

PSYCHOANALYTIC REFLECTIONS ON CANINE HEALING:  
SIMILARITIES AND DIFFERENCES BETWEEN TWO MODALITIES

I discuss the healing effects, both physically and psychologically, that some dogs seem to have on some humans. These healing effects are explored from a psychoanalytic perspective. By doing this we gain perspective on what makes psychoanalysis a distinctive therapeutic modality. While canine therapy is often effective, as I will show, it does not displace the core value of an analytic encounter. In part one, I summarize my sense of what makes the analytic encounter irreplaceable.

In part two, I pursue five related ideas: 1. The many similarities between humans and dogs. 2. The role of non-verbal communication in human interaction and in psychoanalytic treatment. 3. The human need for and the therapeutic usefulness of touch. 4. The propensity for dogs to function as transference objects and as transitional objects. 5. The human need to be nurtured, feel understood and accepted for oneself. I suggest that, in many cases, the gratification of being understood, and the communication of that understanding, is of central importance in the curative process of psychoanalytic treatment.

### **Part One: The Dynamics of Transference**

One way to describe the core of psychoanalytic therapy is to return to Freud's early writings on technique. I cite a paragraph from "The Dynamics of Transference" (1912) and I explain each idea in it.

#### Development of Libidinal Attachments

"It must be understood that each individual, through the combined operation of his innate disposition and the influences brought to bear on him during his early years, has acquired a specific method of his own in his conduct of his erotic life—that is, in the preconditions to falling in love which he lays down, in the instincts he satisfies and the aims he sets himself in the course of it. This produces what might be described as a stereotype plate (or several such), which is constantly repeated—constantly reprinted afresh—in the course of the person's life, so far as external circumstances and the nature of the love-objects accessible to him permit, and which is certainly not entirely insusceptible to change in the face of recent experiences." Freud is saying that the form and type of one's libidinal attachments during adult life are based upon hereditary and environmental influences. He is talking about temperament and the nature of one's early object relationships. Together, these form one's personality and style of relating to others for means of gratification (the pleasure principle). Both determine how one seeks out new loving, object relationships throughout the course of life. Lastly, he talks about the repetition compulsion and transference, and indirectly describes psychoanalytic treatment and other influences of change when he uses the phrases, "which is constantly repeated" and "not entirely insusceptible to change".

### Limits of (Ego) Conscious Understanding

“Now, our observations have shown *that only a portion* of these impulses which determine the course of erotic life have passed through the full process of psychical development. That portion is directed towards reality, is at the disposal of the conscious personality, and forms a part of it.”

Freud is saying that only a portion of these impulses, which include those directed towards objects, is accessible to consciousness. We are consciously aware of choices we make, but our reasons for making these choices are not all accessible to consciousness.

### The unconscious portion

“Another portion of the libidinal impulses has been held up in the course of development; it has been kept away from the conscious personality and from reality, and has either been prevented from further expansion except in phantasy or has remained wholly in the unconscious so that it is unknown to the personality's consciousness.” Freud is saying that a part of the human mind is unconscious and therefore not accessible to consciousness under everyday circumstances when we make choices, but that it nevertheless has a huge influence on the choices we do make. At times we experience glimpses of it in our fantasy life and in our dream states.

### The unconscious portion and its reappearance in the transference

“If someone's need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas; and it is highly probable that both portions of his libido, the portion that is capable of becoming conscious as well as the unconscious one, have a share in forming that attitude.” (Pp. 98-100). Freud is saying that if someone's need for love is not satisfied by one's relationships with early objects, he or she will continue to look

for what he or she missed in those early relationships in new, adult relationships. Some of these attempts at belated gratification will be carried on consciously and some unconsciously. The latter give rise to endless repetitions and searching for the lost relationship.

In personal relationships that evoke archaic wishes, persons bring both their conscious and unconscious yearnings to bear. Because psychoanalysis evokes both sets of wishes, analytic therapists seek to make the unconscious wishes, those based on the “stereotype plate”, conscious. We evoke the unconscious, action-discharge aspects of love (yearning; hope; wishes; etc.) that have not yet been put into words. These drive-derivatives are in contrast to "That portion is directed towards reality, is at the disposal of the conscious personality, and forms a part of it." To put into words is to make wishes "at the disposal" of the ego, to use terms from 1923. With that comes, we think, additional freedom. This constitutes the goal of a classical analytic treatment.

Analysis is a two-fold path; we evoke yearning--transference wishes and needs--and we seek to articulate them, to put them into words, by interpretation. This means that we evoke drive informed wishes to act; but frustrate them by offering words--interpretations--rather than actions. Since dogs cannot speak, they cannot be substituted for the analytic experience. For that reason, even when psychoanalysts act in restrained and appropriate ways, we offer words--interpretations--to our actions. How “true” these interpretations must be is a deep question. I address it below, on several pages, where I discuss comments by Winnicott, Bacal, and Morton and Estelle Shane.

## **Part Two: Canine Healing**

Some dogs seem to have the ability to detect human suffering and to communicate their understanding unconditionally in a canine fashion. Although other domesticated animals, such as cats and horses, can bond with humans, there seems to be a unique relationship that develops between some humans and some dogs which, in some cases, results in healing. A review of pertinent literature, including a discussion of the many uses of dogs in a variety of the helping professions, interspersed with a theoretical discussion will be presented. This will be followed by a clinical example from the author's practice as a psychotherapist.

Careful excavations have demonstrated that for the last 10,000 years humans have relied on dogs for close companionship. The dog, by virtue of close association with man for several thousand years, is closer to the heart and mind than any other of the domesticated animals (Fox, 1972). According to Galton, "The animal which above all others is a companion, is the dog, and observation of it demonstrates how readily their proceedings are intelligible to each other. Every whine or bark of the dog, each of its fawning, savage or timorous movements is the exact counterpart of what would have been man's behavior had he felt similar emotions" (Galton, 1883, p.262). My thought is that "exact counterpart" is not "exact", but that there are significant similarities. Lorenz (1952) describes how gradually in the course of centuries it has become customary, in the families of dogs, to choose a human as the leader of its pack.

In *Civilizations and Its Discontents*, Freud (1930) suggested that certain of his hypotheses about the development of the family could be understood by studying the living conditions of those animals that are closest to humans: "Because humans become part of the dog's normal social

group, dogs direct their species-typical social behavior towards humans. For example, they want to stay with their human companions as much as possible, sometimes evoking problems when the dog must be separated from the human family. Social dominance behaviors are also directed towards humans, with some dogs more easily assuming subordinate role within the social group than others” (Ginsberg, 1991, p.10). A dog's social organization and behavior, which resembles that of humans, allows it to have little trouble receiving and responding appropriately to human signals and body language. The reverse of this also holds. This makes a strong basis for a companion type relationship between humans and dogs that is unique (Ginsburg, 1991). Brill (1941) notes that the dog alone has been able to live in close proximity with man. Too, he indicates that the dog has evolved into the highest type of transference animal: “The unconscious tendencies draw no more distinction between human and animal objects than the little child does between itself and the house dog” (p. 155).

Perhaps the essence of a dog and its relationship with humans is best captured by literary critic, Samuel Butler who proclaimed, “The greatest pleasure of a dog is that you make a fool of yourself with him and, not only will he not scold you, but he will make a fool of himself too.” All of us have heard the phrase, “A dog is man's best friend”. Indeed, psychoanalyst, Volney Gay, Ph.D., proclaimed, “Dogs are some of my better friends” (personal communication). One possible explanation for the bond between humans and dogs that has been observed for many years consists of the many similarities between dogs and humans. This echoes what Kohut referred to as the need for human sameness or twinship. These similarities exist in brain structure; communication (verbal and nonverbal) and social behavior; and emotional development, behavior and disturbance.

### **Similarities between Humans and Dogs**

The dog's nervous system consists of the same general building blocks and operates according to the same physiological principles as those in a human being. The canine brain consists of a cortex and an emotional or limbic system, coupled with an autonomic nervous system that is similar in organization to the human brain. This means that there are some similarities between dogs and humans in thinking, experiencing and expressing emotions. Both dogs and humans learn, remember, problem solve and benefit from experience. Both dogs and humans communicate with vocalizations, signals and gestures of the body (non-verbal communication). Low-pitched sounds and barks in dogs usually indicate threats, anger and forewarn possible aggression. Higher pitched sounds in dogs can reflect fear or pain, or where not as sharp, pleasure or playfulness. Psychologists have identified similar characteristics in human speech. For example, when humans are angry, the pitch of voice tends to drop and, when fearful, the voice becomes shrill and high-pitched and words tend to be clipped in length. Sounds in dogs, which are repeated often and at a rapid rate, indicate a degree of excitement or urgency. Sounds spaced out or not repeated usually indicate a lower rate of excitement or passing state of mind. High-pitched sounds of short duration frequently mean fear or pain, while the same sounds repeated at a slower rate indicate playfulness or anticipation of pleasure. Again, similar characteristics have been identified in human speech.

Psychologists have learned that dogs communicate about three main topics. The first deals with their emotional state. The second pertains to social relations, which includes aspects of dominance or social standing and territorial concerns. Lastly, dogs communicate to express wants and desires. Dogs also use their bodies to communicate about matters of social and

emotional concerns. A dog's tail, eyes, ears, and mouth are all mediums of communication, both dog to dog and dog to human. Whole body postures of dogs and humans add further information, serving to modify the message given. Humans do not communicate by words alone and this is one reason why they intuitively understand many of the non-verbal signals of dogs. Rapid tail wagging in dogs is a completely social gesture. In some ways it serves the same function as the human smile. A dog will wag its tail for a person or another dog or animal, but when it is by itself it will not wag its tail to anything it perceives as lifeless. Tail wagging is meant as communication. In a similar way that humans do not ordinarily talk to walls, dogs do not wag their tails to things that are not apparently alive and socially responsive. The “greeting grin” which a few dogs can give, resembles a human grin and they seem to show it to humans and not to other dogs. Dogs are extremely perceptive of subtle, non-verbal cues in humans, such as the way in which a person moves, stands, is tense, relaxed, fidgety and anxious, angry, confident and so on. This is why a dog can quickly determine if a person is afraid of him. Dog trainers tell us that if a handler or owner is anxious or tense, the dog doesn't work very well or learn very much. The dog also becomes tense and uncomfortable. Trainers say that tension from the owner flows from the lead which functions like an umbilical cord. Fox (1990, p.37) states, “Few people realize that a dog can express more than one emotion at one time. For example, an aggressive snarl or sneer can be combined with a more fearful expression, in which the lips are pulled back into a submissive grin, these two simultaneously combined expressions being indicative of both fear and aggression-the face of a fear-biter.” Psychoanalysts are aware that humans also often express more than one emotion at a time.



According to Fox (1972), puppies need plenty of human contact and experience with all kinds of things during the first few weeks of life, especially from four to twelve weeks of age.

Experiments have shown that, especially around eight weeks of age, puppies are sensitive to disturbances and they tend to remember or be “marked” psychologically by them for some time, perhaps permanently. This is similar to stranger anxiety in toddlers. Puppies are developing organisms, extremely susceptible to physical and psychological trauma at around eight-weeks of age. They are also dependent on frequent human contact and handling between six and ten weeks of age. If deprived of adequate contact during the critical six to ten week period, puppies never develop a close attachment to humans. Play, as practice, contributes to the development of later behavior. It seems to expose puppy and young human child to a variety of social situations, so that different social roles, such as being the leader, the follower, and the innovator or cooperative partner are learned. This leads to improved communication for both dogs and children. That, in turn, enhances social flexibility. The puppy and the child learn of their limitations and competence in social situations. Likewise, play exposes the puppy to a variety of animate and inanimate objects that can be explored and manipulated. If a puppy or a child wants to continue playing with a peer or littermate, it soon learns to inhibit aggressive or pain-evoking actions. Through this almost sadomasochistic social exploration, children and puppies learn how far they can go. This may lead to teasing and tantalizing play and, more rarely, sheer sadistic bullying to see the response of the subordinate. In puppies, fighting between littermates becomes highly ritualized early on. Dogs and children have a strong tendency to assert their dominance. It has been suggested that through play fighting, puppies learn whom they are subordinate to and whom they can dominate without inflicting severe physical injuries on each other.

Battaglia (1994) indicated that socialization studies confirm that the critical period for puppies to be stimulated is between four and sixteen weeks of age. He explains that insufficient contact with humans can interfere with optimal emotional development that can then result in an adverse effect on the development of the bond with humans. He also notes that the lack of sufficient social stimulation, such as handling, mothering and contact with others, has an adverse effect on puppy social and psychological development. Over-mothering can interfere with adequate exposure to other individuals and situations that have important influences on growth and development of the puppy. Battaglia stated, as psychoanalysts know well, that the absence of love and cuddling increases the risk of an aloof, distant, asocial or sociopathic human. He noted that over mothering could also be harmful. It likely will produce a dependent, socially and emotionally unstable individual. The lack of outside social interaction during early life results in learning and social maladjustment in dogs and children.

According to Fox (1990), puppies have been known to respond to a mirror as though it is another animal. With maturity they ignore the mirror image, which seems to indicate that they know it is not another animal, just their own reflection. Thus, Fox holds that this behavior seems to indicate self-awareness. Dogs do dream and, during dreaming, twitch, yelp, bark and make running movements. Some dogs even have wet dreams that suggest an ability to imagine things. This is another example of the basic component of the ability to think, recall and recognize. Fox says, "There is a whole realm of preverbal memory and mental activity that dogs share with us, and that our verbal abilities can either repress or enhance, as most psychoanalysts and therapists will attest" (Fox, 1990, p.7).

Some dogs teach themselves specific behaviors after observing their owners. Such behaviors have included pressing doorbells, opening doors, flushing toilets and operating drinking fountains. Fox states that some owners, especially of highly attentive breeds such as German Shepherds, Shelties and Border Collies, believe that their dogs almost have ESP because they are so tuned into what their human companions say and do. Lastly, according to Fox, dogs do have a conscience or a moral sense of right and wrong. One could surmise that this resembles a component of a human superego. This has been supported by countless acts of altruism, such as rescuing people from burning buildings and children from holes in the ice (Fox, 1990).

According to Fox (1990), dogs exhibit numerous symptoms of emotional disturbance somewhat comparable to those observed in humans. These include, but are not limited to, separation anxiety, depression, pathological grief, anorexia nervosa, irrational fears, irrational guilt and psychosomatic disorders such as diarrhea and hysterical paralysis.

Ernest Jones (1957) cites Freud, who discusses a personal, humorous experience that illustrates emotional disturbance in dogs. "This dog is a psychosomatic case, indeed! She supposedly had too narrow a pelvis for ever having puppies without danger to her life. For this reason, she had to be watched carefully whenever she was in heat. At those times Helene and I alternated in the anti-baby-sitting service. Once, on a Sunday sitting in our garden with the dog, I fell asleep, and when I awakened the dog had disappeared. Frantically, searching for her, I found her finally in the neighbor's garden with a beautiful male poodle. The chow looked very sheepish, but no real evidence of a love act could be established. Nothing could be done at the moment more than to wait and see. Several weeks went by without any change in her behavior. At the end of the second month, however, the teats began to swell and colostrum appeared. She began to get fat

rapidly. When on the street, she scratched and dug holes in the ground, altogether unmistakable signs of pregnancy. I resigned myself to the inevitable, but nothing happened. On the contrary, in the fourth month, instead of increasing, these signs started to decrease. I rushed with the dog to the veterinarian. Diagnosis: Pseudocyesis. Have you ever heard of a dog with a false pregnancy? I am almost inclined to say: "That can only happen to the dog of an analyst!" (p. 212).

Campbell (1992) points out that abnormal, maladaptive behavior in dogs can be defined as tension-relieving behavior which does not have any connection to the cause or causes of tension. This type of behavior does not relieve the tension and, in many cases, actually increases the tension in other areas of the dog's life. He cites the examples of urination, self-mutilation, habitual masturbation, general destructiveness and displaced aggression. Psychoanalysts are familiar with similar behavior in humans. Campbell's definition of psychotic behavior in dogs includes unreasonable rage, activity that alternates between depressive and wild activity, and depressed activity including lack of response to powerful stimuli such as food. The latter includes dogs that starve to death when in the presence of food.

### **Nonverbal Communication in Humans**

The role of non-verbal communication in psychoanalytic treatment has been well documented and dates back to Freud. Freud (1925-1927) believed that ideas and emotional states could be transferred from one person to another without the use of words or signs. As mentioned above, dogs communicate nonverbally, via their bodies, with each other and with their human companions. I believe that the healing effects of nonverbal exchanges between analyst and

patient might have some relevance to the healing effects that dogs have on humans. “How a person speaks says as much, if not more, than what they say. Nonverbal cues not only express emotions, but also regulate the body physiology, emotions and behavior between individuals. The homeostatic regulatory mechanisms and affective exchanges between mother and infant proceed nonverbally. Neuroscience data now indicates these same nonverbal mechanisms occur between adults to facilitate attachment, regulate affect and physiology and to provide a sense of being understood” (Pally, 2001, p. 71). Pally (2001) also notes that there are some aspects of experience, such as the feelings of attachment, empathy, and the subtle aspects of emotion which are expressed better nonverbally than through words. Schwartz (1992) argues that nonverbal expression plays a pivotal role in how humans understand each other. He suggests that each affect has a distinct pattern. The pattern is a combination of facial configuration, muscle tonus, gesture, and posture and vocal qualities. As in dogs, humans with a clenched jaw, a curled upper lip, bared teeth and a growling tone of voice can express anger or aggression. Both the visible and the audible changes are detected as signs of a specific affect.

Beebe and Lachman (2002) point out that the nonverbal interactive experience in relationships is relational. Mother and baby communicate from the very beginning of life through this nonverbal process. Pally (2005) notes that a threat in one animal, including dogs, can trigger submissive behavior in another and, in humans, a direct stare towards a stranger can signal danger and hinders the other's approach behavior. A human smile signals friendliness and invites the other to approach. She further indicates that crying triggers comforting behavior in another. Pally (2000) argues that therapeutic action, according to neuroscience, probably begins at the nonverbal level or implicit level, and that this provides an atmosphere of trust and safety. This is

necessary for a therapeutic process to unfold. She emphasizes that in the next phase, therapeutic action may actually involve the co-construction of new ways of being with another person. These are created in a nonverbal, implicit way before they then become conscious and can be put into words. I believe that some dogs can relate to humans in a nonverbally therapeutic way, even in an owner-pet relationship, and this can provide for a modest amount of change and healing. Pally states, “The fact that so much in the brain occurs nonconsciously and without words suggests that emotional, non-verbal exchange may play at least as much importance in analytic treatment as does verbal exchange.” (Pally, 2009, p. 99). Pally theorizes that people impact each other so much at a non-verbal level that it suggests that how the analyst or therapist communicates may be as important for therapeutic action to take place as what the analyst says. Perhaps, in the not too distant future, psychoanalysis might be known as the non-talking as well as talking cure according to Pally. She states, “Both the empathic understanding of emotion and the need for responses from others, for the purpose of self regulation of physiology and affect, can occur without the intervention of words” (Pally, 2000. p.72). I believe that this is one contributor to the healing ability of dogs, some examples of which will be provided shortly.

### **Human Need for Touch**

What dog owner does not enjoy petting and touching his or her dog? Could this touching have a healing effect on humans? The human need for touch is well-documented and is present from birth. Colt (1997) writes, “A simple touch, a hand on the shoulder, an arm around the waist, can reduce the heart rate and lower blood pressure. (Even people in deep comas may show improved heart rates when their hands are held). Touch also stimulates the brain to produce endorphins, the body's natural pain suppressor, which is why hugging a child who has skinned his knee can

literally, 'make it better' ” (Colt, 1997, p.60). We, as humans, are born with a need for physical touch. This need for touch is particularly important for infants, toddlers and adults (especially the elderly) living in a care facility. A therapy dog is remarkably programmed to provide this for humans, and it frequently awakens special memories fondly recalled in the elderly. Stern (1990) writes, “The ultimate magic of attachment is touch. And this magic enters through the skin” (p.99).

Fosshage (2000) believes that touch provides a fundamental and elaborate form of communication. He notes that recent research demonstrates that physiological and psychological regulations of persons of all ages are “righted” as a result of physical holding and touch. Physical touch seems to be necessary with deeply disturbed patients in psychoanalytic treatment. “As a sensory system, the skin is the most important organ system of the body because, unlike other senses, a human being cannot survive at all without the physical and behavioral functions performed by the skin” (Montagu, 1986, p.14).

Klaus, Kennell and Klaus (1995) studied bonding. They demonstrated that human and nonhuman infants who have been stroked by their mothers at the earliest stages of their postnatal lives did much better physically, emotionally and interpersonally, as compared with those who did not get this experience of touch. Montagu (1986) states, “The study of mammal, monkey, ape and human behaviors clearly shows that touch is a basic behavioral need, much like breathing is a basic physical need, that the dependent infant is designed to grow and develop socially through contact, tactile behavior, and throughout life to maintain contact with others. When the need for touch remains unsatisfied, abnormal behavior will result” (p.46). In addition,

Pally (2000) states, “Touch serves as an integral ingredient of physiologic regulation of the infant. Skin to skin touch increases feeding and weight gain in premature infants and prevents the profound physiologic and behavioral changes that accompany maternal separation. Touch promotes the attachment bond. Anxiously attached children frequently have mothers who show an aversion to close bodily contact” (p76). According to Field (1986), “Tactile contact and behavioral interaction can counteract the effect of maternal separation in infants. Underweight premature infants in incubators show increased weight gain, increased head circumference and improved behavioral indices when provided with added tactile contact” (Field, et al, 1986, p. 657).

In terms of psychoanalytic treatment, published reports have emphasized the use and effectiveness of touch with very disturbed and deeply regressed patients. Mintz (1969) suggests that physical touch may also be useful with the “healthy neurotic” in periods of deep regression when the patient is temporarily unavailable for verbal communication. She lists four possible meanings of touch in the psychoanalytic situation: direct libidinal gratification; symbolic mothering; conveying a sense of being accepted; and conveying a sense of reality. Mintz argues that the first is problematic in a therapeutic situation, but the other three meanings and uses of touch can facilitate growth and the analytic process. However, the question of when this holding or touching is appropriate, even in these situations, is a delicate matter and requires skillful decision-making. Although the type of touch provided by a dog is not identical to that provided by a human, I believe it can partially gratify the need for human touch in some individuals. Later, I will cite an example of this from Akhtar.



### **The Human Need for Nurturing, Understanding and Acceptance**

The concepts of paternal and maternal functions of the analyst are familiar to most psychoanalysts. When I think of the paternal function of the analyst, the name that comes to mind is Sigmund Freud. When I hear the term, maternal function of the analyst, several names come to mind, including Winnicott, Guntrip, Kohut, and Bacal. The paternal function of the analyst is most often associated with the interpretive function, whereas the maternal function is commonly associated with nurturing and the provision of a holding environment. Balint (1969) argued that we have two major therapeutic methods, one of which is interpretation and the other, the creation of a therapeutic relationship between the patient and ourselves. I believe he is talking about the maternal function when he speaks about the creation of a relationship. I believe dogs provide something that approximates the maternal function. An example to be given by Heiman speaks to the relationship of dogs to patients as possibly deriving much of its significance from mother-child relationships. As noted earlier, some dogs seem to have ESP, as they seem to be so in-tune with their owners in terms of understanding their moods. One could assume that the dog is capable of a limited form of empathy.

Guntrip (1956) discusses a beautiful example of the healing effects of the maternal function. The patient, an elderly woman, developed a chronic running eczema which began shortly after the death of her husband. It had spread over her entire body. All medical treatments during the course of one year produced some improvements but were always followed by relapses. Eventually, the woman was cured by a motherly, sympathetic woman herbalist who massaged a soothing ointment into the affected areas. In the process, the herbalist spent a long time with the patient and talked to her soothingly. According to Guntrip, the eczema masked a severe

depression brought on by her husband's death. Guntrip believed that the woman was cured by the motherly, personal relationship, the soothing intimate bodily attention and the sympathetic interest. This provides at least a partial explanation for the ability of dogs to heal those who suffer from physical illness that has a psychological component. Of course, even if Guntrip is correct we cannot conflate this kind of “touch therapy” with psychoanalysis. Psychoanalysis requires patient and analyst to feel, to recognize, and to name their deepest feelings within the frame of the analytic space. To cite Freud again, a neurotic person lacks access to essential parts of his mind: “both portions of his libido, the portion that is capable of becoming conscious as well as the unconscious one” generate transference wishes. Analytic technique helps patients to not act. Instead, we help them find the words, to make the unconscious conscious, and to thereby retrieve the missing portion of their vitality.

Guntrip (1956) later states, “But one thing the patient must find in the analyst. He must ultimately become convinced that the analyst loves him as a person in his own right, that the analyst does feel a genuine interest, concern and goodwill for him for his (the patient's) own sake, and respect and takes him seriously” (p.16). This makes me think of the dog's unconditional love for his/her owner. Shane states, “Non interpretive responsiveness may be just what the patient needs and while most analysts do know this, they hesitate to discuss it or write about it freely” (Bacal, 1998, p.82).

Bacal (1998) believes that understanding is therapeutic. “For to be understood can be deeply gratifying and is, perhaps the most important function performed for us by our selfobjects. It is possible that the gratification of being understood by one’s selfobject is of central importance in

the curative process” (p. 16). In a personal communication to Bacal (1998), Winnicott said, “The analyst's true function is not to provide to correct interpretation, but to be available to respond with understanding that is appropriate and useful to his patient.” Bacal further states, “Other selfobject needs may require a responsiveness for which verbal interpretation will not do and we need to study the significance of these optimal responses for the patient, for example, the warmth provided by the analyst's blanket” (1998, p.20-21). In Bacal (1998), Morton and Estelle Shane state, “Rather, the proper goal in the clinical situation is that the analyst, having understood his or her patient, should then communicate that understanding through optimal response” (p.78). I believe this is a dog's way of communicating a type of understanding, in canine fashion, when it licks one's face when a human shows distress. With human beings, this “optimal response” requires both verbal understanding (formulation, interpretation, communication) and authentic emotional expression.

### **Dogs as Transference Objects and as Transitional Objects**

Dewald (1964) describes transference as, “A form of displacement in which an individual unconsciously displaces on to a current object those drives, defenses, attitudes, feelings and responses which were experienced or developed in relationships with earlier objects in the individual's life” (p.196). Transferences can be both positive and negative or mixed. Thus, at times transference can consist of both positive and negative drives, wishes, defenses, attitudes, feelings and responses. The positive transference usually consists of drives, attitudes, feelings, defenses and responses related to libidinal impulses. The negative transference consists of all of the above that are associated with anger, frustration and deprivation.

Greenson (1967) provides a working definition of transference: it is a special kind of a relationship towards a person or an object. Its main characteristic is the experience of feelings towards a person which do not befit that particular person, but apply to another person. This other person is from one's past. Greenson emphasizes the concept of displacement from the past, repetition, and unconscious process. Impulses, feelings, and defenses which pertain to a person in the past are shifted onto a person in the present. Because this is unconscious, the person doing the displacing is unaware that he or she is doing so. Transference, in this sense, is a new edition of an old object relationship. It can consist of any or all components of a relationship, including feelings, drives, wishes, fears, fantasies, attitudes and ideas or defenses against them. Lastly, he stresses that the sources of transference reactions are meaningful and significant people of early childhood. Greenson refers to Fenichel (1941) who held that transferences can occur within analysis and also outside of analysis and that it occurs in all people. Lastly, Greenson discusses Fenichel's claim that all human relationships consist of a mixture of realistic and transference components and he points out that transference reactions can also occur to animals, inanimate objects and institutions. Analysis will reveal that all of these transference reactions are derived from the significant people from early childhood.

Most psychoanalysts credit Heinz Kohut with introducing the concept of the selfobject transference. He identified three basic needs from early childhood development. Specifically, he noted the need to have one's competence, performance and achievements validated; to feel protected and supported during times of stress which are beyond the ability of a child to manage adequately; and the need to be acknowledged by one's kin as a fellow human being. Kohut indicated that when these needs have not been significantly met or are misunderstood, they are

transferred to the analyst in the therapeutic environment. He referred to these as the mirror transference, the idealizing transference and the alter-ego or twinship transference. For my purposes, I pay special attention to the latter two types of transference which, I believe, manifest themselves in the case I cite in this paper. Kohut (Miller, 1996) defined the idealizing transference as stemming from a need to be united with somebody one looks up to, admires and who can provide inspiration and strength. The idealized object helps maintain the stability of the self-system when one is feeling endangered, frustrated, or in search of personal meaning. Alter-ego transference or twinship transference arises out of a need for a response which acknowledges a bond of sameness or kinship. Kohut held that this is a human need to have one's humanness, kinship or sameness with others acknowledged. For this reason, people need appropriate responses throughout life whenever the self is in danger of fragmentation, devitalization or disorganization. Naturally, these self- states are in evidence in a therapeutic relationship. I will illustrate this in my work with a patient later in this paper.

An illustration of a dog functioning as a transference object is provided by Heiman (1952). He writes about the case of a thirty-five-year old woman who had undergone three years of psychoanalytic treatment, first with a female therapist and then with a male therapist. The patient consulted Heiman following her engagement to a man ten years her senior. The woman wished to resume treatment because of intense anxiety about the impending marriage. Heiman states that at one point the identification of the patient with her dog was so complete that almost imperceptibly she changed from talking about the dog to talking about herself. Her own libidinal wishes, which she could not master or accept, were displaced onto the dog. In one session, the patient herself howled and whined and was demanding just as she described her dog. Later on,

“A portion of the intolerable instinctual cravings was acted out by displacement, projection and identification onto the dog. The patient alternately identified herself with the dog (who then represented the patient as a child) and with the mother whom the patient thought of as depriving her of her breast, penis, stool, child and father. Through this intermediary, traumatic experiences of her earlier life were worked through” (Heiman, 1952, p.517). I believe the author is saying that the dog had functioned as a partner to the analyst, not as a replacement. It seems as if the patient’s excess of anxiety was reduced by this displacement. Heiman says, “The preponderance of females or feminine attitude in the establishment of relationships of dogs to patients perhaps derives much of its significance from mother-child relationships” (p.518). Among significant clinical material was that, “Increasingly she identified herself with her dog. In her associations to a dream, the patient spoke alternately of herself and of her dog, indicating that she was using her dog to express fantasies having reference to herself, to her mother and to her desire to have a child” (Heiman, 1952, p. 520). He reports, “In another session two factors became clear: the patient's ambivalence towards the dog's behavior and the degree to which she and the dog formed a psychological unit. The patient recognized that she unconsciously approved of the very acts of the dog that she tried to curb in herself. Thus, she unconsciously permitted the dog to act toward her as if the dog was herself as a child, and she was her own mother at that time. Here we see clearly the strength of the aggression acted out through identification with the dog” (p.515). In these ways, the patient’s dog functioned as a twin or alter ego.

Schizoid patients often feel more comfortable with animals, including dogs, than with humans and sometimes carry on an intense, imaginary conversation, self-object transferences, with them (Akhtar, 2003). Hazel (1994) cites Fairbairn's early comments on the schizoid problem.

Fairbairn worked with a patient, a bachelor of 40, who was engaged. The patient stated, “If I kiss Mary my heart isn't in it. I hold my breath and count. I can only hug and kiss a dog because it doesn't want anything from me, there are no strings attached” (Hazel, 1994, p. 137).

Akhtar (2003) talks about animals, including dogs, making their appearance during psychotherapy and psychoanalysis. He cites an example of a patient wanting to accompany his analyst on vacation. The patient spoke about an image of a baby kangaroo in its mother's pouch. At times, matters go beyond metaphors. Actual pets are talked about in great detail during treatment sessions. These could be pets owned by adult patients or those from the patient's childhood. In either case, the pet often signifies an unassembled self-representation of the patient as well as aspects of unacknowledged transference configuration. The resulting “animal transferences” might contain reactivation of early object relations with animals (containers of still sleeping layers of parent-child relations), as well as metaphorical molding of the analyst into a “new animal”, rather like a “new object.” Countertransference experiences might also involve complementary phenomena (Racker, 1957) whereby the analyst comes to feel toward a regressed patient, feelings he might have had towards pets of his own. Akhtar (2003) notes that relationships with real and imaginary animals play an important role in hiding and expressing childhood concerns and curiosities. These have major influence beyond the early years of life and can shape adult psychopathology, including such disorders as lycanthropy and animal hoarding. Akhtar notes that intense frustrations can evoke sadomasochistic object relations during infancy and early childhood. These can result in the internalization of a pet, such as a dog, rather than a parent as an ideal object. If animals, such as dogs, become the internal objects of a child, then they remain the internal objects of the adult. Lastly, he holds that animals serve

as ready symbols for the displacement of internal anxieties onto relatively harmless external objects.

We know from Winnicott's (1989) writing that when children are going through a transitional stage in their lives, they will choose a transitional object, such as a blanket or a teddy bear. They keep the object close to themselves for comfort. Winnicott noted that within the first few months infants of both sexes become fond of playing with dolls and that most mothers allow their infants to have some special object. They expect that they will become 'addicted' to such an object. The object becomes the first not-me possession for the infant. Such an object is usually a teddy bear, a doll or soft toy, or a hard toy. Winnicott noted that many important things can be studied about this object, one of them being the initiation of an affectionate type of object relationship with this particular object. To some extent these objects stand for the breast. These objects, along with other phenomena, he terms transitional phenomena. Other examples include a bundle of wool or part of a blanket, a certain word or tune, or a mannerism. Any of these can become important to the infant for use at the time of going to bed. They become a defense against anxiety, especially depressive anxiety. These objects or other types of objects he termed transitional objects. The need for transitional objects may persist through childhood, so that the original soft object continues to be necessary at bedtime or during times of loneliness or to fend off a depressed mood. The need for a specific object or a behavior that began at a very early age may reappear later, even in adults, when the person faces the threat of deprivation. At other times there is no transitional object with the exception of the mother herself. Hence, a transitional object can be a living being. According to Winnicott, one special quality of the transitional object is that it must seem to the individual to give warmth, to move, to have texture



or to do something that seems to show it has vitality or reality of its own. Another quality of the transitional object or of the relationship with the object is that the individual assumes rights over it, meaning he or she has some control over it. I suggest that transitional objects might be animals, especially dogs. (If an individual gets tired of playing with his or her dog, it can be put into a pen or crate temporarily, or just ignored. Dog owners own their dogs just as infants own their transitional objects.)

Arthur Modell (1985) asserts that therapists can function as transitional objects for select groups of patients: "I perceived an analogy in the transference of borderline patients to a transitional object. The analogy exists in several contexts: the person of the therapist can be experienced as a transitional object in that there is a belief that he or she is interposed between the self and the dangers of the external world. There is an illusion that no harm will occur as long as contiguity is maintained. This can be described as the use of the therapist as a transitional object (p.125)." Heiman (1952) found that children will interact with their pets, including dogs, in the same way they do with transitional objects. They rub, stroke, cuddle and kiss them. In this way, children sometimes use dogs and other pets as transitional objects, seeing their companion pets as providing comfort, security and emotional support. Dockar-Drysdale (1991) notes that most children have a transitional object during early developmental stages, but that deprived children seem to discover a transitional object for the first time in their lives. I suspect the same is true for deprived adults. Perhaps this is one reason why some elderly people seem to react so well to a certified therapy dog in nursing home visitations.

A group of patients intensely involved with animals, including dogs, are those with borderline personality disorder. They often use animals, including dogs, as transitional objects to ease the pain of separateness and aloneness (Akhtar, 1993). Akhtar writes about a middle-aged man with borderline personality disorder who celebrated his birthday with a cake, candles and his two dogs. He felt unable to participate in social activities and felt like a misfit. He had a tendency to become silent and withdrawn when involved with social activities. With his dogs he felt needed and loved and did not experience that anxious attachment he felt when in the presence of other people. The company of his dogs during his birthday celebration saved him from experiencing complete isolation. Akhtar (2003) notes that many animals, including dogs, are warm, soft and available on an as-needed basis. This makes them excellent substitutes for emotionally absent parents.

There are numerous examples of the healing effects that dogs have on humans. This healing phenomenon includes both physical and psychological effects. Some of the examples of canine assisted healing in humans include the following: eliciting speech from those who have been non-verbal for one reason or another, including children with autism; stimulating of the movement of previously inactive limbs such as is seen in stroke patients; lowering of blood pressure; reducing anxiety levels; reducing the depressive symptoms of low mood and low energy level; and increasing social interaction and communication among patients who have been withdrawn. One reason visits by therapy dogs to long-term care facilities boost morale, alleviate depressed mood and improve relationships among people, is that they provide much needed social stimulation. In addition, most people are familiar with the numerous helping roles

dogs have assumed. These include service dogs, hearing-ear dogs, seizure-alert dogs, search and rescue dogs, bomb sniffing dogs, police dogs and seeing-eye dogs.

Some examples of the healing effects of dogs have been routinely published in *Interactions*, the official publication of the Delta Society. A short article on the *Therapy Dog of the Year* appeared in a 1994 issue. The dog was a 105-pound black furry Newfoundland. Her name was Layla and she visited a preventative mental health program for children with her owner, a family therapist. Layla brought unconditional love and unquestioning comfort to children facing common fears and challenges of their younger years, as well as those experiencing chaos, loss and separation in their lives. The children used Layla to describe feelings they did not feel comfortable owning. One child spoke about Layla being afraid because she was at home alone and so she scratched at doors until she found a new home. This sounds to me like an instance of projection. Another child, diagnosed with autism, whose speech was unintelligible, was eventually able to ask clearly, "I take Layla for a walk?" She then would compliment Layla afterward with, "Nice work, Layla!" Another example appeared in the same issue. A young girl was told she had cancer. She said that she felt the walls around her were crashing and that the walls were her life. She was angry and lonely and had trouble coping emotionally with the medical procedures her treatment required. A therapy dog team was introduced. When the team was called in for a bedside visit, they found this girl upset and crying in her wheelchair. The dog seemed to sense that this child needed a friend. She approached the wheelchair and placed her head on the girl's lap, who reached out and patted the dog and smiled. The girl was upset, but

that it all changed when she suddenly had a German Shepherd licking the tears off her face. From that day on the girl submitted to whatever treatment was required, no matter how unpleasant.

An example from the author's practice as a psychotherapist illustrates some of the concepts noted above. I am not advocating the routine use of therapy dogs in psychoanalytic psychotherapy as there are many factors to consider prior to embarking on such an undertaking, such as the breed and temperament of the dog, the training of the dog, the type of patient involved, the goals of treatment, etc. I include this vignette to illustrate the healing effects dogs can have on humans from a psychoanalytic perspective. This experience took place during what was going to end up being a long-term supportive psychotherapeutic relationship. My three-year-old German Shepherd, Nina, was present for a number of sessions with this patient. Prior to introducing Nina to the therapy with his patient, a woman in her late forties, I discussed with the patient the possibility of bringing Nina, a certified therapy dog, to our sessions. The patient, who I will refer to as Nicole, was a pet owner and a lover of animals, especially dogs. She was delighted with the idea. It should be noted that she had recently discussed with me her worry about the ducks roaming around the grounds outside my office building, wondering how they would be fed during the winter months. This alerted me to the tendency for Nicole to displace and project her feelings and needs onto animals. All of the aforementioned suggested to me that the addition of a certified therapy dog to our work might be of therapeutic benefit for this patient. Winnicott's emphasis of the importance of a holding environment also crossed my mind, especially for people who have been forced to grow up with a false self. I believe that Nicole's abusive environment led to her formation of something short of a true self. Winnicott believed in the

therapeutic value of a secure holding environment. He felt it was necessary to provide such an atmosphere in order to allow for primitive fusion states and dissolve the false-self organization (Seinfeld, 1993). Some of Winnicott's holding techniques included extended sessions, telephone conversations and sessions timed to accommodate a patient's needs. I think it was important for Nicole to have a secure holding environment in view of her psychological state of mind and traumatic background.

My diagnostic impression of Nicole was that of a high-level borderline personality structure with severe depressive features. She was being treated for major depression with medication by the referring psychiatrist. My impression of Nicole's mother was that she was a "witch" as Nicole had reported that she had experienced an enormous amount of emotional abuse from her mother during childhood and adolescence. Too, she had been sexually abused as a pre-adolescent by a stranger. Lastly, she was struggling with the grieving process, as she had recently lost her husband to a rare brain disorder and had lost her younger son to what was officially ruled as an accidental heroine overdose.

Over the course of treatment, Nicole had come to the realization that she needed to face the trauma, pain and sorrow of her childhood, and had to complete the mourning process regarding her husband and son if she was going to "get better." She had expressed to me her fear of crying, that she would do so endlessly, and that she would totally disintegrate, losing her sense of self. Her living children and other significant people in her life believed that she just needed to "get over" the deaths of her husband and son. I was also aware of how much mothering she had missed out on during her childhood.

Nicole became very attached to Nina by the third or fourth session during which Nina was present. During our fifth session with Nina a poignant experience took place. Nicole walked into my office, immediately burst into tears and knelt on the floor so she could embrace Nina. I kept quiet as she remained there with Nina for a few minutes. Then she slowly moved to her chair. In between her sobbing we talked about the pain she was feeling. She continued to interact with Nina during our conversation. Periodically, Nina whined. I understood this to be a communication of Nina's sense of Nicole's pain and distress. Eventually, Nina returned to her original position and location on the floor, and she no longer interacted with Nicole. With ten minutes left in the session, Nicole continued to sob intermittently. Suddenly, she sat back in her chair and began to cry and sob with great intensity. At that instant, Nina rose from her reclining position, gently stepped up onto Nicole's chair with her front paws, and began to lick Nicole in the face. Nicole responded to Nina by hugging her and repeating her name over and over. I found myself fighting back tears until the session ended, following which I cried alone with Nina there. For me, it was the most moving experience I had ever witnessed in a psychotherapy session. It was apparent to me that Nicole needed a physical display of unconditional love during that moment, something I could not give her. I believe it would have been difficult for any therapist or analyst to give her the type of unconditional love that Nina gave her at that precise moment. Perhaps I could have given her more "holding" in a non-physical fashion, but not physically.

The dream that followed this session suggested that Nicole needed the physical display of affection one normally receives during a healthy infancy and that she felt something similar to

this in the therapy hour. Nicole telephoned me the following day and, in our brief conversation, said that she could not remember what had happened in our session the previous day, but that she had had a dream that night. In the dream, Nicole was in my office wrapped safely in a blanket. She indicated that both Nina and I were also present.

### **Discussion**

I was employed by a large group practice at the time I worked with Nicole and I was not permitted to take detailed process notes with me. However, I continued to work with Nicole for several years following this experience with Nina. Nicole's concern about how the ducks would be fed during the winter months alerted me to her need to be fed emotionally and, as noted above, her tendency to displace and project needs onto animals. This suggested to me she was transference-ready, at least pertaining to animals. I was reminded of how her mother neglected her, verbally abused her and deprived her of emotional and physical nurturing. I thought perhaps Nina, a very affectionate and loving dog who was well-trained by an accredited therapy dog organization, might help provide Nicole some of what she had missed as a child. Nicole immediately embraced Nina upon walking into this session and burst into tears. My thoughts were that she wished she could have embraced me and been embraced by me, but that wish she could not put into words. It may have been easier and safer for her to act this out via displacement to and projection onto Nina. Akhktar, above, indicated that people with borderline personality disorder often use dogs to ease the pain of separateness. I believe Nicole was feeling this separateness and a sense of loss prior to entering my office that day because we had been talking about her numerous losses during recent sessions. Nicole was also “mothering” Nina, identifying with her as herself, giving herself what her own mother could not give her as a child.

Earlier I cited Mintz who talked about touch and symbolic mothering. I also cited Heiman who talked about the preponderance of females or feminine attitude in the establishment of relationship of dogs to patients, perhaps deriving much of its significance from mother-child relationships. It should also be noted that Nicole was aware that Nina had been a brood bitch, a mother herself. I think this fact facilitated the transference to Nina. At that moment, I thought that Nicole experienced Nina as being a better mother than her own mother had been and that she viewed Nina as an extension of me. Heiman talked about his own patient using her dog, in a dream, to express fantasies having reference to herself, to her mother and to her desire to have a child. She unconsciously used the dog to portray both herself as a child and her mother.

Although I do not have Nicole's associations to her dream, I would like to share some of my thoughts about it. I think it speaks to her experience with Nina and to the effects it had on her. The fact that Nicole felt safely wrapped in a blanket, with Nina and me present, suggests to me that the experience stirred up something from her infancy. I believe she experienced Nina and me as holding her safely. Earlier, I cited Bacal who indicated that the warmth provided by the analyst's blanket is an instance of optimal responsiveness and important in the curative process for some patients. I think the blanket in the dream also represents me and illustrates, as noted earlier by Modell, that a therapist can also be a transitional object. If one believes in the theory that there is always a wish expressed in a dream, maybe Nicole wished to re-live her infancy with me as her mother holding her. The fact that Nina and a blanket appeared in the dream suggests that Nicole experienced Nina as a transitional object. During the session I remember Nicole holding Nina by the head and repeating her name over and over. It reminds me of how children rub, stroke cuddle and kiss their transitional objects.



I believe Nicole showed components of idealizing and twinship transferences towards me and that she also identified with me. I believe the presence of Nina helped her to form these transferences. I also believe that Nicole had an idealizing transference towards Nina and that Nina made it easier for her to mourn her numerous losses and deprivations. I witnessed additional crying spells in Nicole during subsequent sessions with Nina present. In addition, soon after the death of her son, Nicole reported that she was unable to look at pictures of him. She struggled with guilt, believing she had been a “bad” mother. Not too long after the session with Nina, Nicole indicated that she was able to look at her son’s picture. Eventually, later in treatment, her crying spells subsided, her guilt was alleviated and she was able to express anger at her son. Additional evidence for the transference and identification hypotheses includes the following. Nicole was aware that I had trained Nina to be a certified therapy dog and she witnessed how well-trained Nina was. I think this contributed to Nicole’s idealization of me. Nicole was a dog owner and she had done some basic training with her own dogs. Nicole was also aware that I had donated some of Nina’s puppies to Support Dogs, Inc., some of which graduated from the program and were placed as service dogs for people with disabilities. A couple of years later, while Nicole was still in treatment with me, she was diagnosed with Multiple Sclerosis. Following additional work with her, with Nina continuing to be present, I convinced Nicole that she should apply to Support Dogs, Inc. for a service dog. I agreed to write a letter of recommendation for her. I believe my work with her and Nina’s presence provided her with enough structural change that she felt worthy enough to apply for a dog. She was awarded a Goldendoodle four years ago. This dog provides her with needed assistance with her disability and is her faithful companion.

**Conclusion**

Stern et al., 1998 note that there has long been a consensus that something more than interpretation, i.e., making the unconscious conscious, is needed to effect change in psychoanalytic psychotherapy. I believe that Nina assisted me in providing Nicole with “something more.” Stern suggests that, following successful psychoanalytic treatment, most patients attribute change to two types of events in the treatment. One of these is interpretation which accounts for intrapsychic change; the other consists of special moments of authentic person to person connection with the therapist. This alters the relationship between them and the patient's sense of himself or herself. Stern proposes that two mutative events or phenomena are necessary for therapeutic change, “interpretation and moments of meeting.” He argues that interpretation and moment of meeting act together to make possible the emergence or reinforcement of the other and that neither is explicable in terms of the other. Nor is one more privileged than the other.

This irreducible duality suggests two types of knowledge, two types of representation, and two types of memory which are constructed and reorganized in psychoanalytic treatment. One is explicit or declarative and the other is implicit or procedural. Declarative knowledge is acquired via verbal interpretations that alter one's understanding within the context of the psychoanalytic, transference relationship. Implicit knowledge is acquired via interactional, intersubjective processes within the context of a shared implicit relationship with the therapist. Implicit relational knowing, according to Stern, is an essential concept in the development of pre-verbal infants. Research has demonstrated that infants interact with caregivers using relational knowledge. However, such knowing and interacting are not limited to infancy. Implicit

knowing continues throughout life and it occurs in the numerous ways of being with the therapist, including the transference. I believe the presence of Nina and her behavior with Nicole facilitated a “moment of meeting” between Nicole and me on an implicit level. That “something more” and the analytic interpretations I had offered to Nicole made this a powerful therapeutic event.

I think it is appropriate to end this paper with a quote from Akhtar: “More striking is the fact that the founder of psychoanalysis himself had his dogs present while conducting sessions with his patients. Perhaps, they diminished his loneliness and distress while encountering his patient’s psychic suffering” (Akhtar, 2003, p. 120). Was this the case for me while working with Nicole and other patients? Absolutely! Nina was both the Queen and my faithful companion and assistant. Perhaps she made me a better therapist? I remember a short-term successful therapy with a woman who was fearful of men. At the conclusion of therapy, she informed me that she would not have completed her treatment with me had Nina not been present. Nina passed away several years ago and I still miss her dearly.

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