

EXTENDING HOSPITAL VISITATION RIGHTS TO FAMILY DOGS:
THE POSSIBILITY OF PERSONAL PET THERAPY

by

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ABSTRACT

JENNA LEIGH BRADLEY. Extending hospital visitation rights to family dogs: The possibility of personal pet therapy. (Under the direction of DR. JANEDIANE SMITH)

This research investigated the way in which pet therapy services are perceived within the context of child life specialists working in pediatric healthcare facilities. The research explored how child life specialists feel about pet therapy and, ultimately, consider the impact that pet therapy may or may not have on psychological well-being and quality of life for chronic pediatric patients. There is a critical need for well-founded information regarding the effects of pet therapy on hospitalized children. This research may assist in starting to provide justification for further scientific exploration on pet therapy in clinical settings in addition to justifying a need for the incorporation of personal pet therapy and visitation into all clinical settings. The research is supported by the theories of John Bowlby, Urie Bronfenbrenner, and Boris Levinson. While utilizing a non-experimental design, a developed measure (in survey-form) assisted in gathering perceptions of child life specialists. These perceptions were explored and analyzed using descriptive statistics. Results reported perceptions that were favorable towards existing pet therapy services as well as the possibility of personal pet therapy. Overall, the participants supported the idea that extended separation from family dogs can have a negative impact on pediatric patients. Responses reflected a noteworthy support towards conceptualized personal pet therapy and the benefits it could have on the pediatric patients' overall and psychological wellbeing. The research potentially encountered limitations of culturally diverse opinions regarding animals and all past individual experiences with animals and/or pet therapy. Additional limitations to the research

stemmed from a lack of existing literature on the effects of pet therapy in clinical settings along with the understanding that a large portion of existing support for pet therapy research is based almost entirely on theory. The results from this study warrant further exploration on the potential and positive impact of personal pet therapy.

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CHAPTER 1: INTRODUCTION

Chronic illness and hospitalization affect countless children each year. As many as 1 in 4 children living in the United States suffer from chronic health problems; a ratio that translates to roughly 15 to 18 million American children, under the age of 17, who are living lives disrupted by chronic medical conditions (Compas, Jaser, Dunn, & Rodriguez, 2012). The term *chronic illness* refers to a health problem that lasts three months or beyond. In addition to prolonged continuation, chronic illnesses negatively affect typical childhood activities and development as most require frequent hospitalization, home health care, and/or extensive medical treatment (Compas, Jaser, Dunn, & Rodriguez, 2012). Time away from the family and home, as a result of frequent hospitalization, may be the most negative influence that chronic illnesses can have on children. Because the family plays such a significant role on development throughout childhood, separation from its members can provoke chronic stress and anxiety; it may also disrupt previously established attachments between children and loved ones. Disruption in these attachment relationships can have substantial negative outcomes on overall development; therefore, addressing the separation of hospitalized children from major attachment figures is an issue that merits attention and further discussion.

In one of many efforts to avert excessive stress and anxiety in hospitalized children, a number of pediatric clinical settings have begun to utilize *animal-facilitated therapy (AFT)*, also commonly referred to and recognized as “*pet therapy*.” Individual interaction with animals in these settings has shown to be beneficial during circumstances in which patients experience a number of negative associations with stress such as anxiety, hypertension, and pain (Urbanski & Lazenby, 2012). Benefits of AFT began to

emerge as early as the 1700s; during this time, animals were brought on the premises of nursing homes and schools for “troubled children” to reduce stress and nurture the psyche. Along with its psychological benefits, AFT has been shown to provide physical benefits for a variety of individuals, including those who are hospitalized. For example, human interaction with dogs has an effect on different receptors and hormones within the body, one of these being an increase in dopamine and endorphins, which has the potential to not only increase a patient’s ability to cope but also enhance his or her overall quality of life (Urbanski & Lazenby, 2012). Researchers have consistently reported pet therapy’s positive impacts on psychological and physiological wellness in pediatric patients. They have also recognized pet therapy’s ability to decrease pain, promote positive changes in vital signs, and decrease salivary cortisol levels—all suggesting that pet therapy does, indeed, lower levels of stress for children experiencing illness and hospitalization (Urbanski & Lazenby, 2012).

In regards to specific types of pet therapy, canine companions are most often (although not always) used in the delivery of animal-facilitated therapeutic services, a decision based on the undeviating human-canine bond. Dogs, in particular, have stood the test-of-time as the most common animal to which humans become attached. Taking this into consideration, one could assume that family pets, and dogs in particular, could very well serve as one of multiple attachment figures to whom children perceive as a source of security and comfort (Jalango, 2015). Therefore, visitation from a pet-therapy dog may bring a pediatric patient relief in the idea that the animal serves as a reminder of the comfort and security established with one’s pet. On the contrary, however, visitation from the therapy dog could bring on feelings of sadness if the child interprets the visit as

a reminder of being separated from the attachment figure (i.e., his or her pet) to whom he or she finds security and comfort. And so, pet therapy, while supported in evidence to be beneficial for the psychological and physiological well-being of pediatric patients, may also be limited in its benefits if looking from a childhood attachment perspective. The pet dog may, from the perspective of the child and other family members, be perceived as an additional member of the family to whom the child cannot seek comfort from during a time of fear, uncertainty and discomfort. However, personal pet therapy and/or scheduled visitation from family dogs may achieve the “best of all worlds” by fulfilling the benefits of AFT and also accommodating the principles of attachment theory.

1.1 Purpose of the Study

There were multiple purposes of this study. First, the researcher investigated the perceptions of *child life specialists* in regards to current pet therapy services. Second, the researcher explored how child life specialists feel about pet therapy services in general. Lastly, the researcher used the research to consider perceptions on the possibility and feasibility of personal pet therapy services contingent on the potential impact it may or may not have on psychological well-being and quality of life for chronic pediatric patients. In addition to communicating these results, the researcher hoped these findings would assist in starting to provide an evidence base for justification for personal pet therapy and visitation to be incorporated into all clinical settings.

1.2 Research Questions

The researcher conducted the study to answer the following research questions: (1) How do child life specialists, working with chronic pediatric patients, perceive current pet therapy services and the possibility of personal pet therapy? (2) To what extent would visitation from a family dog impact pediatric patients' psychological well-being and quality of life according to the perceptions of child life specialists?

1.3 Definition of Terms

Animal Assistance Therapy (AAT) – a therapeutic intervention that incorporates animals, such as horses, dogs, cats, pigs, and birds, into the treatment plan; it is used to enhance and complement the benefits of traditional therapy (Animal-Assisted Therapy, n.d.)

Animal Facilitated Therapy (AFT) – The therapeutic use of animals (McCulloch, 1986)

Association of Child Life Professionals (ACLP) – a nonprofit organization, which was established in 1982, that advances the field of child life by establishing and maintaining professional standards, enhancing the professional growth and development of members, and advancing the credibility of the child life profession by fostering research and promoting the standards of child life practice on a national and international level (About ACLP, n.d.)

Child Life Specialist – a professional who is educated and clinically trained in the developmental impact of illness and injury; the child life specialist's role helps to improve patient and family care, satisfaction, and overall experience (The Child Life Profession, n.d.)

Nonpharmacological – referring to a method that utilizes various ways to alter thoughts and focus concentration to better manage and reduce pain (Management of Pain, n.d.)

Pet Therapy – a broad term that includes animal-assisted therapy and other animal-assisted activities; animal-assisted therapy is a growing field that uses dogs or other animals to help people recover from or better cope with health problems (Pet Therapy, 2018)

CHAPTER 2: REVIEW OF THE LITERATURE

Between the years of 2013 and 2014, it was reported that 68% of families with children own at least one pet dog (Jalongo, 2015). Among American families with pets, 95% refer to their animal companions as friends and/or family members (Walsh, 2009). Considering these statistics in combination with the knowledge of the 15 to 18 million American children living with chronic illness (Compas, Jaser, Dunn, & Rodriguez, 2012), one can be fairly certain that a great deal of young people are faced with separation from their pets during hospitalization. One can also make a fair assumption, with support from the previously mentioned statistics, that a large portion of chronically ill children with pets perceive them as friends and/or family members. Therefore, the realization of extended separation from companion animals is concerning as it elicits potential risk against early attachments, security, and development in millions of children across the nation.

2.1 Theoretical Framework

John Bowlby's Attachment Theory of Development

Renowned psychologist, John Bowlby, first conceptualized attachment theory after observing an emerging pattern of distress in children that were separated from their mothers (Cassidy & Shaver, 2008). His observations led him to believe that a child's relationship with his or her mother was not only important for later functioning and success, but that the relationship, as perceived by the child, was of critical and immediate importance as well. According to attachment theory, children innately and emotionally bond to individuals that they most commonly interact with. This connection is often assumed to exist solely between the child and caregiver(s); however, Bowlby later

discovered that children typically form more than one attachment (Cassidy & Shaver, 2008). Just as a child is capable of having multiple attachments, each attachment relationship may be unique in character as well. Attachment theory is not limited to human relations alone; its implications can be extended to aid in relationships with non-human figures as well. For example, studies have shown that humans can share an attachment relationship with God, physical locations, and even inanimate objects (Zilcha-Mano et al., 2011). Therefore, it is neither illogical nor unwarranted to extend attachment theory to human-pet relations. Ultimately, the attachment process is applicable when strong, emotional bonds are formed. Because companion animals have a tendency to meet relational needs for consistent, reliable bonds, they have the necessary components to serve as attachment figures in individual lives (Jalongo, 2015).

There are four prerequisites for secure attachment that are often met in human-pet bonds: (1) proximity seeking, (2) safe haven, (3) secure base, and (4) separation distress (Zilcha-Mano et al., 2011). Proximity seeking reflects behaviors in which one assures the physical proximity and emotional availability of attachment figures in times of need (Sable, 2013), while safe haven and secure base reflect behaviors in which one feels comfortable trusting their attachment figure to be readily available in times of need or uncertainty (Cassidy & Shaver, 2008). In addition to fulfilling the prerequisites for secure attachment, survey reports have indicated that pets are perceived to provide unconditional love as well as unwavering commitment and loyalty during times of difficulty, both of which serve as consistent reasoning for strong attachments (Jalongo, 2015). Hospitalized individuals may become particularly attached to companion animals as household pets have been reported to aid in facilitating transitions through disruptive life changes

(Jalongo, 2015). In the same sense, hospitalized individuals may experience insecurity if their pets are unavailable in times of need due to hospital visitation restrictions. These insecurities have the potential to lead an individual in forming negative models of self and others which can ultimately increase the likelihood of problems and maladjustment (Zilcha-Mano et al., 2011). To prevent this misfortune, interactions with attachment figures, human or not, should be readily available in times of need so that a sense of security can be fostered and maintained.

In addition to potentially damaging any established sense of security, disruptions of the attachment bond may also have substantial, negative impacts on physical and emotional development. Such impacts were unveiled following Bowlby's experimentation with young children and their parents. Bowlby discovered that during disruption, children typically enter a phase of "despair" in which they show hopeless behavior regarding their caregiver's return (Cassidy & Shaver, 2008). This same sense of hopelessness has shown to induce physical and emotional disengagement as children reach a point in which they interpret separation to be the loss of an attachment figure (Cassidy & Shaver, 2008). Children innately strive to avoid the things that elicit discomfort; when those things are unavoidable, they actively seek protection and safety from reliable sources. Children face complex fear situations when attachment figures or reliable sources are unavailable. In these circumstances, children are placed in situations where they are not only facing danger but are also restricted from their critical source of protection (Cassidy & Shaver, 2008). It is necessary that this perspective be considered when thinking of the attachment bonds between chronically-ill children and their pets.

Urie Bronfenbrenner's Ecological Systems Theory of Development

While Bowlby believed attachment to have considerable influence on development, Urie Bronfenbrenner believed that a child's development was just as significantly impacted by the surrounding environment. Bronfenbrenner referred to this theoretical perspective as ecological orientation which was later recognized as the ecological systems theory of development. According to the psychologist, the perspective is rooted in the concept that there are developing people, the environment, and a constant, evolving relationship between the two (Bronfenbrenner, 1969).

To understand Bronfenbrenner's ecological orientation and how it can be extended to family pets, one must first understand what constructs the ecological environment. The ecological environment is "conceived topologically as a nested arrangement of concentric structures, each contained within the next. These structures are referred to as the *micro-*, *meso-*, *exo-*, and *macrosystems*" (Bronfenbrenner, 1969). Within the structures, the microsystem is perceived as having the greatest influence on development as it is the most immediate level of nested systems. The microsystem is the structure in which direct contact occurs regularly and therefore, it has the closest relationship to the individual. Interpersonal in nature, the microsystem reflects the influence of interactions between people and members (Bronfenbrenner, 1969, p. 22). More specifically, the interactions occurring within this system of influence typically involve personal relationships with family members. Knowing this, it is important to recognize the amount of interaction that may occur between a developing child and a family dog as well as to what an extent the animal is perceived as a member of the family. In cases where it is, indeed, perceived as a member of the family, the dog could

qualify as an active agent within the microsystem. Bronfenbrenner emphasized that each agent serves as an aspect of the environment that is powerful in shaping the course of psychological growth in developing persons (Bronfenbrenner, 1969). Thus, it can be concluded that family dogs have the potential to shape psychological growth in young children and should be respected as such.

According to the ecological theory of development, a dyad is said to exist whenever two persons pay attention to and participate in one another's activities (Bronfenbrenner, 1969). Dogs, often demonstrating unwavering loyalty and engagement, may be the agent within the microsystem from whom a child receives the most attention. In regards to social support, research suggests that young children can rely on animals for constant companionship when people are absent or unavailable (Jalongo, 2015). Justifiably, a dyad could be shared between a developing child and a family dog. This is worth noting as Bronfenbrenner described the dyad to: 1) be critical context for development, 2) be the basic building block of the microsystem, and 3) make possible the formation of larger, interpersonal structures. Dyadic processes enhance learning in the areas of reciprocity, balance of power, and affective relation (Bronfenbrenner, 1969). The dyad's continued existence is based on relation; and so, disruption in the dyad, such as that which may occur during hospitalization, can hinder further learning in these areas of early development.

Existing literature also supports the conclusion that family dogs may effect developing children according to Bronfenbrenner's theory of development. Research suggests that when a dog is considered to be a member of the family, it becomes a sub-system within the complex family system to which the animal influences and is

influenced by every other system inside the unit (Jalongo, 2015). Of all the structures, the microsystem has the greatest, direct influence on a child's development; it is also the system in which family dogs reside. Family dogs influence growth and development by being actively present in children's immediate environments; their effect on young lives should not be overlooked or dismissed.

Boris Levinson's Theory of Animal Assistance Therapy

Boris Levinson felt passionately about the use of animals in psychotherapy, and he believed that pets were especially critical in the healing of those who felt alienated. According to the psychologist (Levinson, 1969, p. xiv), "pets represent a half-way station on the road back to emotional well-being." And for hospitalized children experiencing a variety of emotions, pets may be the only remaining sense of stability or link with their perception of reality. In the circumstance that an acute family crisis arises, such as a diagnosis of terminal or chronic illness, a family pet may act as a stabilizer in its ability to continuously offer love, affection, and unconditional acceptance (Levinson, 1969).

Most children have an intuitive nature to acquire transitional objects that later become their most treasured possessions; this was one of many notions Levinson emphasized in support for the use of animals in therapy (Levinson, 1969). These transitional objects are often items that are soft and have the capability to bring both physical and emotional warmth, such as a blanket or toy, suggesting that touching such items can somehow satisfy the inner needs of children. Even more interesting, children most often show a pattern in which their need for transitional objects decreases as they further develop until it ultimately disappears. However, in times of crises or emotional tension, the object may be perceived as a sense of security, safety, and defense against

anxiety, and if possible, will be retrieved once again (Levinson, 1969). Along with providing unconditional love and acceptance, Levinson believed that pets could serve as transitional objects for children, offering security during times of uncertainty. Animals can also offer young children the opportunity to forge a unique relationship: one that is interactive, comforting, and particularly non-verbal, unlike relationships that are offered to children by caregivers and other human adults (Yorke, 2010).

The absence of judgment in animal nature has substantial influence on the establishment and maintenance of human-animal bonds. The unconditional love that is provided by animals helps one to understand the way in which pets can be useful for mental and physical rehabilitation. For example, a pet dog will not turn away from his master whose physical appearance has been altered as a result of an accident (i.e. severe burns, deformities). Instead, the dog will interact with the master just as he always has, expressing a genuine and unconditional love that is spoken of and longer for by all human beings. Just as a pet does not care about physical appearance nor does he care about socioeconomic status, race, gender, ethnicity, religious preference or sexual orientation. As noted by Levinson, “pets do not react to the color of a child’s skin, his uncombed hair, dirty clothes, bad report card, or substandard speech. The pet’s approach to life is elemental. Basically, the pet cares nothing at all for societal values, but responds primarily to love and kindness” (Levinson, 1969, p. 67). It is not necessary to worry about underlying judgments from animals as such judgments simply do not exist; this is one of the many elements within an animal’s nature that reduces stress in human beings and supports an innate desire to bond with them.

Dogs can be especially effective in therapy because they do not pose similar threats that children know to accompany emotional involvement with humans; they are able to meet a child's need for physical contact without any painful or emotional embroilment (Levinson, 1969). Children learn they can trust dogs not to betray them in the ways that have been betrayed by humans before. And so, they begin to reluctantly transfer their feelings of trust onto the dog. As the dog remains consistent in proving it can be trusted, these once damaged feelings can be renewed and extended back to the adults who initially challenged the child's trust (Levinson, 1969). These types of influences that dogs can have on children allow greater opportunity for expressiveness and development of empathy, both of which enhances the therapeutic process and its potential to bring positive change. In a clinical setting, this could be useful if a child does not feel comfortable speaking with medical personnel or shows reluctance to express concerns with family members whom they know are already upset. Instead of pushing the child to communicate and threatening her level of comfort, she could be encouraged to share her thoughts and feelings with her pet that is also present in the room. As the child expresses her thoughts with the animal, medical staff can be prepared to take note of what is said so that the information can be used to gain insight and make necessary adjustments regarding treatment. In this way, the animal not only serves as an outlet for emotion to the child but an advocate for her wellbeing as well.

2.2 Pet Dogs as Attachment Figures

“To feel attached is to feel connected, protected and safe” (Sable, 2013, p. 98). Family pets, and dogs in particular, communicate these feelings regularly. They express unconditional love in maintaining closeness, commitment, and sensitivity that is specific

to individual needs. According to attachment theory, these are the exact, necessary components for establishing and maintaining strong emotional bonds.

Amongst families that view their dogs as family members, evidence has shown that enduring, reciprocal emotional bonds are likely to emerge between children and their canine companions (Jalongo, 2015). Additional literature supports the idea that dogs do, indeed, possess the characteristics of secure attachment figures as according to Bowlby's theoretical perspective. There is a very specific and unique bond that is shared between children and their pets—a bond that is reflected in the high regard children hold their animals. Amidst a study completed in 1985, personal interviews were conducted with 185 fifth-grade African American, European American, and Hispanic American children to obtain measures of family support. Ten-year-old children numbered their pets among the top ten most important individuals in their lives (Jalongo, 2015). Findings such as these support the notion that pets are perceived by children as much more than just an animal; they are perceived as friends, family, and security.

In a report investigating the child-dog bond, children were especially eager to share with researchers the love of their companion animals. In the same study, the children were often found to pull discussions back to the love of their pet in almost any conversation that strayed from such (Jalongo, 2015). Dogs, in particular, maintain the most “ideal” traits for strong attachment figures. In addition to being readily available, they are keenly attuned, responsive, and they generate positive feelings of comfort and affection. Affectional relationships, as according to attachment theory, serve as lifelong sources of security (Sable, 2013). Recognizing a dog's ability to satisfy affectional needs,

it is reasonable to suggest that they are capable of fulfilling certain attachment criteria and ultimately, serve as attachment figures for young children.

2.3 Pet Dogs as Subsystems

In today's society, pets are far more than just physically-present species within the microsystem; they are active agents with integral family roles. Among children, pets can foster self-esteem, self-confidence, and overall security. They can also assist in early socialization by teaching children empathy and responsibility (Maharaj, Kazanjian, & Haney, 2016).

Pet dogs, in particular, may be critical to the overall functioning of the microsystem in mediating stress associated with chronic illness. When faced with a chronic diagnosis, it is not uncommon to see mild-to-moderate levels of distress within the family system (Kazak, 1989). "Psychological distress appears to be related to several variables, including the nature and course of the illness; individual coping resources; family structure and function; and medical, psychosocial, and educational resources" (Kazak, 1989, p. 25). Being readily available in the immediate environment, pet dogs may be sought by children as coping resources. They are also capable of directly influencing childhood via social buffering of stress responses (Kertes et al., 2017). Children have less mature, internal cognitive resources to self-regulate their responses to stress in comparison to adults; therefore, social regulation of stress responses provided by supportive figures is essential for adaptive socio-emotional development in children (Kertes et al., 2017). This information is significant with the understanding that some children perceive their dog to be their most supportive family member.

Although there is scarce research on how dogs can buffer stress in chronically ill children, research has been conducted to observe how dogs mediate stress for children without medical conditions. One study, in particular, examined the stress buffering effect that pet dogs have on children between the ages of 7 and 12. After thorough analysis of perceived stress, salivary cortisol levels, and behavior, results from this study supported the notion that a child's pet dog does, indeed, buffer his or her perceived stress response (Kertes et al., 2017).

2.4 Pet Dogs as Aids in Healing

Just as Levinson passionately believed in the effectiveness of animal assistance therapy, existing literature has supported its benefits on psychological and physical rehabilitation. *Animal assistance therapy (AAT)* has been associated with positive affects in hospitalized children by facilitating greater perceptions of overall happiness (Halm, 2008). As the English proverb states, "laughter is the best medicine." Pet therapy, in fostering feelings of happiness, has the capability to mentally medicate pediatric patients. In a case study completed by Kaminski, Pellino, and Wish (2002), supporting evidence was discovered on the positive effects AAT has on emotional well-being. Parents and caregivers, of 70 hospitalized children at a Midwestern children's university hospital, perceived their children's moods to be more positive following pet-therapy (Kaminski, Pellino, & Wish, 2002). Children in this study were also rated to appear happier following pet therapy, displaying significantly more positive affect than the group of children who received child-life interventions only. While the children in the pet-therapy group enjoyed the animal engagement, it is worth noting that they also reported feelings of melancholy, "wishing" that they were able to go home and be with their own pets

(Kaminski et al., 2002). Therefore, while pet therapy has great potential for psychological benefits in pediatric patients, it may be limited in its nature of using “stranger” animals versus animals to whom children recognize and have become attached.

Pet dogs used in AAT may also aid in healing by impeding negative thoughts. While reviewing published literature, Halm (2008) discovered a study in which pediatric patients reported AAT to serve as a means of relief and distraction from their current medical situation. The therapy animals were described as aids in humanizing the ICU department while simultaneously working as normalizers of the overall hospital environment (Halm, 2008). Parents also reported less comments from their children about being ill or wanting to go home following therapy with animals, providing additional support that AAT serves as a brief distraction from hospitalization (Halm, 2008). Supplying opportunities for distraction from less than ideal circumstances, AAT has the potential to mitigate depression and advance hospital recovery.

The benefits associated with pets are not limited to the psyche; substantial evidence has shown that animal interaction is also beneficial to physical health. Animals not only mobilize the attention of children, but they can calm agitated behavior and assist in ameliorating emotional crises as well (Yorke, 2010). These effects of involvement would be particularly beneficial in clinical settings and during varying treatment procedures. Of all animals, dogs are notorious for making people feel good. According to Sable (2013), their impact is so powerful that it has the potential to evoke chemical reactions within the human brain. Oxytocin is a hormone that elicits feelings of pleasure and helps to eliminate stress; it can be released within the body from simply looking at, stroking, or talking to a dog (Sable, 2013).

2.5 Summary

Based on this information, it is easy to understand how the utilization of dogs in clinical settings can be both advantageous and worthwhile. And if stranger animals can elicit such positive responses, one should feel impelled to consider the amount of benefits that could come with hospital visitation from pet dogs with whom children have become attached. Therefore, it is necessary that further research be conducted to examine the possibility of personal pet therapy and the impact it could have on a child's physical, emotional, and mental wellbeing.

CHAPTER 3: METHODOLOGY

The study was a non-experimental design in which survey research was utilized to effectively explore perceptions of child life specialists, working with children who experience frequent hospitalization, regarding pet therapy. Although Levinson (1969) conceptualized the idea of pet therapy as early as the 1960s, its implementation and assessment of benefits have just recently begun to transpire. Therefore, research regarding the subject of its influence on hospitalized children is still in the exploratory stages. To collect authentic data on how the idea of personal pet therapy is perceived, the researcher consulted child life specialists via survey. Because the study was a preliminary study, the researcher hoped that findings could be used as initiative for deeper investigation on the implementation of personal pet therapy in clinical settings.

3.1 Rationale

The rationale driving this study was based on the researcher's observations as a volunteer with the child life department in pediatric hospitals. While volunteering with the child life department, the researcher observed the joy that pet visitation brought to children and families in the pediatric unit. The researcher also, however, witnessed an expected sadness that came with pet visitation as it often reminded the children of their pets at home and how much they were missed. Additionally, the researcher witnessed extreme separation anxiety that developed in a family member who was separated from his dog for six weeks as a result of unexpected hospitalization. This separation led to anxiety not only for the patient but the dog and family members, who frequently visited the patient, as well. Having a pet dog of her own, the researcher recognizes the limitations that are associated with referring to pets as "just animals;" when in fact, they

may be perceived as an additional and significant family member. Many hospitals, however, have not adapted family visitation regulations to support individuals that are just as much, if not more, attached to their pet dogs than human family members.

3.2 Participants

The researcher utilized a convenience sampling method to recruit participants for this study. The recruitment process is explained under the procedure section. Participants included child life specialists who were current, active members of the *Association of Child Life Professionals (ACLP)*. Participants were recruited on a volunteer basis following the researcher's explanation and rationale of the study. The participants met the following criteria: having strong English reading abilities, currently employed as a child life specialist, and currently working in a pediatric unit without any extended time of leave to ensure regular interaction with pediatric patients and families. Participants who volunteer but are not currently practicing clinically were excluded from the study. The researcher obtained IRB approval with the University of North Carolina at Charlotte.

In regards to demographics, a total of thirty-six participants (n=36) completed the survey, all of whom identified as female. There was a wide range of diversity among age and pediatric work experience. Participants ranging between the age of 18-35 years represented 72.2% (n=36) of the sample while the remaining 27.8% (n=36) reflected participants between the ages of 36-55 years old. Those with twenty or more years of experience represented 8.3% (n=36) of the sample. Those with experience ranging from eleven to twenty years represented 25% (n=36), six to ten years of experience 19.4% (n=36) and one to five years of experience represented the remaining 47.2% (n=36). All participants worked in a facility that offered ongoing pet therapy services.

3.3 Setting

This study was conducted electronically via the ACLP forum, which can be accessed by all individuals with an active ACLP membership. The researcher provided the survey via technology (more specifically, a link to the survey that could be accessed online using a cell phone, tablet, or computer). Using technology to distribute the survey made it conducive for participants, allowing them to complete the survey at a time and place of their choosing.

3.4 Procedure

The researcher was and remains a current member of the ACLP; she recruited participants by utilizing her accessibility to the association's public forum. Within the forum, she had the opportunity to recruit study participants and supply access to the survey. The researcher utilized a recruitment message for inviting members to participate. The script for the recruitment message is included and referred to as Appendix A within the appendices section.

Participants who chose to complete the survey were redirected to the survey's location via Qualtrics (<https://www.qualtrics.com>). There, participants offered consent and completed the survey. Initial survey results were stored electronically within the Qualtrics program. The researcher invited ACLP members to participate in the survey a minimum of two times per week throughout the duration of the study. Upon the study's completion, the researcher analyzed collected responses.

3.5 Data Collection

The proposed study began in Late-October and continued through Early-November. Data collection continued for two weeks. Following data collection, the researcher input all response data from electronic surveys into SPSS.

3.6 Instruments

Following an exhaustive search, the researcher adapted pre-existing instruments to effectively explore the perceptions of child life specialists regarding personal pet therapy. All pre-existing measures were located and accessed via the database *PsycTests*.

The researcher adapted two pre-existing measures to create the one measure (Child Life Specialist Perception Survey) used for the study. The first to be adapted was the “Dog Attachment Measure,” developed by Lawrence Kurdek (2008). The second measure, developed by Jessica Bibbo (2013) and adapted by the researcher, was created to measure staff members’ perceptions of an animal assisted activity. The researcher adapted the previously mentioned measures by changing the wording so that items reflected the most-appropriate perceptions. These items were delivered using a Likert scale to which the participant rated his or her agreement with each statement, ranging from “strongly disagree” to “strongly agree.”

In efforts to obtain content and social validity, the researcher piloted the adapted measure. For piloting purposes, the researcher gathered approximately 3-5 participants who would not be eligible for the study and had these individuals take the survey. These individuals were recruited from a local children’s hospital and were not eligible because although they worked in a pediatric healthcare setting, they did not have child life certification. It was anticipated that the survey would take five to ten minutes to

complete; this estimation was confirmed by the participants following the piloting of the measure. Participants in the pilot study reported favorable feedback regarding the measure; therefore, changes were not made to the pilot study nor the measure.

Child Life Specialist Perception Survey (Appendix B) – the child life specialist perception survey was delivered to participants via the ACLP members’ forum. The researcher posted the recruitment message various times throughout the duration of the data collection period. Within the survey, participants were asked their age, gender, and length of their pediatrics work experience. Participants were also asked if their place of employment currently offered pet therapy services to patients and families. The survey included a variety of 5-point Likert scale items regarding perceptions of existing pet therapy services (e.g., “Dog visitations have been and/or would be beneficial to the pediatric unit...”) as well as perceptions regarding the possibility of personal pet therapy via visitation from family dogs (e.g., “Hospital visitation from the family dog would decrease the patient’s stress and/or fear of being in the hospital”).

3.7 Data Analysis

Data analysis of numerical scores occurred for Likert scale items in the measure. Items responses were assigned a numerical value for conducting analyses. For example, all items that were answered with the response “strongly disagree” were assigned the value of “1” for data analysis. Items that were answered with the response “strongly agree” were coded as a “5,” and all answers in between followed the respective numerical ordering in regards to coding. Following the assignment of numerical values to item responses, descriptive statistics were calculated for this measure and results were described using percentages.

Demographic information was analyzed using descriptive statistics (e.g., frequencies, percentages). Demographic results enabled the researcher to provide context and develop an understanding of perceptions based on participant responses. The researcher had planned to conduct Chi-squared analysis to look at relationships between the variables; however, there were not enough responses to use Chi-squared analysis with consideration that this analysis is sensitive to sample size. The researcher hoped that the perceptions and information provided from the collected responses would result in justification for continued research and experimentation of personal pet therapy in clinical settings.

3.8 Results

The researcher conducted the study to explore how child life specialists, working with chronic pediatric patients, perceived current pet therapy services and the possibility of personal pet therapy. Additionally, survey responses were used to investigate perceptions on the impact pet therapy may or may not have on pediatric patients' psychological well-being and quality of life.

Perceptions Regarding Current Pet Therapy Services

In total, the majority of participants perceived pet therapy in a favorable way. Thirty-four participants reported they strongly agreed with the statement "I like the idea of pet therapy." One participant reported that she somewhat agreed with the statement, and one participant reported that she strongly disagreed. Seventy-five percent (n=36) of respondents shared that they strongly disagreed with the notion that dogs should not be allowed in hospitals or clinical settings while an additional eleven percent somewhat disagreed with the same notion. All participants felt strongly in agreement or somewhat

in agreement that visitation with dogs is appropriate for pediatric patients and that dog visitations have been or would be beneficial to the pediatric unit. Approximately 92% (n=36) felt strongly in agreement that dog visitations via pet therapy should begin and/or continue at their place of employment while the remaining eight percent (n=36) felt they somewhat agreed with continuity of services. When considering working with pet therapy dog handlers, only 2.8% (n=36) of participants somewhat disagreed with the concept that they currently do or would enjoy working with these individuals.

Perceptions Regarding Personal Pet Therapy

Responses on the possibility of personal pet therapy varied across participants, suggesting mixed perceptions. In combination, 80.6% (n=36) agreed (either strongly or somewhat) that if protocol was followed, personal pet therapy would be successful in their facility. A total of 5.6% (n=36) somewhat or strongly disagreed with this statement, and 13.9% (n=36) neither agreed nor disagreed. In regards to a general liking of the idea of pet therapy using patients' family dogs, 47.2% (n=36) strongly agreed, 30.6% (n=36) somewhat agreed, 13.9% (n=36) neither agreed nor disagreed, 5.6% (n=36) somewhat disagreed and 2.8% (n=36) strongly disagreed.

Perceptions Regarding the Impact of Pet Therapy on Psychological Well Being

A combined total of 91.7% (n=36) of participants agreed that it would be helpful if the patient could see his or her dog while in the hospital. The remaining 8.3% (n=36) of participants somewhat disagreed with this statement. All participants agreed (either somewhat or strongly) that being separated from his or her dog for extended amounts of time away would negatively affect the patient. Responses remained consistent in overall agreement that hospital visitation from the family dog would bring comfort to the patient.

A small portion of participants (2.8%, n=36) strongly disagreed that hospital visitation from the family dog would motivate the patient. Similar responses were found when exploring the concept that personal pet therapy would make hospitalization more enjoyable for the patient; only 2.8% (n=36) somewhat disagreed while all other participants favorably agreed with this statement. Approximately 6% (n=36) neither agreed nor disagreed that visits would be motivating for the patient, and the remaining approximate 92% (n=36) felt the contrary, believing strongly or somewhat that visitation would motivate the patient.

CHAPTER 4: DISCUSSION

This study aimed to investigate the way in which pet therapy services are perceived within the context of child life specialists working in pediatric healthcare facilities. The researcher also hoped to, with support from the data, get a better understanding of perceptions in regards to the possibility of personal pet therapy. Exploration of participant responses led the researcher to conclude that the majority of child life specialists are in agreement with the concepts of both pet therapy and personal pet therapy. Findings indicated that, overall, child life specialists believe extended separation from family dogs could have a negative impact on pediatric patients. The data also reflected substantial support in favor of the idea that hospital visitation from the family dog would decrease pediatric patients' stress and fear while increasing their motivation, enjoyment, comfort, and overall wellbeing.

4.1 Summary

Study results, in combination with theoretical literature, supports the benefits of pet therapy and the potential advantages of personal pet therapy in pediatric clinical settings. Revisiting Bowlby's attachment theory, it can be speculated that animals have the necessary components to serve as figures of attachment (Jalongo, 2015). Considering Bronfenbrenner's theory of ecological systems, we understand that the amount of interaction occurring between a developing child and a family dog can result in the child perceiving the dog as a family member (Kertes et al., 2017). Lastly, and in reference to Boris Levinson's theory of animal therapy, family dogs have the potential to quiet not only behaviors of agitation and but also emotional crises of pediatric patients (Yorke, 2010). It is worth noting that although the concepts around pet therapy are rooted in

theory, this study's responses reinforced theoretical concepts that dogs are capable of relieving emotional distress and assisting with healing.

Evidential support from this study attests to the amount of benefits that, as according to Child Life Specialists, could come with hospital visitation from pet dogs with whom children have become attached. Responses from this study demonstrate preliminary support towards pet therapy as well as noteworthy support in favor of conceptualized personal pet therapy. Child life specialists are professionally trained to assess the psychosocial needs of the pediatric patient; therefore, the researcher feels that their perceptions warrant further investigation on pet therapy and other *nonpharmacological* therapies.

4.2 Limitations

The results of the study had potential to be influenced by a variety of limitations. First and foremost, there are inevitable limitations in the reality that not all individuals love animals or have animals as pets. Additionally, it is necessary to consider that not everyone responds to animal assisted therapy in a similar way. Pet therapy may not be a positive experience for all pediatric patients for any particular reason. There is also potential limitation in regards to cultural diversity. The role of animals may be viewed very differently depending on culture; therefore, some families may not find animal presence in a clinical setting appropriate or respectful. Although this type of limitation cannot be specifically prevented or resolved, the researcher has recognized its potential influence on the proposed study's overall findings and reported to this accordingly.

There remains limitation in possible gender bias as one hundred percent of participants in this study were female. This was not surprising nor unexpected as the field

of child life is dominated by those who identify as a woman. None the less, it stands as a limitation and is worth noting. Perhaps a normal distribution of both male and female participants would have warranted different responses and/or overall perceptions regarding pet therapy. Potential bias and limitation could also present considering that all participants worked in a pediatric setting that had existing pet therapy services in place. Taking this into consideration, all participants within this study had exposure to pet therapy services and, therefore, previous knowledge or experience influenced their responses. With that being said, however, a general definition of pet therapy was not provided to participants prior to taking the online survey. Therefore, the researcher recognizes that conceptualizations of pet therapy may have differed among participants and, ultimately, influenced responses.

Other possible limitations to the findings of the study include limited research on the effects of pet therapy. Because there has been limited research on perceptions regarding pet therapy, the majority of existing literature and ideas are primarily based on theory. With the understanding that this type of limitation cannot be reversed or removed, the researcher hopes that the information gathered from the proposed study may begin to provide justification for further and more extensive research on the effects of pet therapy in children's hospitals.

4.3 Recommendations

This study revealed that a total of thirty-six child life specialists report favor towards pet therapy services and the use of family dogs in such therapy. It is recommended that perceptions on the topic of pet therapy continue to be explored with additional members of the multidisciplinary team involved in pediatric care (nurses,

physicians, speech and language therapists, occupational therapist, physical therapists, respiratory therapists, social workers, [etc.](#)). Larger sample sizes for future research are also recommended as means to conduct chi-squared analysis so that relationships between variables may be investigated (“Using Chi-Square Statistic in Research,” n.d.). Lastly, it is recommended that future researchers explore the perceptions of pediatric patients’ caregivers in regards to the potential of personal pet therapy. It has been said that the soul must be healed first, then the healing of the mind and body will follow. After conducting this study, further exploration is recommended on the healing that occurs among pediatric patients in the company of their dogs.

4.4 Contributions

As was mentioned, there was a range of 15 to 18 million American children living with chronic medical conditions in the year of 2012 (Compas, Jaser, Dunn, & Rodrigues, 2012). It can be conceptualized that children with chronic illness are especially vulnerable to disruptions in attachment relationships due to frequent and extended separation from attachment figures. Taking into consideration the concepts of attachment theory, a strong argument can be made that family dogs fulfill the necessary components of positive attachment figures. Attachment has both inevitable and considerable influence on development. Therefore, separation from family dogs may be creating more challenges for pediatric patients and their families. While the researcher recognizes this study to be exploratory, the findings from this study provide justification for further investigation on this topic. If family dogs’ presence in clinical settings has potential to positively impact millions of children’s lives, the researcher believes this potential to provide adequate ground for further analysis.

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APPENDIX A: CHILD LIFE SPECIALIST PARTICIPANT RECRUITMENT
MESSAGE

Hello there! My name is Jenna, and I am a graduate student at UNC Charlotte in the Department of Special Education and Child Development. I am conducting research on perceptions about extending hospital visitation rights to family dogs, and I am inviting you to participate because you currently work as a child life specialist in a children's hospital.

Participation in the research includes taking a survey about your demographic information, attitudes towards pet therapy services in general, existing pet therapy services, and the possibility of personal pet therapy in which a patient could visit with his/her own dog while admitted in the hospital. This survey will take approximately 5-10 minutes and will be completed online. If you agree to participate, your identity and responses will remain anonymous. Your total time commitment should not surpass 5-10 minutes.

If you have any questions, I am more than happy to answer them. You may email me at jsurra10@uncc.edu. I appreciate your consideration to assist with my research efforts!

APPENDIX B: CHILD LIFE SPECIALIST PERCEPTION SURVEY

Child Life Specialist Perception Survey

Consent

The records of this study will be kept private and your identity will remain anonymous. Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, you will not be penalized in any way. If you decide to take part in this survey, you are free to withdraw at any point in time.

After reading the above information, please click "I consent" to continue with the survey.

- I consent
 - I do not consent
-

Demographics

What is your age?

- 18-35 year
- 36-55 years
- 56+ years

What is your gender?

- Male
- Female
- Prefer not to answer

Which of the following reflects your pediatrics work experience?

- Less than a year
- 1-5 years
- 6-10 years
- 11-20 years
- 20+ years

Does your place of employment currently offer pet therapy services to patients and families?

- Yes
- No
- I'm not sure

Pet Therapy Services

Please rate how strongly you agree or disagree with each of the following.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I like the idea of pet therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dogs should not be allowed in hospitals or clinical settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dogs increase the risk of infection in hospitals or clinical settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitation with dogs is appropriate for pediatric patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Currently-Existing Pet Therapy Services

Please rate how strongly you agree or disagree with each of the following.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Dog visitations have been and/or would be beneficial to the pediatric unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dog visitations should begin and/or continue at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dog visitations have caused and/or would cause additional stress for staff in the pediatric unit (e.g., additional protocols to be followed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dog visitations have created and/or would create extra work for staff in the pediatric unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do and/or would enjoy interacting with the dogs' handlers in the pediatric unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do and/or would enjoy interacting with the dogs in the pediatric unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>