." Similarly, Handler 9 stated that treatment services have not changed, but her service dog offers added support.

Group Experiential Theme 11: Influence of a Psychiatric Service Dog on Life

Group Experiential theme 11 revealed 17 personal experiential statements originating in interview question 11, which asked participants to describe how their service dogs influence their lives. Most of the responses were positive, such as being able to socialize more and making life easier. Some handlers noted that having a service dog did have some negative influences on life, such as serving as a reminder of being disabled and the added anxiety that comes from the extra attention their dogs attract.

Handlers 2, 3, 7, and 10 noted that their service dogs gave them a sense of purpose and a reason to function. "He gives me a reason to get up in the morning. He makes it to where I feel like I have a purpose," stated Handler 2. Handler 3 also said that her service dog gave her "somebody to take care of" and, thus, a sense of purpose. "He really changed the world for me," commented Handler 7.

> I hate to think about it, but someday, when I don't have him, I don't know what in the world I'll do. He makes me want to go out and do things. He keeps me from

> being like, I know I need to get this done, but I'm not going to because I hate everybody. He makes it easier for me to do the things I need to do.

Handlers 1, 7, and 10 have been able to do things in public more easily since acquiring service dogs. (He) "makes me able to do things that other people could do with ease, I can now do with my service dog. (He) helped me develop more relationships," commented Handler 1. According to Handler 7, "he makes me able to go out and do things. He makes me want to go out and do things. (I can) get in and out of stores; the world sucks; I'm not like that with him". Handlers 1 and 10 have grown to appreciate the community of other service dog handlers. Handler 1:

> I've always connected more with animals than people. My life revolves around service dogs. I never really had a lot of friends; I used to have just acquaintances. And since being part of the service dog community, I've made real friends, and I have so many real friends now like, both in person and friends that are on the internet. And so that has been a huge change in my life, having so many more people in my life because of the service dog community.

Handler 10 has also connected with other service dog handlers and noted, "I didn't want to feel alone in this whole journey, and it's great like I really respect the group."

Handler 4 mentioned some of the more difficult influences of having a psychiatric service dog. For instance, "the biggest thing is I got to plan where I'm going with them; make sure I have poop bags to clean up; plan your day around them." Handler 5 also noted that things take longer with a service dog, "a little bit like having a kid." A service dog's influence on life is good and bad, according to Handler 6.

> A dog restricts and enriches your life. So, I think there's two sides to that. The positives of having the help and having the tasks that really keep you on track, and then there's the downside. I once got assaulted in a bakery in Germany because I had a dog with me. So, I think as much as they do enrich our lives, it does make things harder. It's a really careful equation of how much do they improve and how much do they make things worse, as terrible as it sounds.

Handler 10 stated, "I'm reminded sometimes about how hard it is and how it is to be disabled because having them by my side and not really budging on that, it does make things hard."

Group Experiential Theme 12: How My Psychiatric Service Dog Has Changed My Life

Interview question 12 led to the development of this theme by asking participants to talk about how their lives have changed since getting a service dog. Twelve personal experiential statements emerged from this Group Experiential, including positive and negative life changes. Some handlers stated that their lives were better, and they were more social and active and experienced less severe symptoms of their disorders. Others noted some negative changes, such as the financial obligations of having a dog and the time involved in caring for another living being.

Handler 1 said the most significant change for her after getting a service dog was that she could "go to the grocery store; pay for things," which she had been unable to do alone. Her canine assistant "changed how I interact with the world in attention to helping

with my disability." While Handler 2 stated that her dog has "definitely made it (life) better." Handler 4 also reported that life is better since getting a service dog,

> So, my life has changed for the better in huge ways. I hardly ever have suicidal thoughts anymore. I never would have done this interview if it wasn't for the dogs. (My dogs) have helped reduce my nightmares because they cuddle up and lean against my back".

Handler 3 is annoyed by other people who constantly stop her and talk to her about her service dog. I "can't go to the store." She was "once stopped eight times in a store just trying to get milk." Several other handlers noted the time that their dogs take up. For instance, Handler 5 has had less time to devote to her spiritual life and martial arts because everything takes longer with a dog. The added responsibility was also discussed by Handler 8, who stated, "it takes me longer to go anywhere and to get ready to go anywhere." "I do spend like a lot of time thinking about her, researching training, like all that stuff," noted Handler 9, who also acknowledged that there are more bills now that she has a service dog. "Logistics" was how Handler 10 described the changes that accompany having a service dog.

> If I go to the mall, or you know, the grocery stores, like, how long am I gonna stay in that area? And if I don't come out within an hour or two, I risk having my dogs pee on the floor

Group Experiential Theme 13: Advice to Others

The last interview question asked participants to offer advice to others who might be interested in having a psychiatric service dog. Seventeen different personal

experiential statements arose from this Group Experiential theme. Asking questions, researching, and preparing for the challenges were ideas expressed by many. Handlers 1, 3, 4, 6, 8, 9, and 10 suggested that potential psychiatric service dog owners make sure they can handle the extra attention, work, and stress that comes with being a service dog handler. Similarly, handlers 1, 2, 3, 4, 7, and 9 encouraged people to do considerable research before deciding to use a psychiatric service dog. Most handlers also advocated talking to others in the service dog community and asking questions.

"Best piece of advice, talk to other psychiatric service dog handlers before you do anything," offered Handler 1. "Join groups where you can talk to handlers about having a psychiatric service dog; do your research," she added. Do a lot of research suggested Handlers 2, 3, and 9. Handler 4 recommended visiting websites relevant to psychiatric service dogs and reviewing the FAQ sections. Handler 7 said, "ask questions, join groups, do not be afraid to ask anything, and keep asking until you get an answer."

Handlers 1, 2, 5, 6, 7, 9, and 10 encouraged those interested in psychiatric service dogs to be sure they find good dogs. "Find a good breeder or good dog," suggested Handler 1, while Handler 2 recommended "do research on breeds." Handler 5 offered, "I guess the first piece of advice would be getting the right temperament dog, like get a dog that has been temperament tested; make sure they have the right temperament for it" (service dog work). "Find out what breeds work best for you; then be very, very, very selective with your dog," advised Handler 6.

> Then don't do what I did, which was make your dog that you have a service dog just because you think he can be. I got really lucky. I mean, this is a miracle that's

> working out with him. Most people don't make their dog that; the dog they have is not automatically going to be a great service dog. I just go. I mean this was like one in a million that I got lucky that this is working out for me with him. He just happened to be the right dog for the job that I had."

Another piece of advice offered by several participants was to be sure to prepare for the responsibilities of having a dog. "A lot goes into caring for a dog; financially responsive; responsible for another living creature," warned Handler 3. Similarly, Handler 4 suggested ensuring that the dog can be cared for with Handler 9, reminding potential owners to consider that having a dog brings some challenges. "If you're the kind of person that has a hard time getting out of bed and won't be able to feed the dog, that could cause more anxiety and more depression and more stress." Handler 10 added, "make sure the conditions are right; you got the resources, the infrastructure." She mentioned family support, financial support, and a trainer in mind as making up the "infrastructure."

Many participants also cautioned potential handlers to be prepared for the difficulties of having a service dog. "See if you can handle the questions, the stares, things like that. See if you would be comfortable with all the attention you get when you're out with a service dog," suggested Handler 1. Handler 3 also warned that a service dog can "add to existing anxiety – being judged by everybody else or thinking you're being judged." The same advice was offered by Handler 4, who said, "know that you're gonna get stared at, you're gonna get watched in stores," and Handler 6 added, "you're gonna get yelled at, you're gonna get thrown out of stores. You're gonna have people

running up to you poking at your dog. You're gonna have people try to fight you because of your dog.

Finally, handlers 5, 6, 8, and 10 wanted potential service dog owners to realize that the dogs would not fix everything. Handler 5 stated, "I would hope that anyone who would consider getting a psychiatric service dog knows that it's not like the answer, it's not gonna fix everything, but that it's definitely helpful." Handler 6 offered similar guidance:

> Really consider whether you need one or not. I know it seems kind of novel and cool to take your dog everywhere. I think I kind of see that in a lot of younger handlers. I wonder how much of it is truly disability and how much of it is a co-dependency on a dog kind of thing. So I think, you know, it's easy to kind of get sucked into that craze you see on Tik Tok and Instagram, and I don't know what kids look at these days, but there's so much of service dogs out there, and a lot of misinformation on top of that.

Added Handler 8:

> It's so hard to remember sometimes, but they're dogs; they're not robots. They're gonna make mistakes. There's going to be times where you're like, oh my God, did my dog just do that? They are not gonna fix every problem that you have. They're a tool to make life easier in a lot of ways, but they will also make different challenges pop up. They're dogs, and dogs are forever like 2 or 3-year-olds mentally.

Handler 9 also stated, “make sure it’s something that will be helpful for you and not, like, inhibit you.

Group Experiential Theme 14: Perspective

Through the semi-structured interview process, participants were afforded the opportunity to make any additional comments they felt were important to share. Additional personal experiential statements from those comments offered greater insight into living with a psychiatric service dog. Handlers 1, 4, and 10 shared how the decision to obtain and use a service dog impacted their families. They shared that, at least initially, their families did not support their choices. For instance, handler 1 noted that her husband believed the dog was “just a fad” and was not “super excited” about the idea. However, after seeing how the service dog allowed her to be more independent, he became more supportive. Thanks to the psychiatric service dog, her husband could “just be a husband; he wasn’t having to be a caregiver anymore.” Handler 4 shared a similar experience that her family was not accepting of their service dog. They would ask them to leave the service dog in the car when out together. They reportedly failed to understand that the dog was “medical equipment” and was “medically necessary.” After seeing how much the dog has helped, their family has grown closer. They did not talk to their mom for almost a year, and now “mom has coffee with my service dog.”

Handlers 4, 5, 7, and 8 were happy to participate in this interview, noting that the research needed to be done. Handler 5 stated, “I’m very happy to participate in this, just because I want to do more research in this area. I’m just happy that you thought of doing it, so this is awesome”. Handler 7 noted:

> The world needs this. I'm glad that the information is going to get out there to other people. Honestly, we need nationwide television commercials and radio coverage telling people, do not approach service dogs, don't talk to service dogs, don't pet the dog, you know, the dog isn't there for you to entertain you. If you see one, leave it alone, it's working. So, that's what I think we need next; so PSAs to inform the public about service dogs.

Handler 8 said, "these dogs are amazing; they give you so much more than you even think about," when expanding on her thoughts about service dogs. "I get so emotional every time I think about the impact that my dog has had. I get kind of emotional because I think about what my life was like before." She also expressed interest in the research:

> I wanted to be a part of this study. The resources aren't there for people with non-combat PTSD, so it's important. It's not like I have a guide dog, which people almost pretty much take more seriously than psychiatric. Everybody's experience is different, yet similar, because you know, we have these dogs for similar reasons. I'm always helping people; help make my little tiny world, I guess, bring it to the people who don't know someone with a service dog.

Handler 6 was the only participant in this study residing outside the United States. As such, she offered some unique perspectives regarding service dogs in Europe.

> I mean, even here in Germany, you have to take a test to have a dog, like an exam that ties into the dog tax you pay here. And the exam is all about, you know, like ethically and adequately handling your dog and having your dog under control, and what it takes to have your dog under control, like leash laws and cleaning up

after them. So I think, you know, that really gets imprinted into people here, too, where I think, in the U.S. because you're such a vast country. And dogs are not allowed pretty much anywhere when they do finally get out there; they're used to nothing. So, you get the whole reactive dog thing. Some countries have tests as well for service dogs. You have to take a special test when a dog is like 18 months. Like you have to do a certain amount of hours of training. I think it will make life easier because you're gonna get this little certificate or something that might help with access. Some countries require people with disabilities to get a card issued by the government that says you have a service dog. Some countries, like Italy, only recognize guide dogs.

Summary

The research question was: How do adults with psychiatric diagnoses describe attachment to service dogs used to mitigate the symptoms of their disabilities? I discovered 14 final themes (group experiential themes): being diagnosed, the influence of the diagnosis on life, use of mental health services after diagnosis, getting a service dog, service dog tasking, pros and cons of having a service dog, relationship with service dog, how my service dog makes me feel, separation, mental health services with a psychiatric service dog, the influence of a psychiatric service dog on life, how my psychiatric service dog has changed my life, advice to others, and perspective. The group experiential themes were drawn from the interview questions and participants' additional feedback on the study topic.

Based on an in-depth review and analysis of the participants' lived experiences, I found that individuals with psychiatric service dogs described their canine companions as being a valuable and enriching addition to their lives. While acknowledging the numerous challenges of living with a service dog, the overall benefit to their mental health outweighs the inconveniences. Participants described the experience of dealing with mental illness and how bonding with their service dogs improved their symptoms and ability to enjoy their lives more fully. The relationships they cultivate with and because of their dogs have enriched all of their lives.

In chapter 5, I will discuss my interpretation of the findings. The results were derived from the participants' discussion of their lived experiences. Additionally, I will address the limitations of the study. Further, recommendations and implications will be offered as a guide for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the qualitative IPA study was to explore the lived experiences of individuals who use service dogs to mitigate the symptoms of their psychological disorders. I employed an IPA approach to allow for a rich, in-depth exploration of the participants' lived experiences. Based on an in-depth analysis of interviews conducted with the participants, I discovered 14 personal experiential themes in answering the research question. These 14 themes were being diagnosed, the influence of the diagnosis on life, use of mental health services after diagnosis, getting a service dog, service dog tasking, pros and cons of having a service dog, relationship with a service dog, how my service dog makes me feel, separation, mental health services with a PSD, the influence of a PSD on life, how my PSD has changed my life, advice to others, and perspective.

Interpretation of the Findings

Findings of the Study Compared to the Literature

Recent literature regarding PSDs focused primarily on military veterans. Therefore, this study filled a gap in understanding attachment bond experiences in individuals with psychiatric diagnoses and the dogs they use to mitigate their symptoms in the underrepresented population of nonveterans. Although Nepps et al. (2014) posited that AAIs could improve symptoms of multiple psychological disorders, research in this area was sparse. The current study provided additional insight into using PSDs as an adjunctive modality in addressing mental illness in the adult population.

Psychological Diagnosis

The emergence of Personal Experiential Theme 1 (being diagnosed) and Personal Experiential Theme 2 (influence of the diagnosis on life) support recent literature on the impact of mental illness on society. Gross et al. (2019) and Peter et al. (2021) noted that psychological disorders affect an individual's ability to function in daily life. NAMI (2022) reported that psychiatric disorders account for 12 million emergency department visits annually. The reports of fear expressed by Handlers 2, 3, 4, 7, 8, and 10 upon experiencing psychiatric diagnoses support NAMI's findings. The reality of needing help also impacted Handlers 2, 5, 8, and 10. Handler 2 further noted feelings of confusion, brokenness, and loneliness upon receiving the diagnosis. The World Health Organization (2019) published literature regarding the impact of mental illness on social health.

Using Mental Health Services

Despite the worldwide prevalence of mental illness, existing treatment services are insufficient to address the need (Saxena et al., 2007). Except for H6, all current study participants were residents of the United States and reported negative experiences with mental health services. From excessive prescribing of medications to challenges finding a good therapist to the general ineffectiveness of therapy, participants noted their dissatisfaction with psychiatric services before and after their use of PSDs. Such an overall distrust of mental health professionals was supported by Weiste et al. (2021) who found that fear of stigma contributed to negative attitudes toward mental health services.

From these stories emerged Personal Experiential Theme 3 (using mental health services before PSD) and Theme 10 (using mental health services with a PSD). Handlers

1, 2, and 8 expressed no changes to their use of psychiatric services after obtaining their service dogs. Handlers 1 and 4 reported being able to reduce their use of medications due to the additional assistance of their canine companions.

Acquiring a Service Dog

During their interviews, the handlers who participated in this study described their decisions to get service dogs. From their responses arose Personal Experiential Theme 4 (getting a service dog, including discovering, finding, and training). The existing literature supports using dogs to assist with psychiatric disabilities. Walther et al. (2017) noted that animals had been shown to help people cope with psychological symptoms and sensory challenges. Friedmann and Krause-Parello (2018) and Pop et al. (2014) also found that using animals can improve physical and mental health, increase self-esteem, and improve mood.

Most research on service dogs focused on those used primarily for physiological disabilities (van Houtert et al., 2018). PSDs were excluded from much of the existing data (Rodriguez et al., 2020). Additionally, the lack of public awareness due to the invisible nature of mental illness and the stigma associated with such reduces the presence of PSDs in public. Given this information, current participants were asked to discuss how they learned about PSDs. Handlers 3, 4, and 10 reported that their mental health professionals informed them about the potential benefits of including service dogs in their treatment milieu. Others learned about service dogs from independent internet searches (Handlers 1, 3, 4, 7, 8, 9, 10).

McNary (2018) and Yamamoto and Hart (2019a) reported that service dogs can be life altering for people with disabilities. However, existing research suggested that many individuals with disabilities are hesitant to take advantage of service dogs. Yamamoto and Hart (2019a) and Zier (2020) cited vague and inconsistent assistance animal policies and the lack of laws protecting the rights of service animals and their handlers as the rationale for their limited use. Contradictory regulations also make some individuals hesitant to use service dogs. For instance, the ADA does not mandate professional training for service dogs. However, some states require certified expert training. Gravrok et al. (2020) reported that organizations that train assistance dogs are limited by staffing constraints in how many dogs they can prepare. There is also a high failure rate of dogs in such programs. Thus, acquiring a service dog can be challenging.

Another barrier to using psychiatric assistance animals is the cost (Gravrok et al., 2020). Some organizations estimated the cost of training service dogs to be between $20,000 and $35,000 per dog (Yarborough et al., 2018). Little Angels Service Dogs (2022) reported an average cost of $38,000 to train and place a service dog. Applying for a dog through that agency also requires a $50 application fee and a waiting period of approximately 24–36 months. The cost, wait times, and lack of clear regulations lead to many handlers to train their dogs themselves. Although several handlers in the current study sought assistance from professionals for obedience training (Handlers 1, 3, 4, 5, 8, 9, 10), all but H6 reported self-training their dogs' tasks.

Service Dog Tasks

The DOJ (2020b) defined service animals as "dogs that are individually trained to do work or perform tasks for people with disabilities" (para 3). The dog's job must be directly related to the person's disability (DOJ, 2020b; Shilling et al., 2020; Yamamoto & Hart, 2019a). For this reason, the DOJ (2020b) labeled service animals as working dogs rather than pets and afforded them federal protection under the ADA. PSDs are trained for various symptoms presented in psychological disorders. PSDs provide numerous benefits for their handlers through a variety of tasks, such as waking the handler, reminding them to take medication, providing tactile stimulation, guiding the owner out of a stressful situation, alerting them to the presence of other people, turning on lights, bracing the handler, assisting in daily routines, facilitating social interactions, and interrupting compulsive behaviors (Yamamoto & Hart, 2019b).

Given this supporting evidence in existing literature, Personal Experiential Theme 5 (service dog tasking) was a central component of the experiences the current study's participants shared. Consistent with what had been previously published, current participants noted that their dogs offered anxiety and panic alerts (Handlers 1, 3, 5, 6, 8, 10), medication reminders (Handlers 3, 5, 8), escape guidance (Handlers 3, 6, 7, 10), waking from nightmares (Handlers 8, 20), and daily reminders (H6). Others reported that their dogs offered pressure therapy (Handlers 1, 3, 4, 5, 8, 9, 10) and grounding (Handlers 1, 2, 3, 5, 6). Each task performed by these canine companions is intended to mitigate many of the disabling symptoms of mental illness (Marshall, 2012).

Pros and Cons

Personal Experiential Theme 6 (pros and cons of having a service dog) emerged from participants' sharing experiences of the good and bad aspects of assistance canines. Existing research suggested that service dogs aim to improve the quality of life for people with disabilities through empowerment, increased safety, and independence (Assistance Dogs International, 2022). Most participants supported the evidence by noting benefits such as increased independence (Handlers 1, 4, 6, 8), courage and safety (Handlers 4, 7, 8, 9, 10), and freedom (H1).

Handlers 2, 4, 5, 6, and 10 reported that their service dogs helped them to be more social, while Handlers 2, 4, 5, 6, 7, 9, and 10 were more physically active due to their dogs. Existing research from Wisdom et al. (2009) and Yamamoto and Hart (2019a), as well as Pop et al. (2014) supports this, providing evidence that individuals with disabilities have recounted engaging in social activities more freely, making new friends, and enjoying life as a result of the presence of their dogs. Further existing literature reported that dogs provide unconditional love and acceptance to their owners (Wisdom et al., 2009; Yamamoto & Hart, 2019a). Handlers 3, 4, and 10 supported this by sharing that their dogs were their constant companions.

Despite the many benefits of owning a PSD, the experience also presents many challenges. For instance, Handlers 1, 3, 4, 5, 6, 8, 9, and 10 discussed the discomfort that arises with the extra attention they receive from people in public while accompanied by their dogs. Glenn and Foreman (2017) found that this attention can be intimidating and overwhelming for some. Similarly, the violation of privacy that often results from the

public display of disability inherent in being partnered with a service dog was noted by Glenn and Foreman and shared by several of my study's participants. Handlers 1, 4, 8, and 10 reported that people asked about their disabilities, and H2 noted the lack of privacy. Fear of discrimination and stigma associated with invisible disabilities had been discussed in the literature (Dorfman, 2019) and was echoed by Handlers 3, 6, 7, 8, and 10 who reported experiencing fear of being judged and imposter syndrome as disadvantages of having service dogs with them in public.

Another challenge in owning a service dog documented in existing research was the demand for documentation when seeking public access or buying or renting housing (Huss, 2020). Because the ADA does not require formal training or documentation (McNary, 2018), accommodating disabilities is often confusing (Huss, 2020). Handlers 1, 5, 8, and 10 described some of the public access challenges they encountered with their canine companions. Handlers 3, 4, 8, and 10 further reinforced the existing literature by noting an overall lack of public knowledge on etiquette and laws surrounding service dogs.

Dogs are living creatures and require health care, exercise, daily feeding, time and space for bodily functions, and regular training. In this manner, they are similar to children in the level of care needed because they are still dependent on people (Yamamoto & Hart, 2019b). Handlers 6, 6, 8, and 10 noted this as another challenge in owning a service dog.

Relationship

Personal Experiential Theme 7 (relationship with service dog) is grounded in existing literature regarding service dogs. LaFollette et al. (2019) reported that the bond between a service dog and a handler should benefit both the human and the animal. This bond is generally associated with increased psychological and physiological benefits for the owner. Current study participants supported recent evidence through their descriptions of their relationships with their service dogs through the use of words such as “part of me” (Handlers 1, 8, 10), “best friend” (Handlers 3, 4, 6, 8), “partner,” (H6), and “reliable” (Handlers 6, 10). Handlers 2, 4, and 9 used the word “love” to describe their relationships support, which is consistent with Wisdom et al.’s (2009) study on service dogs. H4 also referred to the dog as a family member, which is supported by Hicks and Weisman (2015). Additionally, H2 called the dog a “lifesaver,” which is supported by Wisdom et al. (2009) who reported that individuals who had experienced suicidal ideation used the responsibility of owning a dog as a motivation to keep living.

Feelings About Dogs

The emotions that arise when people describe their dogs can be quite powerful. Handlers 1, 3, and 4 said their dogs made them joyful and happy, while Handlers 2 and 10 added “wanted” and “needed.” Current literature supports the premise that humans form strong emotional connections with their companion dogs. This relationship is characterized by compassion and affection and often leads to improved psychological health for the handler (Kwong & Bartholomew, 2011). Dogs also offer empathy and love to their human handlers (Wisdom et al., 2009). Handlers 2, 3, 6, 9, and 10 said their dogs

made them feel loved, comforted, needed, and wanted. Yamamoto and Hart (2019a) found that individuals with assistance dogs felt an increased sense of independence, self-esteem, and confidence, which is consistent with data provided by Handlers 1, 2, 6, 7, 8, and 10 in the current study.

Separation

Personal Experiential Theme 9 (being separated) is grounded in existing literature regarding the human–animal bond and overlaps with the attachment theory upon which the current study was grounded. All of the participants described the discomfort they felt when separated from their service dogs. From noting that it was hard (Handers 1, 3) to feeling as if part of them was missing (Handlers 1, 9, 10), it was apparent that being apart from their canine companions was difficult for both handler and dog. H4 described the feeling as "having my heart ripped out," and H6 reported feeling lost and empty. Yamamoto and Hart (2019b) suggested that people may struggle when separated from their service dogs. Ng and Fine (2019) reported that considerable hardship might be faced by individuals who are separated from their canine companions. The most significant separation occurs when a service dog passes away, an experience described by H6. The individual described feeling lost and empty and resorting to self-destructive behavior after the passing of a beloved companion. Messam and Hart (2019) suggested that individuals with deep attachments to their service dogs may experience traumatic grief when their companion dies. Those who depend on their animal for companionship may find the loss of the relationship particularly painful. Because the attachment between owner and service dog is generally quite strong due to the relationship's nature, the

bond's termination may lead to extreme grief. H6 reported having to return to living with family members after the passing of the working canine.

Influence of PSD

From the individuals interviewed for this study emerged Personal Experiential Theme 11 (influence of a PSD on my life). The handlers said their dogs allowed them to do things others do (Handlers 1, 7), offered them a sense of purpose (Handlers 2, 3, 7, 10), and provided stability (Handlers 3, 9). Such descriptions are supported by current literature in which service animals serve to support the right of individuals with disabilities to equal access, education, employment, and leisure (Shilling et al., 2020). Further existing information indicated that service dogs serve to improve the quality of life for individuals with disabilities. Regarding the influence of their service dogs on their lives, handlers noted that their lives revolved around their dogs (Handlers 1, 8), their dogs helped them be more socially active (Handlers 1, 10), and their dogs helped them to develop more personal relationships with other humans (Handlers 1, 10).

Not all influences of service dogs on the lives of disabled individuals are positive. Handler 10 stated that having a service dog "reminds me I'm disabled." This is consistent with an article by Glenn et al. (2017), who reported that when individuals partner with service dogs, their disability becomes public. The demand for caring for a dog may also overwhelm those with psychiatric disorders (Yamamoto & Hart, 2019b). Handlers 4, 5, 6, and 10 stated the need to make plans and the inability to be spontaneous due to considering the dog's needs for bathroom breaks, water, gear, and such as a problematic change that occurred when they elected to partner with service dogs.

Life Changes

Current research suggests that the human-animal bond improves psychological well-being. Pet owners have shown lower anxiety, loneliness, and depression (Walsh, 2009). The relational bond formed by this service dog-handler dyad is likely significantly stronger than that of other humans and pets. Individuals with disabilities often seek comfort and support from their service dogs. They frequently depend on their dogs for daily functioning. Thus, the overall changes may be more significant for those who partner with service dogs (Kwong & Bartholomew, 2011).

Such existing literature supports the interpretation of the findings in my study. For example, handlers 1, 3, 4, 7, and 10 reported improvements in the symptoms of their disabilities. Thus, the evidence and participant experiences led to the development of Personal Experiential Theme 12: How my PSD changed my life. Handlers 1, 7, 8, 9, and 10 noted that they became more social and active owing to the companionship of their dogs. Research published by Yamamoto and Hart (2019a) and Pop et al. (2014) also found that dogs contributed to increased socialization and civic engagement.

While many of the changes discussed by participants were positive, some noted adverse life adjustments. For instance, Handlers 9 and 10 indicated that having dogs added to their financial obligations. A 2018 study by Lessard et al. also found that some individuals who may benefit cited financial considerations and medical expenses as barriers to using service dogs. The same study reported that responsibilities such as regular veterinarian checkups, providing high-quality food, and the time commitment of regularly practicing obedience and tasking were overwhelming. Handlers 5, 8, 9, and 10

echoed that having less time for other interests was a negative change for handlers 5, 8, 9, and 10.

Advice to Others

An essential component of my study was to allow my participants to tell their stories. In sharing their experiences, I wanted to allow them the opportunity to share advice with others who may be interested in having a psychiatric service dog. From this came Personal Experiential Theme 13: Advice to others. Many interviewees stated that the most important thing for potential service dog handlers was to do their research. Handlers 1, 2, 3, 4, 7, and 9 noted that people should research service dog laws, training, and potential breeds and tasks. Current policies in the United States are vague and inconsistent, making some disabled individuals hesitant to partner with service dogs. Disparate state and federal regulations also add to the confusion surrounding the rights and obligations of service dogs (Yamamoto & Hart, 2019a; Zier, 2020).

Handlers 1, 3, 4, 6, 8, 9, and 10 also encouraged others to be prepared for the extra attention, work, and stress of having a service dog. Current literature supports their experiences by noting that intrusiveness and denial of public access are common for people with disabilities that are not apparent. There is also increased scrutiny about the legitimacy of service dogs when partnered with people with individuals whose disabilities are not visible (Yamamoto & Hart, 2019a; Zier, 2020). Many with psychiatric disabilities work with service dogs to avoid proximity to people in public. Unfortunately, interest in the dog brings extra attention. People often comment on the dog and ask questions about the dog's role in the handler's life. In physical disabilities, it may be

more obvious what tasks the dog performs for the individual. However, in the case of invisible disabilities, people may question what is wrong with the person and comment on the lack of visible challenges (Yarborough et al., 2018). Due to the stigma related to their disorders, the negative public attention was viewed as burdensome (Yamamoto & Hart, 2019b).

Perspective

The final Personal Experiential Theme, Perspective, emerged from allowing participants to share any previously discussed experiences. The most common Group Experiential Theme found was the impact of service dogs on relationships with other humans. For instance, Handlers 1, 4, and 10 noted that their families were not initially supportive of their having service dogs. Existing literature suggests other service dog handlers have had similar experiences. Yarborough et al. (2018) reported that service dogs presented challenges for disabled individuals' family members. Some caretakers may feel displaced as the handler learns to depend more on their dogs for assistance.

Handlers 5, 7, and 8 advised that there should be more research into the role of service dogs in the psychiatric population. The primary purpose of this study was to contribute to existing literature. Little is known about the population of people who use psychiatric service dogs (Lloyd et al., 2019; Oftedal & Harfeld, 2020). Rodriguez et al. (2020) found that much of the existing literature expressly excluded service dogs used explicitly for psychiatric reasons. There exists considerable research on service dog use for physical disabilities (Rodriguez et al., 2020). However, service dog use for

psychological purposes is limited. The existing data focuses primarily on veterans with posttraumatic stress disorder (PTSD) (van Houtert et al., 2018).

Findings of the Study Compared to the Theoretical Framework

Bowlby's (1982) theory of development, which emphasized attachment, described the survival instinct of humans to seek safety in others perceived as more capable of coping with environmental threats. Attachment theory requires the fulfillment of four criteria:

1. Proximity maintenance – preferring to be near an attachment figure, especially in times of stress or need
2. Using the attachment figure as a safe haven who relieves distress and provides comfort, encouragement, and support
3. Using the attachment figure as a secure base who increases one's sense of security, which in turn sustains exploration, risk-taking, and self-development
4. Experiencing separation distress when the attachment figure is temporarily or permanently unavailable (Zilcha-Mano et al. 2011, p. 345).

My interpretation of the findings demonstrates that the human-animal bond between a service dog and a handler serves this purpose.

Handlers 3, 4, and 10 demonstrated proximity maintenance by expressing their preference for being near their service dogs. They described their dogs as their constant companions. Another support for this characteristic of attachment was shown in how handlers described their relationship with their service dogs as being tight (H4), close

(H5), strong bond (H5), partner (H6), connected (H8), attached (H9), and part of me (H1, 8, 10). Handlers 1, 2, 4, and 6 admitted doing everything with their service dogs.

The second criterion required of an attachment bond was supported by handlers who described the various tasks performed by their service dogs. Handlers 1, 3, 5, 6, 8, and 10 specified that their dogs alerted to anxiety and panic. Handlers 1, 3, 4, 5, 8, 9, and 10 discussed how their service dogs performed deep-pressure therapy to help alleviate symptoms of stress and anxiety. Several handlers noted that their dogs made them feel safe (H4, 7, 8, 9, and 10) and comforted (H6, 9, and 10). Others developed more confidence (H2, 6, and 10) as a result of having service dogs. Handlers 9 and 10 also reported that their service dogs offered them emotional protection.

The use of the attachment figure as a secure base who increases one's sense of security, which in turn sustains exploration, risk-taking, and self-development, the third criterion of attachment theory was supported by handlers' willingness to be more independent and active socially and physically (H1, 2, 4, 5, 6, 7, 8, 9, 10). Several handlers noted that their service dogs improved the symptoms of their psychiatric disorders (H1, 2, 3, 4, 5, 6, 7, 9, 10), demonstrative of self-development. Handler 1 noted that having a service dog allowed for more freedom. Handlers 2, 4, and 7 also reported that their dogs made them feel empowered, while Handler 3 expressed feeling love through having a service dog.

The final criterion of attachment theory is experiencing separation distress. Most of my study participants reported that being separated from their service dogs was uncomfortable. Handlers 1 and 3 described it as hard, with handlers 9 and 10 adding that

it felt as if part of them was missing. Handler 4 expressed intense distress during separation, describing it as having one's heart ripped out. Even the dogs demonstrated separation anxiety by whining, whimpering, and companioning, according to handlers 2, 3, and 9. Other dogs showed anxiety and refusal to eat (H8; H6).

Limitations of the Study

A potential limitation noted in Chapter 1 was the need for objectivity on my part as the researcher. It was vital that I not allow my cultural values and preconceived ideas to bias the study. I avoided this problem by maintaining a researcher journal, through bracketing, and by processing my thoughts and findings with peers and my dissertation committee.

Dual relationships are a potential weakness that can be encountered while conducting research. This limitation was not encountered during this study. At no time did I have any contact with participants outside the scope of the study. While interviewing participants, the researcher must demonstrate sensitivity and respect. Investigators must be fully engaged and present with the subjects as they share personal experiences. I ensured adherence to this principle through active listening, genuineness, and acceptance. Additionally, during each interview, I noted how the verbal and nonverbal responses contributed to the study's overall purpose (Karagiozis, 2018).

As I engaged in this project, I had some concerns about my ability to maintain objectivity. I am a native researcher on this topic, meaning I meet the inclusion criteria of my study. As such, bias was a greater possibility as I met with my participants. To avoid such challenges, I journaled my personal reflections and bracketed my personal

experiences, biases, and perceptions before interviewing participants. Engaging in professional supervision prevented my personal experiences of working with a psychiatric service dog from impeding my ability to gather and interpret rich participant data.

The study did not collect biological gender and ethnicity demographics. Based upon the shared responses to the interview questions and my observation data, the demographics of biological gender female and ethnicity White were made known to me. One exception included an individual who referred to self as being a minority. Had this study gathered these demographics, the personal experiential themes identified would have been analyzed differently. For example, it is likely that the experience of being diagnosed with a mental illness (personal experiential theme 1) would have been a very different experience for individuals identifying as male. I found support for this assertion through conversing with an individual interested in participating in my study but was ineligible due to being a Veteran. Identifying as male, he shared that men "don't like to admit that we are not strong or we have any defects." As such, he advised that males were less likely to volunteer for a study that required discussing mental illness.

It is similarly likely that had individuals affiliated with minority groups been identified in this study, they would have discussed different experiences concerning engaging in mental health services before and after obtaining a service dog (personal experiential themes 1 and 10). As noted in my literature review, culture plays a role in mental illness as an iterative social construct (Peter et al., 2021). Additional literature was found to further support these potential differences via a study conducted by Misra et al.

(2021). The researchers found that minorities were less likely to seek mental health services due to its associated stigma.

Personal experiential theme 11 examined the influence of psychiatric service dogs on the lives of the handlers interviewed in the study. As noted by Rodriguez et al. (2020), "it is unreasonable to assume that the changes to an individual's life following receipt of an assistance dog is identical for all ages, gender identities, backgrounds, and disabilities" (p. 21). It is, therefore, an additional limitation of the study that such demographic data was not identified.

Recommendations

Based on this study's strengths, limitations, experiences, and findings, I have some recommendations for future research. This study did not include any participants who identified as male. I think it would be beneficial to interview males with psychiatric service dogs to determine if their experiences support attachment theory. Additionally, studies examining the ethnic minority population of service dog handlers would be insightful.

I also believe that current service dog owners would benefit from further research into possible amendments to existing service dog guidelines. The challenges of having a service dog have led to untrained dogs being perpetrated as service dogs. This is an ethical and safety dilemma for legitimate service dog handlers. Similarly, from personal experience and the stories of my participants, I have found a limited understanding of the laws, rights, and etiquette regarding service dogs. As such, this study and future research could include public service announcements regarding these topics.

Service dog regulations in many countries are much more stringent than those in the United States. I believe, therefore, that a study examining the cultural and regulatory differences regarding service dogs and how that impacts the population of people who use them would also be beneficial. It would be similarly interesting to explore the influence of other demographic factors in determining who chooses to use psychiatric service dogs.

I asked a dog trainer to offer recommendations for further study into service dogs, given the individual's experience and expertise. That person noted it would be interesting to learn more about psychiatric service dog prevalence and breeds. While not specifically related to the current study, during data collection, it was observed that the participants used various dog breeds, including purebred dogs, mixed dogs, and various small and larger canine breeds. Indeed, the service dog community is wrought with debates regarding breed selection. Exploring factors such as why psychiatric service dog handlers choose specific breeds and which breeds are best suited for psychiatric work would be interesting topics for future studies.

Implications

Positive Social Change

The information presented and experiences shared in this study promote positive social change. This study adds to the knowledge base of qualitative research regarding psychiatric service dogs. Though the existing literature is saturated with the use of dogs for medical alert, mobility, and veterans with posttraumatic stress disorder, there was a gap in understanding the experiences of non-veteran individuals who utilize service dogs

to mitigate symptoms of mental illness. This study provides insight into the attachment bond experiences in the population of interest. The underserved population of civilian psychiatric service dog handlers was given a voice.

The implications of this study further contribute to social change by offering insight into a potential adjunctive treatment modality in addressing mental illness in the adult population. Psychiatric service dogs offer handlers perpetual access to an additional method of symptom reduction. Given the lack of available and effective mental health services in today's society, this additional intervention may bridge the gap between patients and access to services. Additionally, by illuminating the lived experiences of those who utilize service dogs to mitigate mental illness symptoms, other individuals with psychiatric diagnoses can now better understand the phenomenon. Such information may aid this population in making an informed decision regarding the potential of adding a service dog to their mental health treatment milieu.

Theoretical Implications

This qualitative study was grounded in Bowlby's (1982) theory of development, emphasizing attachment. Bowlby (1982) posited that human infants are biologically driven to seek safety in one deemed more capable of coping with environmental threats. Prior research has extended Bowlby's theory to explain the human-animal bond between a service dog and the handler (Nagasawa et al., 2009). The lived experiences shared by this study's participants have supported the connection between canine companionship and symptom reduction in the sample drawn from the population of adults with

psychiatric diagnoses. The four features of attachment bonds were demonstrated in the relationships between the study participants and their service dogs.

Conclusion

The American Psychiatric Association (APA) (2013) defines a mental disorder as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (p. 20). Psychological illness frequently leads to impairments in an individual's ability to function in social, occupational, academic, or personal contexts (APA, 2013). The Americans with Disabilities Act provides comprehensive, federally mandated regulations concerning disability within the United States (ADA, 2022). The ADA civil rights law provides protections for individuals with disabilities in areas of public life, such as work, school, transportation, and all places that are open to the general public. The purpose is to ensure equal rights and opportunities for those with disabilities (National Network, 2022a). To ensure that individuals with disabilities have equal access to all public facilities, the ADA requires reasonable accommodations (National Network, 2022b). One such accommodation is the use of service dogs.

Multiple studies have shown that service dogs improve owners' functioning and quality of life. However, limited previous research has examined the use of service dogs specifically for psychiatric purposes. Existing literature has focused on veterans using service dogs for PTSD. Yet, individuals without prior military service who had psychological disabilities were underrepresented. Therefore, this study addressed the gap

and contributed to the existing literature regarding psychiatric service dogs. I believe that by sharing their experiences, the participants of this study have demonstrated the value of canine companionship in mitigating the symptoms of mental illness. Specifically, they found symptom reduction through their attachments to their dogs. Therefore, adding omnipresent, unconditionally loving dogs to existing psychiatric treatment plans contributes to positive social change.

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Appendix A: Interview Guide

Thank you for agreeing to participate in this study on the experiences of adults with psychiatric service dogs. The purpose of this study is to explore the lives of people with psychological disorders who use service dogs to mitigate the symptoms of their disorders. The interview will last approximately 60 minutes. If you are uncomfortable with any question, you may choose not to answer that question without disclosing your reason. You may discontinue this interview at anytime without disclosing your reason.

The interview questions are the following:

1. Describe how you felt after being diagnosed with a mental illness.
2. How did the diagnosis influence your life?
3. Describe your experiences with using mental health services after your diagnosis.
4. Describe your decision to get a service dog.
    a. How did you find out about psychiatric service dogs?
    b. What was it like trying to find a service dog?
    c. What was it like training a service dog?
        i. How and by whom was your dog trained?
5. What tasks does your service dog perform for you?
6. Describe what it is like to have a service dog.
    a. What are some of the benefits of having a service dog?
    b. What are some of the challenges of having a service dog?
7. How would you describe your relationship with your service dog?
8. Tell me about how your service dog makes you feel.

9. Describe what it is like when you and your service dog are separated.
10. Describe your use of mental health services now that you have a service dog.
11. Describe how your service dog influences your life.
12. How has your life changed since getting a service dog?
13. What advice would you give to someone who might be interested in having a psychiatric service dog?

Is there anything else you would like to say or add to our discussion?

How do you feel about our interview and how it went?

Thank you for taking the time to converse with me about your experiences with having a psychiatric service dog.

Should you need any assistance, you may call the National Suicide Prevention Lifeline at 1-800-273-8255. You can also get help from the National Alliance on Mental Illness (NAMI) by calling 1-800-950-6264 or by emailing helplife@nami.org.

Appendix B: Recruitment Flyer

Subject: Interviewing owners of psychiatric service dogs.

Email message:

There is a new study about the experiences of individuals with psychological disorders who use service dogs. The study will help the community better understand the role of service dogs in coping with mental illness. For this study, you are invited to describe your experiences with psychiatric service dogs.

About the Study:

- One 60-minute virtual interview that will be recorded (Zoom or Microsoft Teams depending on the platform that works best for you)
- To protect your privacy, the published study would use fake names.

Volunteers must meet these requirements:

- Be at least 18 years of age
- Have a psychological disorder categorized as an anxiety disorder, a depressive disorder, or an obsessive-compulsive disorder.
- Must have received a diagnosis at least 3 years prior to participation.
- Have a psychiatric service dog
- Have not served in the Armed Forces

This interview is part of the doctoral study for Marcia Jackson, a PhD. Student at Walden University. Interviews will take place during TBD.

Please respond to this email to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Appendix C: Eligibility Checklist

1. Are you at least 18 years of age?
2. Do you speak the English language?
3. Are you able to read at the 5th grade level?
4. Do you have a diagnosed psychological disorder?
5. Was your disorder diagnosed at least 3 years before today's date?
6. Does your diagnosis fit into one of the following categories? (Anxiety disorders, depressive disorders, obsessive-compulsive disorders).
7. Do you have a service dog?
8. Does your service dog assist with your mental illness?
9. Are you able to consent to participate in a research study?
10. Are you a veteran of the Armed Forces (veterans are excluded from this study)?