**‘He’s my mate you see’: Critical discourse analysis of the therapeutic role of companion animals in the social networks of people with a diagnosis of severe mental illness**

**Abstract**

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

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

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

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

**Introduction**

Recent evidence from the medical humanities field and beyond demonstrates a failure of modern health services to provide user centred mental health care which adequately meets individual needs [1-3]. There are numerous accounts of the reasons for this failure which include a lack of adequate consideration by health professionals and services of the wider therapeutic networks associated with self-management [3]. This is compounded by a lack of personalised resources to support service users in every day life, which collectively results in a lack of alignment between service users’ expectations of, and the actual support, they receive [3, 4]. Previous research has focused on dyadic relating and relationships between health professionals and service users to the detriment of including a lens on people’s wider networks of support and relevance of a wider range of therapeutic agents. This has biased current understanding of self-care as an activity that is dominated by health professionals where interactional styles in controlled interactions veer toward determining patients’ goals based on biomedical reference points whilst presenting these goals as something patients are compelled to do (Franklin et al 2019)

. with less consideration being attributed to the part played by significant others in broader personal communities which include friends and family, weak ties, companion animals and the mediation of therapeutic input of self-management efforts by people themselves (Rogers et al 2011).

The shortcomings of traditional mental health management delivered have given rise to an increase calls for and the development of alternative forms of acceptable therapeutic support by and for people with mental health problems. For example, peer-led services such as the Hearing Voices movement are becoming increasingly common [5]. Such approaches represent a paradigm shift which places the requisite knowledge for condition management in the hands of service users rather than mental health professionals. Other, alternative forms of therapeutic support are becoming more prominent at the margins of health policy and practice (e.g. social prescribing [6]).

The emergent visibility of pets as part of alternative treatment options is aligned with a shift in focus on Human-Animal relationships more generally in society and disciplinary knowledge. In the past sociologists tended dto minimise relationships between people and their pets by portraying Human-Animal interactions as inferior to human interactions. This world -view was attributed to animals being seen as lacking the fundamental communicative social and cognitive requirements (e.g. language) to participate in complex social interaction considered necessary for humans to derive benefit [7]. However, more recently this has been partly replaced with a model of Human-Animal interaction within which both humans and other animals are attributed with elements of agency. Research has demonstrated the benefits of animal companionship for human wellbeing generally in terms of improved quality of life [8], enhanced social connections [9] and reduced loneliness [10]. Recent research further demonstrates the unique benefits that animals have for people with mental health conditions but limited evidence of implementation of animal assisted therapy (AAT), - the deployment of animals as a therapeutic intervention, to support healing and recovery for people with mental health conditions [11-13].There has been some investigation of companion animals (family pets) acting as members of the personal networks of people living with severe mental health problems in everyday settings [14, 15]. Demographic changes,- more people living alone, and increased life expectancy- has fuelled interest in understanding relationships which include a focus on the reliance on companion animals as a potential resource for social support and the management of health conditions [16].

Pets seemingly make a distinctive contribution to providing emotional support given their proximate and constant presence in an individuals everyday life. They have been shown to contribute to mental health work [17] through encouragement of routine exercise and through distracting their owners from suicidal ideation, upsetting thoughts and a counter to a sense of feeling alone [14, 15]. Pets also provide a form of ontological security – “a sense of order and continuity derived from a person’s capacity to give meaning to their lives and to maintain a positive view of the self, world and future” which does not appear to be available from elsewhere within social networks [14, 18]. Finally, pets have been shown to act as conduits to social interaction for their owners through increasing the quality of existing, and supporting the development of new, social connections [14, 15]. However, what is currently lacking from this understanding of these functional roles is an exploration of the subjective meaning of therapeutic relationships with pets, how this changes over time relative to other therapeutic agents within wider personal networks of support, and what the impacts of losing such relationships are.

The study set out to provide a phenomenological understanding of the therapeutic relationships with companion animals from the perspective of service users with a diagnosis of severe mental illnesses such as Schizophrenia and Bipolar Disorder. Perceptions were explored longitudinally over a 12-month period to develop our understanding of the role of pets within therapeutic networks and the impact of losing a pet.

**Methodology**

*Critical discourse analysis*

Critical discourse analysis examines how discourse is related to social practices (including health related practices) and is considered a useful methodological approach for understanding how identities are formed and change over time in response to changing circumstances [19]. In the mental health field it has been deployed in furthering understanding of the complex process of recovery from mental illness [20]. CDA considers the self as comprised of a set of discursive practices which vary in terms of stability and homogeneity within and between people and has been used to either confirm or deny the life histories and experiences of the people that use them [21].

Chouilaraki and Fairclough (1999) contend that discourses contain three components; genre, discourse and style which forms the bases of the current analysis [21]:

* Genres - the types of discourses that people can use (political speech, everyday conversation etc.).
* Discourse - the varied ways people represent their social worlds from their unique position.
* Style - the ways in which discourse is used to contribute to a sense of personal identify and how identity is grounded in the way we apply and use discourses.

Here we are concerned with the therapeutic role of personal communities – the set of active and significant ties which are important to an indvidiual- in the management of mental health conditions in domestic setting. By drawing on principles of phenomenology and critical discourse analysis it is possible to develop an understanding of such relationships as a combination of lived experience and discursive practice which recognises the complex interplay between an individual and the social worlds and connections they inhabit [22, 23].

Self-management can be seen as a set of processes that are represented through individual discourses developed and presented in the context of social networks [17, 24]. Examining the manner in which people talk about therapeutic relationships with companion animals enables a more nuanced understanding of human-animal interactions in mental health.

*Data collection*

Participants were recruited as an element of the process and nested qualitative study of of randomised controlled trial designed to examine the effectiveness of a training package for professionals to promote user/carer focussed care planning. The original study incorporated in-depth semi-structured interviews with 29 people diagnosed with a severe mental illness such as Schizophrenia and Bipolar disorder at three time points (0, 6 and 12 months). Participants were purposively sampled in terms of gender and geographical area from seven Mental Health Trusts in the United Kingdom (36 Community Mental Health Teams).

To be eligible to participate, participants had to be under the care of secondary mental health care services in England and currently participating in a randomised controlled trial examining the effectiveness of a professional training programme designed to enhance service user involvement in mental health care planning [25].

Baseline interviews collected brief demographic information before moving to the personal network mapping of people, places and activities that participants considered important in terms of mental health self-management [17]. Participants were asked to place identified network members in one of three concentric circles based on importance (Figure 1). Interviews then comparatively explored the function, role, key attributes and components of relationships with identified network members. Any nominated changes in the structure or quality of personal networks were explored during subsequent interviews.

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

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

*Table 1: Participants*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***ID Number*** | ***Gender*** | ***Pets*** | ***Number of interviews*** | ***Total network size*** | ***Loss of pet?*** |
| *ID1* | *Male* | *1 dog* | *3* | *8* | *No* |
| *ID2* | *Female* | *1 dog* | *3* | *5* | *No* |
| *ID3* | *Female* | *2 cats* | *3* | *9* | *No* |
| *ID4* | *Female* | *2 cats* | *3* | *6* | *No* |
| *ID5* | *Female* | *1 dog* | *3* | *9* | *No* |
| *ID6* | *Male* | *1 cat* | *3* | *16* | *Yes* |
| *ID7* | *Male* | *3 birds* | *3* | *6* | *Yes* |
| *ID8* | *Male* | *1 hamster* | *3* | *8* | *Yes* |
| *ID9* | *Female* | *1 dog* | *3* | *7* | *No* |
| *ID10* | *Male* | *2 cats* | *3* | *7* | *No* |
| *ID11* | *Female* | *1 cat* | *3* | *15* | *Yes* |
| *ID12,* | *Female* | *1 guinea pig* | *2 – did not wish to participate in final interview* | *4* | *Yes* |

*Data analysis*

Interviews were digitally recorded and transcribed verbatim before being anonymised and allocated to a member of the research team for analysis. Transcripts were first analysed thematically using the 6-stage process outlined by Braun and Clarke [26]. The transcripts were then examined in relation to principles of critical discourse analysis [21]. Specifically, in line with Chouliaraki and Fairclough’s categorisations, consideration was given to the genre of discourse (ways of interacting, structure), the discourse or ways of representing relationships with companion animals and the discursive style (type of voice used, tense etc.) employed by participants [21]. Finally, the discourse analysis was combined with the thematic analysis in order to produce a final set of themes. Coders discussed analysis regularly to ensure consistency of coding and a researcher with lived experience of mental illness was involved in the analysis to ensure emergent themes were grounded in the reality of the experience of mental health problems.

*Ethical approval*

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

**Results**

The combination of critical discourse and thematic analysis, three themes were interpreted from the data which related to the therapeutic function of companion animals. These were relational consistency in an uncertain world, identity, relational work and ontological drift and the impact of losing a companion animal. Themes are presented using detailed accounts of interpretations and the social context in which participants described them and are supported using quotations from the data.

*Pet relationships - a source of reliability positivity and vibrancy in an uncertain world*

Relationships with pets were talked about as providing a reliable source of positivity and vibrancy not available from other personal support network members. Discourses of living life with a severe mental illness pointed to aspects of people’s everyday experiences., Narratives were often centred on despair and hopelessness across including recounting current, or recollecting previous, periods of acute illness. This negative affect extended at times to hopes for the future.

You're so low, you…you've hit rock bottom, you're a shit mum, you're a shit wife. You know, you've failed, you're a failure, and that's how you class…how you perceive yourself…

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

Accounts did not focus solely on people’s individual experience of illness but included reference to the wider political context related to health service provision. **ID1’s** account of his experience of health services is marked with a sense of powerlessness as he describes his fears for the future demise of the health service. The repetition of the word ‘talk’ reflects his general sense of disillusionment with the political rhetoric associated with mental health services that was seldom evident in his personal contact with mental health services.

*I watch a lot of news and parliament and all these, err, cut backs, and things like that, you just think, oh my God, it’s just going to be terrible, you know…. it’s all talk, talk, talk, talk and, in the end, all it’s about is cutting money and, I mean, I don’t know why I think this, but I just think that within a few…a few more years’ time, the National Health Service will be finished.* ***ID1, male, 1 dog***

The value of support provided by companion animals was one of backgrounded taken-for-grantedness and seemingly not immediately easy for participants to articulate. It appeared there was something unique about relationships with animals which evaded the constraints of objectifying language.

Narrative expression related to pet ownership was characterised by a sense of warmth and peace and compared to relationships human network members.

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

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

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

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

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

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

*Trust, predictability and acceptance: human-animal interactions in the creation and sustainabililty of personal identity*

Pets were frequently implicated within interviews as having salience to the development or maintenance of personal identity through references to the depth and consistency of relationality , provision of self-esteem and mediating value of how others viewed them. Ontological security refers to a sense of stability and order in relation to individual experiences and relationships [18] requiring the possessing of a sense of continuity and stability in terms of who one considers oneself to be and confidence to live life in the presence of risk.

Descriptions of living life with a severe mental illness within the current study often centred on the experience of felt (self-stigma) and enacted (discrimination) stigma. The stigmatising language used in the quote below [freak, retarded, psychopath] highlights the often isolating experience of social interaction for people in this study.

This was in in part attributed to a lack of understanding of mental illness amongst friends and family but also amongst mental health professionals. The latter was viewed as perpetuated by media coverage of mental health. negative stigmatising experiences with others reduced the trust people held in those around them and contributed to a sense of vulnerability relating and relationships that respondents had with other humans. Even at points over the 12 month period where relationships with humans were discussed positively, perceived or anticipated moral judgement led to a sense of superficiality within relationships which often led to frustration for participants.

*I do talk to her a bit about things, but of course I can’t talk much about my mental illness because she doesn’t understand it. And my other brother tries to understand, but he doesn’t really, so…he tries to be sympathetic, which I appreciate, but it’s not really helping me. You need that, that understanding seems quite important. I need that from mental health services, but there again mental health services don’t understand everything about me because they see matters in a psychiatric way, and I don’t feel it’s helpful to me sometimes. I feel almost as if I’m being put down.* ***ID 6, male, 1 cat***

This was compounded by a lack of trust in themselves articulated in narratives about past behaviour during periods of crisis which resulted in feelings of guilt further detracting from maintating a sense of ontological security.

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

unpredictability referring to the course of an individual’s condition but also to unreliability with regards to relationships with others featured in discourse about the experience of severe mental illness over the 12 month follow-up period. Reports of people leaving their network or became more peripheral in terms of support was attributed to difficulties in maintaining relationshipsover time, the external rationing of formal health service contact with mental health workers, a deterioration in relationships or a self-rationing of contact with other network members because participants felt unable to continue contact in the same way because of feelings of guilt or interference of acute mental health symptoms. The passive voices used in the quote below highlight the lack of control participants felt over this unpredictability.

*You feel safe and you’ve built up a relationship and then all of a sudden they’re coming along and telling you they’re getting you ready for discharge and you feel a bit nervy about it, you think, oh God, I’ve not got this person who is coming to motivate me now, because everybody is out the house, the children are at school, your husband is at work and there’s just you on your own.* ***ID9, female, 1 dog***

Consistency, unconditional support and acceptance were central features of narratives about relationships with pets overtime. Comments made about pet ownership revealed that concerns about moral judgements, stigma, superficiality and unpredictability were lifted as part of the relationality participants had with animals which remained stable over the 12 month data collection period.

*We come back to unconditional love, support, non-judgementalism. I won’t say it’s relaxing, it…it’s reassuring, it’s supportive, and it gives you a boost.* ***ID 3, female, 2 cats***

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

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

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

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

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

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

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

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

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

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

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

*The devestation of losing a companion animal*

The strength of relationships can be implied by the grief people experience and express when such relationships are lost. Five participants described the loss of a pet within the 12 month follow-up period. Reasons for losses included death/loss of an animal, giving the pet away because they felt unable to care for them or pets being taken away during a hospital stay. The impact of losing animals could be devastating and exacerbated if participants had limited support from elsewhere or experienced guilt as a result of the loss.

*…And it broke my heart when he died, ooh…Jesus! And I thought, I’ve lost everything now.* ***ID7, male, 3 birds***

Given the reliance on relationships with pets, the experience of loss was particularly difficult not only due to a loss of companionship and emotional support but of routine activities associated with caring for animal forming a central element to individuals’ self-management strategies.

*With the hamster dying it was kind of like there’s no one to kind of always be there, like… …[and] just to look after, because she obviously needed me to look after her and stuff because she couldn’t do it herself, so I kind of like lost that kind of responsibility [too].* ***ID8, male, 1 hamster***

It appeared that losing an animal reinforced a sense of loss and control to life in generall which negatively impacted on self-care.

*I’ve also met people who’ve had, like, dogs and cats, and they’ve had to have them removed or taken away. A lot of the people who I come in contact with in my work, they’ve had a pet, people with mental health issues, they’ve had pets, but when they’ve become unwell they’d be taken away from them. So I would imagine that they would suffer another element of loss.* ***ID11, female, 1 cat***

It appeared that while it was possible to replace the support provided by a pet by getting another and it was possible in theory to replace, there was a period of grieving which was required during which it was not considered possible to get another animal. Whilst undoubedly an experience of pet owners in general -pressures to replace animals too quickly were seen as further examples of the lack of understanding on the part of others of the meaning and value attributed to a lost pet for an everyday sense of equilibrium. Two participants who described the loss of an animal over the 12-month period said they felt unable to get another pet in the foreseeable future despite the ascribed benefits because the loss had been so difficult to deal with on top of their mental health problems.

*The support workers keep asking me, when are you going to get another bird…but I said, I just don’t, you know, I can’t just pick up a bird and get to know it, and then when that’s gone, try and do something, you can’t, you know, it takes a while. I: Yeah, to get over… R: Yeah, that’s it, yeah.* ***ID7, male, 3 birds***

Two others cited positive aspects that came out of losing a pet despite overwhelming sadness. One described how people in his supported accommodation were unexpectedly sympathetic towards him and in this way the death of his animal mobilised support from other people.

*In fact the ones that I thought wouldn’t be sympathetic to me losing George, were the most sympathetic.* ***ID 6, male, 1 cat***

Another described how happy she felt when she saw her pet being cared for in their new home which served to validate her decision. The retelling of this story using repetition of the word ‘happy’ further highlights the importance of making the right decision with regards to their own wellbeing and the wellbeing of companion animals.

*Ah, Tubbs, now he was re-homed to a family that was known to my son, and in the six months they went on holiday and my son and I actually went to feed him, and that was really good to see him; but he didn’t know me, which really made me upset, and I was like, oh, come on, Tubbs, Tubbs, come on, come to mummy; but he just looked at me a bit sort of bemused. But I was really pleased to see him, that he was doing well, he was just plump and happy, eating his food and, yeah, so it was really, really good to see him, it really made me happy, made me. happy that he was re-housed with people who loved him and were caring for him; so that gave me a massive boost.* ***ID11, female, 1 cat***

**Discussion**

The collection of longitudinal qualitative data combined with a critical discourse analysis allowed for a comparative examination of the respective relationships between human and animal network members operating as therapeutic agents in managing mental health and negotiating everyday life. The discourse analysis adds to our understanding of network membership properties and human-animal relations within personal communities of support for those with mental health problems.

Illuminating relational competence in supportive social support networks requires being able to conceptualize one's relationships, identifying why relationships might be satisfying as a bases for accessing and mobilising a set of relationships in a network more generally, and the conditions under which it is possible to maintain relational support from network members which for those with a mental health problem are subject to flux and change (Walker et al 2018). The study here illuminated how pets comprise a central element of the, networks of relationships and the social worlds of users. Through the analysis of discourse the lived trajectories of iterated interaction with pets point to how a focus on the specific dyadic relation with pets influence the presence and nature of networks relationships overall. The narratives implicating the consequences of a loss of a pet point to the way a network may shrink through the loss of the mediation of value in the eyes of others, self efficiacy in relating to others in a network and in a sense of self possession in acting in the social world. Similarly the counter properties of the existence and existential presence of a pet lays the foundations for network enrichment and extension.

Following participants over time demonstrated a continuity in narrative accounting about who was involved in managing a person’s mental health highlighting the therapeutic value of pets compared to other network members. The sporadic, ad hoc and minimal involvement of some human network members for example provided a stark contrast to the consistency of input from pets.

Although the therapeutic value of animals in terms of illness management is increasingly being acknowledged [14, 15], they are yet to be recognised or given the value they seem to represent for people when compared to other agents of support such as health professionals. Anthropocentrism has focused previous work in the social sciences on the dyadic relationships between health professionals and service users within the context of institutionalised care. Often this has involved exploring relationships with antipsychotic medication [27], coercion [28] and whether specific events like compulsory admission impact on these relationships [29] centred around acceptance and compliance with the therapeutic regimen. Whilst the notion of compliance features in accounts of relationships with other people- particallyr professionals (Mortari and Pino 2014) it does not appear to be nearly as salient in the discourses of relationality with pets. Rather, therapeutic features of support from companion animals are most closely aligned to the idealy typical valued components of desired therapeutic relationships (e.g. warmth, peace and consistency) [30] and are able to support aspects of identity and self efficacy that is in shorter supplyor unavailbe from human network members. These findings lend support to removing the anthropomorphic blinkers associated with conventional mental health service provision which would allow consideration to be given to the wider therapeutic networks associated with mental health management and the integration of and value attributed to Human-Animal relationships for self-care through for example the recognition of companion animals in the planning and delivery of mental health care and within mental health care plans.

This study implies that such assumptions are not relevant to the mental health field where identity was not tied exclusively or predominantly to verbal communication with the valued support from networks members with whom people are not compelled to give voice to their experiences. For example, participants reported that they often felt judged when they spoke to other people in their network which contributed to a sense of superficiality of relationality. Pets, on the other hand, were seen as a non-judgemental recipients of communication and there was no need for this to be verbally acknowledged or reciprocated. This is closely aligned to Cain’s notion of authentic conversational exchange whereby people consider that their animals understand what they say and act accordingly without the need for articulation [31].

Despite official policy and practice discourse advocating meaningful communication within health services in the form of shared decision-making, this is underrealised [1, 2]. The current study identified difficulties in how participants related to human members of their social network. Such relationality was considered unpredictable, superficial and contingent on wellness and moral obligation. Sanders presented companion animals as “unique individuals, who are minded, empathic, reciprocating, and well aware of basic rules and roles that govern the relationship” which can be compared directly to relationships with human network members described in the current study who often did not appear to meet such criteria [32]. Companion animals provide an important source on ontological security which current mental health provision is failing to address [3]. . Further research is required to explore how health services can adopt and implement the implications for practice from the potential that the key features of Human-Animal interactions associated with therapeutic benefit provide. [14, 15] .

Social interaction is concerned with self-identity, a necessary part of relationships and relatedeness [33]. Companion animals act as facilitators of human-to-human interaction [34] and here the significance of the contribution made by companion animals to an individual’s sense of self, was evident through discursive references commensurate with ontological drift to an individual’s sense of self coalescing and merging with animal identity to form a ‘couple identify’ [35]. Previous research has shown that identities of animals can shape the identities of owners and that other people make judgements about them as a dyad [32]. For people in the current study this appeared to be of overwhelming salience given the high levels of felt and enacted stigma associated with mental health diagnosis identified in their relationships with other humans. People drew on their relationships with companion animals to portray themselves in a positive light as responsible pet owners. This latter finding represents an extension to existing literature through demonstrating how people identify with and construct the identity of companion animals to support ontological security and improve relational satisfaction in everyday lives. This critical discourse analysis revealed concerns about the validity of relationships with pets from the perspectives of others. Previous analysis by the authors identified a lack of acknowledgement and appreciation of companion animals within mental health care planning [15]. Here we have shown how this extends to the loss and death of a companion animal which can be devastating [36] but is rarely acknowledged in main stream mental health care contact or care. This study demonstrates that such loss could compound existing feelings of guilt, isolation and lack of understanding commonly associated with living life with a long-term mental health problem. This has clear implications for health services, social services and housing providers in terms of acknowledging such relationships and supporting owners and their pets to stay together. Further research is required to elucidate the best ways to do this from the perspectives of service users and professionals.

The study gains its strengths from the combination of longitudinal data collection and critical discourse analysis which allowed an in-depth understanding of the relationships between companion animals and their owners to be developed. However, data was limited to self-reported accounts of pet ownership. Participant observation could enrich our understanding of the Human-Animal interactions and the contributions of animals to self-management. This study included participants from the UK only and it is likely that there will be additional cultural factors related to the role of companion animals for mental health which require further examination.

The findings from this study support existing evidence demonstrating the benefit that pets can confer to those with mental health conditions. The longitudinal analysis demonstrated continuity in the relational quality of interactions with pets that contrasted directly with other network members such as health professionals and family members.

**Notes**

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