
There's more to a dog guide than meets the eye: A preliminary exploration of potential health benefits of dog guide use

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The value of dog guides in terms of mobility for people with severe vision impairment and blindness is well recognised. There has, however, been a paucity of research exploring the potential health benefits of working with dog guides. This article reports the initial stage of a research project, which aimed at redressing this dearth of research. The study used three focus groups to explore the experiences of 22 participants from three Australian states. The focus group meetings were the first of three components of a major research project into this important issue. The outcomes reflected a self-reported trend toward enhanced health and wellbeing for people who use dog guides as their primary mobility aid.

Loss of independence is a potentially serious outcome after loss of vision, and it might well bring with it a number of emotional and physical health issues for the person affected (Garrity & Stallones, 1998). Loss of independence due to loss of vision might limit the ability to exercise, with subsequent deterioration in physical wellbeing. It might also result in a loss of confidence as well as declining emotional health (Ball, 2008). Regaining independence and developing the ability to move safely around the community is, therefore, a key objective for people who lose their sight (Oxley, 2001). It has been suggested that by regaining independence, people who are blind or vision impaired are likely to increase exercise levels, move about more, and to have a consequent increase in levels of self-esteem

and self-confidence (Lloyd, La Grow, Stafford, & Budge, 2008a; Lloyd, La Grow, Stafford, & Budge, 2008b; Lloyd, La Grow, Stafford, & Budge, 2009; Oxley, 2001).

Severe vision impairment restricts an individual's ability to travel safely and independently in both the physical and social environment (Griffin-Shirley, Trusty, & Rickard, 2000). There can also be difficulties in moving about familiar and unfamiliar environments (Sánchez & Sáenz, 2010) and in exercising control over situations that could be hazardous (Griffin-Shirley et al., 2000). Wiggett-Barnard and Steel (2008) pointed out that individuals who are severely vision impaired face "a myriad of social and physical challenges" (p. 1014) and they suggested the need for mobility aids to enable safe and independent travel.

Mobility aids for people who are vision impaired range from the long cane to such electronic devices as the UltraCane, the Miniguide, or the Trekker (a GPS navigational system) (Ball, 2008). Smith and Penrod (2010) explained that long canes and dog guides are considered to be 'primary' mobility aids, while electronic mobility aids are considered as 'secondary' aids. Dog guides are particularly useful as a primary mobility aid because they assist their handlers to avoid obstacles, as well as providing additional safety factors when crossing roads or when cyclists are using the footpath (The Guide Dogs for the Blind Association, UK, 2014).

Dog guides are acknowledged as a good choice of mobility aid for many. However, while a range of literature exists regarding companion animals and their role in improving the health of their owners (Friedman, Thomas, & Eddy, 2000; Garrity & Stallones, 1998) little systematic literature surrounds the potential health implications related to dog guide mobility. Garrity and Stallones (1998) have investigated emotional wellbeing that might be realised as a result of owning a companion animal, and found that a sense of wellbeing was enhanced in people who owned a companion animal. Similar work was undertaken by Friedman et al. (2000), who explored the potential emotional and physical benefits to health that might be associated with owning a companion animal and the ways these influences can provide some benefit to the health of the owner. Their study found that cardiovascular health was enhanced in people who owned a companion animal when compared with a control group who did not own a pet (Friedman et al., 2000).

In undertaking the current study, which was a pilot for a subsequent more extensive study, the researchers began to redress the paucity of research available in relation to dog guides and the potential health benefits to their human handlers in the Australian context. Researchers used focus group meetings to provide information on the lived experiences of the participants involved (Denzin & Lincoln, 2005; Lloyd et al., 2009). This approach

appears to be an appropriate way to gain the perceptions of a range of people with severe vision impairment in a supportive setting (Lloyd et al., 2009; Silverman, 2006).

METHOD

The research was conducted in stages. An initial focus group meeting was held in Western Australia, followed by two further focus group meetings, one in New South Wales and one in Queensland, with a total of 22 participants attending. An initial call for volunteer participants was made via email and social media groups through three agencies: Seeing Eye Dogs Australia (SEDA), Blind Citizens Australia (BCA), and Blind Citizens Western Australia (BCWA). Each group consisted of a maximum of eight participants as this was considered to be a manageable number for a focus group meeting (Denzin & Lincoln, 2005). Some respondents who answered a call for focus group participation were not selected due to the number of participants having reached the researcher-defined maximum. All participants who attended a focus group meeting were either legally blind ($n=19$) or totally blind ($n=3$).

The initial focus group meeting held in Western Australia was attended by seven participants. This meeting allowed testing of the suitability of the questions and was useful as it permitted the researchers to gain initial participant impressions. Two more focus group meetings were then held, one in Queensland (seven participants) and the other in New South Wales (eight participants). Including participation from across Australia provided opinion from a range of people from diverse backgrounds.

Although a guideline format and questioning process were used for the focus group meetings, the participants were given the opportunity to provide individual opinions and information in addition to answering of the structured questions. If relevant additional information was highlighted by participants, further discussion of the issues that were raised was encouraged. The primary focus of the basic questioning, however, was completed in all groups and all of the guideline questions were asked and answered (Denzin & Lincoln, 2005).

The questions around which each meeting focused were:

1. How long have you been using a dog guide?
2. How would you compare dog guide mobility to other mobility aids?
3. What do you like about your preferred mobility aid?
4. What do you dislike about your preferred mobility aid?

5. Have you noted any changes in your quality of life since you began using a dog guide? Please explain.

Most questions posed were open-ended allowing the participants to provide detailed responses.

PARTICIPANTS

Twenty-two (22) participants were involved in focus group meetings. Eight had been set as the maximum number for each group as this was considered a manageable number for this type of research (Denzin & Lincoln, 2005). Any person with severe vision impairment was considered eligible for involvement. The only applicants excluded were those who applied once group numbers were finalised. Participants were aged between 32 and 62 years with a mean age of 41 years. Nineteen (19) were 'legally blind' and three were totally blind. There were 15 females and seven males in the groups, evenly balanced across states.

DATA COLLECTION

The principal researcher facilitated all focus group meetings and took detailed notes on a braille notetaker as well as audiotaping each meeting. Responses were checked with the participants at 15-minute intervals to ensure that quoted statements attributed to individuals were correctly recorded. A summary of the transcripts was provided to all participants to check for accuracy within two weeks of the conclusion of each meeting.

The focus group meetings aimed at generating a convivial and social atmosphere in order to relax participants. At the initial focus group meeting in Western Australia, the opening discussion began with the question regarding choice of mobility aid. This was considered to be a suitable question to open discussions with as it was not 'personal' and it had been used successfully in other similar studies using focus group meetings to collect data from people with vision impairment (Lloyd et al., 2009). As this question seemed to get the conversation flowing, the primary researcher who facilitated the focus group meetings also used this as an opening question in the two subsequent focus group meetings.

Lively discussion followed in response to the guideline questions in all focus group meetings. This allowed the principal researcher to obtain some initial impressions and to highlight areas to further examine in subsequent stages of the study. After initially using the abovementioned guiding questions, the participants were then asked to freely discuss their impressions of dog guide mobility and any associated advantages or disadvantages that they believed were inherent to this form of mobility aid. Participants were also asked whether or not their chosen mobility aid had provided any additional advantages above

and beyond mobility and, if so, why they believed this might be the case. Questioning was open-ended, where possible, to provide opportunities for expanded and novel responses to questions.

ANALYSIS

After data collection, the researchers analysed the data using the two-step process suggested in Mugenda and Mugenda (1999, p. 203). That is, (a) data organisation involving collating and coding the recorded data and (b) data evaluation. The researchers evaluated the responses to each question, identified and coded the themes suggested by the data, and then analysed the content and the frequency of the themes that emerged.

RESULTS

A number of trends were revealed as a result of the themes that emerged from the focus group meetings. It seemed that dog guides were perceived as promoting increased levels of independence, increased social interactions, increased levels of confidence, decreased levels of stress, an increase in levels of energy, more social interactions, a sense of camaraderie with the dog guide, and enhanced interactions with other people.

The main reasons that were presented by the handlers for their preference for working with a dog guide were listed in the following order of importance:

- (1) improved mobility
- (2) reduced feelings of isolation
- (3) increased feelings of independence
- (4) greater self-confidence, and
- (5) increased exercise potential.

The handlers uniformly reported improved and 'smoother' mobility when working with a dog guide and that they enjoyed the camaraderie they had experienced since working with their dogs. The handlers also reported that there were additional advantages to using a dog guide, for example, the ability to go out and about in a less planned manner. Handlers described the ability to be spontaneous with regard to mobility as one of the major advantages of using a dog guide as a mobility aid.

Dog guides were used for many activities and handlers reported that they enjoyed going shopping with their dogs and on social outings with friends. Travel to and from work was also a major consideration for many of the handlers, with most using their dog for work-related activities on a daily basis. Overwhelmingly the handlers were content with their

decision to use a dog and this is reflected in the following snapshot of three participant responses. One handler, Bianca (*note: pseudonyms are used to protect privacy*) mentioned:

“I am a very content dog guide handler. I have always enjoyed the friendship that a person gets when they have a dog, so for me applying for my first dog was a logical step. I have not been disappointed in my decision as, since having dog guides, I have exercised more and been more outgoing. I am happy with my choice.”

Another handler, Francine, stated:

“Since working with my dog guides, my fear of going out alone has evaporated; I am far more confident and more outgoing. I exercise more and I have lost about 10kg. I can’t imagine my life without my dog guide by my side. I love the independence I feel when I am accompanied by my dog. I feel happier now than I have ever been and I can’t imagine going back to using a long cane.”

Jake, a handler who has had three dog guides, noted:

“I have had dog guides now for more than twenty years. I grew up using a long cane as I have been blind since birth, however when I was eighteen I applied to get a dog guide. Getting my first dog guide was life changing, I was much freer in the way in which I was able to move around and I found that this gave me a lot of extra confidence. I have also benefitted from the companionship I get from my dogs; they are wonderful company and give me the motivation to keep active. I imagine I will have dog guides for the foreseeable future.”

Consideration of potential improvement to health was a pivotal part of this research project and, hence, at the focus group meetings health was also a topic of discussion. This discussion considered the potential influence that using a dog guide as a mobility aid might have on levels of exercise, physical and psychosocial health, and emotional wellbeing. Due to the sensitive and very personal nature of health issues, an individual questioning approach was avoided (due to these being discussion forums); therefore, a more general form of questioning was used. The participants were, however, generally very forthcoming in providing input regarding discussions about health.

Improvement to health and wellbeing was reported as a major consideration for many of the handlers when they had applied for their first dog guide. All of the handlers acknowledged that they believed they would exercise more after obtaining a dog guide and reported that this assumption had been realised upon receipt of their dog. Handlers also mentioned that they hoped to obtain a positive influence on their sense of wellbeing when working with a dog guide and that this ambition had also been fulfilled. All of the handlers appeared to agree that they had had a more positive sense of emotional wellbeing since

obtaining their dogs and that they enjoyed the companionship offered by their dog. One handler, Felicity, summed up her feelings by stating:

“Before getting my first dog guide I was very lonely. Since having dogs, I have got out and about more and I have joined a number of clubs, so loneliness is no longer an issue for me. All in all, I think the extra exercise and reduction in loneliness have helped to enhance my health and wellbeing.”

The disadvantages of dog guides were reported, such as cleaning up after the dog, and advantages and disadvantages of long cane use were also discussed as all participants had previously used a long cane as their primary mobility aid. However, working with a dog guide appeared to be overwhelmingly linked by the dog guide handlers to improved fitness, improvement in emotional and physical health, enhanced levels of self-esteem, and increased levels of social engagement.

DISCUSSION

One of the essential considerations when conducting focus group meetings is to examine preliminary responses and develop areas for further consideration (Krueger & Casey, 2009). The themes revealed as a result of the focus group meetings were that the participants were extremely interested in discussing the advantages and disadvantages of using a dog guide, and they were also interested in disclosing lifestyle gains, and improved health potential.

The information gained from the 22 dog guide handlers allowed the researchers to identify some of the changes that working with a dog guide had made to the handler’s life. This information helped identify areas that needed to be further examined in subsequent research activities.

Discussions highlighted improved mobility and increased independence since working with a dog guide. The handlers also repeatedly discussed additional benefits including: increased exercise potential and self-confidence and a reduction of feelings of loneliness due to the companionship they shared with their dogs. These findings provided some confirmation of previous anecdotal and published research which reported a potential for health improvement that might be attributed to the use of dog guides by people with vision impairment (Miner, 2001; Refson, Jackson, Dusoir, & Archer, 1999; Lloyd et al., 2008 a & b; Lloyd et al., 2009).

Importantly, this research provided an opportunity for the voice of dog guide users to be heard. Group members expressed their views about how it feels to be a dog guide user and

it was clear that they felt validated by the consensus of views expressed and appreciated the opportunity to voice their opinions.

CONCLUSION

This study showed the value of using focus group discussions to sharpen researchers' views on the lived experience of people with vision impairment in relation to using a dog guide and the potential for benefits in addition to the obvious mobility aspect. The themes identified were consistent with those expressed in similar research by Whitmarsh (2005) and Lloyd et al. (2009) as well as the anecdotal reports of people with vision impairment and the professionals who support them.

In summary, the focus groups provided support to the view that the benefits of dog guide use go beyond simply assisting mobility. Additional gains such as increased levels of exercise, more flexible and spontaneous interaction with the community surrounding them, and improvements in both mental health, and perceived self-esteem were repeatedly stated.

Further studies are recommended to explore the experiences of more dog guide handlers from a range of settings within Australia and overseas. It might be that those who were willing to be involved in focus group settings were those who had already perceived the most general benefit for the dog-guide relationship. There might also be disadvantages to dog guide handling that have not been identified because of the small sample of participants or there might be other advantages that have not yet been described. The current researchers will be exploring these issues with larger sample sizes using questionnaires and face-to-face interviews to clarify these issues and provide additional useful information. This information can then be used to advise prospective dog guide handlers and to promote optimal services for people with vision impairment.

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REFERENCES

- Ball, E. (2008). Electronic travel aids: An assessment. In M. A. Hersch, & M. A. Johnson (Eds.), *Assistive technology for visually impaired and blind people* (pp. 289-321). London: Springer.
- Denzin, N., & Lincoln, Y. S. (Eds.). (2005). *Handbook of qualitative research* (3rd ed.). Thousand Oaks: Sage.
- Friedman, E., Thomas, S. A., & Eddy, T. J. (2000). Companion animals and human health: Physical and cardiovascular influences. In A. L. Podberscek, E. S. Paul, & J. A. Serpell (Eds.), *Companion animals and us: Exploring the relationships between people and pets* (pp. 125-142). Cambridge: Cambridge University Press.
- Garrity, T., & Stallones, L. (1998). Effects of pet contact on human wellbeing: Review of recent research. In C. C. Wilson & D. C. Turner (Eds.), *Companion animals in human health* (pp. 3-22). Thousand Oaks: Sage Publications.
- Griffin-Shirley, N., Trusty, S., & Rickard, R. (2000). Orientation and mobility. In A. Koenig, & M. Holbrook (Eds.), *Foundations of education: Instructional strategies for teaching children and youths with visual impairments*. (2nd ed., Vol. 2, pp. 529-568). New York: AFB Press.
- Krueger, R., & Casey, M. (2009). *Focus groups: A practical guide for applied research*. (4th ed.). Thousand Oaks: Sage Publications.
- Lloyd, J. K. F., La Grow, S. J., Stafford, K. J., & Budge, R. C. (2008a). The guide dog as a mobility aid part 1: Perceived effectiveness on travel performance. *International Journal of Orientation & Mobility*, 1(1), 17-33.
- Lloyd, J. K. F., La Grow, S. J., Stafford, K. J., & Budge, R. C. (2008b). The guide dog as a mobility aid part 2: Perceived changes to travel habits. *International Journal of Orientation & Mobility*, 1(1), 34-45.
- Lloyd, J. K. F., La Grow, S. J., Stafford, K. J., & Budge, R. C. (2009). A focus group discussion on using guide dogs. *International Journal of Orientation & Mobility*, 2(1), 52-64.
- Miner, R. J. (2001). The experience of living with and using a dog guide. *RE:View*, 32(4), 183-190.
- Mugenda, O., & Mugenda, A. (1999). *Research methods: Quantitative and qualitative approaches*. Nairobi: ACTS Press.
- Oxley, P. R. (2001). *Inclusive mobility: A guide to best practice on access to pedestrian and transport infrastructure*. London: Mobility and Inclusion Unit, DTLR.

- Refson, K., Jackson, A. J., Dusoior, A., & Archer, D. B. (1999). The health and social status of guide dog owners and other visually impaired adults in Scotland. *Visual Impairment Research*, 1(2), 95-109.
- Sánchez, J., & Sáenz, M. (2010). Metro navigation for the blind. *Computers and Education*, 55, 970-981.
- Seeing Eye Dogs Australia (SEDA). (2015). *A division of Vision Australia*. Retrieved from <http://seda.visionaustralia.org/>
- Silverman, D. (2006). *Interpreting qualitative data*. (3rd ed.). London: Sage Publications.
- Smith, D., & Penrod, W. (2010). Adaptive technology for orientation and mobility. In W. Wiener, R. Welsh, & B. Blasch (Eds.), *Foundations of orientation and mobility: History and theory*. (3rd ed., Vol. 1, pp. 241-276). New York: AFB Press.
- The Guide Dogs for the Blind Association, UK. (2014). *Guide dogs cycleeyes campaign: Use your cycleeyes: Use your eyes for those who can't*. Retrieved from <http://www.guidedogs.org.uk/cycleeyes#.VaeWMGPNmTQ>
- Whitmarsh, L. (2005). The benefits of guide dog ownership. *Visual Impairment Research*, 7(1), 27-42.
- Wiggett-Barnard, C., & Steel, H. (2008). The experience of owning a guide dog. *Disability and Rehabilitation*, 30(14), 1014-26.

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