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PET-PERSON SOCIAL INTERACTION IN INSTITUTIONAL SETTINGS:

AN ETHNOMETHODOLOGICAL ANALYSIS

DISSERTATION

Presented in Partial Fulfillment of the Requirements of
the Degree of Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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1977


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CHAPTER I: INTRODUCTION

General Description of the Area of Concern

The relationship between dogs and persons is one which has been of interest during the thousands of years through which mankind is known to have had dogs living with him. Innumerable popularized novels, magazines, books¹ and films have portrayed this relationship, going so far as to suggest that there is some special rapport existent between "a man and his dog." The strong accelerating business done by pet stores, animal food manufacturers and animal accessory goods manufacturers further suggests the extent to which pet animals are part of the lives of many Americans.

The past fifteen years mark a different kind of interest in this relationship, an academic and professional one² marked by research and clinical investigation to ascertain in more precise terms the nature of the pet-human relationship. Moreover the past decade has seen the conceptualization of pilot studies to systematically study and document the ways the deliberate use of pet animals can facilitate psychotherapeutic outcomes³ as well as to survey the extent of such uses of pets.⁴

This research examines this issue of the relationship between pet animals and persons by examining the social interaction between pets and persons through ethnomethodological description and analysis. The focus on social interaction parallels qualitative investigative efforts in other areas⁵ and allows for the examination of

empirical data through a methodology based on an inductive approach. 2

A characteristic of the approach is its reliance and emphasis upon the meanings derived in social settings by individuals participative in them, an emic approach.⁶ In this instance the participants in the situations are people deprived in interactional skills, institutionalized residents at a large rural nursing home complex in northern Ohio where a program of "Pet-Facilitated Psychotherapy" (PFP) has been started. This research, then, has examined basic problems and basic relationships by studying pet-person social interaction and is itself representative of basic social science research.

Background for understanding the development of the problem area of this research includes that body of research intended to demonstrate behavioral parallels from animals to humans, for example the work of Lorenz,⁷ Eibl-Eibesfeldt⁸ and Tiger and Fox,⁹ and that research studying the behavioral patterns of people and their pets, for example Campbell¹⁰ and Scott.¹¹ The earliest intensive studies which actually addressed the manner in which pet animals facilitated psychotherapy were reliant on description and case study, such as Levinson,¹² Yates¹³ or Heiman.¹⁴ More recent studies made use of systematic methods, particularly quantitative, logico-deductive approaches, as seen in the research of Corson¹⁵ or of Mugford and M'Comisky.¹⁶ (The more precise discussion of the content of these studies is reserved for Chapter II, Review of Literature). These studies, while adequate to the exploration of the relationship of pet animals and man, have neglected to address the actual social interaction of pets and persons in favor

of documenting the proposed benefits accruing from particular instances in which pets were associated with either aged or psychiatric hospitalized individuals. Elements of the social setting were neglected as were the perspectives of the persons studied; the research tools were constructed by the researchers to measure changes in subjects through controlled contacts with pets.

Social workers have given some weight and notice to the presence of the pet in families and in institutions, and although there are no systematic social work investigations of the role of the pet in such contexts, the pet has been occasionally mentioned in the social work literature. Bikales¹⁷ has termed the pet the "sleeper" in case work practice and has emphasized that the pet, in this case a dog, is often the "significant other" for the elderly. (Such reference to the animal as "significant other" parallels the use of this construct in other social work literature beginning in the mid 1960's.) Referring to a woman admitted to a nursing home but not allowed to help her pet she notes:

. . . Lacey (the pet dog) was her sole companion in the loneliness of her infirm years, her watchdog who had tried to protect her in an unsafe world, a second lassie whose cries for help had averted disaster. In short, Lacey was the only significant other in this person's life, the only consistently real thing in a world intermittently unfocused by the ravages of old age. It was evident that the patient's fate was linked to, perhaps even determined by, the fate of the dog. No efforts to help would succeed if they did not take that fact into account. ¹⁸

Bikales noted the bond between the old woman and her pet dog and emphasizes that there was evidence that the well-being of the dog was closely tied to that of the woman. She pleaded this case to an animal shelter which housed the dog from the onset of the

woman's nursing home admission, but the shelter refused to place 4
value on her "facts" as presented and when the time limit for
care of "an unclaimed pet" expired they executed the dog. Upon
learning of the dog's death the old woman no longer wanted to
live and soon died. While not intended to suggest a cause-effect
relationship Bikales is intending to demonstrate the strength of
the pet-person bond, in this particular instance among the aging.
Byrne¹⁹ reiterates Bikales experience and the nature of her con-
clusion.

Problem to be Studied

The focus of the research study was the activity or process
of doing pet-person interactions as a means of analyzing, within
the context of PFP, the event of the interaction and the
accounting done of it by the participants in giving meaning to it
within a setting. Residents with interactional incompetencies
were involved with pets in two instances, one in which the pet
was "owned" and the other in which the pet was a "guest." The
data collected in regard to each instance were then analyzed to
discover the features involved in pet-person interaction.

The research did not purport to examine "psychotherapy" or
to evaluate its effectiveness or efficacy although there are
within the accountings some references to "therapeutic" outcomes
associated with the pet-person social interactions which were
the data for this study.

Significance of the Research

The study has implications for the understanding of social
interactional phenomena as well as for the application of these

findings by social workers. In particular, first, as a social worker the researcher has followed the profession's emphasis on the input and perspective of the client (as also represented in mutual goal setting in contact establishment or the profession's emphasis on consumer participation) by utilizing an emic approach to interaction. Second, the application of ethnomethodology to a social work research problem allowed for the demonstration of the potential usefulness of ethnomethodology as a methodological orientation which the social work profession could utilize in research. Third, the research identified issues not addressed by previous research on pets (see Problem to be Studied) as facilitators of psychotherapy and addressed these issues to advance knowledge. Fourth, as basic research the study identified basic elements present in pet-person social interaction; these elements can now be used in the further study of "PFP" or of pet-person interaction by other researchers or possibly as a follow-up study by this researcher as a separate undertaking. Last, the research analyzed pet-person interaction in institutional settings, aware of the interactional constraints such settings create; the research intends to be a stimulus for the study and analysis of these elements of interaction in residential settings.

- ¹For example, Mary Fernand, The Life, History and Magic of the Dog (New York: Grosset and Dunlap, 1970) is such a book.
- ²Such interest has been on the part of psychiatrists, veterinarians, psychologists, social workers, sociologists, animal behaviorists, and others,
- ³See paragraph four of Chapter I.
- ⁴Surveys have been done by the Pet Food Institute and the American Humane Association as well as by Boris Levinson and other clinicians.
- ⁵For example as reported in Harold Garfinkel, Studies in Ethnomethodology (Engl. Cliffs, NJ: Prentice-Hall, 1967) or in David Sudnow, Studies in Social Interaction (New York: Free Press, 1972).
- ⁶An emic approach is one emphasizing the perspective of "insider" and will be defined and discussed further in Chapter II, Methodology.
- ⁷Konrad A. Lorenz, Man Meets Dog (Harmondsworth, Middlesex: Penguin Press, 1964.
- ⁸Irenaus Eibl-Eibesfeldt, Love and Hate: The Natural History of Behavior Patterns (New York: Holt, Rinehart, Winston, 1972).
- ⁹Lionel Tiger and Robin Fox, The Imperial Animal (New York: Holt, Rinehart and Winston, 1971).
- ¹⁰William E. Campbell, Behavior Problems in Dogs (Santa Barbara, CA: American Veterinary Publications, 1975).
- ¹¹J. P. Scott and J. L. Fuller, Genetics and the Social Behavior of the Dog (Chicago: University of Chicago Press, 1965).
- ¹²Boris M. Levinson, "Dog as Co-Therapist," Mental Hygiene, 40:159-165, 1962 and many other publications by Levinson (see Bibliography for listing).
- ¹³E. Yates, Skeezzer: Dog with a Mission (Irvington on Hudson, NY: Harvey House, 1973).

- ¹⁴M. Heiman, "The Relationship Between Man and Dog," American Psychoanalytic Association, 12-5-53, 568-585.
- ¹⁵S. A. Corson, E. A. Corson and P. H. Gwynne, "Pet-Facilitated Psychotherapy," R. S. Anderson, ed., Pet Animals and Society (Baltimore: Williams and Wilkins, 1975).
- ¹⁶R. A. Mugford and J. G. M'Comisky, "Some Recent Work on the Psychotherapeutic Value of Cage Birds with Old People," in R. S. Anderson, ed., Pet Animals and Society (London: Baillier Tindall, 1975).
- ¹⁷Gerda Bikales, "The Dog as Significant Other," Social Work 20(2):150, March 1975.
- ¹⁸Ibid, p. 151.
- ¹⁹M. M. Byrne, "Dogs and the Elderly," Social Work 20(4):340, July 1975.

CHAPTER II: REVIEW OF THE LITERATURE

Two areas of literature will be addressed, first that area pertaining to research and clinical work with pets and persons and second that literature reviewing the ethnomethodological perspective on social interaction.

Pets, Persons and Psychotherapy

It has long been asserted that the complex interrelationship between man and dog is a symbiotic one, benefiting both pet and owner.¹ Similarly pets have been known to play a significant role in the lives of their owners, often assuming a position of major importance.² More specifically the assertion that pets, and especially dogs, have a positive mental health role in people's lives has been frequently reiterated but only recently subjected to systematic study (although pet animals have been used in psychotherapy since the 18th century).

The impetus for the systematic study of the use of pets as facilitators of psychotherapy came from Levinson, author of Pet-Oriented Child Psychotherapy and Pets and Human Development plus numerous journal articles including "Pets and Old Age." In the first of these books Levinson, a psychologist in private practice, maintains that "contact with the inanimate and particularly the animate world via the pet is most important to wholesome emotional

development."³ This statement follows as a conclusion from his pioneering work in the use of pets in psychological assessment, in the use of animal aids in child psychotherapy, and the development of a rationale for what he has termed "pet-oriented therapy" for children in residential settings. He also developed clinical techniques for using pets as motivators for learning with emotionally disturbed children and as facilitators in family therapy. His case studies are given in some detail to document his successes in these newly-developed modalities. Although he does not develop a formal model for the use of pets he does emphasize essential prerequisites, including the necessity that a pet used in pet-oriented therapy be trained and that the use of such pets by therapists requires particular training.

In his second volume Levinson explores man's relationship to the animal kingdom, concluding that:

We need animals as allies to reinforce our inner selves. We must revive our intimate associations with nature and its animals....It is of course possible that man can survive without animals, but we would surely be a depleted race, shorn of most of our emotional strength.⁴

He treats in depth the subject of the pet and child development, extending his case studies of the use of pet-oriented therapy to adults and to the aged. Recognizing that it is the veterinarian who often has access to the family via the pet, he advocates a "therapist" role for the veterinarian (a suggestion recently elaborated upon by Campbell).⁵ Levinson carefully explores the use of animals in psychotherapeutic work in caretaking institutions as

well as in correctional institutions, documenting instances of such usage and defining possibilities for additional inclusions of pet animals.

In 1971 he undertook a survey of the use of pets in such institutions as well as among private practitioners, concluding that there was widespread but non-systematic use of pets as facilitators of psychotherapy. Similar surveys conducted since that time suggest that pets are in fact in wide but non-systematic usage.⁶ In 1972 Levinson stated:

Animals are a symbol of the rehumanization of society to the extent that they are allowed to function as members of the animal world rather than as four-footed humans whose very nature is denied, and are permitted to bring their owners into that world of life, impulse, and love. The very fact that animals are introduced with such difficulty into caretaking and correctional institutions and are regarded by so many individuals as burdens and sources of disorder indicates how far our social structure has strayed from a recognition of human needs and desires. Scientific investigation into the significance and use of pets for both children and adults has been very sparse.....

We need highly imaginative and extremely rigorous research to establish principles and boundaries in the use of pets in psychotherapy.⁷

Mugford and M'Comisky⁸ recognized as Levinson had the appropriateness of systematic investigation and in 1974 undertook a carefully controlled study of the "effects of pets on the social attitudes and mental and physical health of their owners." Mugford, an animal behaviorist, and M'Comisky, a psychologist, used a questionnaire in a pretest-posttest design into which they introduced five conditions, two with budgerigars (a small Australian parrot), and two with begonias as companions in the home

environment, and a fifth as a control group. Their subjects were old age pensioners who were socially and geographically immobile, aged 75-81, and who lived alone and did not already own a pet animal. The questionnaire comparison revealed significant differences between the control and the budgerigar groups but not between the control and the begonia groups. The researchers concluded that the presence of the budgerigars in their pilot study exerted a beneficial effect on the social and psychological conditions of the old people.

Our overwhelming impression from the study is that the old people in our budgerigar groups had formed a surprisingly intimate (and presumably rewarding) attachment to these unsolicited pet birds. We found on our visits that they had become such a powerful topic for conversation that they could even displace the monotonous awareness and discussions of past and pending medical ailments. Not only had the bird become an object for empathy and communication in its own right, but it had also become a 'social lubricant'--a focal point for communication with friends, family and neighbors who came to visit. We found particularly good examples of this 'ice breaker' function of the pet in the report of one old lady who found young children to be more frequent and amused visitors to her flat after she had taught the budgerigar to recite their names.⁹

These findings by the researchers support contentions made but not previously supported by research. For example, Bridger¹⁰ had suggested that pets form a common ground for interchange, mutual interest, and common language. Similarly, Levinson¹¹ had suggested that clinical evidence supported the position that pets are a focus for ego and skill-building activities. And from a slightly different perspective, Larson and Ludwig¹² had begun to assert that pet ownership has social consequences, and Brown et al¹³ had

suggested that low affection for dogs accompanies low affection for people.

In 1974 a second pilot study following on Levinson's recommendations for further research was undertaken by Corson¹⁴ and associates at Ohio State University Department of Psychiatry. Corson, who had for many years been investigating psychological stress and responses of hyperkinetic children through the use of animals, had maintained a colony of specially trained dogs in the University inpatient psychiatric facility. The patients, particularly the adolescents, in that facility, many of whom had been uncommunicative during their hospital stay, broke a self-imposed silence and requested to be able to play and care for the dogs which they heard barking. With this impetus, Corson worked on an interdisciplinary basis with hospital colleagues to create a systematic experiment to investigate the efficacy of "pet-facilitated psychotherapy."

The overall therapeutic goal of our investigations was to offer patients who could not relate well to people an opportunity to form a relationship with an animal, with the goal that eventually the ability to relate to a pet would carry over into their human relationships.¹⁵

Corson and his associates devised a complete inpatient program to implement "pet-facilitated psychotherapy." They drew in part on the carefully planned, successful precursor in this area, that involving Skeezer, a female dog, maintained seven years at the Children's Psychiatric Hospital at the University of Michigan, Ann Arbor.¹⁶ Careful to explain that the use of

pets was adjunctive to other forms of therapy and possibly an alternative to more expensive and less efficient methods of humanizing the hospital facilities, the researchers undertook extensive videotape recordings of planned interactions between patient-dog, patient-therapist, patient-dog-therapist, and patient-peer interactions. Rating scales were devised to take measure from the videotapes of social, behavioral, verbal, and psychiatric variables, and the videotapes were also used as a feedback therapy for patients. Corson found that often patients who failed to exhibit interest in watching any TV programs would watch intensely their own social interactions.

Significantly, Corson chose to use "PFP" chiefly with patients with whom other available therapeutic interventive methods had failed to bring about significant improvements. "They were withdrawn, self-centered and uncommunicative, some of them almost mute and psychologically bedridden. They lacked self-esteem and exhibited infantile helplessness and dependence. The structure of a hospital ward per se tends to develop dependence on hospital personnel."¹⁷

Quantitative data on verbal and temporal parameters of the patient's social interactions and the effect of "PFP" on these variables were secured from the videotaped recordings of the planned interactions. All twenty-eight patients studied showed some improvement with the use of "PFP" and the five patients studied in depth showed marked improvement, as did several others of the total group. In the words of the researchers:

The introduction of a dog to a patient gradually developed in the patient a sense of self-respect, independence and responsibility, as the patient began to assume more and more responsibility for the care of the dog. Some of the patients volunteered (and in fact requested) to walk the dog, first on the ward and later outdoors. Many of the patients began to come down at regular periods to the kennel to groom the dogs.¹⁸

The researchers also noted effects on the ward climate and on the relationships between patients and staff:

This patient-pet relationship turned out not to be a closed circle. On the contrary, the dog began to serve as a catalyzing socializing link on the patient ward. The presence of a pet on the ward had a positive effect on the other patients who observed pet therapy. The patients on the ward expressed a great deal of interest in the idea of using a pet as a co-therapist. The staff responded warmly to the pet and to the idea of pet therapy. A widening circle of warmth and approval was observed, over and above the interaction between the specific patient and the pet.¹⁹

Summary: Studying Pet-Person Interaction in
"Pet-Facilitated Psychotherapy"

The descriptive and analytical work which has been done to date on pets as facilitators of psychotherapy suggests that the pet-person relationship is somehow, perhaps both qualitatively and quantitatively, different from that between persons and that furthermore this relationship has been successfully utilized with some populations to enhance psychotherapeutic outcomes. It has also been supported that the use of pets to facilitate psychotherapeutic outcomes has a positive and strong interest component for the personnel within an organizational context in which this modality is used. The pilot studies which have been conducted, particularly by Mugford and M'Comisky and by Corson et al, also pose numerous

questions for further study. Basic to all of these questions is a concern with the process of interaction between the person and the pet animal, a concern with the event of the patient-pet interaction and the generality of interpretation of that event by the patient and others in the setting, including the personnel and other patients.

The research done to date suggests, for example, that the use of pets may be less expensive than other forms of therapeutic intervention, a comment in keeping with Gruber's discussion of the high cost of services.²⁰ It also suggests a methodology for social workers to become involved with the nursing home population, a problem posed succinctly by Kosberg.²¹ Finally, PFP is suggested as being of particular use among the elderly, a population which is growing and which requires effective interventive modalities. The possible applications of such a modality the development of which would draw upon the understanding of the interaction of pets and humans, remains to be determined.

Whereas Corson and Mugford and M'Comisky have explored via logico-deductive approaches some of the quantitative aspects of the relationship of pets and people, the qualitative aspects remain to be rigorously and systematically investigated. And although both approaches are useful for verification and generation of theory, each has differential applications depending on the circumstances of the research and the kinds of material needed. In order to address the questions and issues

raised by the research done to date, a field research methodology will be applied. This methodology will allow the necessary orientation to the problem as one of interaction and allow for its investigation in its natural setting making use of participant-observation as a basis for scientific investigation.

Ethnomethodological Perspective on Social Interaction

The ethnomethodological perspective is not to be confused with that of symbolic interaction. For the ethnomethodologist, what is directly observable are people's efforts to create a common sense of social reality.

By contrast, the symbolic interactionists operate under the presumption that common definitions, values and norms emerge from interaction and serve to regulate how people perceive the world and interact with each other. For the interactionist, concern is with the conditions under which various types of explicit and implicit definitions, norms, and values emerge and thereby resolve the problem of how social organization is possible. In contrast, ethnomethodologists are interested in how members come to agree upon an impression that there are such things as rules, definitions and values.²³

Kinlock has classified the distinction between these two similar sociological orientations as that between the systemic type (symbolic interaction) as compared to the naturalistic type (ethnomethodology) of social-psychological theory, both being kinds of social behaviorism. He sees both these orientations as microscopic, inductive, process-oriented and introspective in form and differentiates them from more traditional macroscopic, deductive, structure-oriented and objective structure-functionalist and conflict types of sociological theories.²⁴ Kinlock suggests that,

like symbolic interactionism, ethnomethodology is more of a perspective than a theory.²⁵

Skidmore explains some further distinctions:

But the difference between ethnomethodological and other social psychological ideas is that the ethnomethodologists concentrate on the procedures by which the accounting for action among participants is carried out. They are not studying rules of action, and they are not even studying the behavior per se. In principle, they wish to find out the ways that participants in action account for it linguistically and sublinguistically. They make no reference to norms, rules, behavior codes, moral constraint and the like. They go into the field and look without an assumption of order... It is the job of ethnomethodologists to 'get inside' the contexts and meanings of these accounts, and to know from exposure what cannot be communicated formally, so as to understand the accounts and the associated actions.²⁶

The intent of ethnomethodological research, given these tasks, is to penetrate natural social settings or create social settings in which the investigator can observe humans attempting to assert, create, maintain or change the rules for constructing the appearance of consensus over the structure of the real world. By focusing on the process or method used to agree upon the rules for constructing the occasioned corpus, rather than upon the substance or content of the corpus itself, research from the ethnomethodological point of view can potentially provide a more interesting and relevant answer to the question of "how and why society is possible."²⁷

- ¹Harold Bridger, "Companionship with Humans," Animals: Friends in Need, Friends Indeed (London: Cox and Wymen, Ltd.); M. Heiman, "Psychoanalytic Observations on the Relationship of Pet and Man," Veterinary Medicine/Small Animal Clinician, July 1965.
- ²Boris M. Levinson, Pet-Oriented Child Psychotherapy (Springfield, Illinois: C. C. Thomas, 1969).
- ³*Ibid.*, p. 23.
- ⁴Boris M. Levinson, Pets and Human Development (Springfield, Illinois: C. C. Thomas, 1972), p. 29.
- ⁵William E. Campbell, Behavior Problems in Dogs (Santa Barbara, CA: American Veterinary Publications, 1975).
- ⁶Also see Ann Dreyfuss, "The Use of Animals in Play Therapy with Emotionally Disturbed Children," Unpublished Master's Thesis, San Diego State College, San Diego, June 1964 and Ethel Wolff, "A Survey of the Use of Animals in Psychotherapy in the United States," American Humane Association, Media, PA, Mimeograph.
- ⁷Levinson, *op. cit.*, pp. 219-220, 158.
- ⁸R. A. Mugford and J. G. M'Comisky, "Some Recent Work on the Psychotherapeutic Value of Cage Birds with Old People," in R. S. Anderson, ed. Pet Animals and Society (London: Bailliere Tindall, 1975).
- ⁹*Ibid.*, p. 63.
- ¹⁰Bridger, *loc. cit.*
- ¹¹Levinson, 1969, *loc. cit.*
- ¹²David L. Larson and Edward G. Ludwig, "Pets and Sports: A Case of Serendipity," Paper presented at the Fifth National Convention of Popular Culture Association, St. Louis, MO., 3-20-75 and "Social Correlates of Pet Ownership," Paper presented at North Central Sociological Association Meeting, Columbus, OH, 5-4-75.
- ¹³C. T. Brown et al, "Affection for People as a Function of Affection for Dogs," Psychology Reports 31:957, 1972.

- ¹⁴S. A. Corson et al, "Pet-Facilitated Psychotherapy" in R. S. Anderson, Pet Animals and Society (Baltimore: Williams and Wilkins, 1975,
- ¹⁵Ibid., p. 20.
- ¹⁶E. Yates, Skeezzer: Dog with a Mission (Irvington on Hudson, NY: Harvey House, 1973).
- ¹⁷Corson, op. cit., p. 23
- ¹⁸Ibid.
- ¹⁹Ibid.
- ²⁰A. R. Gruber, "The High Cost of Delivering Services, Social Work 18(4):33, July 1973.
- ²¹Jordan I. Kosberg, "The Nursing Home: A Social Work Paradox, : Social Work 19(2):104, March 1973.
- ²²E. M. Brody and S. J. Brody, "Decade of Decision for the Elderly," Social Work, 19(5):544, September 1974.
- ²³Jonathan H. Turner, The Structure of Sociological Theory (Homewood, Illinois: The Dorsey Press, 1974), p. 323.
- ²⁴Graham C. Kinlock, Sociological Theory: Its Development and Major Paradigms (New York: McGraw-Hillbrook Company, 1977), p. 250.
- ²⁵Ibid., p. 272.
- ²⁶William Skidmore, Theoretical Thinking in Sociology (Cambridge, England: Cambridge University Press, 1975), p. 262.
- ²⁷Turner, op. cit., p. 328.

CHAPTER III METHODOLOGY

Methodological Approach to Pet-Person Interaction

The methodological perspective which guided the research study was based on a social reality approach, an everyday life understanding of events rather than a positivist approach¹ seeking facts or causes of social phenomena with little regard for the subjective states of individuals. With a phenomenological perspective² concerned with understanding human behavior from the actor's own frame of reference, the focus of the study was on the social activities themselves.

The primary goal of the social sciences is to obtain organized knowledge of social reality. By the term "social reality" I wish to be understood the sum total of objects and occurrences within the social cultural world as experienced by the common-sense thinking of men living their daily lives among their fellow men, connected with them in manifold relations of interaction. It is the world of cultural objects and social institutions into which we are all born, within which we have to find our bearings, and with which we have to come to terms. From the outset, we, the actors on the social scene, experience the world we live in as a world both of nature and of culture, not as a private but as an intersubjective one, that is, as a world common to all of us, either actually given or potentially accessible to everyone; and this involves intercommunication and language.

All forms of naturalism and logical empiricism simply take for granted this social reality, which is the proper object of the social sciences. Intersubjectivity, interaction, intercommunication, and language are simply presupposed as the unclarified foundation of these theories. They assume, as it were, that the social scientist has already solved his fundamental problem, before scientific inquiry starts.³

Schutz's statement reflects a position applied by a qualitative research methodology which makes field observation basic to scientific inquiry.

The study of the operations of practical reasoning, then does not produce 'findings' which resemble those of traditional sociologies, and...ethnomethodology is not an alternative 'methodology' aimed at a more effective solution of traditionally formulated problems. Focusing upon the more accomplished character of action scenes, it necessarily develops a style of research and argument responsive to its elected subject matter.⁴

Ethnomethodology is an organizational study of a member's knowledge of his ordinary affairs, of his own organized enterprises where that knowledge is treated by as part of the same setting that it also makes orderable.⁵

Talk is a 'constituent feature of the same setting that it is used to talk about.'⁶

The primary concern of the analytic approach used in this study, that of ethnomethodology, is the study of the common-sense meanings and actions of everyday life; social interaction is itself the data for study and analysis. "Everyday sociology" is an extremely complex set of facts, ideas, theories, ideologies and philosophies demanding expert knowledge.⁷ In determining social meaning we (researchers) must rely upon our understandings of everyday life, gained through direct observations of that life and always involving the use of our common-sense derived from our own involvements in it.⁸ What people say and do, that is how they behave, is seen as accomplishment of interaction, of organized interactional events.

Other important assumptions of the methodology are:

1. The researcher proceeds from a theoretically non-structured position, not entering the research arena with a preconceived conceptual framework pertaining to the motives, means, conditions or ends of social

conduct. The research formulations proceed from inductive reasoning based upon a work/analytic strategy in which analyses are linked logically, theoretically, empirically to other findings. A refashioning of design must go on throughout the entire research enterprise.⁹

2. The researcher emphasizes an emic approach to social interaction. This approach is concerned with studying social behavior inside a single, culturally specific system. The contrasts are made within the setting itself and are those which are meaningful to the interactants of the setting. By contrast, an etic approach would view a system of behavior from outside using criteria which are external to the system. Participant-observation is the method which allows for application of an emic point of view.

3. Two levers are used to analyze data, one substantive and one logical. The substantive set is made up of the special, abstract vocabulary of the analyst's own discipline. The second set of levers are primarily the logical, operational armamentarium of science, the thinking and working processes.¹⁰ This enables transformation from the common sense level to the theoretical scientific level, from first to second order constructs.

4. The research stance assumes that the social world is always interpreted and that the primary task of the researcher is to determine as precisely the perspectives and interpretations used by the actors in a setting. A dialogue with persons in their natural situation will reveal the nuances of meaning from which their perspectives and definitions are continually forged.¹¹

5. The research takes a wholistic approach to interaction so that meaning is given to an interaction by both the actors and the setting, including temporal dimensions. Each action (event) in the course of interaction (between actors), then, is an indexical particular, that is, understood by the participants in terms of the place of the action in the context of what has gone before and what they see as the future course of interaction.¹²

6. The criterion of replication is important and is the ability to produce the sequence of steps (by selected aspects) by which a given social activity recognizably appears over time. The use of videotape and other visual and audio recordings allows for multiple reviews of interactional data which happen rapidly and are complex. Essential structural features of the interaction are seen to repeat themselves in other situations.

Within this methodological framework data was collected in institutional settings on the social interaction of pets and persons involved with PFP. The collection of this data was addressed to research issues posed in Chapter I Introduction and utilized qualitative field research methods to be described later in this chapter.

Stages of Data Collection

The plan for data collection was carried out in three phases: Contact Phase, Intensive Phase, and a Follow-Up Phase. These phases occurred during the fourteen month period of research involvements. First, the Contact Phase included the inception of the research project and the social relations. Beginning in August, 1975, this researcher was in contact with Dr. Samuel Corson, and was learning about his

involvement with "pet-facilitated psychotherapy." When funds ran out Dr. Corson placed his research dogs outside of the Ohio State University facilities. Their care was then undertaken by a Mr. H.¹³ of the Castle Nursing Homes, Inc. (CNH). In August, 1975, this researcher contacted Mr. H. by telephone and arranged a visit during the next few days to see his facilities and to see the housing and arrangements for the research dogs.

The visit in August, 1975 to the CNH allowed the researcher to be shown around the facilities by Mr. H. and receive an orientation to the CNH community and its personnel and patient population (see Chapter IV Setting for further description of the CNH arrangement). At that time kennels were being built for the housing of the research dogs as well as his own dogs adjacent to his home on the outskirts of Middletown, Ohio.¹⁴ Mr. H. can be described as a dog fancier and breeds, trains and shows Doberman Pinschers; he is well familiarized with dog culture and care in rural Ohio. Also, on this visit I was given a warm reception by Mr. H.'s family who share with him in the administration of the nursing home; they were quite open with me and told me about their numerous facilities. At this time Mr. H. shared with me his interest and plans for the use of the research dogs, which included their use to assist in the creation of a more "family-like" environment.

Approximately two months later in October 1975 I traveled to Middletown with Dr. Corson, his wife and assistant, and another graduate student. On that occasion Dr. Corson directed a videotape session at which I was an observer rather than a participant. Using taping equipment provided by Mr. H., one of the Corson dogs was brought into a room

in which an individual patient had been seated in a chair facing the cameras and microphone. The response of the particular patient to the particular animal was videotaped and the tapes were taken back to Ohio State University by Dr. Corson. Situation participants did not review the tape as it was completed and their interpretation of its content or of the process of producing it was not solicited; rather, Dr. Corson and his colleagues viewed it by themselves at a later date on campus.

During a five month interval, from January 1976, through May 1976, I made several visits on my own to the CNH. The object of these visits was to begin to identify and locate the different facilities of the CNH, their locations being spread throughout the Middletown community and extending into the rural countryside. During this time I was determining the feasibility of undertaking a research study within the CNH context. I was building rapport with the personnel at the different facilities to whom I had been introduced by Mr. H. I made my intent known to them as a researcher who was interested in the relationships of people and animals.

At this time I was also becoming familiar with the characteristics of the patient (residents, as they are called) groupings at the CNH, which encompass young adult to aged and mentally retarded as well as emotionally disabled persons living in nursing homes and "apartments." During this phase Mr. H. had introduced animals to individual patients, had arranged for some ownership of animals by some individual patients and had begun his own program of "PFP." This program, while initiated with Dr. Corson, was carried out by Mr. H., and took on the characteristics of his interest in integrating pet animals into his facilities.

and familiarity with his resident groupings.

In June 1976, this researcher formulated a Research Proposal, having determined receptivity on the part of the administration, personnel, and residents of the CNH; this proposal was approved by the Graduate Committee of the School of Social Work, The Ohio State University in June, 1976. It seemed possible to undertake a natural sociological research design which would "fit" with the ongoing programs at CNH and would not disrupt the routine or in a particular situation would disrupt it minimally and with the consent of staff and residents. Furthermore, my research interests were acceptable within that community and the potential outcomes of my research were seen as being "productive" to them. That research design included an approach intended to minimize obtrusiveness and in which I would conduct myself as a participant-observer within the ongoing activities of that facility complex.

During the Intensive Phase, which spanned June through August 1976, this researcher made weekly visits to Middletown, Ohio, averaging three to four days per week within that community. Because of the location of Middleton, some 100 miles from Columbus, Ohio, of necessity I stayed overnight at the motel in that town. Consequently this gave me access to both the day shift and the swing shift personnel as well as to the residents during both the day and early evening hours.

My work schedule proceeded in part based on the availability of residents and staff for data collection, including interviews, photography, and other modes, and in part was structured by prearranged contacts. All of these contacts occurred within the natural settings of the facilities. With few exceptions patient contact in the nursing

homes was during the day shift, and at least initially, was begun through the nursing staff via Mr. H.'s introductions and then subsequently through introductions by one staff person to another. Over time I became a recognized figure (was given a key to a locked-ward facility when I would arrive at it) and was able to move about a facility freely and speak with patients whose acquaintance I had made.

Similarly, in the "apartments" I was able to see patients during both day and evening hours. This particular group of patients are more mobile, not only walking from one "apartment" to another to socialize among themselves and to obtain cafeteria style meals at "the Castle" or the "Snack Bar," but also are involved in an always changing schedule of recreational and other therapy-related activities (see Chapter IV Setting for more detailed description of "apartments"). Consequently during the day hours they were available by prearrangement and often in the evening hours would be at home.

During the Follow-Up Phase in October 1976, this researcher returned to the CNH complex in order to observe continuities and changes in patient interaction, to speak with professional staff in regard to their follow-up feelings about this researcher's involvement, and about pet-resident interactions. Time during that continuous three day period was maximized to include both day and evening contacts and to include visits to many of the facilities previously observed.

Data Collection

The overall method of data collection placed the researcher in the role of a participant-observer. In this context various modes of data collection were utilized and will be itemized. Additionally, the basic

strategy of the research involved a simultaneous work strategy/analytic strategy. Analysis proceeds as the researcher works so that the observational strategies can be adjusted with emphases towards those experiences which bear upon the development of understanding, and also, to exercise control over emerging ideas by virtually simultaneous "checking" or "testing" of those ideas.

The researcher must deal with phenomena which have empirical referents; he must provide evidence for whatever constructs are developed about the phenomenon, and the evidence must be empirically and logically related to the operations performed upon the object of inquiry.¹⁵

That is to say that in initial phases of the research the data collection was predominant and the analytic components were minimal. Over time the analytic components predominated, finally resulting in a termination of data collection and the undertaking of the completion of the data analysis.

The modes of data collection included several tools to facilitate the participant-observation approach. These included (1) the keeping of a ledger, (2) interviews, (3) projective interviews, (4) still photographs, and (5) audio taping as well as (6) videotaping.

(1) The first mode, the keeping of a ledger, was done on a daily basis during contacts with the Middletown facilities. The ledger was conceived along the lines suggested by Schatzman and Strauss.¹⁶ It consisted primarily of methodological notes or observations, in part of observational notes or happenings, and finally of theoretical notes or analytic thinking on the part of the researcher. The intent of the ledger was to provide a sequential recording of events, both to assist in the analytic/work strategy, and also to assist in later data review

and analysis.

(2) A second mode utilized was that of open ended interviews with selected professional staff and residents at the CNH. Interviews were conducted in the natural contexts when and where the individuals of interest found themselves. For example, nursing staff were interviewed while on duty on a nursing ward. By contrast, interviews with Mr. H. occurred at his office, at the CNH snackbar, while in transit between facilities, and at various of the CNH facilities. In each instance he was interviewed either spontaneously or by prearrangement at his convenience. Staff who provided their functions while moving about the CNH facilities were interviewed at their offices, over lunch, during the evening hours, again at their convenience; the "roving" staff included the social workers, nursing supervisor, as well as the occupational and recreational therapists and the consulting psychologist. Finally, residents were interviewed on a ward in a nursing home, or in their apartments as available and occasionally at a community meeting place such as in the lobby of the "Castle" watching TV or on the lounging area on the patio of the "Castle."

(2) and (5) The second and fifth modes were often used together. In an interview situation a small battery operated tape recorder was carried by the researcher. It was shown to the individual and identified as a tape recorder and the individual's consent to taping was always obtained. Individual research subjects were told that the tape recorder was a tool to assist the researcher in remembering material. In particular the tape recorder was useful in identifying terms and language used by the persons in the research context. Also the audio tapes

provided materials which became incorporated in the daily ledger, allowing for a careful review of conversation and corresponding note-taking in private at a different time.

(3) The third mode was that of projective interviewing. Such an approach to data collection followed along the lines suggested by Collier,¹⁷ Byers,¹⁸ Mead,¹⁹ and Bateson²⁰ in which still photography was methodologically linked to data collection by not only itself being data but also by its elicitation of further data in the form of interview materials. In its application projective interviewing consisted of a still photograph being shown to a research subject followed by the research subject providing interpretations, responses and comments regarding that photograph. In particular, the residents were shown photographs taken at previous times of themselves with pets, and of other residents with pets. In addition the staff were shown photographs of residents and pets as well as photographs of themselves with pets. The researcher asked questions such as: "What do you see?"; "What is happening here?"; "What is happening between the person and the pet?"

This projective interview data provided information for the researcher about situational impressions, of "accounting" done by the persons in given settings, and information about how the individuals viewed themselves and the other persons in the setting with them. Finally, it provided particular terminology inherent to the situation and utilized by its participants.

(4) A fourth mode utilized was that of still photography. The researcher utilized a 35 mm camera with black and white film as well as color slide film. This mode was particularly suitable to the

researcher, who had had considerable experience with photographic methods. Still photography often accompanied audio tapes and was utilized throughout the Intensive Phase of data collection. Regarding when and where still photographs were taken, the work strategy indicated that all pets within the CNH facilities would be photographed with their owners or within the setting within which they were found, to include those individuals who were interacting with them. Still photographs also included the various facilities and the natural settings, and in addition, the interaction of pets and professional staff were also documented in still photographs.

The camera was openly carried at all times during the research data collection. In any particular situation multiple photographs were taken; photographs were taken as conversation was in progress and individuals were not requested to "pose" for photographs. Only in low light indoor settings was a flash utilized.

(6) The sixth mode utilized was video taping. It was done by means of either a portable videotape unit, consisting of a camera with an omnidirectional microphone, or a stationary videotape unit with a directional microphone separate from it. A one inch tape was recorded on a Sony reel to reel unit. Wide angle or zoom lenses were used, the camera being placed on a tripod. The audio portions of two videotapes were later transcribed and appear in Appendices A and B.

Videotaping was undertaken with the express permission in each instance of Mr. H., and the permission of an individual administratively responsible for a particular setting, such as a charge nurse. Videotaping was thus prearranged and undertaken at a time convenient to both

staff and residents, such as during a smoking break or during a time when neither medication nor food were being provided, a "free time."

Prior to the time specified the tripod and recording materials were taken to the particular facility and set up and pretested. During this time of equipment preparation (up to one hour), residents were free to observe and ask questions and interact with the researcher. Residents were told that the equipment was for videotaping for the researcher's use and not for television or for news. Residents were requested not to touch the equipment in the absence of the researcher. The equipment preparation time allowed for the adjustment of the equipment for sound and video and for the placing of the tripod and the camera in such a way to maximize the angle available for viewing the persons in the room. Immediately prior to taping an approximately one to three minute tape was run and the persons present were allowed to view it as feedback and as rehearsal for them as to what they might expect and what the product of that filming would look like. Of course, they were also able to view themselves during taping segment replay.

In order that the researcher could operate the filming equipment, it was necessary that another individual would operate the proximate directional microphone as well as introduce the pet to the residents. A resident living in one of the "apartments" was suggested to the researcher by the Assistant Social Worker as someone whom the Social Worker had been interested in having take a dog to "visit with" some of the nursing home patients. This role had not been undertaken, but did suggest to the researcher a personnel resource. In mid-June then I met my Technical Assistant, K.,²¹ whom I assessed as capable of

undertaking a Technical Assistant role and which I then proposed to her; permission for this was obtained from Mr. H.

The agreement with the Technical Assistant consisted of the following: (1) that she could withdraw from the role of Technical Assistant at any time by informing the researcher of her preference to do so; (2) that she would be given clear directions as to her responsibilities in any particular situation and would not have to improvise or do anything extraordinary; (3) that positive feedback regarding participation would be given her; (4) that she would be notified in advance of days and times needed and that their convenience for her would be established. She expressed one reservation, which was that she would have to initiate conversations with numerous patients; she was uneasy about this responsibility. However when she learned that she would have a pet, in this instance a dog, with her, then she felt particularly reassured. In all instances in which the Technical Assistant was utilized she introduced herself to staff and residents as an Assistant to the researcher as well as a resident "under the Castle."²²

Following the set-up of videotape equipment and following an initial filming and feedback replay, the Technical Assistant spoke with all situation participants and then introduced the dog into the context from an outside area adjacent to the area where taping was in progress.

Videotapes were made in fifteen minute segments, this being an analyzable segment of time as well as being feasibly expedient for the researcher. The camera was kept running during this fifteen minute interval in order to record interactions first between individuals in the context, and second between individuals and the dog. During

videotaping the Technical Assistant initially spoke with all residents present, inquiring of them, "How are you today?", "Do you like dogs?", "What is your name?", among other inquiries. In general, the Technical Assistant assumed responsibility for conversational openings and had been instructed to talk to all of the patients in the room at least once. It was anticipated that the initial period as described would provide an interactional baseline for any person with other people and a documentation of the baseline routine in that situation. The dog was then introduced with the camera continuing to run and a videotape made of the resident-dog interaction as well as of the group dynamics.

At the end of the fifteen minute segment, when the tape had ended, it was rewound and replayed for the residents as well as the staff. At that time residents and staff viewed the documented interactions of the previous fifteen minutes and their comments were later noted in the daily ledger. Also subsequent to the videotaping the researcher conducted interviews with professional staff for their "accounting" of what they saw occur during the filming. Finally, the videotape equipment was removed from the context and the researcher remained within that context for a period of time to allow both residents and staff to interact and to "talk about" the taping.²³

The use of videotape allows the researcher to re-examine the complex phenomena of social interaction on a repetitive basis. In this manner, it is possible to check and recheck what is observed given that human interaction is so very rapid. The introduction of the videotape is an experience and does bring about resident involvement. There is a high interest in it, and it is an experience which they have not

had before. Thus, in some ways the videotape makes and selects data at the same time.

Finding of Subjects

The population of the Middletown facilities includes person in both nursing home and community home, or "apartment" living environments. Individuals were selected for interview based upon their frequent interaction with a pet as learned from Mr. H. These residents were identified for interview through the suggestion of Mr. H., staff or residents who, knowing the researchers interest in individuals and their pets, would suggest a particular resident pet "owner" for the researcher to become acquainted with. Mr. H. also suggested nursing home settings into which the dogs were introduced.²⁴ In so doing he utilized his knowledge not only about the resident population but also about the staff, making use for example, of correspondence by staff to him (Appendix C).

Individual subjects for research became known to the researcher during both the Initial and the Intensive Phases of the research. During the Initial Phase the researcher became familiar with facilities and with animals associated with those facilities as well as with some individuals who had caretaking/ownership responsibilities for both dogs and other animals. During the Intensive Phase the researcher inquired about and made acquaintance with the balance of the individuals having some frequent pet interaction. To illustrate, on some occasions an individual's relationship to a pet, for example, Flora's relationship with her parakeets was brought to the researcher's attention through conversation when others would say to the researcher,

"Have you seen Flora yet?" The referral of the researcher to other individuals in the community indicated a growing rapport between the researcher and the residents and staff and their willingness to share their relationships to animals.

Additional data on "accounting" and interaction itself was provided by staff who occasionally commented on the duration of the relationship of an individual with a pet over a period of time indicating how it originated and maintained itself, or possibly failed to maintain itself over time. Staff and residents were also very helpful in pointing out "caring" relationships between residents and pets (which were in addition to a particular individual having ownership responsibilities for an animal). That is to say, that a particular individual may have been known as the owner of the pet, but possibly because of a physical disability, other individuals assisted in the feeding and/or exercising of that animal.

Choice of Dog as Pet Animal

Of the various animals used in "PFP" the dog was most frequently used and most predominant within that community. The presence of dogs over time in some "apartments" came to be accepted by both residents and staff as not unusual. In fact the use of rabbits or parakeets were unique instances and there were no uses of cats within the CNH facilities. Furthermore, on the wards chosen for videotaping a dog had been previously brought to that ward by Mr. H. on at least one occasion and there had not been any negative outcomes from that pet-resident interaction.

Consequently, in preparation for videotaping I selected dogs to utilize in examining pet-resident interaction. I had owned several dogs through the years and had also done extensive reading about animal behavior particularly in the presence of persons, and so was predisposed to utilize dogs if appropriate to the research issues and settings. I utilized two dogs, both of whom I had obedience trained, and both of whose behavior was highly predictable to me under conditions approximating those existent in the research settings on the nursing home wards. Therefore, not only were the animals available on demand, but I could predict elements of their behavior: That they would not bite or bark or jump on residents; that they would allow themselves to be petted; that they would control both bladder and bowel; and that they were healthy and responsive to voice, touch and visual stimuli within a normal range. Also, the two animals utilized were approximately the same size, namely small to medium sized; one being a short-haired mixed breed dog of one year, and the other being a wire hair fox terrier of three years of age.

In their use in videotaping in any particular ward, the protocol already established for the CNH was followed. That protocol consisted of the animal being maintained on a leash and therefore being under the control of the person holding that leash. As a final point, the leash also provided for the protection of the dog by means of maneuvering the dog in the event that such protection would be needed.

Enlarging upon the work of Corson the researcher made a decision to utilize videotaping of a group in its setting on a nursing home ward, utilizing persons who lived together and commonly interacted within the particular ward. The videotaping, therefore, reflected the natural interpersonal network existent on that ward, as well as allowing for staff who are also a part of that ward setting to be present and to either participate or observe the actual recording of videotape data. The use of groups in videotaping made available a glimpse of the baseline routine and changes in that routine within that setting as well as the documentation of the indices of that setting. Four wards were videotaped, two female, two male.

The choice to involve the everyday-setting participants in the videotaping meant the creation of a situation in which all of these people could be within the range of the videotaping equipment, the equipment remaining stationary. This was accomplished by utilizing large "day rooms" or "eating areas" in these facilities in which it was common for most all of the residents to gather. Consequently the videotapes reveal individuals seated around the periphery of these rooms; this being a practical consideration. This kind of practical consideration is a parallel to the use of a fifteen minute tape, summarizing not only a particular length of interaction but also a particular intensity of interaction having some correlation to the expected attention span and focusing of the participants.

The focusing of the videotaping equipment on particular interactions within the occurring group dynamics was selective and intended to represent instances of resident-pet interaction, resident-Technical

Assistant interaction, and group dynamics. It is clear that the method of recording the data constrains, structures and limits the data; however it is necessary to recognize that this is a part of the boundary setting in which the research was undertaken.²⁵

Analytic Techniques in Data Analysis

Data analysis proceeded as a work/analytic strategy. This process of work and analysis began with familiarization with settings and proceeded as data was gathered in those settings. The analysis of early data from Mr. H., staff and residents was cross-checked within the CNH community and emerging patterns or themes were discussed with members of the Dissertation Committee. At one point the researcher presented visual and audio data to an Ethnomethodology Study Group (of The Ohio State University) for their feedback. The initial impressions were successively refined and the research design created to address emergent areas of concern. Central ideas such as those of baseline routine, interactional competence, and accomplishment were thus seen to be important and necessary features to address the data in an analytical manner. The follow-up work included not only a visit to the CNH to verify constructs thus created but also a visit to Dr. Schegloff²⁶ to review videotaped materials. The successive analysis and verification of impressions reflects many reviews of data both as it was collected and repeatedly as additional data was included.

Therefore, conclusions that were reached reflect a consistency of interpretation of data obtained via: (1) repetitive viewing, (2) confirmation of the researcher's perceptions by experts in either non-verbal or ethnomethodological methodologies, and (3) consistency in the

data among several sources as well as several data collection modes.

Conclusions must be viewed as emerging from within settings, the setting being vital for interpretation. And finally, conclusions reflect explanatory propositions which are intended to represent patterns in routine as well as "accounting" in settings. Therefore the methodologies are both descriptive and analytic.

- ¹Positivism traces its origins to August Comte, The Positive Philosophy. (London: George Bell and Sons, 1816) and Emile Durkheim, The Rules of the Sociological Method. (New York: Free Press, 1938).
- ²Phenomenology follows the lead of Irwin Deutscher. What We Say/What We Do: Sentiments and Acts. (Glenview, Ill.: Scott, Foresman and Company, 1973).
- ³Alfred Schutz. Collected Paper I: The Problem of Social Reality. (Hague: Martinus Nijhoff, 1962).
- ⁴Roy Turner. Ethnomethodology. (Baltimore: Penguin Books, 1974), p. 11.
- ⁵Harold Garfinkel, "The Origins of the Term 'Ethnomethodology,'" in Roy Turner, Ethnomethodology. (Baltimore: Penguin Books, 1974), p. 18.
- ⁶Turner, loc. cit.
- ⁷Jack Douglas, (ed.). Understanding Everyday Life: Toward the Reconstruction of Social Knowledge. (Chicago: Aldine Press, 1970), p. vii.
- ⁸Ibid., p.4
- ⁹The philosophical issues and pragmatic solutions of such a research strategy are summarized by Leonard Schatzman and Anselm L. Strauss, Field Research: Strategies for a Natural Sociology. (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1973), p. 4-9.
- ¹⁰A discussion of "What to ask the data" is given by Schatzman and Strauss, Ibid., p. 120.
- ¹¹Ibid., p.6.
- ¹²See Harold Garfinkel, Studies in Ethnomethodology. (Englewood Cliffs, N.J.: Prentice Hall, 1967), Chap. 1, pp. 1-34 for a discussion of reflexivity.
- ¹³The name of the administrator has been disguised. Mr. H. was unexpectedly deceased August 4, 1977, at age 35.
- ¹⁴The name of the town has been disguised.
- ¹⁵Schatzman and Strauss, Op. Cit., p. 108.
- ¹⁶Ibid., p. 94.
- ¹⁷John Collier, Jr. Visual Anthropology: Photography as a Research Method. (New York: Holt, Rinehart and Winston, 1967).
- ¹⁸Paul Byers. "Still Photography in the Systematic Recording and Analysis of Behavioral Data." Human Organization 23:78-84, 1964.

- ¹⁹ Margaret Mead and Paul Byers. The Small Conference. (The Hague: Montoa and Company, N.V., 1967).
- ²⁰ Gregory Bateson and Margaret Mead. Balinese Character: A Photographic Analysis. (New York: New York Academy of Sciences Special Publication, 1942).
- ²¹ The name of the Technical Assistant has been disguised.
- ²² See Chapter VII, Individual Instances of Pet Ownership. On "the Hill," Part D.
- ²³ See Chapter V, Interaction Analysis: Data Presentation for further detail.
- ²⁴ See Chapter V, Interaction Analysis: Data Presentation for further detail.
- ²⁵ See discussion of Spatial Physical Constraints under Chapter VI Interaction Analysis, Part A.
- ²⁶ Dr. Emmanuel Schegloff, Department of Sociology, University of California, Los Angeles.

CHAPTER IV. SETTING

Concept of Setting

A central element in the making of interactional descriptions is the setting. Setting is a natural fact of social life and all interactions occur within the bounds of some setting which can be described. In a very general sense setting is similar to context, but for purposes of specific analyses of interactional events it is necessary to specify aspects of this general meaning in more limited analytic terms. Alternative ideas such as episode, occasion, situation and so forth must be regarded as events within a setting. As used here setting describes more than context and is a macroscopic observational-analytic unit.¹

A setting supplies its participants with an interpretive basis as they routinely interact, a frame of understandings shared and enforced by them. To give a crude example, we know that persons in our own culture orient to the interpretive basis of settings such as restaurants, because they will prepare to participate in a restaurant in variously different ways depending upon whether they know, or expect, the place to be fancy or expensive, for family dining or to grab a bite, an institutional cafeteria, and so forth. It is not simply a case of preparing oneself by dressing a certain way, but it involves a myriad of fine details for conducting oneself in the setting. Interpretive orientations in the setting are key elements in accomplishing socially appropriate action. Thus, we see that the notion of setting is not a simple physical one, but one which can take into account the whole range of normal occurrences pertaining to the where, the what, the how, and the who of the normal environment.²

In fact, as used here a setting supplies the participants of that setting with an interpretive basis as they routinely interact. These participants as they go about their interactions, in whatever the settings, provide each other with the interpretive clarifications required to carry on what they are doing together. As used here clarification is meant to indicate a way of orienting other participants, and vice versa, when ever action and activity are mutually entered upon and developed by participants through the use of methods of orienting, ongoing behavior gets organized and continually clarified ways.³

The balance of this chapter will describe the general overall setting within which the data was collected. This description of setting can then be regarded as an omniprevalent background consideration to all interactional events. Setting will be described as a fact that will assist in supplying continual clarification to more detailed analytic description. Chapter IV. will describe background features of the setting and subsequent chapters will detail further the where, what, how and who of the participants environment.

Location of CNH in Middletown, Ohio

Located in Middletown, Ohio, approximately 100 miles northeast of Columbus, Ohio, is the CNH facility. The Middletown community is small and basically rural, built in a hilly and wooded area surrounded by lush agricultural lands. Its predominant population is Caucasian and includes an Amish sub-population both within the city and in the farming areas surrounding it. The religiosity of the area is reflective of that within

the state and is especially evident among the Amish who are an old, unique and devote religious group who immigrated from Germany and maintain their own traditions. The CNH facility includes among its employees both Amish men and women in the capacities of nurses aide, carpenter, and other occupations.

Middletown itself is located at the intersection of two main highways which in turn form the two main streets of the town. This intersection of the highways composes the downtown area which contains grocery, drug store, library, five and dime, restaurants, newspaper offices, and so forth. There is a concentration of homes around this downtown area with one motel on the edge of town. Walking through downtown Middletown one has the impression of a quiet and leisurely pace, as well as the impression of 19th century and early 20th century America. This impression is reinforced by the age of the buildings as well as by the merchants who freely display antique items.

The central industry of Middletown is the CNH with minor industries being the antique businesses as well as farm products supplied primarily by the Amish. The CNH facility is then the largest employer in the area and is influential within the community structure.

CNH, Incorporated.

Administration

CNH was founded and is owned by the H. family. Mrs. H. founded the nursing home some 30 years ago, wanting to supply an alternative facility for emotionally disturbed and mentally retarded adolescents and adults.

Mrs. H. had worked at one of the State of Ohio Mental Hospitals, was concerned with the conditions existent there, and subsequently opened what she came to call "The Castle." This facility is now managed by her son, Donald H. as well as by his brother Dan H.

The rural setting as well as the administrative style utilized by the family give an impression of casualness, although contemporary management techniques are used. Responsibilities are delegated to key professional staff, such as head nurse, occupational therapist, or administrative staff, who are in turn accountable directly to the family. There is, in contrast to other such nursing homes and long term care facilities, a considerable amount of attention to detail. This is reflected in the good repair in which the facilities are kept, and the attention to relationships between staff and resident populations which are carefully monitored, and by the contemporary interventive approaches which are used in relating with the patient populations. In particular the administrator, Mr. H., is a frequent visitor to the various facilities where he discusses staff concerns and patient issues and is a more frequent visitor in times when any problems arise. In that administrative personnel are responsible to him, his attention to the day to day affairs of the facilities is anticipated and sought out. There is a necessary dependency established in some areas, which he has structured into the situation, so that he is involved in decision making, in changes in staff or program, and equally in the commonplace affairs of the facilities. On the part of he and the H. family there is an interest in maintaining top quality facilities while at the same time providing a "family-like" atmosphere for their resident population. This is reflected in the "apartments" which have

been devised as residential living facilities as well as in the informal atmosphere within the nursing home facilities. The CNH has been a financial success and has developed from the original "Castle" to what is now a complex of nursing homes, "apartments," and other supportive facilities.

Physical Plant Locations

The physical plant can be divided into that located in the central area consisting of the "office," "the Hill" and "Snack Bar". The "office" houses the clerical staff and the patient records as well as providing a place for the administrative and social work staff offices. The upper floor of the office is one of the "apartments" and provides a residence for CNH residents. The office area also contains within it a barber and beautician in a small beauty shop. Services of this beauty shop are available to CNH residents and are regularly used by them.

Upon entering the "office" one encounters a very small lobby in which a couple of chairs and a desk and chair are located. Two walls of this lobby area have bulletin boards which are covered with newspaper clippings and photographs. At the time of the research many of the articles on one of the bulletin boards spoke of "Pet-Facilitated Psychotherapy" and had been clipped from newspapers. Within the articles were mentions of "therapy dogs" used at CNH. The photographs were those taken by Don H. of residents in chairs, in bed, on walks and standing around all with dogs present. In addition there were photographs of the kennels which Mr. H. had constructed at his home to house some of the

"therapy dogs", of which there were approximately five at his residence.

The material on the bulletin boards gave the impression of a program which was ongoing and which utilized "therapy dogs". The persons who came into the office to acquaint themselves with the facility, or for example, to bring someone for intake into the facility would have ready access to the bulletin board materials. The bulletin boards conveyed to the observer the sense of the publicity and recognition which the facility had received in undertaking the PFP program and of the pride which they felt associated with it. Furthermore the posting of materials on it provided for individuals within the CNH community to receive attention for their ownership or for their involvement with pet animals, especially dogs.

Across the street from the office is an area called "the Hill", which is in fact the location of the old "Castle," a remodeled building located part way up a small hill which has a road going up its center. Also on "the Hill" are several "apartments," and a couple of homes which are residences for CNH staff persons. "The Hill" is a social center for all the CNH residents living in the central area; "the Castle" on it has a regular schedule of cafeteria style meals for the "the Hill" residents, has space and seating for meetings and other program events. "The Castle" was the original nursing home facility established by the H. family and over time has been remodeled to conform with health code regulations, including its transformation into an "apartment". It has a large sitting room with numerous chairs and a television as well as patio area with chairs and which has an overlook at the street and homes below. The central road on the hill has little traffic and is used as

a sidewalk by residents. The areas between the various facilities are grass and trees that allow for the maintenance of the rural atmosphere.

Approximately four blocks down the street from the "Castle" is the "Snack Bar," located a very short distance from Middletown's central intersection. Is open to the public and maintained by the CNH as a facility which provides meals for the "apartment" residents in the central area. Over time it has expanded into an entertainment center for the general Middletown population and contains not only a seating area for eating but also a stage and rows of seats. Within the "Snack Bar" seating is not differentiated and residents and the general public may freely mix. The arrangement is one in which booths and tables are waited upon by snack bar personnel with to go orders available. Central area CNH residents have easy access to the CNH facilities which allows them to socialize and have regular contact with each other as well as be within an easy walk of the downtown businesses. This spatial arrangement is essentially important as it is the basis of the social network within CNH.

There are four remote areas which may be reckoned from their proximity and location relative to the "Castle". Proceeding north from the "Castle" approximately one mile out of town one comes to the S_1 and S_2 nursing homes. One of these is a relatively new, very contemporary nursing home containing within it innovations for patient care. The other is an older nursing facility housing primarily aged persons. Each of these is surrounded by farmed countryside. West of the "Castle" one can travel approximately one mile past the F_1 nursing home, which houses

predominately middle aged women. In the same direction is the large home of Mrs. H., part of which has been converted into an "apartment". Mrs. H. maintains her residence in a wing of this home with the balance being turned over to housing young and middle aged residents with emotional disorders. The basement, main floor and upstairs have been converted in order to make comfortable living quarters for residents. This facility prepares its own meals with some participation from residents and housekeeping is done by the CNH staff persons. This latter facility is located near the crest of a hill and within a large grassy area behind which is located a semi-circle of smaller homes housing CNH staff persons.

To the east and a short distance from the central area are the O_1 and T_1 nursing homes as well as a couple of "apartment" residences. These two nursing homes are older facilities with locked wards. The first T_1 , houses women and the second, O_1 , houses retarded men. Each of these facilities has a patio area with chairs and is located in some seclusion allowing privacy to their residents. They are adjacent to community residences but located in such a way that they are spatially distinct from them.

Organizational Aspects

The facilities have in common some characteristics which will be noted here. First of all the "apartments" are conceived of by Mr. H. as residences for persons not requiring constant supervision. These individuals have within their "apartments" two or three beds in a room, wear street clothing and in general may come and go as they choose.

The only constraints upon this are governed by the capacity of the resident for autonomous activity, for example the requirement that permission be secured from the social worker or other professional staff by residents whose behavior has been problematic when they have been away from the CNH facility or for a particular resident requiring more intensive monitoring. There is the consistent expectation that residents will be home each evening and will take their meals within the CNH complex. Exceptions to this are possible but permission must be secured. All "apartments" are serviced by housekeeping staff which maintain general housekeeping as well as patient laundering. All the "apartments" have kitchen facilities, living rooms with televisions, as well as porch areas for outdoor lounging. Most "apartments" are converted homes brought to standard for resident occupation. The concept of the "apartments" may be credited to the chief social worker who conceived of it as an alternative care plan for individuals who did not require nursing home supervision. These facilities are seen as an intermediary step towards independent functioning within the community.

Mr. H. has favored the development of a close to "normal" population as possible and it is from this perspective that he has encouraged the development of the "apartment" facilities as well as "family like" atmospheres within his nursing homes. He sees pets as being a part of and means to facilitate this approach.

The nursing homes also share some general characteristics. Among them are the availability of both registered and vocational nurses as well as any number of aides, many of whom are Amish women. The CNH

facilities accept both private and welfare patients as well as ambulatory and non-ambulatory patients. They do not provide intensive medical care (as opposed to nursing care). The facilities maintain regular consulting relationships with community physicians and a consulting psychologist.

The "apartments" as well as the nursing homes receive the services of occupational and recreational therapists. These individuals provide outings and events on a regular basis for the residents and also circulate a weekly newspaper entitled "Castle News." Some examples of outings include a trip to a movie theater or to a county fair and have even included a trip to Florida for a group of residents. All residents wear street clothing and in this manner alone are indistinguishable from other Middletown residents.

Deserving special mention are the linking activities which allow for regular contact within the resident population of CNH. A social network is created and maintained via these linking activities. Because of the rural setting and the separation of the facilities, the linking activities become especially significant. The form these activities take include planned recreational and occupational therapeutic events and are made possible by a daily operated transportation system consisting of vans, buses, and station wagons. These linking activities provide for the sense of "community" which is identified by the residents and staff of CNH. One way this is reflected is in the residents' speech in which they talk of living under the "Castle". Occasionally activities include excursions, outings and other such events, recognition for which is given on the "office bulletin board" through photographs displayed and representing activities of resident populations.

This description of the setting has been provided as a background fact to supply clarification for the analytic detailing of interactional events within them. The subsequent chapter will continue to detail interactional settings as background to the analyses of interactional events.

¹John Lofland, Analyzing Social Settings, (Belmont, California: Wadsworth Publishing Co., 1971), p. 47.

²Matthew Speier, How to Observe Face to Face Communication: A Sociological Introduction, (Pacific Palisades, California: Goodyear Publishing Co., 1973), p. 34.

³Ibid, p. 35.

CHAPTER V INTERACTION ANALYSIS: DATA PRESENTATION

During the intensive phase of data collection four videotapes¹ were made at the following facilities: (A) F₁ Nursing Home, (B) T₁ Nursing Home, third floor, (C) O₁ Nursing Home, first floor, and (D) O₁ Nursing Home, second floor.² The videotapes provided records of the events occurring during the introduction of a dog into each of the nursing homes. An outstanding feature of the use of videotapes is that they allow the repeated examination of the complex phenomena of social interaction in both its video and audio components. With the focus on the question, "How is interaction with pets done?" one can repeatedly study both sensori-motor and talk levels. Additionally, in order to analyze this data it is necessary to document elements of the setting with data supplementing that provided in Chapter IV, Setting. Detailed notes were kept of events occurring prior and subsequent to the videotaping as well as of events not documented through the camera lens but occurring at the same time as the taping, in order to provide for full documentation of the taping event.

In order to identify the minimal, necessary and essential features of interaction each videotape will be described in terms of the elements of setting,³ the baseline routine within that setting, and the simulated situation created for the videotaped interaction of the dog with the residents of a particular nursing home. As used here the baseline routine refers to the pattern of interactional events occurring "naturally"

in the particular setting between the residents and the staff in the presence of the researcher; it is used comparatively in contrast to non-routine behaviors in the presence of the dog. The analytic and descriptive focus is upon concrete incidents and talk as interactional behaviors; behavior is seen as interaction to be analyzed as to how it is in and of itself accomplished. As a means of pointing out the content of the videotapes the concept of sequence will be used and represents the temporal orientation in human interaction. Sequentiality involves the serial ordering of actions into an arrangement of events that might follow one another according to describable ordering principles.⁴ Sequentiality is an invariant feature⁵ of interactional events as are spatial orientations, such things as physical spacing and bodily positioning and distancing. Invariant features of interactional events include main activities with practical orientations within which mutual involvements are built up into situations and occasions.⁶ Each taping instance will be described as a unit with the emphasis upon the process which occurs with the pet as an introduced feature in the setting.

Videotape Segments

A. F₁ Nursing Home

F₁ Nursing Home houses private-paying residents all of whom are aged women 65 and older and has a female staff. It is set back from the road and situated adjacent to the County Fairgrounds, the Middletown pool, and a corn field and is a two-story red brick structure. It had been suggested by Mr. H. as a potential facility for pet introduction because of the favorable attitude he was aware of toward pets on the part of its residents and staff. Its ground floor contains a nursing station just past the entrance lobby and adjacent to some more

intensive care rooms for non-ambulatory or medically ill residents, with a large dining room and a kitchen down the hall. A patio faces the pool and is used as a place where residents often sit and watch the activity in progress there. The second floor has "bedrooms" which are sleeping quarters and in which residents have dressers to keep personal effects such as photographs and clothing plus there is a seating area containing a television. It is a self-contained community, one in which most residents are both ambulatory and lucid most of the time and routinely socialize with each other and the staff; it is not a locked facility. One can observe residents watching TV or the pool activities in silence, however, particularly less lucid or more withdrawn persons. These same persons can usually respond to conversation although they rarely are seen to initiate it. Some residents were curious about personal facts regarding the researcher and in turn showed photos and told of distant and recent past events; by contrast some did not remember or recognize the researcher from one moment to the next. The staff is particularly cordial and attentive to these residents, many of whom have lived in the facility a few years and whom the staff, employed there a long time, have come to know well. Plus these are private patients, not usually severely mentally confused and of at least middle class backgrounds, not dissimilar to the staff's backgrounds. The families of these patients can occasionally be seen to visit them or take them on outings so that there is a continuity for both the residents and staff with the larger community.

The video tape equipment was set up in the only room in which all non-intensive care residents could gather, the dining room on the first floor. Permission of the charge nurse was secured for a fifteen

minute videotaping in the early afternoon when neither medications nor food were being distributed, a time connoted as "freetime" by residents and staff. The researcher had made the acquaintance of all of the ladies at F₁ Nursing Home on previous occasions and had discussed with them their interest in and experience with pets. The nursing staff had indicated that many of the ladies had owned dogs and suggested that some of these persons might be especially interested in seeing a dog, indicating that pets had been a topic of conversation and that the staff believed past associations with dogs to be predictive of future interest in them. Residents spoke comfortably of their families and their past, sometimes mentioning a pet they had owned, so that they were likely to recognize and identify the researcher based upon these understandings.

The video tape equipment, including a zoom lens since the room was quite long, was set up in a corner allowing for maximization of viewing of residents to be seated around the periphery. Tables were moved aside and chairs set side by side facing inward on three sides of the room; residents watched and staff assisted in arranging furniture. The inward seating created a large group in which an individual could view other persons easily and participate at will. Once the video tape equipment was set up residents were asked to gather in the dining area. In order to facilitate a "natural" circumstance the women were told they could get up whenever they wished. Only one resident present was confined to a wheelchair and was brought to the room at her request by nursing staff. In total, twenty residents were present. The text of the audio portion of the video tape is contained in Appendix B. A short sixty-second test video tape was prepared and then replayed, which residents quietly watched.

As the taping itself began the women were seated in the chairs quietly watching the equipment and the researcher and Technical Assistant. K., the Technical Assistant, approached them one by one, beginning by giving an explanation of what she was doing and asking for their names, once asking if one liked dogs. The replies she received in this beginning phase were succinct and direct present tense responses to her inquiries. One resident recognized K. and spoke of a mutual acquaintance, the driver of one of the CNH vehicles; others made short give-and-take commentary in ritualistic fashion, such as "What's your name?", gives name, "How do you do? Nice to meet you," and on to the next resident or else a short comment on pretty attire or a statement of recognition. All residents are spoken with and K., who in setting up this pattern with them actually was establishing a friendly, non-threatening routine. Residents did not touch her or each other, did have eye contact with her, but there was little gesturing except for a piece of jewelry being touched by its owner, for example.

Then the microphone was held by H.⁵ while K. got the dog, Berkeley, and brought him into the room on a leash. She announced his presence by name following which his name is asked to be repeated, then a resident near to the dog calls it by name, calling it to come to her. At once residents begin to initiate questions and commentary without waiting to be addressed, such as "What's his name?", "How are you, Berkeley?", "He's your dog?" or "He's a nice puppy," "Hello. Hello. Oh you're a darlin', yes you are." Residents call the dog, "Come here, Berk. Come here so I can see you," and when he doesn't immediately respond K. joins in calling him. When one resident calls him a "stubborn dog" there are giggles

from many of the ladies and when he snaps at a fly and catches it there is again general commentary, "He got that one. He sure did." When he is distracted by food on the dining room floor and is sniffing it, ignoring calls to him, the ladies laugh together. Residents persist in wishing to get his attention, gesturing by reaching toward him, moving their heads and upper bodies forward, or sitting forward. Soon ladies comment on him, his appearance and what he might like, for example, "You like your ears scratched? Hm? Ha, I guess he does."

As women call the dog K. brings him up to them. All residents touch him, some getting him up on his hind legs with his front legs resting on them, some scratching his ears or his head. One comments "I bet he don't know what it's all about." K. asks, "Any of you ladies ever have a dog?" to which most of the women jointly reply "Un huh, yes," and another adds, "Sure, we all have." In this middle phase residents continue by switching from present talk (about what is happening) to past talk (what has happened in their lives). This past talk is about dogs they have known and owned, such as "I had a miniature pinscher a long time until I got sick. Just a wee tiny dog," and "I brought my dog with me from West Virginia." This latter comment is followed by a short recounting of an incident involving the dog and other similar comments about dog qualities or dog stories are shared by a few other residents about pets they owned; by illustration, "Once I took him, had him sheared. His hair come out real curly" or "Didn't know it was going to have a baby," or "We had a big neighborhood of dogs or cats." In introducing such materials about real events the women are recalling their identity vis a vis roles they have had.

As K. moves about the room with the dog the charge nurse and a few members of the staff can be seen in the doorway observing the pet with the residents and smiling. At one point, when the dog approaches the wheelchair-bound resident seated halfway around the group, the nurse lifts the dog up so that the resident can touch him. She had been extending her arm toward the dog and had been following his movements with her eyes and head. The nurse was responsive to the gesturing of this handicapped lady and made the dog available to her. Staff did not interact directly with the dog during the taping.

As the dog proceeds to have once circuited the group the videotape reveals the onset of side conversations during which the women continue to be observant of the dog's position and his interaction with other residents. Residents near to the videotape equipment occasionally look at it or at the researchers. There is future talk in the form of "Do you go from place to place?" K. replies that she does to which the resident replies, "That's awful nice. I guess we feel like we're all a little forgotten and when someone comes in like this, it's just wonderful." There is more future talk in the end phase when the tape is replayed after it has been made. The television monitor is turned to give the residents and staff a clear view of the screen and the fifteen minute segment is rerun; the residents insist on seeing the full tape rather than just a portion of it, again a kind of future talk. All except two of the women stay throughout the taping as well as the replay, an index of their interest in the event. During the rerun they comment upon what they see as well as just viewing it. A tape recording of the event of the replay was not made but in retrospect might have provided

further data for detailed review. The ladies comments were focused upon the behavior of the dog and after the replay concluded there were numerous side conversations in which the topic was the women's past experiences with pet animals, both dogs and cats.

Also after the taping I spoke with the nursing and kitchen staff to obtain their "accounting" of the taping situation. From their perspective it was the first time they had ever seen their residents sit through such a long series of events without getting up and walking away, a fact which underlined for them the value of bringing animals to be with the women and that the ladies were very interested in the dog. The taping began for the staff a recall of past conversations with residents, and staff explained to me that many of the ladies had had their own pets put to sleep when they came to CNH. One of the nurses suggested that the ladies had to give up all they had to come to the nursing home and that this is partial explanation of why the presence of the dog in their setting means a lot to them. To quote her, "You break their heart twice, once when you break up their home and a second time when you take away their dog." The relevance given by the staff to the importance of a pet in the life of an aged person, particularly as that pet-person relationship had had to be broken to allow institutionalization, is underlined in staff's assessment of the centrality of a pet in the role of an outsider introduced into their setting but nonetheless familiar to them. Staff took time to talk with the researcher after the taping in an unhurried way and on subsequent visits introduced continuations of this conversation for further discussion.

The staff and residents had earlier told the researcher that in the past there had been a kitten in the nursing home; it had been found outside in the rear of the facility and had been befriended by one of the residents. She had fed it and it had remained around, occasionally coming inside. Staff would see her take food from her plate and secret it in order to feed the kitten and so they began to give her additional food for its maintenance, indicating their approval. Whereas the nursing and kitchen staff sanctioned this, the outside maintenance staff did not. While more than one version of this story was related to me, there is consistency to this point after which the recountings diverge. One version has the maintenance staff instructed by Mr. H., alerted by F₁ charge nurse, to leave the kitten alone. Another version has the nurses reluctant to go public with the knowledge of the kitten and feeling they could do nothing about the maintenance men's hostility. Both versions document the death of the kitten, one by the cat being run over by a passing vehicle, the other by poison administered by the maintenance persons.

The staff recall the kitten with fondness and speak of its effect on the particular resident and on the entire facility in a positive manner. While indicating their reluctance to have another kitten or animal reside there, because of the expected interference by maintenance staff, they give quality assessments of its value. Of the lady who befriended the kitten they say that the kitten was the beginning of a marked improvement in her level of functioning, such an improvement (she did "so well") that her medications were altered and she was eventually transferred to one of the "apartments." Residents also spoke

of the incident with the kitten and of their cautious interest in another pet at F₁.

The videotape equipment was dismantled after the conversations with staff and residents were largely concluded. Some residents did watch or talk with the researcher or technical assistant, the talk being either future oriented, i.e., the intent of the researcher to return, to reuse the videotape equipment, or the future possibilities that the dog might return, or past oriented, as previously described. In this talk residents took initiative to ask questions and initiate talk, both to the researchers and to each other. Some residents interacted with the dog until it was taken outside, touching and/or talking to him. Most of such talk was rhetorical, i.e., "You're a pretty dog, aren't you? Yes, you are."

Some two months after this taping, during the Follow-Up Phase, most of the residents of F₁ Nursing Home who had been at the videotaping remembered the researcher and inquired of her how her dog was doing and who was caring for him in her absence from home. Residents initiated these conversations, for the most part following a greeting, and asked the researcher to sit down with them to talk for perhaps ten to fifteen minutes each. Sometimes a second or third resident would join in on an ongoing conversation. The previous introduction of the dog seemed to facilitate subsequent conversation and conversational overtures. A few of the ladies invited the researcher to their bedrooms to show her photographs of their families and of pets which they had owned and to tell her stories about these animals and their importance in their lives. On occasion this brought tears to the eyes of the resident. Staff were

not necessarily the same individuals on duty at the time of the taping but even staff who were just making the researcher's acquaintance had heard of the event and spoke of the importance of pets to the residents as did staff already known to the researcher. The issue of possible placement of a pet in the F₁ Nursing Home was one which had been discussed informally and not through administrative channels; staff were cautious about such verbalizations and unsure of the possible fate of the animal given the different versions of the "kitten story" in circulation.

B. T₁ Nursing Home, Third Floor

The T₁ Nursing Home is located adjacent to the O₁ Nursing Home and approximately a mile from "the Castle." It is an older three-story yellow brick building with all locked wards and housing women residents. The first floor houses approximately forty mostly older women who are bedridden or wheelchair-bound and who require intensive nursing supervision. The second floor has women who require less supervision but are not all ambulatory, with the third floor housing ambulatory women with emotional problems. Residents wear street clothes which are often loose fitting or oddly matched; bedridden residents wear more traditional hospital garb. The residents are public-paying and live two to six or so in a room, with all rooms facing onto a central hallway the center of which has the nursing station and on one end of which is the large day room. On the third floor there is also a large room, divided into sleeping quarters and a television viewing area, which is off of the hallway. The lower level has a patio area which faces a wooded hillside with a view of some of the countryside; it is used as a means

to give non-ambulatory as well as ambulatory residents access to the outdoors and has chairs along its edge.

Third floor residents routinely spend their free time watching television or pacing the halls, sometimes laying on their beds. They are often involved in outings to other facilities for occupational therapy or in outings to community events, such as a movie or shopping, as part of recreational therapy. Under such circumstances as an outing they are carefully supervised and returned directly to T₁ Nursing Home, with their meals usually taken on the ward. The residents often say inappropriate things or behave in unexpected ways, with their conversation sometimes punctuated with reaching out to touch or hold onto the person spoken to. Their ages range from approximately twenty to sixty years old.

During the Contact and Intensive Phases the researcher had made the acquaintance of the charge nurse and much of her staff and had done still photography and audiotapings. The staff had been particularly interested in the photographs and requested to see them as they were processed, as were residents whose photograph had been taken, with some residents requesting copies for themselves. None were provided in order not to show favoritism or single out particular persons.

As a background to the instance of the videotaping it is important to mention that two dogs had for a brief time a couple of months earlier been allowed to live on T₁ third floor. Mr. H. had assessed that ward to have a conflict between staff and residents following some administrative shifts in personnel and residents related to the opening of a new CNH facility (S₂ Nursing Home). His solution to the conflict had

been to bring two very young cocker spaniel puppies to the ward, with the agreement of the charge nurse and head floor nurse, and have their care taken over by the residents. The puppies were given two large wire containers for homes and placed in the combination television/residence room. Their care, including food and water as well as cleaning, was quickly assumed by two residents. The first, B., a young woman of about twenty years, whose placement at CNH was related to sexual acting out, took over the care of the male puppy. The second, P., about forty years old and a long-time resident of state and other mental facilities, took responsibility for the female puppy.

These two women cared for the puppies until such time as the combination of barking, which they did not know how to stop, lack of paper training or housebreaking, which they also did not know to accomplish, and hose-running, as the puppies jumped on the nurses' legs, resulted in enough strong feeling that nursing staff asked Mr. H. to remove the dogs. The male was moved to a dog house a short distance from T₁ and chained to the dog house, with his care continued by B. She was very vocal about the puppy, in contrast to her previous more quiet behavior, named it and spoke of it whenever anyone would listen. Her family on one occasion visited her and the puppy and brought her a gift of an embroidered dog which she posted on the wall beside her bed. The female dog was removed and re-placed with a clerical employee who worked in "the Castle office," and who had been a former resident of CNH. The staff reported that P. soon forgot the puppy but that her association with the animal had resulted in a marked diminishing of hostile and aggressive behaviors toward persons and was accompanied by

medication alterations. The residents had understood, by this reporting, that the puppies had been brought to them because Mr. H "likes us" and "wants us to care for them;" when the puppies were removed this was explained as being because the animals were now "too big" (at three months).

The time for videotaping had been arranged in advance with the charge nurses and was in mid-morning during a "free time" when no other activities were scheduled. The videotape equipment was set up at the end of the hallway in the day room, a windowed room with chairs around its periphery. As the tripod and wide angle lens (due to the shallowness and breadth of the room) were put into place, followed by the television monitor and taping equipment, there was much interest in and curiosity about the setting up. Some of the residents recognized the television and when told that their photographs would be taken began to inquire if they would then appear on television and to what purpose the tape would be put, for example, to be on a TV show or news. Other residents ignored what was happening, continuing their frequent pacing and talking to themselves, while still others watched from a distance. A couple of residents asked to have their photographs taken as they had when a still camera had been used on the ward previously.

Taping commenced with K. speaking to those residents, about a half dozen of them, who had gathered in the day room. The omnidirectional microphone on the camera face picked up not only these conversations but also the background noise and any side conversations, reducing the clarity of the audio portion. K. asked them their names and spoke to them of their interest in dogs. The residents, seated randomly around

the room's walls, responded when spoken to and entered and left the 69
room at will.

The dog was brought into the room after all residents had spoken with the Technical Assistant at least once, including two persons who sat in the room with their heads hanging down and who only spoke when conversation was directed to them. K. brought the dog through the door behind the camera directly into the dayroom on a leash. Immediately P. approached and picked up the dog, holding it to her chest around its middle and saying she wanted her picture taken with the dog; she repeated this behavior three times during the taping, much as she repeated conversations with the researcher at least three times on any one visit to the ward. K. attempted to intervene and was successful to the extent that she regained control of the dog and was able to take it around to the residents present. Some residents reached for the dog and having learned its name from K., called it to them to pat it briefly. A retarded young woman reached for the dog and P. noticed her awkward reaching out and assisted her to obtain and hold the dog. P. lifted the dog and handed it to her while standing close to her, after which the resident held the dog firmly until asked by K. to release him. The resident briefly walked around with the dog. She and P. had begun a "fight" moments earlier over the dog and any ill feelings appeared to have quickly vanished. The retarded woman had swung at and been swung at by P., as they exchanged verbal put-downs. Other residents had quickly intervened to stop the altercation both verbally and by pulling the women apart; it appeared the residents were well rehearsed in breaking up such scenes.

B., whose own dog was outside in the doghouse, held, cuddled and patted Berkeley and waved his paw at the camera. She began talking to K., the researcher and camera about her own dog, what he did and had been taught to do, including being able to eat and drink out of a bowl. Even when the focus of attention within the resident group had shifted to another person or persons she would from time to time begin again with her same conversational topic, all the while remaining seated toward the rear of the room.

Some residents who had not been observed to talk with other residents did open themselves to the dog by reaching out to pat or talking to the dog, calling it or commenting on it. One commented "I had dogs all my life." Toward the end phase of the tape a janitor from T₁ Nursing Home, a male resident, entered the room and by way of joining the interaction patted the dog, then got an ashtray and sat down near the hallway entrance within the room to observe what was happening. Other staff watched from outside of the camera's angle from time to time during the taping.

The tape was replayed in part during which six of the twenty or so who had participated watched while coming and going from the room. The equipment was removed to the stairway from the hallway, for safe keeping and to remove it from a usual place where residents walked. The dog was also removed to the stairway, an area closed to usual access from the residents.

Following the taping and with the equipment removal having been easily accomplished, the researcher spoke with the charge nurse and other staff, who had intermittently observed the taping, about what

they thought it meant to the residents to have a dog available to them. Speaking in particular of B., one said that she thought the dog was a source of love and that it gave her a responsibility as well as importance. Making a broader generalization she suggested that the presence of the dog "brings the women out." Other staff suggested that residents especially liked puppies because of their "newness, cuddliness, small size and their ability to be placed in your lap." Some suggested, "they (residents) lose interest in the dogs when they get older." Both view points suggest that a small dog is more manageable and more intrinsically "cute" to an O_1 resident; also an older dog might require more complex response patterns, particularly training of some sort, relating to its care and management than would a younger pet. This would be an especially critical factor in a group situation where individuals lived in close proximity and where the barking of a dog disturbed a whole ward, as evidenced by the complaints nurses received from a few residents about the night barking of the puppies.

Both B. and P. represent special cases in that they were the recipients of individualized PFP. B., in particular, was brought to the researcher's attention in the Follow-Up Phase by the charge nurse who related that B. was seen by her and other staff as having "assumed responsibility for a pet" and therefore, as being capable of assuming "new responsibilities for herself." Based on this assessment B. was assigned a job within CNH, that of a "cleaner," the equivalent of a combined janitor and nurses' aide. B. continued to care for her dog, going to its house morning and night to feed and pet it; she did not walk it, stating she had no leash available to her.

T₁ is a special instance of pet involvement, having had pets residing briefly within the third floor ward. Nursing staff from all wards at T₁ knew of the puppies, however, and were well aware of B.'s dog adjacent to the building. On one occasion the researcher was asked to introduce B.'s dog to an aged, disabled and infirm woman in a wheelchair, named A. While nursing staff literally crowded the doorway K. introduced a dog to A. Usually almost totally unresponsive when approached and spoken to, A. looked at the dog, following it with her eyes, and then reaching for it as best she could. K. lifted the dog so that A. could touch the dog, during which time she attempted to speak to it. Staff became very excited and tearful at this response by A. to the dog. When asked they were unable to explain how they had known that A. would respond to the dog, only that they had known that she would and that they were "pleased." Still photographs taken of the interactional sequence between the dog and A. reveal her change in facial expression and the eye contact with the dog as well as her touching of the dog while it was held near for her by K.

C. O₁ Nursing Home, First Floor

The O₁ Nursing Home is located adjacent to and across a small parking lot from T₁. It is a two-story older brick structure for men, the first floor of which houses severely as well as moderately retarded men; the staff is composed of both men and women, although when available men fill positions at O₁. A nursing station is in the center of the hallway with "bedrooms" to both sides of along the hallway. A small room at one end of the building serves both as an entranceway and day room, having a fan and television, with chairs around its sides.

Residents range from young adults to men about sixty, the total population on the ward being perhaps fifty. Routinely the ambulatory men walk the halls, speaking to and occasionally touching the researcher, sometimes introducing themselves or standing by to watch to see what happens. They were not seen to often talk with each other.

As in instances A and B above, the videotape equipment was set up in advance at a "free time" and with the consent of the charge nurse. Residents had been asked to come to the room and those able to walk had seated themselves while those requiring assistance were carried or brought by wheelchair. The camera with a wide-angle lens had been set up in a corner of the room near the entrance to the building while the residents were assembling; they were quiet, watching the mechanics of the set up. Residents were allowed to view a brief test segment of perhaps sixty seconds. The men watched the monitor, not seeming to comprehend it was of them, sitting with their hands in their laps or on their chair as they leaned back.

As the taping segment began K. spoke one by one with various residents asking them their name, to which they replied with their name, and inquiring if they were aware of what was to happen, namely the introduction of a dog. Four of the staff came and left the taping, remaining at the doorway to the hall for various lengths of time from the taping onset. Residents were both attentive and quiet, indicating anticipation of the introduction of the dog, and the room was quiet and the talk brief and present tense.

The dog Cleo, a more responsive and slightly smaller dog than Berkeley, was selected for introduction, the researcher wanting to allow for maximum contact between resident and pet and recognizing the limited abilities of many of the residents for physical movement. When K. was ready to introduce Cleo to the men one of the staff in the doorway called out to a resident in the hallway who carried her in. A resident, a moderately retarded young man, remarked, "It's a dog," and then reached for her. Another young retardate followed her with his eyes and also reached for her. K. spoke the dog's name and followed the routine she had established, that of allowing each resident contact with the dog. A resident with a walker called her a "nice puppy," touched her, laughed and held her to himself, then continuing to touch her many times. Several residents held her in their arms for approximately fifteen second periods, resting her in their laps while petting and holding her. One resident called her back to him a couple of times and held and stroked her. The general sequence involved first eye contact with then comments to the dog, then observing it, touching it again and, finally, holding it. Often residents did not resist but encouraged the dog to lick them; they did this by moving their head and upper body towards her, saying her name, and laughing, all of which encouraged this response from her.

The tape was replayed in its entirety after the dog was removed. Residents watched the replay but it was one of the nursing staff who spoke with the researcher about the taping instance. He commented that the contact with a dog "brings out the gentleness in the men;" in his opinion such contact in allowing the residents the opportunity

to touch and talk with the dog was meaningful in that it was taboo for the men to touch each other. He also felt that the excitement which was evident in the room (louder voices, more talking, more movement) upon introduction of the dog would be more likely to "last" if residents "had responsibility for the care of the dog."

D. O₁ Nursing Home, Second Floor

The O₁ Nursing Home, second floor (called O₂) housed moderately and mildly retarded men, aged thirty to sixties, all of whom were ambulatory. Its physical layout parallels that of the first floor except that the large day room is off of the center of the hallway and central to the ward. The videotape equipment was located in a rear corner of the room and a wide-angle lens used to capture more of the action at any given time. The furniture, located throughout the room, was rearranged by the researcher, K., some residents and staff, so that it mostly was along the edges of the room; one chair, unable to be fit in, was left near the center of the room. Residents usual routine involved television viewing or time in their rooms as well as walking the hall, and included a daily afternoon cigarette hour. It was this latter time segment that was allotted by the charge nurse for the videotaping, following a short interval for a smoke by the residents. Residents of O₂ also were regularly involved in recreational and occupational therapy activities similar to the T₁, third floor residents mentioned.

The remaining men were asked by staff to come to the room after about half had already gathered to watch the setting up of the videotaping equipment; twenty-two residents and staff were present. Several

residents made inquiries about the equipment, offering to help with plugging in cords or asking to be of assistance while others joked with the researcher about the intent of the videotaping, laughing at the jokes made; they were told that a surprise would be forthcoming for them. They watched with interest a short test tape, commenting on who could be seen in the tape. The full transcription of the completed videotape is in Appendix B.

K. began the taping session by inquiring of a resident, "How are you today?" She thought next that she knew the name of the resident who sat in the oversized chair in the center but he corrected her. She apologizes and others assist her by repeating his name. As she continues she introduces the question, "What's your name?" in addition to the earlier question. She receives present tense replies in this beginning phase; some residents add a brief comment on their minds or comment about themselves while others ask what she is doing. She tells them that she is "taking some pictures." The intent on her part to talk with all residents before introducing the dog results in a turn-taking pattern in which residents are ready to be spoken to "next" and await her approaching them by remaining seated but watching her interaction with other residents. All residents are seated except for a few at the doorway which is filled with residents and a few staff who come and go. Two residents make inappropriate, out of context comments which are listened to by K. but which do not alter her routine of turn-taking. The conversations often have two or three interchanges each.

She hands the microphone to a resident in the doorway and goes to get Cleo, who had earlier that day been on O₁. As she reenters and reclaims the microphone many voices say, "Snoopy. Snoopy. Snoopy." Many ask, "What kind is he?" She says he's "Whatever kind you think he is. Part Beagle and I don't know what else." They persist in calling her "Snoopy" and K. corrects them, calling the dog by name, "Come here, Cleo." One resident soon says, "How could he be Cleo?" Another responds, "That's a she." When one resident reaches for and pats the dog, talking to it and saying, "Yiah, yiah, yiah," she then responds, "You like the dog, don't you?" A few men answer her with, "He likes us all," the sex of the dog having become again "he." A resident asks how old "he" is and others call "him" saying "Here, pup." Repeatedly she introduces the dog to residents who seem not to have mastered her name and do so only after she individually brings the dog to them, creating an "introduction ritual." Many residents persist in asking to hold the dog, commenting as they do that they "like him."

K. asks one resident, "Did you ever have a dog?" In this middle phase the resident replies in past tense references, "Oh, yeah. I had lots of them. Last one I had was a Pomeranian." The competition for the dog's attention continues and K. guides her to different sectors of the room created by the chair arrangement and the movement of the residents, some of whom get up and follow her, enhancing their opportunities to interact with the dog. One comments, "He's shaking hands with me." Another asks, "Want something to eat?" On at least two occasions residents offer the dog food or inquire about her well being in much the same way as nursing staff inquires about them. Also, given

the spatial arrangement being so spread out, K. becomes the allocator of a desired commodity, namely the dog.

At one point a resident is holding the dog to him, taking a few steps with her. He asks if he can take her for a walk and is told "not right now." This same resident remains standing close to K. with the dog until he sees a fellow resident at the doorway who has not had access to the dog, but who has been calling her by name. He then carries the dog to this man, handing the dog over to him. The pattern begun by K. in going around the room with the dog is thus interrupted and, in fact, this group of persons in the doorway would have been among the last to contact the pet had K. continued in the same direction around the room. K. begins her pattern again after this event, moving to men she has not yet spoken with with the dog.

The resident in the center chair, having helped her not to tangle the microphone cord around his chair, asks her "Am I your helper?" He goes on to suggest that the researcher "turn that off a minute" (meaning the camera) and quickly laughs, withdrawing from serious consideration his comment which assumed some higher status than the other residents that could include comments about what should happen. This is followed by two residents recalling past ownership of dogs by themselves or by friends. The name "Snoopy" is used at the end of the tape by a resident; by the end of the tape more persons have crowded in the room and some are standing, others have changed seats.

The replay was watched with interest by the men, who crowded in to see the screen after the dog had been removed. In this end phase some men spoke of their own pets from the past whereas others asked

about future things including what K. and the dog might do next.

Quiet, withdrawn residents joined the viewing group and were among those who addressed K. in either of the above ways.

¹For additional detail regarding videotaping refer to Data Collection mode five in Chapter IV, Methodology.

²All four facilities had been suggested as facility sites for data collection by Mr. H. He had knowledge of either the charge nurses' attitude toward dogs or (possibly in addition) had himself taken a dog to the facility at some time and judged the particular ward to be amenable to a dog being introduced there.

³For an explanation of the use of the concept of setting see Introduction in Chapter IV, Setting.

⁴Matthew Speier. How to Observe Face-to-Face Communication: A Sociological Introduction. Pacific Palisades, Calif.: Good Year Publishing Co., Inc. 1973, p. 43.

⁵Ibid, p. 45.

⁶Dr. Gisela Hinkle, member of the Dissertation Committee, who was an observer present at this videotaping and sat next to the videotape equipment except for this short span of about thirty seconds.

CHAPTER VI. INTERACTION ANALYSIS

Analysis of the data presented in Chapter V. will be accomplished through examination of how the social interaction with a dog is done by individuals in group instances in the nursing home settings. Three analytic categories, those of (A) Physical/Spatial Facets of Interaction, (B) Interactional Competence, and (C) Child Ego State will be used; in this manner patterns and themes emerging from the data will be presented while consideration also will be given to interrelationships and overlaps among categories.

A. Physical/Spatial Facets of Interaction

In each instance of video taping there were spatial constraints, physical or spatial elements which created limits within which interaction occurred. One such constraint was the seating arrangement in which chairs were arranged around the periphery of the room, facing inward. Such spatial placement conveys a sense of formality by its ordered, open arrangement and tends to create a large rather than small group.¹ Added to this was the number of individuals involved, exceeding twenty in all instances, so that informality was seen to result within small groups; some small groups were

created by K. and a few residents, some by residents, and others among residents and staff as persons faced each other, focused on the dog, or spoke with each other. Within these units participation involved, for example, attentiveness by one resident to gesturing and talk by another which indicated the second's interest in the dog; the first resident, as on the O_2 tape, carries the dog over and hands her to the second. The seating arrangement also reduced the number of persons who K. could see at a glance and although the residents could easily see her and the dog, except for the placement of the oversize chair located initially on O_2 and partially blocking a view of the rooms' corner for residents in the diagonal corner, residents could more readily get her attention and that of the dog when she moved closer to them. Eye to eye contact was similarly more difficult among residents who sat across the room from each other than among those seated closer, an observation which relates to the kinds of non-verbal behaviors which could occur.² The leash placed on the dog was also a spatial constraint, one which intentionally restricted the dog's range of movement and assisted in its control. In addition to spatial constraints are other spatial factors to be considered.

The wards, and in particular the dayrooms, are part of the regular living environment of the residents on any floor as is the dining room for residents at F_1 . These rooms are familiar, then,

in contrast to the video tape equipment, the researcher and Technical Assistant (although both persons had spent time on the ward to establish rapport with residents and staff) and the dog. The video tape equipment being placed in corners of the rooms removed it from a central position, more over maximizing the camera angle; the showing of a test segment of tape and allowing the equipment to remain set up for at least thirty minutes prior to taping, during which time residents could examine it while continuing their routines, was also intended to minimize its unfamiliarity. The dog, however, was new to them in that they had neither seen it before nor interacted with it; however residents had, for the most part, known other dogs so that dogs were familiar pet animals. In a cross-section of the general population one would expect to find dogs in many homes but an adult care institution is characterized in part by the absence not only of dogs but also of children. A dog brought into a nursing home then becomes a "guest," a non-regular member of the living environment and its routine who provides an interactional opportunity. (More will be said about this under Part C.)

The routine of residents was confirmed first by the participant-observer role and second by the video tapes, then verified by the administration and staff; what is routine is detailed in Chapter V. Part of that routine is conducted in an atmosphere of non-activity and passivity in which medical

concerns are central and the focus is self-centered. Topics of talk are often about eating, taking medication, sleep patterns and/or bowel habits with residents always in a position of having to answer private questions. In such an institutional setting a resident can never know when what they do will be treated diagnostically; interactions with staff are often used to judge behavioral adjustment to an external standard,³ such judgements being the basis for various therapies over time. All interpersonal relations are to superordinates or resident peers so that residents live in what may be termed a deprived interactional setting, one devoid of many commonplace interactional opportunities.

Bringing a dog into a nursing home ward makes possible non-routine ways in which residents can participate. Even though a "guest" can participate in a more circumscribed manner with a nursing home resident than it can as an "owned" dog with an "apartment" resident, the possibilities for this "non-renewable acquaintance" are considerable. The use of a group rather than an individual context provides the dimensions of audience, in which resident and pet are viewed by other residents in turn, plus the video tape allows for the resident to view him or herself. Common group responses to a stimulus (a simultaneity of awareness), such as the dog catching the fly at F_2 , serve as one way to accomplish a "we" experience within which patterns for interacting with the dog

develop. One sees elicited a more average, noninstitutional rhythm of response, a point also to be further explained in the next sections of this Chapter.

B. Interactional Competence

The introduction of the video tape is an event out of the ordinary in and of itself but it is the dog as "guest" whose presence provides the interactional opportunities. The dog presents a complex configuration of tactile plus audio plus visual inputs to which residents respond.⁴ The dog is alive and is, rather than a background factor, an element separating itself as foreground by its behaviors in interaction. A dog demands attention and is an interest component, a common point of interest whose meaning is localized in the situation (phenomenological) and given by both resident and staff. A dog is available to everyone in a situation and as such may be cannibalized. This feature of the dog enables K. to create an economy in which the dog is a scarce commodity to be distributed; she is attempting to maximize the dog's availability and in so doing creates turn-taking and sequencing (temporal dimensions). The video tapes each reveal this phenomena but it is seen most distinctly at O₂ where the spatial elements, including room size, patient mobility, and the presence of a chair in the center of the room thus breaking the "circle", reinforce it and make it most clearly visible. Participation by residents in such patterning is a skill and part of interactional competence.

Interactional competence is seen in these nursing home settings when interactional opportunities are provided. Interactional incompetence is part of the reason these same residents are at CNH. Reference to the abnormality of behavior, as interruption of the discrete patterns of behavior, is a way of defining many kinds of mental illness;⁸ it reflects difficulties in the ability to negotiate the commonplace and to respond to and initiate ordinary interaction. By contrast, interactional competence is a skill, impaired in CNH residents, which involves mundane negotiations of everyday life events; it is work and is the accomplishment of social interaction, and is facilitated in the presence of the dog as seen in the video tapes (and instances of pet ownership).⁷

The introduction of the dog is out of routine and is therefore something to talk about. The foci of topicality are restricted in the conversational talk which goes on in the beginning phase prior to the introduction of the dog are introductions and name-giving, commentary on dress or name, recognition of acquaintance, and mention of a surprise or of the imminent arrival of the dog; this is reflected as well in the range of "noticings" and the rhythm of response includes little conversational overlap, response lag to conversational inputs, passivity and lack of initiation of interaction; infrequent topic change or topic initiation, flat intonation, selective perception of commonplace happenings and selective response to stimuli. Prior to the dog's

entry the transcriptions of both Appendix A and B reflect these phenomena. The talk is present tense, focused on the here and now.

The introduction of the dog in the middle phase is an interest component, a change of pace in the situation and somewhat novel, and expands the base of topics of talk. The name of the dog, or a name given to the dog such as "Snoopy," is noticed frequently during the interaction tapings and the learning of the name of the dog is seen to occur in a ritualized manner. When people meet the sequence usually is, first, greetings, followed by second, identification or visual inspection and then, third, followed by introductions or the mastering of names. When the dog is introduced a similar pattern is followed. Residents indicate by calling the dog or leaning forward toward it, and/or reaching out to touch it that they wish to be introduced to it. R. is observant of these behaviors, following the intent to maximize the availability of the dog, and uses the leash to assist her in a sequencing the interaction over time by giving residents turns with the dog; this distribution occurs in various ecological sectors of the room and creates part of the structure in the situation. Almost all residents may be seen to name the dog when it becomes proximate to them, much like at a cocktail party where one may overhear the name of another guest in conversation (as in the dayrooms or dining room) but cannot be said to "know" that guest until they have themselves been introduced to that individual and gone through the introductory sequence of meeting, introduction, and identification.

The tactile component also is important in completing the introduction to the dog. A resident may be seen to have been introduced to the dog when they touch the dog and master its name; the turn is then completed unless the resident holds or otherwise retains the dog or directs questions or initiates commentary to K. (This issue of touch will be dealt with further in Part C.) Even among the elderly and less agile ladies at F₁ one observes that the residents reach out and try to touch the dog. There were some individuals, not only at F₁, who did not reach to touch the dog but they were a very small minority and appeared to be actively involved as observers. As an index of their involvement these same individuals did not leave the situation but remained throughout the taping and replay and can be seen on the tape to be participating through eye contact, postural orientation and responsiveness to the "we" experience described.⁸ These are the same individuals who staff later commented upon as among those who staff were surprised to see stay.

The talk in the middle phase following the dog's introduction into the room also includes past tense conversation. The dog serves as a memory jogger, bringing to mind not only the pets the resident had owned but also the roles the person had had in the past, particularly vis a vis a dog (or dogs). Future talk about plans for the tape on the dog also occur in the end phase. Resident reaction is a positive one in which there are smiles and positive intonation accompanying mention of the dog by kind or

of an incident with the pet; it may be an experience they have not had for a while.' The dog reawakens and broadens their identity that had been partially subdued or pushed to the side. This linkage of past and present is a kind of reflexivity and occurs via the interactional cues contained in the situation with the dog, including touch, calling by name, asking questions, and in general taking on familiar but not often used behaviors. There is a transition and linkage from the physical focus of topicality being the dog to a focus on past roles, status, happenings and other animals in the present. The pet is an active, here and now component and brings about the recall of comfortable behaviors. This talk and behavior continues for some residents into the end phase after the tape has concluded and for some is rekindled by the association formed between the researcher and the dog, so that past talk occurred in the Follow Up Phase at the initiation of the residents. The past talk occurred between staff and residents subsequent to the taping, too; for example on F₁ a couple of staff members were impulsed to bring their own pets to "visit" the residents after the taping as an informal way of making pets available for them. Reflected here also is the carry over from the talk with the dog, and with K. in the presence of the dog, to talk with the staff and other residents,⁹ in this instance about pets owned or known in the past.

In addition to the interactional accomplishments of recognizing the dog as an object of talk and doing the turn-taking and sequencing, another kind of work the residents do is in the form of demonstration of accomplishment with the dog, such as attempting to have the dog shake hands with them. A partial parallel to those residents who "own" dogs, nursing home residents also derive satisfaction from the response of the dog to the command and to the giving of the command as well; they become one-up to something, for a change, and have an opportunity to exercise control in the situation. Work also is done in the anthropomorphising of the pet through which humanness is attributed to it and this is seen more among the elderly ladies at F₁ than among other tapings, but still considerably less than among resident pet "owners." An additional point is that when one resident sees another accomplish an interaction with the dog, for example calling it or reaching to touch it, that resident may conclude that he himself can therefore do it and then follow suit. This is a kind of modeling and gives the resident security in co-equal ability. Furthermore, social interaction with the dog and in the presence of the dog allows the residents to test out their trust, a generally risky undertaking within the institution because of its ritualized structure. In the presence of the dog (as will be discussed further in Part C), however, there is more evident spontaneity, reflected in talk, gesture, and rhythm of interaction,

and a situation which is not threatening and in which there is no failure is created. For example on the O₂ tape the Technical Assistant is responding to a man who has been unable to get the dog's attention and the dog at this point appears to be temporarily overwhelmed and confused as to what she will do next in sorting out the many requests for her attention from residents and K. The Technical Assistant says to the man, "She can't make up her mind," communicating to him that he is okay (even if he can't get her response) and that the situation is nonthreatening to his self-regard based upon his performance.

C. Child Ego State

When one observes the dog in interaction with the residents one can see a substantial amount of communication at a non-verbal level. It is already known that the CNH residents have varying interactional incompetences, by virtue of their placement there, and that for them verbal communication is difficult. Interaction with the dog is comparatively an easier task than with other persons, a more simplified realm of interaction. One part of the pet-person interaction is touch; touch is both reassuring the reinforcing, a kind of embodiment, and in itself simple and concrete. The dog, as half of a transaction, brings to the situation a configuration (described in Part B) which could also be described as natural Child ego state; as natural Child it evokes in the resident, the other half of the transaction, a natural Child ego state response, precisely the response rarely seen in an institution.

Natural Child ego state, a concept originated by Eric Berne in Transactional Analysis (T.A.) applies well to a dog. The natural Child is seen as one of the possible forms of the Child; it is a colloquial term used to describe that observable behavior in an organism which is a spontaneous expression, such as creativity, for example.¹⁰ In the Child reside intuition, creativity and spontaneous drive and enjoyment.¹¹

...and when in that ego state an individual tends to use short words and expletives like "golly," "gee," and "nice." He adopts stances characteristic of children: a downward tilt of the head, upturned eyes, feet apart or pigeon toed. When sitting, the person may balance on the edge of the chair, fidgeting, rocking, or slouching. Jumping, clapping, langing expansively, or crying are all part of the repertoire of the Child ego state. ...It is the source of spontaneity, creative change, and is the mainspring of joy.¹²

Most Child ego state reactions are feelings,¹³ and it is at this simplified level of response that one can see pet-person interactions as natural Child ego state on the part of the dog with the same on the part of the resident. This is not to say that residents do not use all of their three ego states, including Parent and Adult, with a dog, for example in giving it commands (Parent) or telling it some piece of information (Adult) or caring for it (Parent), but is to say that significantly it is the natural Child ego state which also is seen in response to a dog (or other pet). Not by coincidence it is also the expressed goal of much psychotherapy, whether it be Transactional Analysis or not, to evoke

Child (as evidenced by their behavior). An additional point is that the dog is allowed to come close to a resident's body and enter his personal space. With privacy at a premium in a nursing home this is an intimate behavior, a violation of routine, and fully under the control of the resident.¹⁵

Parallels will be seen in the instances where the dog is "owned" by the resident as contrasted to being a "guest." These are separate instances of pet-person interaction but some observations and analyses made in this Chapter may be profitably applied to Chapter VII. as well, for example those of interactional competence. The data and analyses for individual instances of pet "ownership" will be presented next.

- ¹In his text The Large Group: Dynamics and Therapy (Itasca, Illinois: F. E. Peacock Publishers, 1975), p. 19, Lionel Kreeger observes "that large-number grouping creates the need for small cohesive sub-groups."
- ²Mark L. Knapp discusses eye contact as a function of distance as well as of seeking feedback, controlling the communication channel and in the context of a specific interpersonal relationship, in Non-Verbal Communication in Human Interaction (New York: Holt, Rinehart and Winston, Inc., 1972), p. 131.
- ³Psychiatric or medical.
- ⁴Hinde, Robert A., Non-Verbal Communication, (Cambridge, England: Cambridge University Press, 1972), p. 349, 352.
- ⁵As a nurse at F₁ said, "A dog can do everything people can do but talk."
- ⁶As indicated in Part A, some aspects of institutional settings exacerbate such difficulties.
- ⁷The history of "PFP" has suggested that the skills which institutionalized patients lack have to do with inter-action.
- ⁸Albert Melrabian terms an increase in the sensory stimulation between two persons "immediacy behaviors," behaviors which occur between K. and the person (talk, eye contact, closer proximity) and between the dog and the person (in some few instances an abbreviated version of such behaviors). See Silent Messages (Belmont, California: Wadsworth Pub. Co., 1971), p. 3.
- ⁹This is often referred to as the "therapeutic" outcome of PFP, facilitating interpersonal interaction.
- ¹⁰Eric Berne, Games People Play, (New York: Grove Press Inc., 1964), p. 26.
- ¹¹Ibid, p. 27.
- ¹²Claude Steiner, Games Alcoholics Play, (New York: Grove Press, 1971), p. 45.

- ¹³Thomas A. Harris, I'm OK You're OK: A Practical Guide to Transactional Analysis, (New York: Harper and Row, Publishers, 1969), p. 25.
- ¹⁴Edward T. Hall, The Silent Language, (Greenwich, Connecticut: Fawcett Publications, Inc., 1966), p. 146.
- ¹⁵According to Transactional Analysis theorists people have transactions in order to get strokes, which may be actual physical contact or stroking to praise or just recognition.
- ¹⁶Looking at the social situational context for these pet-person transactions, one can say that the "definition of the situation" (the individual's perception and interpretation of what is happening) by the residents is altered and relaxed in the presence of the dog, changed from "routine" to "mundane." Related to this one can interpret some changes in behaviors in the directions described as relaxation of "impression management" (the impression conveyed to others) by the residents. Further clarification of these ideas is contained in Erving Goffman, Presentation of Self in Everyday Life, (Garden City, New York: Doubleday Anchor Books, 1959) and David Berry, Central Ideas in Sociology, (Itasca, Illinois: F. E. Peacock Publishers, 1975), pp. 29, 87.

CHAPTER VII. INSTANCES OF PET OWNERSHIP

Introduction

Within the CNH complex there are individuals who have been allowed to "own" different types of pet animals. Particular residents were selected by Mr. H. to take responsibility for the care of a pet in order to address a particular therapeutic concern related to that resident. The matching of resident and pet in each instance was undertaken following discussion by Mr. H. with his professional staff sharing responsibility with him for the particular resident and the particular facility where the resident resided. Given the favorable attitude toward pet animals within the CNH complex on the part of both residents and staff, such introduction of pets was particularly possible. The example established by Mr. H. as a dog owner, one who took pride in his animals and who on occasion would introduce them to staff and residents at his various facilities, assisted in making possible the transition to dogs and other pets residing on the premises of the facilities themselves. Mr. H.'s approach to the introduction and placement of the pet reflected his own sense of organizational management, in that he consulted professional staff and advised them

of his intent, and also in that he was recognizant of the rapport existent between individuals and their pet animals in rural Ohio. In regard to the latter, he had dog houses constructed in which the owned pets resided for most residents who came to possess them and also had the animals chained so that they would not be allowed to wander. It is customary in that section of Ohio to maintain a dog in this fashion. There were exceptions, in which animals were maintained in doors, but these exceptions were made on an individual basis related, for example, to the physical handicap of the prospective owner.

Within the CNH complex are individual residents who have been allowed to "own" different types of pets. With one exception at the time of the Intensive Phase of study, these residents lived in the "apartments." Their pet animals included not only dogs, but also rabbits and parakeets. These animals were termed by residents and staff to be "therapy dogs" and their place in the lives of the residents who owned them was more pervasive than that of the place of the dogs introduced in the nursing home wards. In other words, residents cared for and maintained these animals and in one instance had been doing so for as much as two years (for example: F.) at the time that the research was undertaken. Presence of the animals on a regular basis was made possible within the State and county health codes and the animals were carefully maintained in hygienic conditions.

The manner by which animals were obtained followed a pattern. After obtaining the "PFP" dogs from Dr. Corson Mr. H. initially housed them within the kennel facility at his residence. He spread the word via staff and residents that these dogs were available and some residents began to request them. Only those who persisted in their request and who, in the assessment of Mr. H., were sincerely interested in pet ownership and could benefit from it were given pets. In other instances Mr. H. would suggest to a resident that a pet might be available to them and then wait and see if the resident indicated interest in owning that animal. Mr. H. also considered the particular context into which the animal would be introduced. For example, the stated interest of the charge nurse for the "Hill" for pet animals significantly influenced Mr. H.'s decision to begin with animal placement there. The charge nurse herself owned pets and had beliefs about their utility in relationship to people. In addition, the "Hill" is a self contained community in some respects and therefore an element of isolation from the larger community exists as well as the possibility for more intensive supervision of the pet-person relationship particularly in its early phases. During the Initial and Intensive Phases, eight residents of the "Hill," three residents in a trailer, and one resident at the V nursing home maintained pets.

Data was collected on individual instances of pet ownership utilizing all modes of data collection except that of video taping. The modes utilized allowed flexibility in terms of their use in

various contexts and their lack of obtrusiveness, as compared with video taping; video taping lent itself to examination of data within a particular instance whereas the pet ownership was continual. In particular, numerous still photographs were taken and utilized for study of the social interaction between residents and their pets in their natural settings, audio tapes were made to review terminology and relationship references, and still photographs of residents and their pet animals were shown to the same resident in projected interviewing. These modes being versatile, lent themselves well to the variety of situations present within which animals were owned both on the "Hill", at the trailer, and at the Nursing Home. In addition, the particular observation stance of the researcher allowed for extensive observation and also for extensive interviewing of residents owning and associated with owners of pet animals.

Those patterns and themes identified in the interaction analysis which preceded this chapter are furthered and reiterated in the instances of pet ownership with some new themes emerging.

Pet Owners

A. On "The Hill"

1. A. and B.

Both A. and B. reside in the "Old Castle" and were given dogs by Mr. H. to care for. First, B. is a woman approximately 45 years of age with a physical handicap making ambulation difficult. She had been somewhat withdrawn and was selected by Mr. H. to care for a Dachshund. The dog sleeps on her bed and remains tethered to a chair

in the lobby of the "Old Castle" during the day period. She is attentive to the dogs nutrition and leaves bowls of food and water for it at all times. Her handicap makes exercising the dog difficult and other residents assist her with this part of her responsibility for the animal. Second, A. is a woman who has had emotional problems especially concerning alcohol abuse and lack of responsibility for her own maintenance as reflected in promiscuous behavior while residing at the "Old Castle" but within the Middletown community. She was given one of the Corson therapy dogs named Susie. It is a non-descript white fluffy dog and is similarly tethered to a chair in the "Castle" lobby during the day period. However A. has a boyfriend who shares some of the responsibility for the dog with her and in her absence assumes care for the animal. Another Castle resident, S., is also important in that he is a friend of both B. and A. and shows special interest in their dogs by spending time with them and being interested in their daily routines; he has assumed the care of Susie in the absence of both A. and her boyfriend, for example at vacation times.

The charge nurse at the "Old Castle" commented that the dogs make the facility seem "more like home" and that they are no special bother. She and some of the residents commented that the dogs have become a part of the place. In one instance B.'s dog, named Pumpkin, had bitten a man who teased it and the dog was not removed from the facility; rather the dog was seen as being justified in its behavior in that it was teased. As the nurse said, "they couldn't have pulled this off before," indicating that the CNH had created a norm

which allowed for the maintenance of dogs in facilities and had underlined their importance within the total programming.

A. or her boyfriend could frequently be seen walking the dog or taking it outdoors with them when they socialized with other residents. By contrast Pumpkin remained indoors related to its owners handicap and was more often a part of the social setting internal to the "Old Castle." While being a somewhat aggressive dog, the Dachshund was often fed or petted by various persons who came to the "Castle" lobby to watch television, rest or socialize. Both dogs, in fact, were accepted components of a total configuration composing the "Old Castle" setting.

In the instance of each resident, there were changes in their behavior subsequent to obtaining the dog. B. became more outgoing and could be seen to initiate conversations more frequently and to more frequently be a participant in conversations about the dog. There was also a change in A.'s behavior, in that she began to remain within the CNH facilities and to select her acquaintances more within acceptable bounds. Her drinking within Middletown and promiscuity extinguished and she acquired a boyfriend in another "Castle" resident.

Conversation with B. indicated that she was concerned with the dog's weight and its ability to continue to exercise, for example its ability to be able to jump on her bed unassisted. In fact the dog was overfed as reflected in its high weight but her constant availability of food for the animal was not altered. She spoke proudly of washing it weekly with special soap and wanted her photograph

taken with the dog. To make this possible she would lift the dog onto the sofa next to her and hold it close to her for the photograph or in another instance she got down on the floor to the dogs level to pose for a photograph nose to nose with the animal. A. behaved similarly in that she also was interested in having her photograph taken with the dog. She spoke about how she had come to obtain the dog and how it was special to her because of its past history as a "therapy dog" of Corson. A. had acquired toys for her dog and would play with it as well as encourage it to come to her responsively and to lick her. Our conversation with these two women was regarded with interest by other residents and staff who often included themselves within the situation by touching the dog and then initiating talk.

In both instances the dog became a significant other to the resident. The dog became their companion as well as their dependent. Individuals showing interest in the dog were spoken to by the resident, A. or B., thus commencing introductions and further conversation and interaction. Changes in behavior over time reflect comments provided to the researcher by staff, Mr. H., and other residents. Both A. and B. spoke indirectly about the importance of the dog in their lives by suggesting how much it meant to them and how much they liked having it belong to them. In both instances there were elements of shared responsibility for the animal on the part of other residents, a responsibility which was sought out by residents who did not themselves own animals.

2. Sylvia

Sylvia is a 30 year old obese woman residing in an apartment across from the "Old Castle." In this instance she requested permission for and then purchased a small pure bred Pomeranian. During the Intensive Phase she indicated continuing difficulties in maintaining the dog and eventually sold it. Prior to obtaining the animal she had been in and out of the "Castle" related to her inability to live independently, which she described as just not being able to take care of herself. She similarly was unable to assume responsibility for the care of the dog while residing within the "Castle" facilities. She was upset at getting rid of the dog but saw it as too much trouble and had been worried about the proper kind of dog food to give it, about whether its care was properly attended to, and so forth. The items of care about which she worried were those which to an observer seemed to be attended to, such as availability of water and of food. Given her anxiety about the animal, she would often ask other individuals to care for the dog, even going so far as to say that she would pay them and they often expressed resentment to her related to this imposition in regard to the way in which it came about. That is to say, on the one hand Sylvia worried extensively about the dog and on the other hand did not herself address these same sources of worry in any way that was adequate in her own estimation. Even when the dog was attended to she would none the less anguish over the adequacy of its circumstances. At the same time Sylvia indicated that she was having enormous problems in assuming responsibility for her own care and spoke of her lack

of success in living independent of the "Castle" although she had tried on more than one occasion. She did eventually sell the animal and immediately expressed relief at no longer having responsibility for it. The dog appeared to be almost a diagnostic indication of her present identified problem and her difficulty in organizing her life to include the care of a dependent (animal).

3. K.

K. is a male, aged 35, who has lived under the "Castle" for a period of time. He requested and was selected for pet ownership based largely upon his general severe withdrawal and lack of social skills with people. His dog is also one of the Corson "therapy dogs" and had been operated on in order to measure its salivation. Consequently it salivated externally in the neck region and was not particularly "attractive" because of the mess which the saliva made on its fur. It is a black and white mongrel possibly a Shepherd cross.

K. lives in another of the "apartments" across from the "Old Castle" where his dog is kept in a dog house behind the residence. K. and his pet are constant companions except when he assumes some work responsibilities on a part time basis. At those times he leaves the dog chained to the dog house. His roommates in the "apartment" tell him how much the dog misses him when he's at work and how it continually looks for him in his absence. This accounting by his fellow residents of the dogs behavior reflects their assessment of the relationship between K. and his pet, one which they see as very close.

The pet was well received by them and in his own relationship to it he calls himself "Daddy."

K. routinely exercises the dog, taking it on long walks in and around the town. He walks the dog slowly and is meticulously attentive to the dogs desires to stop and explore, whether or not this may take the dog off the sidewalk and into the home of a community resident. On one occasion K. got into an altercation with a "citizen", as those non-Castle residents in Middletown are called, who told him to keep his dog off his lawn. The "citizen" then called Mr. H. and complained about the incident. Subsequently, K. was asked to walk the dog in the very early morning and to carefully avoid the dogs exercising on anyone's private property.

With his dog, K. enters into an increased number of social interactions with people. This happens when residents pat his dog and speak with him about the dog or when he, in the presence of the dog, initiates conversation with someone. K. is very proud of his dog and washes and grooms it regularly. He particularly wanted me to notice her white teeth, which he attributed to dog bones he gives her, and her fine coat, which he attributed to his frequent almost daily brushing and washing. He comfortably spoke about some of her traits and always referred to himself as "Daddy" in regard to the dog.

4. R. and J.

R. and J. are two men sharing a trailer on the hill, which is an "apartment." R. is approximately 60 years of age and J. is approximately 30 years of age, both of them having been described to me

by Mr. H. as retarded. They were selected by Mr. H. to be the caretakers of the first animal which he placed within his CNH facilities. They indicated their sustained interest in the dog's ownership and now share responsibility for a mixed breed dog who lives in a wired enclosure behind their small trailer. The dog is of a large breed background and is confined because, as they accounted for it, she "might get lost and we wouldn't want that to happen." They did not indicate that they ever took her for walks.

They both spoke proudly of the dog and of their ownership and care of it and were especially proud of having been chosen as the first "Castle" residents to have a dog. This dog, Wanda, has what they consider to be important attributes of responding to them when they call and sitting when they request her to do so. They often feed her special dog treats and are very careful that she receives what they consider to be a good kind of dog food. The photographs revealed them both bending down to her level when they pet her and they indicated their pleasure in having their photograph taken with her. They were similarly interested in seeing the photographs, the photographs being representative of their pride in ownership of the dog.

5. P. and J.

P. and J. reside at the very top of the "Hill" in an "apartment." P. is a male aged approximately 65 years and J. is a male aged approximately 45. P. had maintained rabbits prior to living under the "Castle" and asked Mr. H. if he might continue to raise them there.

Mr. H. assisted him in building a housing arrangement for them and P.'s son brought some rabbits to him. P. now has a few breeder pairs and numerous offspring. Some of these offspring he sells as pets and some he sells for food. He has had difficulty in maintaining the rabbits in the makeshift cages, with several escaping, one being loose in the yard at the time of the interview. He spoke of it being loose but was not particularly interested in recapturing it.

J. was allowed to have a dog after numerous requests. His mix breed dog is large and is kept behind the "apartment" chained to a dog house. This dog, Corky, is walked daily. It is J.'s special concern that he be allowed to keep the dog inside the house during the cold winter. J. indicates his pride in the ownership of the dog and it is very much a companion and past time for him.

6. P., R., and C.

These three men aged approximately 30 to 40 years of age were described to me as retarded. They reside in a trailer at the rear of a corn field behind the S₁ and S₂ Nursing Homes. As such they are somewhat isolated from the rest of the "Castle" community. Their dog, named Harry, lives in a dog house adjacent to their trailer and kept chained to the dog house. They share in the care of the dog although the dog is primarily P.'s responsibility. P. prides himself in some of the tricks he has taught the animal such as sitting. He does not touch it a great deal but he does talk to it and pats it. The presence of a dog in this particular setting creates a more "home like" environment for these residents. This occurs in that the residents assume roles in relation to the animal which is then

dependent upon them for care and maintenance. The dog is both a topic of conversation and a past time for the men.

7. Flora

Flora is a woman approximately 40 years of age who resided in the V nursing home during the Intensive Phase and then was relocated to one of the "Hill" apartments during the Follow Up Phase. Her situation contrasted with those already described as there was considerable staff animosity regarding her possession of her parakeets. She had owned parakeets prior to residency at the "Castle" and wished to also have them while living there. Flora's interest in protecting the birds and her insistence on the birds being private rather than public appeared to have contributed to some ill feeling between herself and the professional staff at the nursing home. In spite of this tension the nursing home administrator, Mr. H., allowed for her to retain her birds feeling that they were very important to her and for her. His assessment was based upon the birds as significant others to Flora this being reflected in her very careful care of them, her protection of them, and her intensive attention devoted to them.

Flora was living in a small private room in the V Nursing Home at the rear of which she had a stand with a cage in which she kept her parakeets. Starting with a couple of birds, she eventually acquired 14 and now maintained 11. Each of the birds was named and it and its traits were well known to her. Flora has a speech impediment with stuttering and lapses in speaking, in spite of which she would address the birds, whistle to them,

and "talk" to them without the same apparent speech difficulties. This distinction may have been part of Mr. H.'s decision to insist upon the preservation of her relationship with the birds. The floor of her room was often littered with bird seed remnants and it appeared that the housekeeping staff, who otherwise kept the facility immaculate, might not have been welcomed by her to her room. In fact she insisted that staff stay out of her room and she only allowed a select few persons to visit her, persons whose friendship she valued and who she did not see as a threat to the maintenance of the birds.

Although reflecting inhibited interactional competence, Flora was very bright as indicated in her general conversation and conceptualization. She was very comfortable with talking about and to her birds and describing in minute detail their daily and current behavior. She was responsive to the birds, reacting to their behavior verbally, by gesture, and posture, and felt that they communicated to her when they wanted, for example, the window closed, to be fed, and so forth. She also indicated that she felt her tone of voice was very important to them and influenced their behavior in turn. When asked what the birds meant to her, she responded at length: "birds give you something - warmth, humor, responsibility, entertainment, and if you love them, they love you." She was quite aware of the closeness of her relationship to the birds and was correspondingly protective of the maintenance of that relationship.

Her fears were not without justification given the overt hostility of some of the nursing staff at the facility where she lived, as well as with regard to a particular instance. On one occasion a resident had tried to open the bird cage at night to free the birds, a resident who was confused, and she had become very upset. She now keeps the cage locked with small padlocks and regards with some suspicion persons who might want to interfere with her and the birds.

During Follow-Up Phase when Flora was relocated to the "Hill" she was placed in a larger room which she shared with a couple of other women. This new housing situation lacked the stress of the old and in it she felt free to leave the birds unattended and go and sit on the "apartment" patio to socialize with other persons. This situation was one of more independent living, one in which she assumed greater responsibility for herself and her pets, and one which certainly appeared to provide for a better environment for them. On occasion she could be seen taking the birds, in their cage, outside on the lawn of the apartment where the birds could receive some sun and fresh air. On these occasions residents would stop and admire the birds and talk to them as well as to Flora. She, as well as other residents and staff, commented frequently about how the presence of animals made CNH "apartments" more "like home." It appears then that not only did the birds facilitate her communication skills but that given the environmental restraints being positive they also facilitated her interaction with other persons.

It is Flora's goal to live independent of the "Castle" and this may account, in part, for her relocation to the "apartment," which is a less supervised facility. She has indicated that should she move to independent living she would definitely want to be able to have her birds with her.

D. K.

K. is a woman aged approximately 25 residing in an apartment across from the "Old Castle" K. is the individual selected to be the Technical Assistant to this researcher. Although K. did not herself own a pet animal her involvement with the researcher and other pet animals within the CNH warrants special mention. K. was living within the CNH complex related to alcohol problems, unwanted pregnancy, and difficulties in managing independent living. K. spoke of herself in a way that reflected diminished self esteem and self confidence. The circumstances of her choice as Technical Assistant have been detailed in Chapter III. under the heading Data Collection. With the researcher K. assumed a role of assistant and assumed the role of research assistant to her fellow residents. This role carried with it a certain status, one which K. assumed very comfortably vis a vis her fellow residents but one which at the same time she carried out very well. She identified herself as living "under the Castle" while at the same time taking a position of directing interaction during video tape instances. During video taping K. assumed primary responsibility for the course of the interaction, within the framework established between herself and the researcher, and assumed responsibility for the dog as

well. At first she was unsure about her ability to manage the role of Technical Assistant but after the first opportunity to enact this role began to reflect the increasing confidence in her own abilities. Not only did she undertake the role as suggested to her but also she carried it out in a very competent manner and this was indicated to her by the researcher. Her fellow "apartment" residents accorded her a somewhat different status through virtue of her research involvement but primarily were curious about what she did and what responsibilities she had with pets. When the researcher would pick her up or drop her off prior to assumption of her technical assistant responsibilities, her fellow residents would come out to the vehicle housing the dog and would interact with both the dog and the researcher in the presence of K. By the end of the Intensive Phase K. was speaking of those opportunities which might be available to her for independent living in her home community and of her own experiences within her family of origin with Beagle dogs.

Dimensions of Pet Ownership

The individual and unique instances of pet ownership reveal some commonalities and some additional dimensions of how interaction with pets is done. As used by Mr. H., pets appear to serve special functions for individual residents. On the one hand a resident who is withdrawn seems to be able to increase their social contacts and the quality of their interpersonal interactions in the presence of their own pet. On the other hand a resident whose

social contacts are outside of the established norms also seems to have benefited from pet ownership in that the pet became for her a responsibility and refocused her interest and time commitments within her own residential setting. Other special functions served by the pets include, for example for P. living at the top of the "Hill," to allow him to discuss at length the topic of procreation when in fact the availability of outlets for this activity for him were negligible and his own sexuality was waning because of his age. Flora, whose speech impediment interfered with conversation, was able to make meaningful sound to her birds. Each of these residents benefited in a particular way from the association formed through the ownership of the pet animal. Mr. H. reflected a skill not as yet clearly understood or reproduceable in his choice of resident-pet combinations and in his choice of which resident to place a pet with at which particular time. Each placement did however reflect careful consideration of the setting for the particular patient including the residents around that individual on a daily basis and the staff responsible for the supervision of that group of residents. Mr. H. was unable to articulate a common rationality for pet placement; the articulation of such an approach would be valuable in its utility to other persons wishing to make "therapeutic use" of pets.

A common feature of the instances of pet ownership was that of the locally developed culture pertaining to dogs and dog care. The residents were very careful in their care and feeding of their pets

making sure that they were groomed regularly, exercised, and so forth. The pattern for this maintenance was one which they themselves devised and one which is at variance with popular dog culture. The residents had not been instructed in the care of the animals and in large part were left to their own devices to derive an approach to pet care. For example, popular dog culture as represented in dog care manuals suggests that a full grown dog be fed once a day and that water be available to it at all times. This notion so commonly present not only on packages of dog food preparations but also in books about canine care, was contradicted by the residents who developed a pattern which food was left available to the animal at all times. The concern of the residents was that their animals were cared for in the best possible way and they saw the availability of food as an index of their caring and being responsible. The lack of knowledge of popular dog culture also resulted in some mystification among residents about what would be the normative range of behavior for an animal, for example what one might expect in terms of proper growth for an animal. With no standard for reference residents sometimes expressed anxiety about whether their pet was doing okay, meaning whether their pet required some special attention because of a particular facet of its behavior about which the resident was generally uninformed. Although Mr. H. himself was unusually well informed in regard to animal care he did not choose to share more than very elementary information with the residents. He saw the development of care patterns as more important than adherence to popular culture.

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Within the "Castle" community in Middletown, those residents who owned dogs were well known among all residents. An inquiry to one pet owner about another when the other was not mentioned by name but only by class, i.e. another therapy dog owner, would result in that person being able to identify all other such members of that class. This reflected the extent of the linking activities among residents and their sense of community as well as the importance given to this phenomenon which became identifiable in itself. This pet ownership was a source of pride to the individual resident as reflected in their conversation and they became identified or recognized as special in turn by virtue of this ownership. One sees here a sociometric dimension in which the ownership of a pet by a resident appears to increase the centrality of the resident for interactions within their social network.

Residents owning pets were interested in being photographed with their pets and in seeing photographs taken of themselves and their animal. Other residents also valued such photographs of them with their animal and similarly requested that their photograph might be taken in the presence of the pet. The photographs thus taken revealed the persistent use of leashes, reflecting the establishment of a conduct norm. These photographs showed considerable touching of the owner to the pet and direct postural orientations to the animal. Persons in the photograph may often be seen to place the animal in the foreground with themselves behind it.

The dogs were, for their owners, an accomplishment. The owner would show what the dog could do in the manner of a display and would discuss their "parenting" role of the pet. They would demonstrate that the dog could sit or lie down or some particular behavior and would invariably refer to themselves as the "mommy" or "daddy" of the pet. In this regard pets created social roles for their owners. They simultaneously created roles with other persons which reflected what one might call a more "family like" atmosphere in the nursing home setting. Those persons who shared in the care and housing of the pet animal saw themselves as part of an identified group and the roles within this group were similar to those of a "family." The pet was a dependent requiring care while also becoming a focus of attention and a topic for conversation. Individuals who in "apartment" settings without pets might be observed to sit around a living room and watch television rarely interacting with one another; while in a setting with a pet animal those same individuals would speak to the person handling the pet and would themselves interact with other persons while touching and conversing with the pet. The social role created for the owner was more clearly defined in that the pet was their property as well as primarily their responsibility. Any concerns about the pet on the part of others was directed to the owner and the owner in turn was responsible for addressing these issues. The dog in some ways was an extension of the resident in terms of the resident's

"drawing power", that is to say the resident's ability to receive conversational interactions and be included in social gatherings. Residents interacted with other residents more often in the presence of the dog, for example as mentioned in the instance of the living room gatherings and also the outdoor gatherings on the sidewalks. One might observe residents passing each other and nodding and saying hello whereas a resident walking a dog would receive comments from another resident who would approach that dog, pat it, and address conversation to the person at the other end of the leash. The dog also reflected something about them, something about their thoughtfulness as well as their ability for intimacy with the animal. It reflected the sharing of their daily routine and of their lives on a more long term basis and they often indicated that it reflected their sensitivity to the responsiveness to the animal. As a non-threatening component in interaction, the dog allowed the resident control in the situation by the resident having control of the interaction via the pet. Pet owners were willing to talk at considerable length about their animal's attributes and in such conversation did anthropomorphize the animal. Flora seemed to obtain considerable satisfaction from her birds and regarded them as special friends. Overall in talking with the animals residents used a sing-song method of speech, one which is readily paralleled to talk with small babies and contains many rhetorical elements.

Another dimension of pet ownership pertains to the time structuring for residents which the pets provided. As a friend and

companion the pet shared in the routine of the person with that routine often being developed around the pet. This is reflected in the time taken to walk the dog, feed it, groom it, and share it with other persons. The CNH facility has frequent activities for residents which are part of the institutions therapeutic regime, but residents are none the less left with a substantial amount of time of their own to manage. The pet is for them a trusted and available companion, particularly in the midst of an environment in which residents may be transferred from one facility to another or maybe returned to the community or to a different nursing home facility. The resident who remains through such changes experiences the fluctuations and finds constancy and stability in their pet. Staff did not manipulate the person-pet relationship but rather saw the natural development of that relationship as beneficial to the resident. Part of this natural development then includes the time-structuring around the animal and the focus of behavior upon the animal as well as the increased social contacts furthered by the pet. The owner has responsibility for the animal, commands it and makes decisions for it, and as such is in a more controlling situation vis a vis other residents. This is also a spin off of the issue related to the "family" units within the "apartments," in that residents owning pets have a somewhat higher status role in those groupings.

The common element of learnings of some new behaviors, some strengthening of responsibility, and some variation in the

individuals self regard by virtue of a change in their status and sociometric position seems to follow the introduction of pet ownership. Pets then become vehicles for the accomplishment of these objectives with selected nursing home residents. In their roles as protectors and teachers of the pets the residents assume parenting responsibilities and are enacting functional, "family like" roles. The presence of the pets furthers the concept of the "apartments" as originally conceived and in which residents were to have more "family like" environments; the very inclusion of pets plus allowances for their ownership by residents is a contrast to the average nursing home setting, even as that setting might approximate an "apartment," and furthers this objective.

CHAPTER VIII. CONCLUSION

Discussion of Research Findings

The research study was undertaken to examine the social interaction between persons and pets in an institutional setting, one in which the introduction of pets had been characterized as being part of a program of "Pet-Facilitated Psychotherapy." Participant-observation, along with other modes of data collection supportive of it, were used in generating data as input for ethnomethodological description and analysis. The research centered primarily on the pet-person social interaction both in group living and nursing home instances, its meaning to residents, staff and administration and analyses at behavioristic and talk levels of interaction; past related research on persons and pets had focused on the "therapeutic" components of "PFP," most noticeably in controlled instances of "individual therapy." A work/analytic strategy was used, its strength being its ability to accommodate the collection of basic data on interaction over a period of time with analytic methods increasingly being applied as an analytical framework developed from the data. The research was exploratory

as well, intended to ascertain a basic detailing of important analytic elements which might then be the basis for further research on pet-person interaction using any number of methodologies.

Social interaction was described, then, in two settings, in nursing homes within which a dog was introduced as a "guest," and in "apartment" situations in which residents of CNH "owned" pets (dogs, parakeets and rabbits). Analysis of these instances revealed both differential and common elements. On the four wards in the nursing homes, three primary categories came out of the repeated analyses of video taped and other data gathered: (A) Physical/Spatial Facets of Interaction, (B) Interactional Competence and (C) Child Ego State. In category A discussion explored the impact of spatial constraints and considerations on verbal and non-verbal interactional components and of institutional aspects of the setting on resident routine. The pet dog was seen to be a non-routine feature introduced into the setting, having properties which enhanced interaction among residents as well as among the dog and residents. The skill of negotiating the commonplace, an aspect of interactional competence, was discussed in category B in which interaction was judged to be an accomplishment within a setting in which the presence of the dog provided interactional opportunities. Two instances of talk occurring before and during pet-person interaction were transcribed and

issues such as focus of topicality and tense of talk were analyzed to assist in comprehension of the importance of talk as an index of interaction. Sequencing and turn-taking with the dog were seen to occur and the dog as a scarce commodity was thereby seen to be allocated; residents also mastered this routine, indicating one kind of accomplishment. Residents were seen to initiate rather than primarily respond to interaction in the presence of the dog, including touching, gesturing, posturing, and talking; a more normal rhythm of response resulted in the group. In category C, the dog was seen to present a natural Child ego state within a transaction, eliciting the same ego state from the resident. Self-regard was influenced positively through feelings of accomplishment with the dog as well as through a "memory jogger" effect in which residents remembered old roles associated with dogs and in their past. The dog was seen as contributing to a simplified realm of interaction, one with no failures or judgements, a contrast to the nursing home routine.

In the "apartment" settings one sees amplification of these themes as well as introduction of other elements. A pattern for care of the dogs developed among the residents, one divergent from popular dog culture. Resident assumed responsibility for care of their pets and in these individualized instances some particular "therapeutic" benefits were seen to be realized by the given resident. Among these was positive change in self-regard accompanied by increased interaction with peers, especially in the

presence of the dog. There were spinoffs for non-owners in that the dog created a sense of "family" in which it was a dependent, a focus of interest, and a past time and topic for conversation; for the owner the "family" notion also reflected their self-reference as "Daddy" or "Mommy" to the pet in which they were caretaker as well as proud "parent" and influenced the centrality of their sociometric positioning. The dogs' responsiveness to owners, coming when called, doing tricks, showing affection, communicating desires, all allowed for interactional responses to the resident. The staff in both settings viewed the pets as positive adjuncts to their involvement with the residents. The distinction between the pet as "guest" and the pet as "owned" reflected different goals and applications and in fact they are two different instances in the use of pet animals.

Implications for Social Work

The basic elements in pet-person interaction in institutional settings suggest that the introduction of a pet alters a social situation in such a way that social interaction is facilitated. The nursing home and possibly other group living arrangements are potential settings for the structured use of pets, especially dogs. The development of a clearly defined technology is a future undertaking but one which would be very worthwhile in its potential for maximizing social work outcomes for residents and staff, such as

facilitating behaviors in preparation for independent living or increasing the humane conditions of an institutional setting. Such technology might be based on the development of data to guide "pairing" of pet and person, or development of a program for patterned introductions of pets into a nursing home ward; linkages between particular forms of "PFP" and their outcomes remains to be delineated. In any instance the factors involved in "PFP" are complex and complicated and whereas pets are often seen as commonplace, inexpensive and easily obtainable, their use is in fact not simple but rather deserving of careful planning and undertaking.

Sometimes objections to the use of pets center around institutional variables with critiques taking the form of anticipated health problems, potential harm to residents, or inconvenience to staff (especially housekeeping). Each of these concerns can be addressed and successfully resolved. More important for consideration are the skill levels of some staff members to provide humane, hygienic care for the pets or to oversee such care given by a resident in addition to pet-related program supervision. Particularly if the use of dogs is anticipated, it is necessary to prepare for the dog's training and for the training of the resident in its care; for example, a trained staff person could provide a kind of recreational therapy which might

include a group of residents, all dog owners or potential owners, who could together learn responsible ownership patterns. The setting and its nature would assist in determinations of interventive applications of pets, with consideration being given to group or individual instances, the goals and applications of which have been shown to differ.

Whether the pet is a dog or a cat or tropical fish, its relationship to the resident(s) becomes special and demand from staff knowledge and skill with that pet animal. Such skill can maximize the use of pets further in particular instances making an indefinitely lengthed pet stay possible. If a dog's training has included housebreaking, responding to command, and communication of expectation for particular behaviors such as jumping up on people or getting on furniture, that dog will be more welcomed in an institutional setting. Parallels for provision for other pet animals are equally applicable in order to maximize their acceptability on such basic grounds alone.

Social Work as a profession has sought to maximize its effectiveness within a basic configuration of knowledge, value, ethics, sanction and purpose. The use of pets, which is new to the profession, is consistent in its outcomes (with institutionalized persons) with the outcomes sought by social workers; the use of pets appears to be a tool which could be

utilized in conjunction with other therapeutic modes. This usage would require additional knowledge for systematic application but the potential utility of pets is an appropriate innovation for social workers to explore.

APPENDIX A

Transcription of O₂ Tape

K:	Well, anyway, how are you today?	1
R1:	Okay.	2
K:	Okay, well that's good.	3
R1:	Let's start a national society for the advancement of handicapped people.	4
K:	Yeah, well maybe that will come to pass. How are you feeling today?	5
R1:	Good. This is fact (unintelligible).	6
K:	How are you today?	7
R2:	Fine. I feel fine.	8
K:	That's good. I hope you enjoy yourself today.	9
R2:	Yep.	10
K:	And how are you?	11
R3:	Oh, pretty good. I'm hard of hearing.	12
K:	Well, that's okay.	13
R3:	Okay. I'm pretty good though.	14
K:	That's good. And how about you?	15
R3:	Oh, I'm okay.	16
K:	That's good. And how about you?	17
K4:	Oh, I'm okay.	18
K:	F., what have you got to say?	19
R5:	F? It's J.	20
K:	J. I'm sorry J.	21
R5:	Heh, heh.	22
K:	Where did I get F from?	23
Voices:	He's J.	24
R5:	Heh, heh.	25
K:	Got anything to say? It's a nice day out, isn't it?	26
R5:	Yeah, it's beautiful.	27
K:	A little warm. Hello.	28
R6:	Hello.	29
K:	How are you?	30
R6:	Good enough.	31
K:	What's your name?	32
R6:	McI.	33
K:	McI? That's not Irish, is it?	34
R6:	It's nothing else but Irish.	35
R7:	May I have a cigarette?	36
K:	I think you've already had your cigarette for the morning. I don't have anything to do with that. I'm sorry.	37
Voices:	Had your cigarettes.	38
K:	Hello.	39
R8:	Hullo.	40
K:	How are you?	41
R8:	I'm okay.	42
K:	Good, good.	43
R8:	(unintelligible).	44
K:	Good. You look pretty good. Hi.	45
R9:	Hi.	46

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K: How are you?	47
R9: Pretty good.	48
K: Good. Nice to meet you.	49
R9: Glad to know you.	50
K: What's your name?	51
R9: W.	52
K: W? Hi, Mr. W. Nice to meet you.	53
R9: Yeah. Glad to meet you.	54
K: I hope you enjoy yourself today. We have a little surprise.	55
R9: Yeah.	56
K: Hello.	57
R10: What's the trouble?	58
K: Nothing.	59
R10: Okay.	60
K: Okay.	61
R10: Fine.	62
K: What's your name?	63
R10: R.	64
K: R. How are you?	65
R10: Fine, fine.	66
K: Nice to meet you. Oh, and what's your name?	67
R11: N.L.	68
K: Oh. N. Ah, how do you do? Thanks, thank you.	69
R10: I said you look good today. What happened?	70
K: I don't know what happened.	71
R10: You had a good night's sleep?	72
K: Yeah. I did.	73
R10: Fine. Good for you.	74
K: Hi.	75
R12: What you doing?	76
K: Oh, take a few pictures, you know, and have a little surprise for you.	77
R12: Take a few pictures?	78
K: Yeah.	79
R12: Oh.	80
K: And we'll show them to you afterwards.	81
R12: Oh.	82
R11: We'll give you a big surprise.	83
K: Then we have a little surprise for you. Hi.	84
R11: Hi.	85
K: How are you?	86
R13: I'm pretty good.	87
K: You look nice in that yellow shirt.	88
R13: Oh, yeah.	89
K: We've got a little surprise after a little bit. and J., what do you want to say?	90
R14: (unintelligible).	91
K: Your house?	92
R14: Uh huh.	93
K: Howdy. How are you?	94
R15: Uh.	95

	129
K: What's your name?	96
R15: (unintelligible).	97
K: Pardon?	98
Voices: J?	99
K: J?	100
R15: J.	101
K: Oh, hi J. Hello.	102
R16: Hello.	103
K: Hi.	104
R16: What do you want?	105
K: What do I want? To take some pictures.	106
R16: Uh huh.	107
K: And then we have a little surprise for you.	108
R16: Uh huh.	109
K: Yeah, a surprise.	110
R16: Yeah.	111
R17: What are you doing in here?	112
K: We're taking some pictures.	113
R17: Oh, let me get into the pictures.	114
Voices: You'll get a chance. Not yet.	115
K: What do you want to say?	116
R18: Nothing.	117
K: This is your change.	118
R5: Television debut.	119
Voices: A big surprise for you.	120
R18: You know what. You can't read and write yet. You've got to learn. He'll learn. Somebody else will teach you.	121
K: Excuse me gentlemen.	122
Voices: Snoopy, Snoopy, Snoopy. What kind of dog is that?	123
Researcher: He's got your microphone for you, R.	124
K: May I have my microphone. Yeah. Thank you. Okay, this is our surprise fellows.	125
Voices: What kind is he? Is that, uh K.: Well, uh he's . . .	126
K: He's whatever you think he is. Part Beagle and I don't know what else.	127
R18: Come here Snoopy.	128
K: Come here.	129
R18: Come here. Come here Snoopy.	130
K: Come here, Cleo. This is Cleo, by the way.	131
Voices: What? Hey, K., what's that dog's name? Look at that dog there.	132
K: Cleo.	133
Voices: What?	134
K: Cleo. Cleo. Like Cleopatra. You like dogs?	135
R18: Yeah. I like a dog like Snoopy. He's smart.	136
K: Snoopy?	137
R18: Yeah.	138
K: Snoopy?	139
R18: Yeah, Snoopy. He can do anything you want him to.	140
K: What's the matter?	141
Voices: He's all tangled up in there. Ah. Ah. Ah.	142
R5: There you are. He'll get out.	143
K: Good grief, he's really excited.	144
R18: Snoopy.	145

R15: How could he be Cleo? 146
 R5: That's a she. 147
 K: How could she be Cleo I should say, huh? 148
 R5: Yeah. 149
 R18: That's a she, ain't it? 150
 K: Yeah. Cleo can't make up its mind where it....Come here, 151
 Cleo. Come on, come on. There. Ah-yeah.
 R5: Don't want her to get tangled up. 152
 K: Yeah. 153
 R18: There, Snoopy, give you milk. 154
 R16: Yeah. 155
 K: You like the puppy, huh. 156
 R16: Yeah. 157
 R18: Yeah. 158
 R16: Yeah. 159
 Voices: He likes us all. 160
 R18: All he wants is good milk. Good puppy. 161
 K: Uh huh. Who else would like to see the puppy? You like 162
 dogs?
 R4: Oh, yeah. 163
 K: Oh, come here, Cleo. Come here. There. 164
 R4: Cleo? 165
 K: Yeah. 166
 R4: Cleo? Oh. 167
 K: Come here, Cleo. 168
 R2: How old is he? 169
 K: He's about two years old 170
 R3: Oh. 171
 R2: Here, pup! 172
 K: Here, pup. 173
 R2: Here. Can I pat him? 174
 K: Sure. Come on. Watch the....wait a minute. 175
 R2: Hi, doggy. Snoopy. 176
 Voices: What's his name: Hi, doggie. 177
 K: His name's Cleo. Her name's Cleo. 178
 R5: Come on, Cleo. Come on over here. 179
 R2: Hi, Cleo. 180
 R21: Let me hold him. 181
 K: You want to hold him? Okay. 182
 R21: Can I take him for a walk? 183
 K: Well. 184
 Researcher: Not right now. 185
 R5: Not right now. 186
 Researcher: You let her stay in here right now. 187
 K: Why don't you hold her down here, give her a little more 188
 room?
 R2: Come here Cleo. Cleo. Come here Cleo. Here Cleo. 189
 K: Okay, you help me, okay. You want to see Cleo? Cleo. 190
 Come here. Come here Cleo, Ah, Cleo. Come here. 191
 R5: Hi. Hi there. 192
 K: Look at all these people, huh. 193
 R2: Hi. How are you? Fine? Yeah, he's a pretty dog. Brown. 194
 White. He's pretty.
 K: Sure. 195

	131
R21: Hay, C.	196
R2: Awh.	197
K: He likes to be cuddled.	198
R22: I have to go to lunch now, okay?	199
K: Okay.	200
R22: Everything will be okay.	201
K: Okay, okay. Anybody else like to hold the dog?	202
R5: I would, please. I would, please. I asked first.	203
K: Okay.	204
R21: Want to hold him there?	205
K: Want to bring him over here?	206
R5: He's staying here.	207
Voices: Yeah.	208
K: You like dogs?	209
R17: Okay, What did you say his name is?	210
Voices: Cleo, Hi Cleo. I'd like to hold him.	211
K: Wait a minute now. We can't all hold him at the same time.	212
R22: One at a time.	213
K: Okay, you want to bring him in here? Why don;t you let this man over here hold him for a little bit? Here you go. Okay, ah, there. There. Awh.	214
K: You like to hold a dog?	215
R19: Yeah.	216
K: Do you?	217
R19: Yeah. I like him.	218
K: Did you ever have a dog?	219
R22: He's shaking hands with me.	220
K: Huh?	221
R19: Oh, yeah. I had lots of them. Last one I had was a Pomeranian.	222
K: Oh, yeah.	223
Voice: Yeah.	224
R22: Hey, he's shaking hands with me.	225
K: Ah, that's nice. It's okay, let it go, I'm fine.	226
Voice: Hey, he's shaking hands with me.	227
Voice: L.	228
Voice: He's shaking hands with me. Look. Want something to eat? Nah, he's....	229
K: Okay, why don't we bring him over here? These men over here want him. You wanted to hold him, didn't you?	230
R2: Yeah.	231
K: Okay.	232
R2: Here, Cleo. Nice doggy. Nice doggy. Yeah, ha ha. Nice doggy. Nice doggy. Nice doggy. Nice purty. Nice doggy, here Cleo.	233
K: What's the matter, Cleo? Huh, ohhh. Yeah, oh, oh. Uh, oh, yeah. Yeah.	234
K22: You want to hold him now?	235
K: Okay, I'll pick him up. There. There. Cleo is getting a workout this morning. You have anything to say, Cleo? Huh huh.	236
Voices: She likes to lick you, huh?	237
K: Would you like to hold him?	238

Voices: Yeah. 239
 K: Okay. 240
 Voice: He's a nice dog. 241
 Voice: He? It's a she. 242
 K: She. Yeah. I keep calling it he. 243
 Voice: It's a girl dog? 244
 Voice: Yeah, that's a girl dog. 245
 R5: Send here over here. Heh, heh. 246
 K: Let me take here over there to some of the other fellows. 247
 You fellows over there like to see the doggie?
 Voices: Yeah. I'm first. 248
 K: Okay. All right. Okay if I take her? 249
 R4: Yep. 250
 K; Okay. Okay. You want to hold him F? 251
 R5: Not F. 252
 K: Yeah. 253
 R5: Ahhh. 254
 K: It's J., that's right. 255
 R5: Aw, she's sweet. 256
 Voice: How old is he? 257
 Voice: Am I on TV? 258
 K: That's right. You'll see yourself. 259
 R5: Two years old. 260
 Voice: Two years old. 261
 K: We are taking them right now. 262
 R5: Beautiful dog, you know. 263
 K: Come here Cleo. 264
 Voice: Let me hold him, again. 265
 R5: Am I your helper? 266
 K: You are my helper, you really are. 267
 R5: Am I doing all right? 268
 K: You are doing fine. 269
 R5: Good. Nice dog. Yeah, it stopped yawning. It's a sweet 270
 thing. Look at that. Turn that off a minute, haha.
 Voices: Look at that. Are we gonna hold the dog? Shake hands 271
 with it, shake hands with it.
 K: Cleo, Cleo. 272
 Voice: Let me hold it. Bring him here. 273
 K: Okay. Why don't you let me... let me bring him over here 274
 now.
 R5: Huh. 275
 K: Okay? To these other fellows. Okay? 276
 Voices: You had him long enough. 277
 R5: Can I hold him for him? 278
 K: Okay. Let me take him over here now. Okay? 279
 R5: Got him? 280
 K: Oh, let me, oh Cleo. 281
 R5: Oh, I'm sorry. 282
 K: Just a second. Unh. Yeah, puppy. Okay. Yeah, he's getting 283
 a real workout. Here, J. You want to hold the doggie? Yeah,
 you're a real help, F. J.
 R14: Hi, puppy. Hi, puppy. Yuh. 284
 K: You don't want to hug him too hard. You know. That's fine. 285
 Did you ever have a dog, J?

R14: Yeah.	286
K: What kind of a dog did you have?	287
R14: A weiner, weiner, weiner dog.	288
K: A weiner dog?	289
R14: Yeah	290
K: What was his name?	291
R14: (unintelligible).	292
K: Peter?	293
R14: (unintelligible).	294
K: Oh, un huh.	295
Voice: He likes that.	296
K: You want to hold the doggie?	297
R18: Yeah.	298
K: Okay, here J.	299
R14: Okay.	
K: Come here, puppy. Unh. Here you go. Take a good hold of him now. Ah. You like the puppy.	300
R18: Yeah.	301
K: Oh.	302
R18: Yeah.	303
K: Ah. Yeah. He likes you too. Yeah. Ah, my.	304
R19: All my friends had dogs.	305
K: Did you want to hold the dog?	306
Voices: Yes.	307
K: Okay.	308
R18: Yeah. Yeah. (Unintelligible).	309
K: Unh. What's the matter, huh? Can I. Here.	310
R19: He's tired. He wants something to eat. Well, I'll get him something. What's the matter, Snoopy? You want to sleep? Okay. You want to sleep.	311

Transcript of F1 Tape

K: We're doing a little taping this afternoon and ah just a little TV. It won't be on national TV or anything. But ah we just want to know if you have any questions about what we're going to do. We're going to bring a little dog in and ah. . . 1

R10: A dog in? 2

K: Oh, we will, in a little bit. And what's your name? 3

R10: R. 4

K: R. That's a pretty name. I like that. 5

R10: Huh. 6

K: Yeah, very melodic. A good melody. Well, okay. And what's your name? 7

R9: F.J. 8

K: J? Yeah, I'm not the professional. I'm just doing the best I can here. What's your name? 9

R8: M.H. 10

K: M. How do you do? 11

R8: H. 12

K: How do you do? Do you have any questions about what we're going to be doing this afternoon? 13

R8: Huh? 14

K: Do you have any questions about what we're going to be doing? 15

R8: No, I don't, no. 16

K: Okay, yeah, we're going to be doing some taping. Just of you ladies, and we're going to bring a little dog in in a little while. And, ah, do you like. . . 17

R8: Uh. 18

K: Do you like dogs? 19

R8: Yes and no. 20

K: Do you. . . 21

R8: I used to but not right now. But they won't hurt. . . 22

K: Oh, no. 23

R9: As long as they stay off the carpets. 24

K: Oh, yeah. He's well trained. Okay. 25

R7: Hi. 26

K: Hi. What's your name? 27

R7: M.K. 28

K: How do you do. 29

R7: How do you do. 30

K: Nice to meet you. And what's your name? 31

R6: M.G. 32

K: M.G.? Uh, huh. How do you do? 33

R6: How do you do today? 34

K: Okay? 35

R6: Okay. 36

K: That's a pretty cross you have on there. 37

R6: Thank you. It's tiny, but it's cute. I think. 38

K: And I've seen you before, somewhere. 39

R5: Yeah. 40

K: Didn't you used to be over at S.? 41

R5: Yeah. 42
 K: Yeah. I thought so. 43
 R5: Yeah. Nice to see you. 44
 R5: Thank you. 45
 K: Well, hi. 46
 R4: Hi. 47
 K: How are you today? 48
 R4: Oh, pretty good. 49
 K: Good. Do you remember. We were here the other day. 50
 R4: What? 51
 K: We were here the other day, when you had company. 52
 R4: I guess you were. 53
 K: Yeah, yeah, we brought a little dog. 54
 R4: Un huh. 55
 K: Remember. 56
 R4: Yeah. 57
 K: Yeah. Well, we brought him again today. We'll bring it
 out in a little while. 58
 R4: You will? 59
 K: Un huh. 60
 R4: Okay. 61
 K: Okay. Well, J., we don't need no introductions, do we? 62
 R3: Umm. No. I'm so glad to see you. 63
 K: Nice to see you, too. I hope you enjoy this afternoon. 64
 R3: Have you seen Edna lately? 65
 K: Yeah, just saw her this afternoon. I'll tell her you
 said hello. 66
 R3: Oh, yeah. 67
 K: Okay. 68
 R3: I love Edna. 69
 K: She's real nice. Yeah. Okay. Hi. I met you the last
 time I was here, too. 70
 R2: Yeah. 71
 K: I forgot your name. What was your name? 72
 R2: M. It's M. 73
 K: M? How do you do? 74
 R2: They call me 'C. 75
 R4: Uh huh. Fine. 76
 K: Yeah, well. We'll be bringing in a little dog in a while.
 I think... Will you like that? Okay. 77
 R2: Sure. 78
 R3: Is it cross? 79
 K: What? 80
 R3: Is it cross? 81
 K: No, not at all. No. We wouldn't...no, not at all.
 H. You look nice in that dress. I like that. 82
 R1: Thank you. It's real pretty. 83
 K: You have a rose here. What's that? Is that from uh.
 Oh, that's nice. I like roses. 84
 R1: That's a centennial rose. 85
 K: Oh. That's nice. Very nice. Well. 86
 R11: Hi. My name is V.M. 87
 K: How do you do, V. Glad to meet you. 88
 R11: (unintelligible). 89

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K:	Oh, that's nice. I've never been to Akron. And waht's your name?	90
R12:	I.	91
K:	How do you do, I. And...M, isn't it?	92
R13:	Yeah.	93
K:	Hi, M.	94
R13:	M.N. I'm doing fine, thanks, and loving it.	95
K:	You all seem pretty happy people. That's nice. No sense in being sad. Doesn't do any good, right? Hi.	96
R14:	My name is E.B.	97
K:	How do you do?	98
R14:	Glad to meet you.	99
K:	Nice to meet you. Glad you could join us this afternoon.	100
R14:	Thank you.	101
K:	Now, we'll see this all on TV later.	102
R14:	Oh?	103
K:	Yeah, isn't that nice? Hi.	104
R15:	Hello.	105
K:	What's your name?	106
R15:	G.C.	107
K:	G.C. Now how am I going to remember all of these names. Hello. Glad to meet you.	108
R15:	Nice meeting you. Hope you have a pleasant and profitable afternoon.	109
K:	Well, I hope you enjoy it.	110
R15:	Thank you.	111
K:	That's important, too. Hi, how are you?	112
R16:	Fine.	113
K:	What's your name?	114
R16:	S.G.	115
K:	S.Y?	116
R16:	G.	117
K:	S.G. How do you do? Nice to meet you. And. . .	118
R17:	A.C. is my name.	119
K:	How do you do A.	120
R17:	How do you do.	121
K:	Good. Nice to meet you. That's a nice dress you have on. I like that color of red.	122
R17:	Un huh.	123
K:	I met you last time I was here.	124
R18:	I believe you did, yeah.	125
K:	Will you refresh my memory what your name is?	126
R18:	Yeah, I remember you real well.	127
K:	What was your name?	128
R18:	My name's F.H.	129
K:	F?	130
R18:	F.H.	131
K:	I was looking at your beads there. I like those. That's nice.	132
R18:	Yeah, my daughter got these for me.	133
K:	I remember your little star. I like that.	134
R18:	Yeah. I wear it all the time. I just put these on today.	135
K:	That's nice. Hi.	136
R19:	E.P.	137

	137
K: Hi. How do you do, E? I hope you enjoy yourself.	138
R19: Yes, I hope so, too.	139
K: Okay, and this is A.	140
R20: A.	141
K: No need for introductions.	142
R20: No.	143
K: Do you have any questions about what we're going to be doing?	144
R20: Well, I'm curious about it all.	145
K: Well, your curiosity will soon be, uh...	146
R20: Satisfied.	147
K: Satisfied.	148
R20: Yeah, well. I won't ask questions. Thanks dear.	149
K: So you watch the people swim over here. Do you have some good swimmers? Do you have some good swimmers?	150
R3: Yeah.	151
H: Oh, really? With this kind of warm weather. Well, it's good exercise.	152
R2: (unintelligible).	153
H: When I lived in Philadelphia we had special classes for retarded children. It helped them a lot. Coordination. There we go.	154
K: This is Berkeley, for anyone who didn't see him the last time he was here.	155
Voice: What's his name?	156
K: Berkeley.	157
R3: Berkeley....Berkeley....Berkeley.	158
K: Like Berkeley, California.	159
R11: Hello, Berkeley, how are you?	160
R12: How are you, Berkeley.	161
Voice: He says I....	162
R3: This is...	163
K: What, J?	164
R3: He's your dog?	165
K: No, this is Sandy's dog. The girl who's taking the pictures. Come on Berkeley. This way. You remember this little pup?	166
R6: Yes, I do.	167
K: Okay. Yeah, huh.	168
R3: He's a nice puppy. You're a nice puppy.	169
K: Come here, Berk. Yeah, you ladies feel free to get up if you want to pet the dog or something. You don't have to sit in your chairs.	170
R18: Hi, there. Sit up. Sit up. Come on.	171
H: What's the matter, Berkeley? You met me before.	172
R10: You met me before, huh.	173
K: Come here, Berkeley.	174
R18: Hello, hello. Oh, you're a darlin', yes you are. Oh, he's a fine one. A fine baby.	175
R19: Come here, Berk. Come here so I can see you.	176
R17: Come on, Berk. Come on.	177
K: Come on Berkeley. Come here, Berk. I'll bring him over in just a minute. Berkeley.	178

R16: Come on, come on. Oh, yes. You're a nice little baby. 179
 You're a nice little doggy.

K: Oh, come here Berkeley. Yeah, I know you've been wanting 180
 to pet him. Berkeley. Come over here. Come on.
 Berkeley. Berkeley.

R15: Oh, aren't you a nice doggy? 181

K: Here, Berk. You stubborn dog. Oh, that I don't know. 182
 Come here, Berk. Come here, you stubborn dog.

Voices: (Giggling). 183

R4: Hello, Berkeley. 184

K: Oh, yeah...I bet so...I have a friend that's got three 185
 cats and a dog. But they get along, somehow. Come on
 Berkeley. You're on stage. Come on.

R11: Come on, Berkeley. Come here. Let me scratch your ears. 186

R15: Come on Berkeley. Come on baby. 187

K: Come on Berkeley. 188

R15: Oh, there you are. Now I've got you. Oh, you're such 189
 a pretty baby. You're such a pretty baby. Yes, you're
 a pretty baby. Oh, you like that, I know you do. Sure,
 sure. You're a pretty baby.

K: Oh my goodness. Did you see what he did? 190

Voices: He got it. (talk) 191

K: That was a fly. 192

R15: Yes he got it. 193

K: My goodness. He's an entertainer. 194

Voices: He got that one. He sure did. 195

K: Come down here by H. Come here Berk. Come here Berk. 196
 Over here, hey. Come here. Come.

R1: I wish they hadn't clipped you, Berkeley. I think 197
 you're prittier with your long hair.

K: Come here, come here. Come over here. Come here. 198
 Oh, my goodness, you're awfully behaving. Come here.
 (sigh) I think he thinks there's some food out there.
 That's what I think. Here Berk (whistle) Berkeley.
 Berkeley. His manager wouldn't be too proud of him, would
 he?

R1: Hi Berkeley. 199

K: Berkeley, Berkeley. Come here Berkeley. Here Berkeley, 200
 come here.

R17: Come here. 201

K: Here Berk. 202

R17: You like your ears scratched? Hm? Ha, I guess he does. 203

K: Want to see A. over here? Come on, Berk. Come here Berk. 204

R18: Oh, I have him. Come here honey. Come on Berk. Come on. 205

K: Come on Berk. 206

R18: Come on. 207

K: Come on. Here. 208

R18: There. That's a nice. Yes. You're a nice little dog. 209
 You can't talk but you can do everything else. Yes.
 Oh they're cute, aren't they? Now, like my stocking?

K: I think the best one was catching the fly. 210

R17: Un huh. 211

R18: Now don't knock that over. 212

K: Come here Berkeley. Come on. Come on Berk. Come here. 213
 Oh my... Come here Berk.

Voice: I bet he don't know what it's all about. 214

K: Any of you ladies ever have a dog? 215

Voices: Un huh. Yes. 216

R13: Sure, we all have. 217

K: Probably, most people have. What kind of dog did you have? 218

R9: Just a little dog. A dog-dog. We had twelve children 219
 and one dog.

Voices: Heh heh. 220

R8: I had a miniature pinscher a long time until I got sick. 221
 Just a wee tiny dog.

K: Un huh. Oh, they're small? Hm? 222

R8: Un huh. Not the big Doberman. 223

K: Oh. 224

R8: The miniature Doberman. 225

K: Well, I learned something. I didn't know there was more 226
 than one kind.

R8: Hm? 227

K: I didn't know there was more than one kind. I learned 228
 something. Did you ever have a dog?

R7: Yes, sure, I've had several. But the one's I've had 229
 most was...but the ones I've had most were poodles.

K: They're smart dogs. 230

R7: Un huh. 231

K: Anybody else want to say anything about their dogs they 232
 had? This is your chance.

Voices: (laughs) 233

H: Somebody had a Brittany Spaniel. Who was that? 234

K: Oh, they're beautiful dogs. They're a beautiful dog. 235

R13: Yes, very intelligent. 236

K: Are they? 237

R13: You can get a lot out of them. 238

K: Here Berk, where are you going? 239

Voices: (talk) 240

K: M, weren't you going to say something about.... 241

R16: Yes. 242

K: Come here Berk. 243

R16: I brought my dog with me from West Virginia. 244

K: Un huh. 245

R16: You see, she's going on twelve years old. 246

K: Un huh. 247

R16: And you see, we didn't know she was going to have a baby. 248
 And did you know what, about three or four weeks ago Helen
 was laying in bed on Saturday morning and she said, 'Joe, Joe,
 I hear a little pup a-crying.' They got out of bed and went
 down in the basement and there it was a-eating.

K: Uh. 249

R16: His mother was just letting him suckle. 250

K: Oh. 251

R16: Ha ha ha. A little boy. All the neighbors came in to see 252
 it. And said Kukla had brought Joe a little boy.

K: My goodness. 253

R16: Haha, she was proud of it. 254

K:	Come here Berkeley. Here, come on boy.	255
R1:	We had a Chow and kept it on the porch roof.	256
K:	You had a Chow?	257
R1:	We kept it up on the porch roof. He was mean.	258
K:	Yeah?	259
Voice:	Cats and dogs. We had a big neighborhood of cats and dogs. That's what caused it.	260
K:	We always had dogs, too.	261
R14:	Hm.	262
K:	Beagles. That's all we had.	263
R1:	You can't keep dogs like you used to.	264
K:	No, not today.	265
R1:	They have to have license and they have to have shots.	266
K:	Just like a human being.	267
R1:	Un huh.	268
K:	Well, not quite.	269
R1:	They pick them up and take them to the dog pound.	270
R3:	I had a spaniel. The runt of the litter.	271
K:	Ah.	272
R3:	Once I took him, had him sheared.	273
K:	Oh.	274
R3:	His hair come out real curly.	275
K:	Oh, my.	276
R3:	He was nice. Lived to be fourteen.	277
R2:	Mine was black and...	278
R3:	Un huh.	279
R2:	His hair was real curly and he was kind of...	280
R3:	Be sure to tell Edna I wish she would drop in and see me.	281
K:	Okay, I will. I'll tell her that you said hello.	282
R3:	You see, she's busy.	283
K;	Yeah. Okay, I will, G.	284

APPENDIX C

Letter to Mr. H. from Charge Nurse U.*

Dear Mr. H. -

Mrs. Y. had Fluffy in on T₁. The ladies responded in many different ways. The little ladies eyes lite up. Big smiles. One of them like him but not too close.

I notice that Fluffy made up quicker to the ladies that are more withdrawen, depressed. These ladies responded - with big smiles and tried to reach out to her.

I personally feel that your program is a big success. Hope that we can help bring them around so they can enjoy there company.

Thank you.

U., R.N., Charge Nurse

*Typed duplicate of original letter.

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