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'He's my mate you see': A critical discourse analysis of the therapeutic role of companion animals in the social networks of people with a diagnosis of severe mental illness

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3 **'He's my mate you see': A critical discourse analysis of the therapeutic role of**
4 **companion animals in the social networks of people with a diagnosis of severe mental**
5 **illness**
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Abstract

There is increasing recognition of the role pets play in the management of mental health conditions. Evidence suggests that pets promote social interaction and provide secure and intimate relationships which support the management of symptoms. This paper aimed to extend this evidence by exploring the phenomenological understanding of relationships and relationality with companion animals as therapeutic agents in the context of people's wider social networks.

A qualitative study was undertaken incorporating 35 interviews with 12 participants with a diagnosis of severe mental illness who identified a pet as being important in the management of mental health. Participants took part in three in-depth interviews centred on ego network mapping over a 12-month period (baseline, 6 and 12 months). A critical discourse analysis examined therapeutic relationships with pets in relation to mental health and compared these to other types of support over time. Summative discourse analyses were combined with a cross case thematic analysis to look for commonalities and differences across individuals.

Compared to interactions with other therapeutic agents, relationships with pets were free from the obligations and complexities associated with other types of network members and provided an extension and reinforcement to an individual's sense of self which militated against the negative experiences associated with mental illness. Relationships with human network members were more variable in terms of consistency and capacity to manage demands (e.g. network members requiring support themselves) and the emotions of others associated with fluctuations in mental health.

The study adds weight to research supporting the inclusion of companion animals in the lexicon of mental health self-management through the therapeutic value attributed to them by participants and within a wide personal network of support. The findings point to how consideration might usefully be given to how relationships with companion animals can be incorporated into healthcare planning and delivery.

Introduction

Recent evidence from the medical humanities field and beyond demonstrates a failure of modern health services to provide user centered mental health care which adequately meets individual needs [1-3]. There are numerous accounts of the reasons for this failure which include a lack of adequate consideration by health professionals and services of the wider therapeutic networks associated with self-management [3]. This is compounded by a lack of personalised resources to support service users in everyday life, which

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3 collectively results in a lack of alignment between service users' expectations of, and the
4 actual support, they receive [3, 4]. Previous research has focused on dyadic relating and
5 relationships between health professionals and service users to the detriment of people's
6 wider networks of support and relevance of a wider range of therapeutic agents. This has
7 biased current understanding of self-care as an activity that is dominated by health
8 professionals where interactional styles in controlled situations veer toward determining
9 patients' goals based on biomedical reference points whilst presenting these goals as
10 something patients are compelled to do [5]. This has resulted in less consideration being
11 attributed to the part played by significant others in broader personal communities
12 including friends and family, weak ties, companion animals and the therapeutic input of
13 self-management efforts by people themselves [6].
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19 The shortcomings of traditional mental health management have given rise to an increase
20 calls for and development of alternative forms of acceptable therapeutic support by and
21 for people with mental health problems. For example, peer-led services such as the
22 Hearing Voices movement are becoming increasingly common [7]. Such approaches
23 represent a paradigm shift which places the requisite knowledge for condition
24 management in the hands of service users rather than mental health professionals. Other,
25 alternative forms of therapeutic support are becoming more prominent at the margins of
26 health policy and practice (e.g. social prescribing [8]).
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31 The emergent visibility of pets as part of alternative treatment options is aligned with a
32 shift in focus on Human-Animal relationships more generally in society. In the past
33 sociologists tended to minimise relationships between people and their pets by portraying
34 Human-Animal interactions as inferior to human interactions. This world-view was
35 attributed to animals being seen as lacking the fundamental communicative, social and
36 cognitive requirements (e.g. language) to participate in complex social interaction
37 considered necessary for humans to derive benefit [9]. However, more recently this has
38 been partly replaced with a model of Human-Animal interaction within which both humans
39 and other animals are attributed with elements of agency. Research has demonstrated
40 the benefits of animal companionship for human wellbeing generally in terms of improved
41 quality of life [10], enhanced social connections [11] and reduced loneliness [12]. Recent
42 research further demonstrates the unique benefits that animals have for people with
43 mental health conditions.
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49 There is a burgeoning evidence base for animal assisted therapy (AAT), the formalised
50 use of animals (trained and untrained) as a therapeutic intervention, to support healing
51 and recovery for people with mental health conditions [13-15]. There is evidence too
52 implicating the role of companion animals (family pets) within the social networks of
53 people living with severe mental health problems in everyday settings [16, 17]. Such
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3 evidence has contributed along with demographic changes such as reduced family size
4 and increased life expectancy to a wider paradigm shift in the understanding of
5 therapeutic relationships including the increased reliance on companion animals as a
6 potential resource for social support and the management of health conditions and
7 provision of social support [18].
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11 Pets seemingly make a distinctive contribution to providing emotional support given their
12 proximate and constant presence in an individual's everyday life. They have been shown
13 to contribute to mental health [19] through encouragement of routine and exercise and
14 through distracting their owners from suicidal ideation, upsetting thoughts and a sense of
15 feeling alone [16, 17]. Pets also provide a form of ontological security – “a sense of order
16 and continuity derived from a person's capacity to give meaning to their lives and to
17 maintain a positive view of the self, world and future” which does not appear to be
18 available from elsewhere within social networks [16, 20]. Finally, pets have been shown
19 to act as conduits to social interaction for their owners through increasing the quality of
20 existing, and supporting the development of new, social connections [16, 17]. However,
21 what is currently lacking from this understanding of these functional roles is an exploration
22 of the subjective meaning of therapeutic relationships with pets, how this changes over
23 time relative to other therapeutic agents within wider personal networks of support, and
24 what the impacts of losing such relationships are.
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31 The study set out to provide a phenomenological understanding of the therapeutic
32 relationships with companion animals from the perspective of service users with a
33 diagnosis of severe mental illnesses such as Schizophrenia and Bipolar Disorder.
34 Perceptions were explored longitudinally over a 12-month period to develop our
35 understanding of the role of pets within therapeutic networks and the impact of losing a
36 pet.
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40 **Methodology**

41 *Critical discourse analysis*

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43 Critical discourse analysis (CDA) examines how discourse is related to social practices
44 (including health related practices) and is considered a useful methodological approach
45 for understanding how identities are formed and change over time in response to
46 changing circumstances [21]. In the mental health field it has been deployed in furthering
47 our understanding of the complex process of recovery from mental illness [22]. CDA
48 considers the self as comprised of a set of discursive practices which vary in terms of
49 stability and homogeneity within and between people and has been used to either confirm
50 or deny the life histories and experiences of the people that use them [23].
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5 Chouilaraki and Fairclough (1999) contend that discourses contain three components;
6 genre, discourse and style which forms the basis of the current analysis [23]:

- 7 • Genres - the types of discourses that people can use (political speech,
8 everyday conversation etc.).
- 9 • Discourse - the varied ways people represent their social worlds from their
10 unique position.
- 11 • Style - the ways in which discourse is used to contribute to a sense of
12 personal identify and how identity is grounded in the way we apply and use
13 discourses.
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18 Here we are concerned with the therapeutic role of personal communities – the set of
19 active and significant ties which are important to an individual - in the management of
20 mental health conditions in domestic setting [24]. By drawing on principles of
21 phenomenology and critical discourse analysis it is possible to develop an understanding
22 of such relationships as a combination of lived experience and discursive practice which
23 recognises the complex interplay between an individual and the social worlds they inhabit
24 [25, 26].
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28 Self-management can be seen as a set of processes that are represented through
29 individual discourses developed and presented in the context of social networks [19, 27].
30 Examining the manner in which people talk about therapeutic relationships with
31 companion animals enables a more nuanced understanding of human-animal
32 interactions in relation to mental health.
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36 *Data collection*

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39 Participants were recruited as part of a large qualitative study nested within a randomised
40 controlled trial designed to examine the effectiveness of a training package for
41 professionals to promote user/carer focussed care planning [28]. The original study
42 incorporated in-depth semi-structured interviews with 29 people diagnosed with a severe
43 mental illness such as Schizophrenia and Bipolar disorder at three time points (0, 6 and
44 12 months) [29]. Participants were purposively sampled in terms of gender and
45 geographical area from seven Mental Health Trusts in the United Kingdom (36
46 Community Mental Health Teams). To be eligible to participate, participants had to be
47 under the care of secondary mental health care services in England and currently
48 participating in a randomised controlled trial examining the effectiveness of a professional
49 training programme designed to enhance service user involvement in mental health care
50 planning [28].
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Baseline interviews collected brief demographic information before moving to the personal network mapping of people, places and activities that participants considered important in terms of mental health self-management [19]. Participants were asked to place identified network members in one of three concentric circles based on importance. Interviews then comparatively explored the function, role, key attributes and components of relationships with identified network members. Any changes in the structure or quality of personal networks were explored during subsequent interviews.

This manuscript reports on a critical discourse analysis underpinned by a phenomenological approach to the data from 35 interviews with the 12 participants who identified one or more companion animals within their personal support networks. Respondents did not have to cohabiting with animals to be included in the study but did need to implicate identified animals in the management of their mental health conditions by placing them in one of the three concentric circles within the network diagram. Table 1 provides demographic information on these participants.

Participants identified a total of 100 network members with an average network size of 8. The most common types of network members were cats (n=5) and dogs (n=4) but networks also included birds, hamsters and guinea pigs.

Table 1: Participants

ID Number	Gender	Pets	Number of interviews	Total network size	Loss of pet?
<i>ID1</i>	<i>Male</i>	<i>1 dog</i>	<i>3</i>	<i>8</i>	<i>No</i>
<i>ID2</i>	<i>Female</i>	<i>1 dog</i>	<i>3</i>	<i>5</i>	<i>No</i>
<i>ID3</i>	<i>Female</i>	<i>2 cats</i>	<i>3</i>	<i>9</i>	<i>No</i>
<i>ID4</i>	<i>Female</i>	<i>2 cats</i>	<i>3</i>	<i>6</i>	<i>No</i>
<i>ID5</i>	<i>Female</i>	<i>1 dog</i>	<i>3</i>	<i>9</i>	<i>No</i>
<i>ID6</i>	<i>Male</i>	<i>1 cat</i>	<i>3</i>	<i>16</i>	<i>Yes</i>
<i>ID7</i>	<i>Male</i>	<i>3 birds</i>	<i>3</i>	<i>6</i>	<i>Yes</i>

ID8	Male	1 hamster	3	8	Yes
ID9	Female	1 dog	3	7	No
ID10	Male	2 cats	3	7	No
ID11	Female	1 cat	3	15	Yes
ID12,	Female	1 guinea pig	2 – did not wish to participate in final interview	4	Yes

Data analysis

Interviews were digitally recorded and transcribed verbatim before being anonymised and allocated to a member of the research team for analysis. Transcripts were first analysed thematically using the 6-stage process outlined by Braun and Clarke [30]. The transcripts were then examined in relation to principles of critical discourse analysis [23]. Specifically, in line with Chouliaraki and Fairclough's categorisations, consideration was given to the genre of discourse (ways of interacting, structure), the discourse or ways of representing relationships with companion animals and the discursive style (type of voice used, tense etc.) employed by participants [23]. Finally, the discourse analysis was combined with the thematic analysis in order to produce a final set of themes. Coders discussed analysis regularly to ensure consistency of coding and a researcher with lived experience of mental illness was involved in the analysis to ensure emergent themes were grounded in the reality of the experience of mental health problems.

Ethical approval

Ethical approval was obtained from the National Research Ethics Committee North West–Lancaster [14/NW/0297].

Results

Using a combination of critical discourse and thematic analysis, three themes were interpreted from the data which related to the therapeutic function of companion animals. These were: pet relationships as a source of reliability, positivity and vibrancy in an uncertain world; trust, predictability and acceptance: human-animal interactions in the

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3 creation and sustainability of personal identity, and the devastation of losing a companion
4 animal. Themes are presented using detailed accounts of interpretations and the social
5 context in which participants described them and are supported using quotations from the
6 data.
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10 *Pet relationships a source of reliability, positivity and vibrancy in an uncertain world*

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12 Relationships with pets were talked about as providing a reliable source of positivity and
13 vibrancy often not available from other personal support network members. Discourses
14 of living life with a severe mental illness represented people's everyday experiences.
15 Narratives were often centered on despair and hopelessness across multiple genres of
16 discourse including recounting current, or recollecting previous, periods of acute illness.
17 This negative affect extended at times to hopes for the future.
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22 You're so low, you...you've hit rock bottom, you're a shit mum, you're a shit wife. You know, you've failed,
23 you're a failure, and that's how you class...how you perceive yourself...

24 ...I was very low in my mood and I felt like am I ever going to have a life again? **ID9, female, 1 dog.**
25

26 Accounts did not focus solely on people's individual experience of illness but included
27 reference to the wider political context related to health service provision. **ID1's** account
28 of his experience of health services is marked with a sense of powerlessness as he
29 describes his fears for the future demise of the health service. The repetition of the word
30 'talk' reflects his general sense of disillusionment with the political rhetoric associated with
31 mental health services that was seldom evident in his personal contact with mental health
32 services.
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37 *I watch a lot of news and parliament and all these, err, cut backs, and things like that, you just think, oh my*
38 *God, it's just going to be terrible, you know.... it's all talk, talk, talk, talk and, in the end, all it's about is*
39 *cutting money and, I mean, I don't know why I think this, but I just think that within a few...a few more years'*
40 *time, the National Health Service will be finished. **ID1, male, 1 dog***
41

42 The value of support provided by companion animals was one of backgrounded taken-
43 for-grantedness and seemingly not immediately easy for participants to articulate. It
44 appeared there was something unique about relationships with animals which evaded the
45 constraints of objectifying language.
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49 *That dog, oh, you know, it's sad to say but he was more...more helpful than other people. You know what I*
50 *mean? Er... I: And do you have a sense of why that was? What it was? R: I don't know, I don't know what it*
51 *was. Um, I mean, yeah, he was...oh God, he was a fantastic dog, um, and he was always there for me. **ID7,***
52 *male, 3 birds*
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Narrative expressions related to pet ownership were characterised by a sense of warmth and peace and were compared to relationships with human network members.

*Sometimes my husband can get on my nerves when he's constantly saying, oh, you're breathing heavily, are you okay? Because last time you had a breakdown, you was breathing heavily, I'm breathing heavily because I'm tired or something, not because of my mental breakdown. So that gets on my nerves sometimes and, you know, then he's constantly coming in the lounge and checking me when I've finished work, so I think to myself, do you know what, I'm going to take the dog for a walk, get a bit of peace. **ID9, female, 1 dog***

*He'd sit on his own, in the room, and then he'd come up and...either sit by my side, on the armchair, and he'd just...he'd just sit there, exuding peace. **ID6, male, 1 cat***

Distinctions made within narratives about having a pet or not indicated the categorical centrality attributed to companion animals as members of personal communities of support.

*...I was living...well I've lived in various hostels, I've lived on my own in bed sits, and I didn't have a pet then **ID6, male, 1 cat***

Participants talked about how their pets provided them with important physical contact whilst providing a source of vibrancy and connection to life unavailable from elsewhere. For example, participants used dull metaphors to describe their illness experience e.g. 'feeling grey' [**ID3, female, 2 cats**] and reported a lack of connection to the world around them. Pets injected a sense of humour and life into everyday situations and provided access to another way of being for participants which countered feelings of dullness and isolation.

*Um, it's just kind of like...I guess it's just kind of a friend... ..in a way, kind of like so if you're having a bad day you can just sit and chat to her and just sort of like stroke her and stuff and watch her being silly in her cage, because she was a doughnut [laughs]. Would fall off everything, instead of running in her wheel she was on top of her wheel. I: [Laughs] R: She was really stupid [laughs]. And it's just kind of like just little things like that, just like...all the silly little things that pets do and the stupid stuff that they do and... ..and just, and just making you laugh and stuff when you feel really rubbish, and just kind of giving you that little sense of... kind of life. **ID8, male, 1 hamster***

Trust, predictability and acceptance: Human-Animal interactions in the creation and sustainability of personal identity

Pets were frequently implicated within interviews as having salience in the development or maintenance of personal identity through references to the depth and consistency of relationality, provision of self-esteem and mediating how others viewed them. Ontological security refers to a sense of stability and order in relation to individual experiences and relationships [20]. Ontologically secure people possess a sense of continuity and stability in terms of who they consider themselves to be and feel confident to live life in the presence of risk.

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4 Descriptions of living life with a severe mental illness within the current study often
5 centered on the experience of felt (self-stigma) and enacted (discrimination) stigma [31].
6 The stigmatising language used in the quote below [freak, retarded, psychopath]
7 highlights the often isolating experience of social interaction for people in this study.
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11 *I think it [not talking to people about mental illness] stops me feeling so alone and a bit of a freak because a*
12 *lot of people just don't understand and they tend to sort of be wary as though you're going to turn into some*
13 *sort of psychopath. I think mental illness frightens a lot of people or they think that you're somehow retarded.*
14 **ID3, female, 2 cats**
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16
17 This was in part attributed to a lack of understanding of mental illness amongst friends
18 and family but also amongst mental health professionals. This was viewed as being
19 perpetuated by media coverage of mental health. Negative stigmatising experiences with
20 others reduced the trust people had in those around them and contributed to a sense of
21 vulnerability relating and relationships that respondents had with other humans. Even at
22 points over the 12 month period where relationships with humans were discussed
23 positively, perceived or anticipated moral judgement led to a sense of superficiality within
24 relationships which often led to frustration for participants.
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29 *I do talk to her a bit about things, but of course I can't talk much about my mental illness because she doesn't*
30 *understand it. And my other brother tries to understand, but he doesn't really, so...he tries to be sympathetic,*
31 *which I appreciate, but it's not really helping me. You need that, that understanding seems quite important.*
32 *I need that from mental health services, but there again mental health services don't understand everything*
33 *about me because they see matters in a psychiatric way, and I don't feel it's helpful to me sometimes. I feel*
34 *almost as if I'm being put down. ID 6, male, 1 cat*
35

36
37 This was compounded by a lack of trust in themselves articulated in narratives about past
38 behaviour during periods of crisis which further detracting from maintaining a sense of
39 ontological security.
40

41
42 *I don't trust myself, let alone anybody else. I mean, how can you trust yourself if you try and kill yourself?*
43 *You know, at the end of the day, I've took tablets, overdoses, set fires... got knives, stabbed myself, slashed*
44 *my wrists, everything. ID9, female, 1 dog*
45

46
47 Unpredictability referring to the course of an individual's condition but also to unreliability
48 with regards to relationships with others featured in discourse about the experience of
49 severe mental illness over the 12 month follow-up period. Respondents reported that
50 people often left their network or became more peripheral in terms of the support they
51 provided. Reasons for these difficulties in maintaining relationships over time included the
52 external rationing of formal health services, a deterioration in relationships or a self-
53 rationing of contact with other network members because participants felt unable to
54 continue contact in the same way because of feelings of guilt or interference of acute
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3 mental health symptoms. The passive voices used in the quote below highlight the lack
4 of control participants felt over this unpredictability.
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7 *You feel safe and you've built up a relationship and then all of a sudden they're coming along and telling*
8 *you they're getting you ready for discharge and you feel a bit nervy about it, you think, oh God, I've not got*
9 *this person who is coming to motivate me now, because everybody is out the house, the children are at school,*
10 *your husband is at work and there's just you on your own. ID9, female, 1 dog*
11

12 *Yeah, I mean one of the things, in terms of my immediate circle and my second circle is, it's, there's a massive*
13 *guilt that you feel when you've been unwell, erm, because what happens to me is obviously I behave, they say*
14 *that I'm a bit of a Jekyll and, and Mr Hyde, and the Jekyll side of me comes out when I'm having a, an episode*
15 *because I've got bipolar. And, er, I say really unpleasant, er, nasty things to people and then when I, my, my*
16 *mood starts to level out I sometimes start to remember how I've treated people, and so that, erm, impacts on*
17 *my wellness where I start to feel incredibly guilty. ID11, female, 1 cat.*
18
19

20 Consistency, unconditional support and acceptance were central features of narratives
21 about relationships with pets over the 12 month follow-up period. Comments made about
22 pet ownership revealed that concerns about moral judgements, stigma, superficiality and
23 unpredictability were lifted as part of the relationality participants had with animals which
24 remained stable over the 12 month data collection period.
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27
28 *We come back to unconditional love, support, non-judgementalism. I won't say it's relaxing, it...it's*
29 *reassuring, it's supportive, and it gives you a boost. ID 3, female, 2 cats*
30

31 *She's kind of there throughout the night as well when I was really bad at night, and when other people were*
32 *asleep, she was there. And even if it was the middle of the day or she was asleep because obviously they're*
33 *nocturnal, she was kind of there and I could wake her up, she was kind of there and I could just talk to her.*
34 *And she was always kind of there whatever, and she wouldn't mind me talking to her, she wouldn't get*
35 *annoyed. ID 4, male, 1 hamster*
36
37

38 Freedom from concerns about moral judgements and lack of understanding meant that
39 participants felt able to be honest and open when talking to animals which led to depth
40 and security which was not apparent in other types of relationships. This appeared to be
41 because they were free of concerns that pets would act upon the things they told them
42 (e.g. fear of being detaining by the mental health system or people holding past behaviour
43 against them).
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46

47 *I could talk to her as much as I wanted and she would just run around her cage like an idiot. So it was kind*
48 *of like [laughs] so she wasn't going to get bored of me and run off and kind of like, oh, for God's sake, shut*
49 *up. ID8, male, 1 hamster*
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51
52 *When there's nobody around to listen to me, he'd be there for me. So he was good, just to have him on me,*
53 *or near to me.... total acceptance, really, and I mean just...say I didn't want to speak my feelings or my*
54 *thoughts, he would pick up on my feelings and thoughts. And he'd be there for me, and he wouldn't...he*
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wouldn't judge me at all, or say anything that made me feel he misunderstood me, he'd just...just total acceptance really. **ID11, female, 1 cat**

Thus, pets provided an outlet for talking about mental health problems but at the same time were able to provide support without the need for articulation or verbalised understanding.

Occasionally I will talk to them and they'll talk back to me, and neither of us understands the other but we're quite comforted by the conversation. ID 3, female, 2 cats

Pets also played an important role in terms of mediating how other people viewed them. This was apparent within interviews and the quote below demonstrates how self-esteem was bound up with relationships with animals. As a result, participants' identities blended with those of their companion animals with pets viewed as an extension to their own. The first paragraph of the quote below demonstrates how participants used relationships with companion animals to portray themselves in a positive light as 'responsible' pet owners (e.g. dog losing weight through healthy eating and exercise when living with him). The second paragraph quote demonstrates through the participant's use of colloquialisms such as 'mate' that companion animals could allow alternative forms of identity to develop and co-exist with the identity of being someone with mental health problems (e.g. friend, parent, carer). Such hybrid identities appeared to help people manage the negative experiences of mental illness.

Lara gave him some dried food, he wouldn't eat that, so I says, do you want...I talk to him, like, do you want a burger? So we had a burger and he ate half his burger, so he's happy. He's lost a fair amount of weight since he's been with me, he's, err, he was quite chubby when he came. But, err, because I used to give him two Maltesers before I went to bed every night and he'd lost...he'd lost two and a half kilos when I got him. His tummy was on the floor. And, err, with walking him up and down, he must have lost another half a kilo or something. I: Ah, that's brilliant, he looks...he looks a nice size. R: Well I don't want him to lose too much too quick, but, err, I mean, he is 10 year old, so... He trucks up and down there, he's alright, happy, so long as he gets his sniffing in, yeah, he's good for me...

*...Frank on the end boat says to me what's he having for breakfast? I says, well, he's having, erm, scrambled egg and smoked ham this morning for his breakfast and he said, God, even I don't get that. I went, well, he's my mate you see, I'm having it so he has it and he enjoys that. **ID1, male, 1 dog***

Participants often appeared concerned about how their relationships with animals would be viewed by others and felt the need to justify such relationships or required validation from the interviewer before continuing.

*I mean part of my condition was that I would be up, I, I don't sleep, I feel that I don't need to sleep, so I'd be up at in the early hours of the morning journaling or researching things on my laptop and my cat would be there right there with me. Erm, so he, he really supported me if that doesn't sound crazy, really supported me. **ID11, female, 1 cat***

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3 Being identified as a pet owner, rather than being defined as someone with a mental
4 health problem was also viewed as important in terms of self-identity and reducing felt
5 stigma.
6

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8 *You're just walking a dog and that's kind of all they see about you, and there's no kind of like barrier up*
9 *because, oh, you've got a mental health problem, and [then] there's always kind of [something to] stigmatise*
10 *about you. ID4, 2 cats, female*
11

12 13 *The devastation of losing a companion animal*

14
15 The strength of relationships can be implied by the grief people experience and express
16 when such relationships are lost. Five participants described the loss of a pet within the
17 12 month follow-up period. Reasons for losses included death/loss of an animal, giving
18 the pet away because they felt unable to care for them or pets being taken away during
19 a hospital stay. The impact of losing animals could be devastating and exacerbated if
20 participants had limited support from elsewhere or experienced guilt as a result of the
21 loss.
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26 *...And it broke my heart when he died, ooh...Jesus! And I thought, I've lost everything now. ID7, male, 3*
27 *birds*
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30 Given the reliance on relationships with pets, the experience of loss was particularly
31 difficult not only due to a loss of companionship and emotional support but also of routine
32 activities associated with caring for animal which formed a central element of individuals'
33 self-management strategies.
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36 *With the hamster dying it was kind of like there's no one to kind of always be there, like... ...[and] just to*
37 *look after, because she obviously needed me to look after her and stuff because she couldn't do it herself, so*
38 *I kind of like lost that kind of responsibility [too]. ID8, male, 1 hamster*
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41 It appeared that losing an animal reinforced a sense of loss and lack of control
42 experienced to life generally which negatively impacted on self-care.
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45 *I've also met people who've had, like, dogs and cats, and they've had to have them removed or taken away.*
46 *A lot of the people who I come in contact with in my work, they've had a pet, people with mental health issues,*
47 *they've had pets, but when they've become unwell they'd be taken away from them. So I would imagine that*
48 *they would suffer another element of loss. ID11, female, 1 cat*
49

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51 It appeared that while it was possible to replace the support provided by a pet by getting
52 another, there was a period of grieving which was required during which it was not
53 considered possible to get another animal. Whilst undoubtedly an experience of pet
54 owners in general, participants in the current study described pressures to replace
55 animals too quickly as further examples of the lack of understanding on the part of others
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3 of the meaning and value attributed to pets for an everyday sense of equilibrium. Two
4 participants who described the loss of an animal over the 12-month period said they felt
5 unable to get another pet in the foreseeable future despite the ascribed benefits because
6 the loss had been so difficult to deal with on top of their mental health problems.
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10 *The support workers keep asking me, when are you going to get another bird...but I said, I just don't, you*
11 *know, I can't just pick up a bird and get to know it, and then when that's gone, try and do something, you*
12 *can't, you know, it takes a while. I: Yeah, to get over... R: Yeah, that's it, yeah. ID7, male, 3 birds*
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14 Two others cited positive aspects that came out of losing a pet despite overwhelming
15 sadness. One described how people in his supported accommodation were unexpectedly
16 sympathetic towards him and in this way the death of his animal mobilised support from
17 other people.
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21 *In fact the ones that I thought wouldn't be sympathetic to me losing George, were the most sympathetic. ID*
22 *6, male, 1 cat*
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24 Another described how happy she felt when she saw her pet being cared for in their new
25 home which served to validate her decision. The retelling of this story using repetition of
26 the word 'happy' further highlights the importance of making the right decision with
27 regards to their own wellbeing and the wellbeing of companion animals.
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31 *Ah, Tubbs, now he was re-homed to a family that was known to my son, and in the six months they went on*
32 *holiday and my son and I actually went to feed him, and that was really good to see him; but he didn't know*
33 *me, which really made me upset, and I was like, oh, come on, Tubbs, Tubbs, come on, come to mummy; but*
34 *he just looked at me a bit sort of bemused. But I was really pleased to see him, that he was doing well, he*
35 *was just plump and happy, eating his food and, yeah, so it was really, really good to see him, it really made*
36 *me happy, made me. happy that he was re-housed with people who loved him and were caring for him; so*
37 *that gave me a massive boost. ID11, female, 1 cat*
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40 Discussion

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43 The collection of longitudinal qualitative data combined with a critical discourse analysis
44 allowed for a comparative examination of the respective relationships between human
45 and animal network members operating as therapeutic agents in managing mental health
46 and negotiating everyday life. Following participants over time demonstrated a continuity
47 in narrative accounting about who was involved in managing a person's mental health
48 highlighting the therapeutic value of pets compared to other network members. The
49 sporadic, ad hoc and minimal involvement of some human network members for example
50 provided a stark contrast to the consistency of input from pets. The discourse analysis
51 adds to our understanding of network membership properties and Human-Animal
52 relations within personal communities of support for those with mental health problems.
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5 In order to maximise benefit from social networks, people need to be able to conceptualise
6 their own relationships, identify why relationships might be beneficial in terms of
7 accessing and mobilising support for managing their conditions and be able to understand
8 how to maintain support from network members during the periods of flux and change
9 associated with the trajectory of mental health problems [32] The current study
10 illuminates how pets comprise a central element of the support networks and social
11 worlds of people with serious mental health problems. The analysis of discourses related
12 to interactions with pets point to how a focus on the specific dyadic relation with pets
13 influence the presence and nature of networks relationships overall. The narratives
14 implicating the consequences of a loss of a pet highlights the way a network may shrink
15 through the loss of the mediation of value in the eyes of others, self-efficacy in relating to
16 others in a network and in a sense of self possession in acting in the social world. Similarly
17 the counter properties of the existence and existential presence of a pet lays the
18 foundations for network enrichment and extension.
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24 Although the therapeutic value of animals in terms of illness management is increasingly
25 being acknowledged [16, 17], they are yet to be recognised or given the value they seem
26 to represent for people when compared to other agents of support such as health
27 professionals. Anthropocentrism has focused previous work in the social sciences on the
28 dyadic relationships between health professionals and service users within the context of
29 institutionalised care. Often this has involved exploring relationships with antipsychotic
30 medication [33], coercion [34] and whether specific events like compulsory admission
31 impact on these relationships [35] centred around acceptance and compliance with the
32 therapeutic regimen. Whilst the notion of compliance features in accounts of relationships
33 with other people including health professionals [36] it does not appear salient in the
34 discourses of relationality with pets. Rather, therapeutic features of support from
35 companion animals are most closely aligned to the valued components of desired
36 therapeutic relationships more generally (e.g. warmth, peace and consistency) [37] and
37 are able to support aspects of identity and self-efficacy that is in shorter supply or
38 unavailable from human network members. These findings lend support to removing the
39 anthropomorphic blinkers associated with conventional mental health service provision.
40 This would allow consideration to be given to the wider therapeutic networks associated
41 with mental health management and the integration of Human-Animal relationships for
42 self-care through for example the recognition of companion animals in the planning and
43 delivery of mental health care. Additionally, the risks associated with over reliance on
44 relationships with animals should be considered by health services as well as planning
45 for a time in the future where they may no longer have their pet.
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3 The reasons for failing to extend the status of therapeutic relationships to companion
4 animals may in part be due to a presumption of a lack of meaningful communication, a
5 view put forward by early sociologists such as Mead [9]. This study implies that such
6 assumptions are not relevant to the mental health field where identity was not tied
7 exclusively or predominantly to verbal communication with network members. Rather,
8 participants valued support from networks members with whom they were not compelled
9 to articulate their experiences. For example, participants reported that they often felt
10 judged when they spoke to other people in their network which contributed to a sense of
11 superficiality of relationality. Pets, on the other hand, were seen as a non-judgemental
12 recipients of communication and there was no need for this to be verbally acknowledged
13 or reciprocated. This is closely aligned to Cain's notion of authentic conversational
14 exchange whereby people consider that their animals understand what they say and act
15 accordingly without the need for articulation [38].
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22 Despite official policy and practice discourse advocating meaningful communication
23 within health services in the form of shared decision-making, this is underealised [1, 2].
24 The current study identified difficulties in how participants related to human members of
25 their social network. Such relationality was considered unpredictable, superficial and
26 contingent on wellness and moral obligation. Sanders presented companion animals as
27 "unique individuals, who are minded, empathic, reciprocating, and well aware of basic
28 rules and roles that govern the relationship" which can be compared directly to
29 relationships with human network members described in the current study who often did
30 not appear to meet such criteria [39]. Companion animals provide an important source on
31 ontological security which current mental health provision is failing to address [3].
32 Ontological security occurs through the routinisation of daily life, where risks are
33 compartmentalised and backgrounded as people focus on engaging in the routine
34 aspects of daily living [20]. Giddens (1991) refers to this phenomenon as 'practical
35 consciousness' and claims that we need to invest trust in routines so that we may be free
36 from anxiety and able to continue with life [20]. In this way, through their contribution to
37 ontological security and provision of security and stability pets provide the bases for
38 continuing with life after diagnosis in a meaningful way thereby supporting individual
39 recovery. Further research is required to explore how health services can adopt and
40 implement these implications for practice and learn from the key features of Human-
41 Animal interactions associated with therapeutic benefit in order to promote therapeutic
42 relationships within services. [16, 17] .
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51 Social interaction is concerned with self-identity, a necessary part of relationships and
52 relatedness [40]. Companion animals act as facilitators of human-to-human interaction
53 [41] and here the significance of the contribution made by companion animals to an
54 individual's sense of self, was evident through discursive references commensurate with
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3 'ontological drift' with an individual's sense of self coalescing and merging with animal
4 identity to form a 'couple identify' [42]. Previous research has shown that identities of
5 animals can shape the identities of owners and that other people make judgements about
6 them as a dyad [39]. For people in the current study this appeared to be of increased
7 salience given the high levels of felt and enacted stigma associated with mental health
8 diagnosis identified in their relationships with other humans. People drew on their
9 relationships with companion animals to portray themselves in a positive light as
10 responsible pet owners. This finding represents an extension to existing literature through
11 demonstrating how people identify with and construct the identity of companion animals
12 to support ontological security and improve relational satisfaction in everyday lives. This
13 critical discourse analysis revealed concerns about the validity of relationships with pets
14 from the perspectives of others. Previous analysis by the authors identified a lack of
15 acknowledgement and appreciation of companion animals within mental health care
16 planning [17]. Here we have shown how this extends to the loss and death of a
17 companion animal which can be devastating [43] but is rarely acknowledged in main
18 stream mental health care contact or care. This study demonstrates that such loss could
19 compound existing feelings of guilt, isolation and lack of understanding commonly
20 associated with living life with a long-term mental health problem. This has clear
21 implications for health services, social services and housing providers in terms of
22 acknowledging such relationships and supporting owners and their pets to stay together.
23 Further research is required to elucidate the best ways to do this from the perspectives
24 of service users and professionals.
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34 The study gains its strengths from the combination of longitudinal data collection and
35 critical discourse analysis which allowed an in-depth understanding of the relationships
36 between companion animals and their owners to be developed. However, data was
37 limited to self-reported accounts of pet ownership. Participant observation could enrich
38 our understanding of the Human-Animal interactions and the contributions of animals to
39 self-management. This study included participants from the UK only and it is likely that
40 there will be additional cultural factors related to the role of companion animals for mental
41 health which require further examination.
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46 The findings from this study support existing evidence demonstrating the benefit that pets
47 can confer to those with mental health conditions. The longitudinal analysis demonstrated
48 continuity in the relational quality of interactions with pets that contrasted directly with
49 other network members such as health professionals and family members.
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Notes

- [1] P. Bee, O. Price, J. Baker, and K. Lovell, "Systematic synthesis of barriers and facilitators to service user-led care planning," (in English), *British Journal of Psychiatry*, vol. 207, no. 2, pp. 104-114, Aug 2015.
- [2] A. C. Grundy *et al.*, "Bringing meaning to user involvement in mental health care planning: a qualitative exploration of service user perspectives," *J Psychiatr Ment Health Nurs*, vol. 23, no. 1, pp. 12-21, Feb 2016.
- [3] H. L. Brooks, K. Lovell, P. Bee, C. Sanders, and A. Rogers, "Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers," *Health Expect*, Nov 16 2017.
- [4] H. Brooks, C. Sanders, K. Lovell, C. Fraser, and A. Rogers, "Re-inventing care planning in mental health: stakeholder accounts of the imagined implementation of a user/carer involved intervention," (in English), *Bmc Health Services Research*, vol. 15, Oct 30 2015.
- [5] M. Franklin, S. Lewis, K. Willis, A. Rogers, A. Venville, and L. Smith, "Controlled, Constrained, or Flexible? How Self-Management Goals Are Shaped By Patient-Provider Interactions," *Qual Health Res*, p. 1049732318774324, Jun 1 2018.
- [6] A. Rogers *et al.*, "Social networks, work and network-based resources for the management of long-term conditions: a framework and study protocol for developing self-care support," (in English), *Implementation Science*, vol. 6, May 29 2011.
- [7] J. Dillon and G. A. Hornstein, "Hearing voices peer support groups: a powerful alternative for people in distress," (in English), *Psychosis-Psychological Social and Integrative Approaches*, vol. 5, no. 3, pp. 286-295, Oct 1 2013.
- [8] H. A. J. Alderwick, L. M. Gottlieb, C. M. Fichtenberg, and N. E. Adler, "Social Prescribing in the US and England: Emerging Interventions to Address Patients' Social Needs," (in English), *American Journal of Preventive Medicine*, vol. 54, no. 5, pp. 715-718, May 2018.
- [9] G. H. Mead, "Concerning animal perception," (in English), *Psychological Review*, vol. 14, no. 6, pp. 383-390, Nov 1907.
- [10] D. Bakerjian, "Pets impact on quality of life, a case study," *Geriatr Nurs*, vol. 35, no. 2, pp. 160-3, Mar-Apr 2014.
- [11] L. Wood *et al.*, "The pet factor--companion animals as a conduit for getting to know people, friendship formation and social support," *PLoS One*, vol. 10, no. 4, p. e0122085, 2015.
- [12] L. Rew, "Friends and pets as companions: strategies for coping with loneliness among homeless youth," *J Child Adolesc Psychiatr Nurs*, vol. 13, no. 3, pp. 125-32, Jul-Sep 2000.
- [13] S. B. Barker and K. S. Dawson, "The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients," *Psychiatr Serv*, vol. 49, no. 6, pp. 797-801, Jun 1998.

- 1
2
3 [14] S. B. Barker, A. K. Pandurangi, and A. M. Best, "Effects of animal-assisted therapy on
4 patients' anxiety, fear, and depression before ECT," *J ECT*, vol. 19, no. 1, pp. 38-44, Mar
5 2003.
- 6 [15] M. Lundqvist, P. Carlsson, R. Sjodahl, E. Theodorsson, and L. A. Levin, "Patient benefit
7 of dog-assisted interventions in health care: a systematic review," *BMC Complement
8 Altern Med*, vol. 17, no. 1, p. 358, Jul 10 2017.
- 9 [16] H. Brooks, K. Rushton, S. Walker, K. Lovell, and A. Rogers, "Ontological security and
10 connectivity provided by pets: a study in the self-management of the everyday lives of
11 people diagnosed with a long-term mental health condition," (in English), *Bmc
12 Psychiatry*, vol. 16, Dec 9 2016.
- 13 [17] H. L. Brooks *et al.*, "The power of support from companion animals for people living with
14 mental health problems: a systematic review and narrative synthesis of the evidence,"
15 *BMC Psychiatry*, vol. 18, no. 1, p. 31, Feb 5 2018.
- 16 [18] E. J. Ormerod, "Bond-centered veterinary practice: lessons for veterinary faculty and
17 students," *J Vet Med Educ*, vol. 35, no. 4, pp. 545-52, Winter 2008.
- 18 [19] I. Vassilev *et al.*, "Social Networks, the 'Work' and Work Force of Chronic Illness Self-
19 Management: A Survey Analysis of Personal Communities," (in English), *Plos One*, vol.
20 8, no. 4, Apr 2 2013.
- 21 [20] A. Giddens, *Modernity and Self-Identity: Self and Society in the Late Modern Age*.
22 Stanford: Stanford University Press, 1991.
- 23 [21] N. Fraser, "The Uses and Abuses of French Discourse Theories for Feminist Politics,"
24 (in English), *Theory Culture & Society*, vol. 9, no. 1, pp. 51-71, Feb 1992.
- 25 [22] M. A. Mancini and R. Rogers, "Narratives of Recovery from Serious Psychiatric
26 Disabilities: A Critical Discourse Analysis," *Critical Approaches to Discourse Analysis
27 across Disciplines*, vol. 1, no. 2, pp. 35-50, 2007.
- 28 [23] L. Chouliarki and N. Fairclough, *Discourse in Late Modernity: Rethinking Critical
29 Discourse Analysis*. Edinburgh: Edinburgh University Press, 1999.
- 30 [24] I. Vassilev, A. Rogers, A. Kennedy, and J. Koetsenruijter, "The influence of social
31 networks on self-management support: a metasynthesis," (in English), *Bmc Public
32 Health*, vol. 14, Jul 15 2014.
- 33 [25] D. Lupton, "Discourse Analysis - a New Methodology for Understanding the Ideologies of
34 Health and Illness," (in English), *Australian Journal of Public Health*, vol. 16, no. 2, pp.
35 145-150, Jun 1992.
- 36 [26] R. Hood, "Combining phenomenological and critical methodologies in qualitative
37 research," (in English), *Qualitative Social Work*, vol. 15, no. 2, pp. 160-174, Mar 2016.
- 38 [27] R. L. Morris, A. Kennedy, and C. Sanders, "Evolving 'self-management: exploring the
39 role of social network typologies on individual long-term condition management," (in
40 English), *Health Expectations*, vol. 19, no. 5, pp. 1044-1061, Oct 2016.
- 41 [28] K. Lovell *et al.*, "Embedding shared decision-making in the care of patients with
42 severe and enduring mental health problems: The EQUIP pragmatic cluster
43 randomised trial," *Plos One*, vol. 13, no. 8, p. e0201533, 2018.
- 44 [29] H. Brooks, K. Lovell, P. Bee, C. Fraser, C. Molloy, and A. Rogers, "Implementing an
45 intervention designed to enhance service user involvement in mental health care
46 planning: a qualitative process evaluation," *Soc Psychiatry Psychiatr Epidemiol*, Sep 28
47 2018.
- 48 [30] V. Braun and V. clarke, "Using thematic analysis in psychology," *qualitative Research in
49 Psychology*, vol. 3, no. 2, pp. 77-101, 2006.
- 50 [31] G. Scrambler, "Stigma and disease: changing paradigms.," *Lancet* vol. 352, pp. 1054-
51 1055, 1998.
- 52
53
54
55
56
57
58
59
60

- [32] S. Walker, A. Kennedy, I. Vassilev, and A. Rogers, "How do people with long-term mental health problems negotiate relationships with network members at times of crisis?," *Health Expect*, vol. 21, no. 1, pp. 336-346, Feb 2018.
- [33] C. Seale, R. Chaplin, P. Lelliott, and A. Quirk, "Antipsychotic medication, sedation and mental clouding: an observational study of psychiatric consultations," *Soc Sci Med*, vol. 65, no. 4, pp. 698-711, Aug 2007.
- [34] H. Gilbert, D. Rose, and M. Slade, "The importance of relationships in mental health care: A qualitative study of service users' experiences of psychiatric hospital admission in the UK," (in English), *Bmc Health Services Research*, vol. 8, Apr 25 2008.
- [35] B. Olofsson and L. Jacobsson, "A plea for respect: involuntarily hospitalized psychiatric patients' narratives about being subjected to coercion," *J Psychiatr Ment Health Nurs*, vol. 8, no. 4, pp. 357-66, Aug 2001.
- [36] L. Montari and M. Pino, "Conversational pursuit of medication compliance in a Therapeutic Community for persons diagnosed with mental disorders.," *Disability and Rehabilitation*, vol. 36, no. 17, pp. 1419-1430, 2014.
- [37] A. Sweeney *et al.*, in *A mixed-methods study exploring therapeutic relationships and their association with service user satisfaction in acute psychiatric wards and crisis residential alternatives*(Health Services and Delivery Research, Southampton (UK), 2014.
- [38] A. O. Cain, "Pets as family members," in *Pets and the family*, M. B. Sussman, Ed. New York: Hayworth, 1985, pp. 5-10.
- [39] C. R. Sanders, "Understanding Dogs - Caretakers Attributions of Mindedness in Canine-Human Relationships," (in English), *Journal of Contemporary Ethnography*, vol. 22, no. 2, pp. 205-226, Jul 1993.
- [40] S. Stryker, *Symbolic interactionism: A social structural version*. Menlo Park: Benjamin Cummings, 1980.
- [41] L. Wood, B. Giles-Corti, and M. Bulsara, "The pet connection: pets as a conduit for social capital?," *Soc Sci Med*, vol. 61, no. 6, pp. 1159-73, Sep 2005.
- [42] P. Blumstien, "The production of selves in personal relationships," in *The Production of Reality*, J. O'Brien and P. Kollack, Eds. Thousand Oaks, California: Pine Forge, 1997, pp. 209-236.
- [43] J. Archer, "Why do people love their pets?," (in English), *Evolution and Human Behavior*, vol. 18, no. 4, pp. 237-259, Jul 1997.

Bibliography

- Alderwick, H. A. J., L. M. Gottlieb, C. M. Fichtenberg, and N. E. Adler. 2018. "Social Prescribing in the US and England: Emerging Interventions to Address Patients' Social Needs." *American Journal of Preventive Medicine* 54 (5):715-718. doi: 10.1016/j.amepre.2018.01.039.
- Archer, J. 1997. "Why do people love their pets?" *Evolution and Human Behavior* 18 (4):237-259. doi: Doi 10.1016/S0162-3095(99)80001-4.
- Bakerjian, D. 2014. "Pets impact on quality of life, a case study." *Geriatr Nurs* 35 (2):160-3.
- Barker, S. B., and K. S. Dawson. 1998. "The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients." *Psychiatr Serv* 49 (6):797-801. doi: 10.1176/ps.49.6.797.

- 1
2
3 Barker, S. B., A. K. Pandurangi, and A. M. Best. 2003. "Effects of animal-assisted therapy on
4 patients' anxiety, fear, and depression before ECT." *J ECT* 19 (1):38-44.
5
- 6 Bee, P., O. Price, J. Baker, and K. Lovell. 2015. "Systematic synthesis of barriers and facilitators
7 to service user-led care planning." *British Journal of Psychiatry* 207 (2):104-114. doi:
8 10.1192/bjp.bp.114.152447.
9
- 10 Blumstien, P. 1997. "The production of selves in personal relationships." In *The Production of*
11 *Reality*, edited by J. O'Brien and P. Kollack, 209-236. Thousand Oaks, California: Pine Forge.
12
- 13 Braun, V., and V. Clarke. 2006. "Using thematic analysis in psychology." *Qualitative Research in*
14 *Psychology* 3 (2):77-101.
15
- 16 Brooks, H. L., K. Lovell, P. Bee, C. Sanders, and A. Rogers. 2017. "Is it time to abandon care
17 planning in mental health services? A qualitative study exploring the views of professionals,
18 service users and carers." *Health Expect.* doi: 10.1111/hex.12650.
19
20
- 21 Brooks, H. L., K. Rushton, K. Lovell, P. Bee, L. Walker, L. Grant, and A. Rogers. 2018. "The
22 power of support from companion animals for people living with mental health problems: a
23 systematic review and narrative synthesis of the evidence." *BMC Psychiatry* 18 (1):31. doi:
24 10.1186/s12888-018-1613-2.
25
- 26 Brooks, H., K. Lovell, P. Bee, C. Fraser, C. Molloy, and A. Rogers. 2018. "Implementing an
27 intervention designed to enhance service user involvement in mental health care planning: a
28 qualitative process evaluation." *Soc Psychiatry Psychiatr Epidemiol.* doi: 10.1007/s00127-018-
29 1603-1.
30
- 31 Brooks, H., K. Rushton, S. Walker, K. Lovell, and A. Rogers. 2016. "Ontological security and
32 connectivity provided by pets: a study in the self-management of the everyday lives of people
33 diagnosed with a long-term mental health condition." *Bmc Psychiatry* 16. doi: ARTN 409
34 10.1186/s12888-016-1111-3.
35
- 36 Brooks, H., C. Sanders, K. Lovell, C. Fraser, and A. Rogers. 2015. "Re-inventing care planning
37 in mental health: stakeholder accounts of the imagined implementation of a user/carer involved
38 intervention." *Bmc Health Services Research* 15. doi: ARTN 490
39 10.1186/s12913-015-1154-z.
40
41
- 42 Cain, A. O. 1985. "Pets as family members." In *Pets and the family*, edited by M.B. Sussman, 5-
43 10. New York: Hayworth.
44
- 45 Chouliarki, L., and N Fairclough. 1999. *Discourse in Late Modernity: Rethinking Critical*
46 *Discourse Analysis*. Edinburgh: Edinburgh University Press.
47
- 48 Dillon, J., and G. A. Hornstein. 2013. "Hearing voices peer support groups: a powerful
49 alternative for people in distress." *Psychosis-Psychological Social and Integrative Approaches*
50 5 (3):286-295. doi: 10.1080/17522439.2013.843020.
51
- 52 Franklin, M., S. Lewis, K. Willis, A. Rogers, A. Venville, and L. Smith. 2018. "Controlled,
53 Constrained, or Flexible? How Self-Management Goals Are Shaped By Patient-Provider
54 Interactions." *Qual Health Res*:1049732318774324. doi: 10.1177/1049732318774324.
55
56
57
58
59
60

1
2
3 Fraser, N. 1992. "The Uses and Abuses of French Discourse Theories for Feminist Politics."
4 *Theory Culture & Society* 9 (1):51-71. doi: Doi 10.1177/026327692009001004.
5

6 Giddens, A. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*.
7 Stanford: Stanford University Press.
8

9 Gilbert, H., D. Rose, and M. Slade. 2008. "The importance of relationships in mental health
10 care: A qualitative study of service users' experiences of psychiatric hospital admission in the
11 UK." *Bmc Health Services Research* 8.
12

13 Grundy, A. C., P. Bee, O. Meade, P. Callaghan, S. Beatty, N. Ollevent, and K. Lovell. 2016.
14 "Bringing meaning to user involvement in mental health care planning: a qualitative exploration
15 of service user perspectives." *J Psychiatr Ment Health Nurs* 23 (1):12-21. doi:
16 10.1111/jpm.12275.
17

18 Hood, R. 2016. "Combining phenomenological and critical methodologies in qualitative
19 research." *Qualitative Social Work* 15 (2):160-174. doi: 10.1177/1473325015586248.
20

21 Lovell, K., P. Bee, H. Brooks, P. Cahoon, P. Callaghan, L. Carter, L. Cree, L. Davies, R. Drake,
22 C. Fraser, C. Gibbons, A. Grundy, K. Hinsliff-Smith, O. Meade, C. Roberts, A. Rogers, K.
23 Rushton, C. Sanders, G. Shields, L. Walker, and P. Bower. 2018. "Embedding shared
24 decision-making in the care of patients with severe and enduring mental health problems:
25 The EQUIP pragmatic cluster randomised trial." *Plos One* 13 (8):e0201533.
26

27 Lundqvist, M., P. Carlsson, R. Sjodahl, E. Theodorsson, and L. A. Levin. 2017. "Patient benefit
28 of dog-assisted interventions in health care: a systematic review." *BMC Complement Altern
29 Med* 17 (1):358. doi: 10.1186/s12906-017-1844-7.
30

31 Lupton, D. 1992. "Discourse Analysis - a New Methodology for Understanding the Ideologies of
32 Health and Illness." *Australian Journal of Public Health* 16 (2):145-150.
33

34 Mancini, M.A, and R. Rogers. 2007. "Narratives of Recovery from Serious Psychiatric
35 Disabilities: A Critical Discourse Analysis." *Critical Approaches to Discourse Analysis across
36 Disciplines* 1 (2):35-50.
37

38 Mead, G. H. 1907. "Concerning animal perception." *Psychological Review* 14 (6):383-390. doi:
39 DOI 10.1037/h0072265.
40

41 Montari, L, and M Pino. 2014. "Conversational pursuit of medication compliance in a
42 Therapeutic Community for persons diagnosed with mental disorders." *Disability and
43 Rehabilitation* 36 (17):1419-1430.
44

45 Morris, R. L., A. Kennedy, and C. Sanders. 2016. "Evolving 'self'-management: exploring the
46 role of social network typologies on individual long-term condition management." *Health
47 Expectations* 19 (5):1044-1061. doi: 10.1111/hex.12394.
48

49 Olofsson, B., and L. Jacobsson. 2001. "A plea for respect: involuntarily hospitalized psychiatric
50 patients' narratives about being subjected to coercion." *J Psychiatr Ment Health Nurs* 8 (4):357-
51 66.
52

- 1
2
3 Ormerod, E. J. 2008. "Bond-centered veterinary practice: lessons for veterinary faculty and
4 students." *J Vet Med Educ* 35 (4):545-52. doi: 10.3138/jvme.35.4.545.
5
6 Rew, L. 2000. "Friends and pets as companions: strategies for coping with loneliness among
7 homeless youth." *J Child Adolesc Psychiatr Nurs* 13 (3):125-32.
8
9 Rogers, A., I. Vassilev, C. Sanders, S. Kirk, C. Chew-Graham, A. Kennedy, J. Protheroe, P.
10 Bower, C. Blickem, D. Reeves, D. Kapadia, H. Brooks, C. Fullwood, and G. Richardson. 2011.
11 "Social networks, work and network-based resources for the management of long-term
12 conditions: a framework and study protocol for developing self-care support." *Implementation*
13 *Science* 6. doi: Artn 56
14 10.1186/1748-5908-6-56.
15
16 Sanders, C. R. 1993. "Understanding Dogs - Caretakers Attributions of Mindedness in Canine-
17 Human Relationships." *Journal of Contemporary Ethnography* 22 (2):205-226. doi: Doi
18 10.1177/089124193022002003.
19
20 Scrambler, G. 1998. "Stigma and disease: changing paradigms." *Lancet* 352:1054-1055.
21
22 Seale, C., R. Chaplin, P. Lelliott, and A. Quirk. 2007. "Antipsychotic medication, sedation and
23 mental clouding: an observational study of psychiatric consultations." *Soc Sci Med* 65 (4):698-
24 711. doi: 10.1016/j.socscimed.2007.03.047.
25
26 Stryker, S. 1980. *Symbolic interactionism: A social structural version*. Menlo Park: Benjamin
27 Cummings.
28
29 Sweeney, A., S. Fahmy, F. Nolan, N. Morant, Z. Fox, B. Lloyd-Evans, D. Osborn, E. Burgess, H.
30 Gilbert, R. McCabe, and S. Johnson. 2014. *A mixed-methods study exploring therapeutic*
31 *relationships and their association with service user satisfaction in acute psychiatric wards and*
32 *crisis residential alternatives*. Southampton (UK).
33
34 Vassilev, I., A. Rogers, C. Blickem, H. Brooks, D. Kapadia, A. Kennedy, C. Sanders, S. Kirk,
35 and D. Reeves. 2013. "Social Networks, the 'Work' and Work Force of Chronic Illness Self-
36 Management: A Survey Analysis of Personal Communities." *Plos One* 8 (4). doi: ARTN e59723
37 10.1371/journal.pone.0059723.
38
39 Vassilev, I., A. Rogers, A. Kennedy, and J. Koetsenruijter. 2014. "The influence of social
40 networks on self-management support: a metasynthesis." *Bmc Public Health* 14. doi: Artn 719
41 10.1186/1471-2458-14-719.
42
43 Walker, S., A. Kennedy, I. Vassilev, and A. Rogers. 2018. "How do people with long-term
44 mental health problems negotiate relationships with network members at times of crisis?"
45 *Health Expect* 21 (1):336-346. doi: 10.1111/hex.12620.
46
47 Wood, L., B. Giles-Corti, and M. Bulsara. 2005. "The pet connection: pets as a conduit for social
48 capital?" *Soc Sci Med* 61 (6):1159-73. doi: 10.1016/j.socscimed.2005.01.017.
49
50
51 Wood, L., K. Martin, H. Christian, A. Nathan, C. Lauritsen, S. Houghton, I. Kawachi, and S.
52 McCune. 2015. "The pet factor--companion animals as a conduit for getting to know people,
53 friendship formation and social support." *PLoS One* 10 (4):e0122085. doi:
54 10.1371/journal.pone.0122085
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