On interviewing people with pets: reflections from qualitative research on people with long-term conditions

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Abstract

There is mounting evidence that pets, or companion animals, are associated with physiological, psychological and social benefits for humans. Much of this research has come from western countries, in particular the USA, where there have been consistent calls for greater engagement with pet ownership and health. Drawing on a secondary analysis of 61 in-depth interviews with people, or carers of people, with long-term conditions, we explore how pets feature in people’s narrative accounts of their experiences. Our findings demonstrate the multifaceted nature of people’s relationships with pets, and the embedded and embodied ways in which human–nonhuman interactions are played out in narratives of chronic illness. Our study differs from other work on pets and health in that, by returning to the interview video recordings, we were able to explore the sometimes three-way interactions, the co (a)gency, between participants, pets and researchers. Pets were often presented as important family members, yet the researchers’ responses to the presence or talk about pets was often markedly different from their reactions to other household members. We conclude with cautioning against the downgrading of pets in narrative health research. Narrative approaches may invite participants to talk about what is important to them, yet they clearly have limitations in practice.

Keywords: pets, chronic illness, narrative, secondary analysis, companion animals

There is mounting evidence that pets, or companion animals, are associated with physiological, psychological and social benefits for humans. Much of this research has come from western countries, in particular the USA, where there have been consistent calls for greater engagement with the relationship between pet ownership and health (Beck and Glickman 1987, Beck and Katcher 2003). Animal-focused journals, such as Society & Animals, have drawn attention to theoretical and empirical work about the benefits of pet ownership. This work includes engagement with the status of pets as nonhuman animals and the conceptualisation of human and nonhuman relationships. It also focuses on the value of human and nonhuman interaction. Pets can be a source of activity, produce a calming effect and increase people’s socialisation and communication skills. These benefits have been observed among people with dementia and other long-term conditions (LTCs) (Connell et al. 2007). Owning a pet can also contribute to the social capital of owners in an indirect way, such as facilitating social interaction while they exercise their pet (Wood et al. 2005).
The relationship between pet and owner often remains stable and uncomplicated. Pets may provide consistently positive responses and be a source of comfort, security and reassurance to their owners (Brooks et al. 2012, Siegel 1993). Wrye (2009) suggests that pets fulfil the criteria of Giddens’ (1992) pure relationship in that the relationship is sought for its own sake and is rewarding because pets appreciate our attention and seem to care back. Pets can offer a form of ontological security through their typically predictable, routine and stable behaviour. There is also an embodied intimacy to everyday relations between pets and their owners (Fox 2006). People often describe their pets as family members, sharing in intimate daily routines and interactions, physical contact and affection which both parties appear to enjoy (Fox 2006). There is evidence that people ascribe agency to their pets, translating into words the animals’ feelings and motivations (Charles and Aull Davies 2008, Symons 2009). In a study of the experiences of managing LTCs, Brooks et al. (2012) found that pets contribute to managing emotions (emotion work) and enhancing a sense of identity (biographical work) and to a lesser extent, practical tasks (everyday work). These authors conclude that pets are not simply substitutes for human relationships but have unique qualities of their own.

The development of pet-assisted therapies in nursing and group homes further underlines the expectation that interaction with animals may have positive health implications (Rock et al. 2007, Symons 2009), although it is acknowledged that we need to better understand the relationship between humans and animals; for example, how close relationships develop and why they confer health benefits (Franklin et al. 2007).

There are also less positive dimensions to the experience of pet ownership. Historically, the domestication of animals has been associated with exposure to cross-species infection that has caused a litany of major health hazards such as toxoplasmosis and rabies (Mayon Smith 2005). Pet ownership can entail additional burdens if an owner becomes ill or is no longer able to care for their pet. Or indeed, the pet itself may become ill and need care, and differences in longevity between humans and companion animals mean that the pet is likely to predecease the owner.

Overall, evidence about the relationship between pet ownership and health remains inconclusive. Chur-Hansen et al. (2010) point to the conceptual and methodological weaknesses that have hindered the development of a clear understanding of the health-related effects of pet ownership while Wrye (2009) suggests that the lack of clarity around the research evidence could explain why pets are largely appreciated by owners for their companionability rather than their role in health improvement. The contribution they make to their owners’ quality of life may draw on a broader definition of health that encompasses dimensions of wellbeing as well as a sense of social integration (McNicholas et al. 2005).

Recent work has been influenced by the turn to postmodernity, with more critical discussion of the status of pets as nonhuman animals. The complex issue of how to understand and conceptualise human and nonhuman relationships is apparent in studies where primacy is accorded to personhood and tendencies towards anthropomorphic interpretations are discussed (Fox 2006, Franklin et al. 2007, Wrye 2009). This tendency is problematic for post-humanist theorists who work towards destabilising binary categories such as humans and nonhumans and develop a reconstitution of this relationship along non-speciest lines (see, for example, Derrida 2008).

Michael (2004), drawing on the work of Haraway (1997) and Latour (1987), introduces the notion of co(a)gency to facilitate the destabilising of binaries. Co(a)agents enable connections between the human, technologies and nature. Interestingly, Michael uses the research interview setting to illustrate how complex interactions between the human and the nonhuman constitute ordering and disordering by virtue of the relations into which they enter (2004:18). A focus on co(a)agents alters the unit of analysis, allowing a more systematic exploration of the role of the
nonhuman in the social. Our concern in this article is that researchers may not recognise nonhuman actors as such and therefore exclude them from consideration.

Drawing on a secondary analysis of 61 in-depth interviews with people, or carers of people, with an LTC, we explore how pets feature in people’s narrative accounts of their experiences. Our findings contribute to research demonstrating the multifaceted nature of people’s relationships with their pets and the complex, deeply embedded and embodied ways in which human and nonhuman interactions are played out in narratives of chronic illness. Our study differs from other work on the role of pets in chronic illness in that, by returning to the interview recordings, we were able to explore the sometimes three-way interactions, or co(a)gency between participants, pets and the different researchers who conducted the interviews. These interactions had often been summarised initially as an interruption in the transcripts and sometimes the recording device had been turned off for those minutes. We found that researchers responded very differently both to the physical appearance or accounts of the role of pets, possibly depending on whether they were (or had been) pet owners themselves. Pets were often presented by their owners as important family members, yet researchers’ responses to the presence or talk about pets was markedly differently from their reactions to other household members.

Methods

The interviews
This article draws on secondary analysis of six collections of interviews (n = 231) from the archive of patients’ experiences held by the Health Experiences Research Group, University of Oxford. The collections covered interviews with carers of people with dementia or multiple sclerosis and people with Parkinson’s disease, autism, heart failure and stroke. The studies were selected from the archive to represent different types of LTCs with varying implications for health and everyday life. The collections used were assembled by nine researchers aged between 30 and 50, eight women and one man, to explore the information, support and health needs of people with these health conditions. For each interview, a two-part approach was taken, starting first with an open question in which the participants were asked to talk about their experience of the condition (or caring for a person with the condition), followed by a semi-structured section in which points raised in the first part were expanded upon and additional questions asked. Summaries of key findings from each collection have been written up for public dissemination at the University of Oxford (n.d.) as well as in journal articles on topics such as the diagnosis of autism in adulthood (Ryan 2013) and the media coverage of suicide (Chapple et al. 2013).

The secondary analysis
Secondary analysis means analysing data that were collected for a different purpose (Heaton 2004). There is some contention over the meaning of the secondary as opposed to the primary analysis of qualitative data and the extent to which the two approaches may differ (Hammersley 2010).

One of the authors (SR) was also the original researcher on one collection (autism) and was aware of the importance of pets to autistic people through her original study. The analysis presented here emerged through a larger secondary analysis focusing on the experiences of 231 people with LTCs, or their carers, of formal home care. The potential importance of a more systematic analysis of the place of pets in people’s health experiences emerged at an early stage of the secondary analysis. In one of the first transcripts examined, the centrality of the
dog to the participant’s story was very apparent. Thereafter, throughout the broader analysis, any mention of pets, whether in accounts of how pets featured in the lives of the participant or arising from interruptions or comments that highlighted the presence of pets during all or part of the interview, was gathered under a code. This analysis draws on 61 of these interviews in which pets were referred to during the interview.

The way in which pets emerged as an unanticipated theme is similar to the process outlined by Charles and Aull Davies (2008). Pets formed an almost accidental focus which, for these authors, became apparent only once the interviews were complete. They had not initially considered pets as potential fictive kin. In our study we had similar challenges in that there is little probing for further details or clarification in the interviews around the relationships with pets. Charles and Aull Davis suggest this is a limitation of the data but we argue that it highlights how even experienced researchers can establish their own agendas in the research setting, closing off areas of importance to participants.

Once the transcripts were coded, all material included in the pet code was explored using a visual mapping technique (Ziebland and McPherson 2006), moving from the words of participants to a more conceptual analysis. The process of analysis involved both authors questioning interpretations of the data. One of us (SR) is a pet owner and the other is not currently (though she has been).

Researchers responses and framing ‘interruptions’

A second strand of the analysis focused on what happened in the interview when a pet appeared, either physically in the room where the interview was taking place, or as a point of reference in the participants’ accounts. We were interested in whether the researcher referred to pets in their questions, prompts and probes and how the researcher responded if a pet was mentioned in the interview or made its presence felt (for example, through barking or demanding attention from the researcher or participant) in the interview.

We discovered that in many instances, even though the interviews were transcribed verbatim, pet related interruptions were noted only as unexplained interruptions by the transcriber and the actual interactional detail was not included. We returned to the original video or audio recordings of the interview to examine any interruption that suggested a pet was present, checked whether the interruption had been recorded (some were long enough for the recorder to be switched off) and transcribed all available sections in full where they were available.

Findings

The analysis demonstrates the complex and multilayered involvement of pets in participants’ health experiences. The topic of pets was almost exclusively raised in the interview by the participants rather than the researchers. Variously, pets were physically removed from the interview setting (by the participant, another member of the household or even the researcher themselves), written out of the verbatim transcript with an interruption label, and positioned as irrelevant or not interesting through a lack of engagement by researchers, who largely failed to prompt participants about the role pets played in their lives. The pets were rarely mentioned in the analysis and initial writing up of findings.

In the following extracts text in italics denotes text or timings missing from the original transcription. In the first extract the researcher strokes the dog, disturbing it. This causes the interview to be disrupted while the participant goes to fetch some dog biscuits:
Mary: It’s alright Poll [dog].

[Tape paused and resumed. Mary leaves room to get the dog some biscuits. 4-sec pause]

Mary: She’s had more biscuits so she’ll be alright. [Participant looks at dog: 6-sec pause]

R: Sorry, I interrupted you there. You were talking about coming home.

Mary: Coming home and days out from the hospital.

(Jenny, Parkinson’s disease)

R: Huh. [12-sec pause; researcher turning pages]

Jenny: Do you want her upstairs? Hello darling [strokes dog]. Stay there. Bert, can you take her upstairs, pet? Please. Come on. She’ll come and talk to you.

(Papers rustling)

Jenny: [to herself] I’m sure there’s things I wanted to say, but I can’t think of them... (Jenny, Parkinson’s disease)

These examples illustrate interactions between the participant and the pet, and also the researcher and pet. The researcher in the first extract initially interacts with the dog, causing the disruption. Then, the researcher acts to remove the dog from the setting and ignores the ensuing interaction, using the break to look through her interview schedule. This suggests that the researcher is less interested in, or engaged with, this relationship. In a similar way that the pet’s positioning in the participant’s narrative is largely ignored, which we will discuss in the following section. The pet’s positioning in the interview setting itself is managed; they can be erased from view and from being present. This has implications for our understanding of the relevance of pets and health.

The interruptions by pets often involved the participant doing remedial work to restore the interactional disjuncture but also were opportunities to introduce the researcher to the pet, or vice versa.

[Interruption]

[Laughter]

Mary: [Talking to pet] No, [researcher’s name] is not hurting you. She wanted to stroke you. It’s alright. You were asleep.

R: Sorry about that.

Mary: She doesn’t like being woken up. [Talking to pet] It’s alright, Poll.

[Tape paused and resumed]

(Mary, stroke)

Jenny: But recently I’ve changed from, um, art of one type to doing acrylic painting. Which, I can hold a paintbrush at longer length, um, and it doesn’t need such fine control [Laugh]. It’s the dog. She’s sniffing at the door. [Pause].

(Jenny, Parkinson’s disease)

There were also examples of the pet being an unwelcome intrusion in the interview setting for the researcher, and that the importance of the relationship between the pet and the participant was not apparently recognised by the researcher. For example:

Martin: I have said my diagnosis was unfeeling. It was done by a doctor who was quite brisk and who dealt with me as one more person, I think, but without
sympathy or preparation or indication what I might do about it. I can’t
remember exactly I just know I felt they hadn’t done it well. I’ve been
fortunate since my doctors have been wonderful.

R: Can I shut that cat up?
Martin: He’ll stop in a minute.
R: Will he? Can I shut the door a bit?
R: Yes.
(Martin, Parkinson’s disease)

In this extract there is ironic positioning in relation to the participant discussing an unfeeling
diagnosis although the examination of the video section suggests that the participant is relaxed
and smiling while the researcher closes the cat out of the room.

In the narrative accounts the researchers do not prevent participants from discussing their
pets but, at the same time, rarely ask questions about them or probes:

Jonathon: With getting old, I have less and less, less desire to go away and I confess I
worry about the cats so I don’t want to go away for that reason.
R: So you haven’t had, because I was going to ask you about, insurance, but you
haven’t had to face that?
Jonathon: Travel insurance?
(Jonathon, Parkinson’s disease)

The participant is offering his disclosure in the form of a confession; he won’t go away
because of the cats. The researcher appears to wilfully avoid the reference to the cat, instead
sticking to her semi-structured interview questions. The question about insurance appears to
raise some confusion in the participant and suggests a gap between the participant and the
researcher in terms of how the former makes sense of his experiences.

In a few cases the researcher did probe the participants about their relationship with their
pet. For example:

R: The other thing you talked about is that you used to have a dog and the dog
was quite helpful when you first had the stroke?
Margery: Yeah.
R: When you first came home. Can you just talk about that?
Margery: Oh the dog was wonderful. I’m, I’m not used to dogs. We didn’t have one as
a child and we’d had this one for, well we’d had her for about 6 years I
suppose when I had a stroke. We had her from 3 months and, em, she was a
wonderful dog. She was a springer spaniel and my husband had gone to
classes to teach her how to behave herself and stop at the pavement and
everything when she was small. And so she just did everything she was told
and it was, I was quite well known through the town for going round on my
scooter and as soon as I got to the pavement, she would just stop like that.
(Margery, stroke)

Another participant bought a dog to encourage herself to walk after being diagnosed with
Parkinson’s disease. The researcher returned to the pet later in this interview, asking the
participant: ‘Do you definitely feel that that is an important part of your management of
having this condition?’ This question elicited a deeper description of the benefit of the dog
both in terms of exercise, ‘You feel a bit silly walking miles on your own’, but also as a
companion:
Plus I think it was partly with my dad as well, with losing my dad, getting the company because I was here on my own all day, so it was another outlet for that. So it’s difficult, it covered two things really, getting a dog. (Abbey, Parkinson’s disease)

The instances in which the participant and pet relationship was probed or further questioned by the researcher illustrate the thick description that can be generated about this topic. That this was typically not followed up by the researcher indicates that there are levels or layers to narratives that remain unexplored but that are important to participants, highlighting the control exercised by researchers even when using relatively open approaches to interviewing.

In the next section we illustrate how pets feature in participants’ accounts of the discovery, recovery or management of their illness. There was also some engagement with pets as social actors in their own right and we demonstrate how pets’ own (sometimes health-related) needs and considerations could impose demands on the participant, with variously positive, neutral or negative impacts on their owners’ lives and self-care.

The importance of pets in health narratives

In several accounts pets (mostly dogs) were centrally located as social actors within the unfolding health narratives. This was sometimes at the point of discovery of the condition:

Right looking back in 1999... January 1999. I started with a tremor in my arm. I thought it was a trapped nerve. But I’d been through quite a stressful time in December. 23rd December my dad had died. Um. My mum came to stay with us for a few days over Christmas. We had a golden retriever dog that absolutely adored my dad and couldn’t understand why he wasn’t there. And a few days after Christmas she started vomiting and we had to take her to the vets and we discovered she’d got, eaten, yards and yards of tinsel off the Christmas tree. So that trauma. The vet didn’t think she would live. (Jenny, Parkinson’s disease)

Here Jenny attributes a thinking self to the dog who, she says, was wondering where her father was. The dog is a central character in the narrative and in this account the story of the near death experience of the dog is given more detail than the death of her father. She translates the dog’s thoughts on its behalf, positioning the dog as an authentic actor in this narrative. She also relates both the death of her father and the trauma of the dog’s experience as factors contributing to the stress she was experiencing at the point at which she first noticed symptoms of Parkinson’s disease.

In a second example, a daughter, Helen, described how she realised that her mother was developing dementia because of her unusual treatment of her dog. She said:

And then we realised the poor little dog either wasn’t fed at all, or was fed a lot, and we realised the same thing was happening with my mother. (Helen, carer)

It was more apparent to see the unusual behaviour manifested in the treatment of the dog than in the mother, who was able, for some time, to mask some of her symptoms. The mother eventually moved into residential care and the dog remained a central character in the story. Concerned that her mother would worry about her dog, Helen gave her a soft toy dog, and a book of photographs of the dog, to take to the care home. She described how much her mother enjoyed both items and how they had a calming effect on her. The soft toy seemed to have the same sort of effect as the real dog, which her mother appeared to have forgotten.
about. Meanwhile, Helen said that the dog went into decline. Helen slept with the dog at her mother’s flat until the vet persuaded her that he was old and unwell and it would be kinder to put him down:

My husband and I took the dog and we cleared it with the vet beforehand exactly what was going to happen, that we were going to have the body back and bury it in our garden and all the rest of it. This is my dog and not my mother!

For Helen, the story of her mother’s dementia and the story of the dog are intertwined and are central and emotional components to the experiences she is recounting. The story of her experience of her mother’s dementia cannot be told without the story of her mother’s pet. This extract also illustrates the self-deprecation participants often demonstrated when positioning their pets centrally in their narratives. This is similar to the pet owners in Charles and Aull Davies’ study (2008). These authors suggest this reflects the ambivalence of human and animal relations and participants are testing the water with the researcher to gauge their views of pets.

In many narratives the pets’ positioning in the story is illuminating. For example, when her husband with dementia became violently sick, Carol described how she was worried about the dog eating the vomit and stopped to throw newspaper over it the vomit and lock the dog in the hall, before taking her husband to casualty. Thinking about the dog’s health at the time of her husband’s deterioration suggests that the status of the dog is important in her family. The interlude involving the dog could have been left out of the retelling of events. Carol constructed her narrative with the dog as a key actor in the story. Other participants also considered the wellbeing of their pets as well as their own health needs. Some of the pets experienced LTCs and their owners recognised the care and support they needed. The interweaving of the participants’ narratives about their own health and the health of their pets was again explicit:

R: What’s your sort of daily routine, what do you do?

Stephen: [Laughs] Well, funnily enough when I get up in the morning I’ve got to give my cat insulin because it’s diabetic. I’ve got to prick my fingers to take my blood sugar count, and having done that, we’re ready to start the day. And we go through the same routine at night again, before I go to bed. (Stephen, heart failure)

In this extract the health concerns for people and pets are merged into one. Graham, in the following extract, demonstrates how he’s tailoring his exercise needs with those of his dog:

Graham: So I mean, since then, I’ve just started taking the dog for walks and [pause 3 sec] well, I used to take him for even longer walks but he’s getting worse now. He’s, he’s getting like myself, he’s not able to go so far. So I just thought, just slow down the walks and don’t take him so far. Just take him oftener. (Graham, stroke)

Participants are not anthropomorphising their animals in these extracts but according their pets a status that is not typical in social science understandings of human and nonhuman interaction. The illness narratives involve a shared and intertwined consideration of both the participant and their pet’s capabilities and wellbeing. The narratives suggest more of a levelling between the status of the pet and person than is often not recognised or acknowledged, in popular discourses around animal ownership. This is reinforced by the positioning of pets in lists of social actors, or related to activities. For example:
It was so hard to get home and have to, to crawl about, it was so much better to be at home with my dog and my family and the familiar surrounds and at some point you have got to get home and start living in your own surroundings. (Susan, stroke)

In this extract the pet is listed first, suggesting the centrality of the animal to the narrative. We now move on to look at why this might be, through an exploration of the benefits of pet ownership for participants in both practical and emotional ways.

Positive experiences of pets within illness accounts

The participants, both carers and people living with LTCs, described ways in which a pet could help, including getting them out of the house and engaged in physical activity, as a reference point for their self-monitoring of symptoms, providing structure to the day and companionship, particularly in periods following bereavement or while living with restrictions as a consequence of the illness. Most participants with pets had been pet owners before the onset of the illness, although a few said they acquired a pet after their health deteriorated. Perhaps the overriding role pets fulfilled was companionship. The participants described talking to their pets, sometimes about their own pain or distress, or about the distress they felt in managing their partners’ ill health, as the following extract illustrates:

Martin: Anyway, took her [wife] in, booked her in, and got her settled down, and then I left. Visited the next day because nothing was going to happen that day, okay we chatted, and the operation was then going to be the next day. So I came home – fortunately for me I had a dog which believe it or not is something I didn’t believe I would ever need so much – but I came home and took the dog a walk and we had a chat! And we talked this thing through. (Martin, carer)

The participant expresses surprise at the level of companionship provided by his dog and talks in terms of ‘we’, again placing himself and his dog at the same level. Pets provided participants with companionship and a sense of responsibility. The importance of this function is further illustrated by the following extract where the participant reflects on the comfort his cat provided in the past:

James: You know I just knew that the thing that, um, I missed most of all apart from obviously being with my wife and family and things like that was the cat.
R: Hm.
James: And I, yeah, I used to, you know... and alas the cat is no longer with us, but, um, and she was a lovely little cat and well, I’m saying little but 18 years, you know.
R: Hmm.
James: So she did have a good life herself. Um. But yes, that was uh and it was very, very comforting to be with the cat. (James, stroke)

Peter, describing how lonely his life had become since his wife had died of dementia, reflected:

You know, so in that respect, it has altered my life and of course I feel, not that this is probably relevant, I feel more responsible for my little dog now than, I mean when [wife]
was here and looking after the house and things like that, then, you know, I love me dogs but now I feel a personal responsibility.

He reflected on how his wife had recognised the dog for 3 months after she no longer recognised him, and how she barely put the dog down in that time. He explained the dog’s behaviour after his wife’s death in the following way:

Because he’s seen the other dogs go [die], and then [wife], I think he hangs on to me because he’s thinking ‘Well I hope he doesn’t go as well’.

The dog is involved in Peter’s readjustment to his wife’s death and Peter is now responsible for the dog. It is not clear whether this responsibility is welcomed or onerous for Peter. It may offer him structure to a life disrupted by bereavement which may be particularly acute after a period of caring for someone. What is apparent is the way in which Peter invests his dog with the ability to think, again translating these (imagined) dog thoughts. This could be interpreted as an example of anthropomorphising, but, again, this concept does not fully capture the relationship we see emerging through Peter’s account.

Some people described how their pet filled a role that could not be filled by any human in their circle. For example, Mary said Polly was brought into the hospital as a surprise when she had become depressed. The staff lined up to see her response and she describes how her face lit up. She provides a rich account of how Polly has helped her both through bereavement and through her illness:

I suppose because my husband died em, I’ve relied on Polly for company and you have to talk, you haven’t got anyone to talk to if you’re on your own, you need, you need to be able to talk. It’s really important, I think, especially when you, you’ve come from something like a rehab unit, you need to be able to talk. So I’ve talked to Polly over the years. I tell Polly everything and if I want to say something instead of sort of just thinking it, I say it out loud and I say it to Polly [laughter] instead of talking to myself, I’m talking to Polly, which makes it not sound quite so mad I suppose, em, so Polly has been, yes. I think probably having an animal is a tremendous help. Yes. Very soothing, em. It’s something you can touch, which is quite important as well, you know, you can stroke, you can touch. That’s very soothing if you’re feeling very wound up and I’ve also found I think the times when the pain has been really, really bad and I haven’t wanted to see to anybody or talk to anybody, but Polly’s always been there and I’ve always found I touch Polly, I’ve cuddled Polly. It’s been a great help. Really, really, really. Rather than having a person there because pain, when you’re in real pain, having actually, actually a person there doesn’t actually help at all. You don’t want, you feel you can’t, you can’t talk, you don’t want, you don’t want anyone present you don’t want any, it hurts so badly that you don’t want anything near you. It’s, it’s really strange. But just comfort from Polly was a, was a really big thing, so I think she has helped enormously.

Mary here, again with some self-deprecation, reflects that talking to a pet is unusual, but, at the same time, endorses the benefits of this activity.

As well as a physical dimension to pet ownership, it also offered a social dimension, facilitating interactions with other pet owners. Martin, who cared for his wife with multiple sclerosis, described how his social life was enhanced by the daily dog walk and he returned home fulfilled through chatting with ‘a whole host of friends’. He felt his wife, who was unable to walk any more, lacked that layer of sociality. A few participants explained that while
their mobility was limited and they had reduced their level of social activity because of their illness, they didn’t mind because they were happy to stay in with their pets. So pets could help increase sociability or be a substitute for human interaction.

Several participants with autism also discussed the importance of their relationship with their pet in their accounts. Pets could provide a bridge between the social isolation that is often a characteristic of autism spectrum conditions and the wider social world. They said they could not necessarily understand typical emotions in some ways but would be devastated if something happened to their pet. Pets were easier to interact with because they didn’t talk and had fairly clear communication signals. For example, a wagging tail means happy and a snarl means not happy:

We [people with autism] like animals a lot and half the time the reason for that is, for me, or personally, is because they don’t talk back. Their social systems are very basic, you know, you just go up to them, you stroke them, they respond, you know, they, they, respond more so we can see it. Whereas people, they talk, don’t they, about stuff? Whereas animals, they can’t talk, so they show it in physical form. So we can see it, which makes us more comfortable about it. (Tim, autism)

In some interviews pets were used as a reference point to illustrate the severity of symptoms. For example, Roger talks about losing coordination and dexterity on one side of his body: ‘But that was really weird. I couldn’t do things bilaterally at the same time, like scratching the dog behind his ears and things like that’ (Roger, Parkinson’s disease).

Another participant used walking his dog as a reference point in his decision to have surgery. He measured the distance he had walked his dog before his first operation, compared with the present. The reduction in the amount he walked the dog motivated him to have further surgery.

The benefits to participants of pet ownership are very apparent through these various examples which demonstrate very different functions of owning pets. There were some examples in which pets were discussed in a less positive light. For example, one man was left in bed all day after his dog barked at a replacement formal carer in the kitchen and the carer ran away. A second example involved a visiting pet physically harming a woman with dementia after her husband went out for an evening:

You know, at one time I could go out and leave her for a while. It was and it was all right, and me son used to take me, come and take us out on a Friday night. We were looking after a dog, me other son’s dog, this Friday night, I’ll never forget it and she was, she was getting worse, you know I’m talking about probably a year, couple of years after the, you know, it was a gradual going downhill all the time, you know. And when we came back her lip was all split, the dog had bit her. Well, I should, you know, imagine she was trying to give her a kiss and that and the dog bit her. (Mike, carer)

What is interesting is the lack of blame apportioned to the animal in both these examples despite the fact that the person was left either harmed or in considerable discomfort through the actions of the pet.

**Discussion and conclusions**

In this article we have demonstrated how the relationship between pets and people with LTCs (or their carers) can be downgraded, overlooked or removed from qualitative research.
This has implications not only for our knowledge and understanding of people’s health and illness experiences but also for qualitative research practice more generally. As Michael’s (2004) work demonstrates, a focus on co(a)gency alters the unit of analysis and enables a destabilising of binary categories. Many of the researchers who conducted the original interviews and analysis, reanalysed here were sustaining binary categories through a lack of engagement with what was important to participants. The contextual and relational orderings (and disorderings) in both the interview setting and to some extent, in participants’ narratives, were stripped away through the research process, leaving the unit of analysis as the individual.

We have further highlighted the differing ways people with LTCs, their carers and researchers think about and interpret human and nonhuman relationships. Our analysis confirms that pets are important agents in the health experiences of some people. The relationship many participants described with their pets is complex and appears to involve a deep emotional bond. This confirms the work of Brooks et al. (2012), who identified emotion work as one of the main contributions that pets made to people’s management of LTCs. This bond was sometimes recognised by other family members or care providers, who made accommodations to facilitate the presence of the pet in hospital settings in some cases. The participants described their pets as the motivating force for returning home, getting out and exercising, and as important companions in their everyday lives.

Mead asserts that animals are lower animals because they lack language and selves, supporting the anthropocentric way in which animals are typically viewed in terms of what they cannot do, compared with humans. Indeed, there is evidence that animals have more developed senses that enable them to do things humans cannot do, such as detect cancer through smell (Ulanowska et al. 2010). Across the interviews, participants consistently attributed thinking and acting selves to their pets in ways that could be interpreted as anthropomorphic. Like Sanders (2000, 2003), we remain less convinced that this concept captures the human and nonhuman relationships described by participants, or evidenced in the interactional setting of the interview.

There was evidence that pets were able to offer unequivocal support that did not wane over time. The relationship between human and nonhumans needs to be reconstituted along non-speciest lines in order to be able to capture and adequately reflect this experience. This reconstitution would release people from the peculiarity of a position of self-censorship or deprecation about what are clearly important relationships to them and, possibly provide them with the tools, or words, to articulate these relationships productively. Somewhat ironically, researchers are contributing to these constraints by their lack of consistent engagement with pets and health.

The limitations of secondary analysis include gaps in the data so the secondary research question is not answered effectively and gaps in understanding because the analyst is not fully familiar with the context of the interviews. The former issue was apparent in the analysis, but the latter was less so because the original researchers were available for clarifying issues.

Pets were constituted in the narratives as family members whose health and wellbeing was considered alongside those of the human family members. The self-deprecation demonstrated by some participants when discussing their interactions and relationships with their pets suggests that nonhuman animals occupy a peculiar position in society. The participants could articulate the benefits of having a pet but remained mindful of the uncertain status of animals in broader society. Narrative approaches may invite participants to talk about what is important to them, rather than focusing on the researchers’ concerns and interest, yet they clearly have limitations in practice.
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Note

1 In this article we focus on pets, rather than working animals such as guide dogs, and confine our discussion to the benefits or otherwise of pets to people.

References


