

DOG GUIDES AND FAMILIES: AN ONLINE QUALITATIVE STUDY

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BY

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DEDICATION

I dedicate this project to the loving memory of my first dog guide Benny, who passed away during the completion of this project.

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I would like to acknowledge my loving and caring wife Lauren for your support and encouragement during this process. You have helped guide me through the juggling process of being a student, a husband, and working full time with grace and love.

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To those courageous souls that agreed to complete my survey, and answer honestly, truthfully, and sincerely, you have shown me the power of research, and how simple questions about my own experience, can yield amazing thoughtful responses.

ABSTRACT

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There is limited research regarding the dog guide handler who lives in the United States and their experience of having a dog guide as their primary mobility aid. This on- line qualitative study had 23 participants who completed the study regarding their lived experience within the first year of having their dog guide. Three themes regarding the positive and negative aspects of having a dog guide as one's primary mobility aid were identified, and conclusions and implications for future research are proposed.

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CHAPTER I

INTRODUCTION

The Centers for Disease Control and Prevention (CDC, 2014) estimates that there are 21 million adults in the United States who are visually impaired or blind. The National Federation for the Blind (NFB) defines a blind person as any person who must use alternative means to complete a task that someone else would use vision to accomplish (www.NFB.org). Persons who are blind or visually impaired use a variety of mobility aids to enhance their mobility and safety: a white cane, sighted guide, electronic devices, and dog guides. It is a personal choice what mobility aid someone chooses to use when he or she considers his or her mobility needs, because there are advantages and disadvantages to each of the mobility choices. It is estimated by the American Foundation for the Blind that approximately 10,000 dog guide teams are currently working at any time in the United States.

There are many factors that influence the decision to obtain a dog guide (Lloyd, Budge, Stafford, & La Grow, 2009; Lloyd, La Grow, Stafford, & Budge, 2008a, 2008b; Miner, 2001), however, a review of the professional literature found that the reasons and the impact of the decision to become a dog guide handler are lacking in the scholarly literature. Much of the research on dog guide handlers consists of personal anecdotal accounts (Lambert, 1990), small qualitative

international studies, and small international quantitative studies that may not translate to the experience of a dog guide handler in the United States (Whitmarsh, 2005).

Statement of the Problem

After conducting an extensive online search, contacting dog guide training facilities, research offices, and contacting authors of articles regarding dog guide use internationally, this researcher found two research studies related to the experience of having a dog guide that used a United States population sample (Miner, 2001; Wong, 2006), a non-research-based article related to the economic cost of having a dog guide in the United States (Wirth & Rein, 2008), and an article suggesting treatment options for a dog guide handler after the dog guide is attacked (Godley & Gillard, 2011). From the limited research that has been conducted in the United States regarding the experience, rationale, and positive and negative effects of having a dog guide, this study sought to act as a basis for researching the multi-dimensional aspects of choosing to obtain a dog guide, working with a dog guide, and how that dog guide team interacts within the family system daily. This study sought to identify common themes of the American first-time dog guide user to educate the public, training facilities, researchers, and therapists on the lived experience of a dog guide team operating in the United States. Family therapists work with a variety of family systems and increasing their knowledge of this minority group will enable therapists to understand the complex interactions within the person and within the family system when a dog guide is introduced.

Purpose of the Study

The purpose of this online qualitative study was to begin to understand the rationale for choosing a dog guide as a mobility aid, the impact that decision had on the person, and the impact that choice had on the family system. To be included in this qualitative study the participants had to live in the United States, be at least 18 years of age, be able to read and write English at a fifth-grade level or higher, use a dog guide as their primary mobility aid, and have received that dog guide within the past 12 months. Participants were recruited from several national, state, and local blindness organizations. They were asked to complete an online survey regarding their experience of choosing a dog guide as their mobility aid, the advantages and disadvantages of that choice since starting to use the dog guide, and the impact of that decision on their family system.

Research Questions

The following research questions guided this study:

- RQ1: How does a person with a visual impairment come to the decision to use a dog guide as their primary mobility aid?
- RQ2: What are the positive aspects of having a dog guide as one's primary mobility aid?
- RQ3: What are the negative aspects of having a dog guide as one's primary mobility aid?
- RQ4: What are the positive aspects of having a dog guide as one's primary mobility aid in one's family?
- RQ5: What are the negative aspects of having a dog guide as one's primary mobility aid in one's family?

RQ6: What are the positive aspects of using a dog guide as one's primary mobility aid with persons outside of the family system?

RQ7: What are the negative aspects of using a dog guide as one's primary mobility aid with persons outside of the primary family system?

Theoretical Framework

The bioecological theory of human development views development as a dynamic, life-long process, rooted in an ecological context viewed through the framework of process-person-context-time (PPCT). The concept of process refers to the fusion that occurs between all aspects of an event including the active and passive participation of the individual (Bronfenbrenner & Morris, 1998). Context relates to four distinct systems: microsystem, mesosystem, exosystem, and macrosystem that are nested together representing layers of contact between the individual and his or her environment (Bronfenbrenner, 1977). The last aspect of the theory relates to temporal dimensions such as ontogenetic time, intra-generational time, and historical time (Bronfenbrenner & Morris, 1998).

Rosa and Tudge (2013) suggested the bioecological theory of human development pays attention to the complex process of interaction. The dynamic ever-changing process of the individual interacts with the continuously evolving environment on multiple levels, in multiple ways to support development. This creates a cycle of constant change and novelty where permanence is not viewed as part of development; rather it is viewed through the lens of transformation. The complexity of the system is enhanced as this individual cycle extends outward from

the immediate to the larger environment, creating further cycles of change, and dynamism (Bronfenbrenner & Morris, 1998). This change is also viewed over the course of the life cycle. Attention is paid to these cycles of change as they move the individual from infancy through the life span, with change and interaction a constant element of development. Darling (2007) suggested the environment is experienced phenomenologically where knowledge is acquired both objectively and subjectively through personal characteristics. Objective influences include factors such as age, gender, and health, whereas subjective influences may include factors such as values, beliefs, and motivations.

Supported by a systematic interaction between the individual, and their environment, Bronfenbrenner and Morris (1998) regarded proximal processes as the main impetus of development. Individuals are assumed to have basic characteristics: biology, cognition, emotion, and behavior as well as genetic potentiality, all of which are actualized through the proximal process. Proximal processes are ever evolving and appear in multiple forms influenced as they are by the constant change the individual and environment experience over the course of the life span (Bronfenbrenner & Ceci, 1994).

The utilization of a dog guide can be viewed as a proximal process. As during the introduction of a child into the family system, the dog guide user must make decisions regarding feeding, relieving, discipline, and how much or little others can interact with the dog guide. If the person receiving the dog guide has been in a lower position within the hierarchy of the family, it may present issues

for the success of the dog guide team in creating and maintaining these new boundaries. Within the family, there is introduced a new factor, the dog guide, which may influence the level of independence, the amount of time the person must spend with their family, and the creation of new rules within the multiple systems regarding interactions with the dog guide and the use of the dog guide within these systems (Lloyd et al., 2009; Miner, 2001).

These systemic changes within the system were the focus of the current research project. Understanding how the introduction of the dog guide team into the familysystem affects the dog guide user has implications for the success or failure of the dog guide team. Gaining a richer understanding of these experiences could positively influence the training procedures of new dog guide teams by gaining a richer understanding of the lived experience of the dog guide user.

Research Approach

Phenomenological research focuses upon the lived experience of individuals and how they make meaning of their experiences (Creswell, 2013). In a phenomenological study, the focus is on how people describe their experience and how they make sense of the experience. The person who is living through the experience is the expert on their own life. Through gathering data in this manner, a researcher can discover themes and trends among those who share the same experience to get to the essence of the lived phenomenon (Creswell, 2013).

Understanding the lived experience of the dog guide user and the many systems he or she interacts with daily, can aid the understanding of dog guide

training schools, families, therapists, and the person receiving the dog guide on what to expect when transitioning to the use of a dog guide as the primary mobility aid.

Definitions

The following definitions were used in the research study:

Dog guide - A dog that is specially trained as a mobility aid to a person with a visual impairment that performs tasks related to navigating the environment while avoiding obstacles.

Visual impairment/blindness - NFB defines a blind person as any person who must use alternative means to complete a task that someone else would use vision to accomplish (www.NFB.org).

Assumptions

The following assumptions were made about the participants:

1. Participants would be honest in their responses.
2. Participants would voluntarily complete the study.
3. Participants would complete the study independently.

Delimitations

To be included in the study, participants must have:

1. Identified as visually impaired or blind.
2. Received their first dog guide within the past year.
3. Used their dog guide as their primary mobility aid.
4. Lived in the United States.
5. Been 18 years of age or older.

6. Read and written English at a fifth-grade level or higher.
7. Been able to access the internet to complete the survey.

Summary

The professional literature regarding the experience of dog guide ownership is scarce, and this online qualitative study sought to add to the professional literature by researching the lived experience of first-time dog guide users in the United States of America. The study included visually impaired or blind adults 18 years of age or older who received their first dog guide within the past 12 months, and who reside in the United States. The participants completed a qualitative online survey regarding their reasons for choosing a dog guide as their primary mobility aid, the advantages and disadvantages of choosing a dog guide, and the impact of this choice on their family system.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

The research on dog guide usage in the United States is scant. This researcher conducted an extensive search using Texas Woman's University electronic databases and Google Scholar, and was unable to obtain research articles regarding using a dog guide as a mobility aid that focused upon the lived experience of the dog guide handler who lives in the United States.

Much of the professional literature reviewed below is from international journals and uses international sample populations, which to this researcher, indicates the importance of the current research project to begin to change the professional conversation regarding the visually impaired dog guide user in the United States.

Literature Review

When conducting a search for dog guide articles, it becomes apparent to a researcher quickly that this is an under-studied population, and that the professional literature comes from international populations. This literature review will demonstrate the wide gaps in the research conducted on dog guide users who reside in the United

States, and the gaps in the literature regarding the impact of the decision to obtain a dog guide on the handler's relationships.

Miner (2001), in her qualitative research study of a United States population, conducted eight interviews of eight dog guide users that sought to determine what the impact of having a dog guide had on the handler's life and experience. The researcher asked one open-ended question, "What impact has choosing a dog guide as your means of mobility had on your life?" Responses were tape recorded and then transcribed. The four main themes that came out of the analysis were identified as: increased confidence, increased independence, changed public interaction, and additional responsibilities or inconveniences related to having a dog guide. The change in confidence led to more independence, which led to both positive and negative interactions with friends, family, and members of the public regarding a dog guide user being confident and independent. Some participants reported conflicts with their friends and family related to their new level of independence, and reported that their friends or family would express jealousy toward the dog "replacing" them.

Wong's (2006) dissertation was a quantitative study with 88 participants from the United States. A survey asked about their beliefs on how a dog guide has affected their life both positively and negatively. The results of this survey provided quantitative data that support the conclusion that dog guide handlers believe that their dogs have positively changed their lives. The two areas identified as

problematic are the dog receiving attention while working and individuals being less likely to go somewhere if they are unable to take their dog. Wong proposed further research is needed regarding the impact of the introduction of the dog guide into the family system and how this change in independence and increased confidence can create jealousy within the family system due to the change in roles with the new dog guide.

Lloyd et al. (2009) conducted a focus group prior to their 2008 quantitative research project to focus their later research. This qualitative study explored the use of dog guides from the perspective of nine participants in New Zealand who used a dog guide. The data were collected from a focus group discussion from which eight themes emerged. These included: an increase in mobility, adjustment to vision loss, the advantages and disadvantages of using a dog guide, the matching process with their dog, training with the dog, the increase in their perceived socialization because of the dog, the positive and negative feelings of friends and family, and the outcome of the relationship with the dog.

Lloyd et al. (2009) discussed that the participants had a sense of confidence when traveling, and worries regarding being accepted with their dog guide. Another theme that emerged was the need for more training and preparation for the impact the dog guide would have on their family relationships. Several participants reported that their friend or family relationships were negatively impacted by them beginning to use a dog guide due to the other person's sense of rejection and jealousy of the new dog guide. This study was conducted prior to the Lloyd et al.

(2008a; 2008b) study due to the lack of professional literature regarding dog guide usage.

In their 2008 articles, Lloyd et al. described a research study of 50 dog guide users in New Zealand. There were 50 dog guide handlers that participated in this quantitative research study to gauge the perception of the impact of the introduction of a dog guide on mobility. The researchers hypothesized that there would be no statistically significant difference among the three groups of persons using a mobility aid that was not a dog guide, a satisfactory dog guide, and an unsatisfactory dog guide. Of the participants, 26 were female and 24 were male, and all from New Zealand and were registered with the New Zealand national blindness registry. The participants were asked to rate, via a phone screening, their perceptions of using a mobility aid prior to receiving a dog guide, a satisfactory dog guide, and an unsatisfactory dog guide. They were further asked to rate how the dog guide changed their mobility habits with frequency, intensity, access to public facilities, and impact on social life.

The results in Lloyd et al. (2008a, 2008b) indicated that persons who rated themselves as having poor mobility prior to receiving a satisfactory dog guide experienced the greatest increase in perceived mobility, and that a satisfactory dog guide match increased perceived mobility among all groups. A satisfactory match was defined as a match between the dog guide and the handler that lead to the team continuing to work with each other and the relationship not having to end due to factors related to the dog guide's ability to perform the tasks required. Participants

reported having longer and more frequent physical activity when using a dog guide, more social interactions, and a perceived reduction in stress levels when using a satisfactory dog guide when compared to using a cane or an unsatisfactory dog guide. The implications of this study demonstrate the importance of having a “good” match with a dog guide to increase the handler’s quality of life. It was mentioned in this study that the impact of having a dog that was a “bad” or poor match increased stress levels and negatively affected the person’s quality of life due to the negative impact on their mobility and family relationships. Refson, Jackson, Dusoir, and Archer (1999) researched the health and social status of dog guide users in Scotland. There were 82 dog guide owners in Scotland who were studied using a mixed methods approach, and were compared with two other groups of visually impaired people: 50 hospital low vision clinic patients, and 35 social services rehabilitation clients. The purpose of the study was to determine the ophthalmic and visual profile of dog guide owners in Scotland. All participants completed an orally presented quantitative and qualitative questionnaire, the Satisfaction with Life Scale and the Acceptance of Disability Scale, to identify ophthalmic history, social status, and health status.

Refson et al. (1999) found that dog guide users were younger, healthier, and more mobile than either of the other groups of visually impaired persons. They also showed greater independence, confidence, and acceptance of their visual impairment. Of the owners, 89% felt that the dog guide brought about a major improvement in their perception of their quality of life. In addition to increased

mobility, benefits of dog guide ownership included increased social contacts and enhanced mental and physical well-being.

The negative aspects of having a dog guide as reported by the dog guide users were the healthcare costs of the dog, boarding the dog when on vacation, and the impact of the dog guide on personal and professional relationships. The dog guide users indicated a decrease in feelings of dependence, but reported that using a dog guide had both positive and negative effects on their social and family interactions. The implications of this study for the current research project demonstrate that obtaining a dog guide increases quality of life, but that there could be some negative impacts on friend or family interactions, and this is the relationship the current research project is seeking to study (Refson et al., 1999).

Matsunaka and Koda (2008) stated that the purpose of their research was to determine the acceptance of dog guide users in Japan, and how stress levels were influenced by the use of a dog guide. With the 2004 adoption of a law granting access to dog guide users in Japan, Matsunaka and Koda hypothesized that access for those using dog guides would increase and that their stress levels would be lower than their non-dog guide using counterparts. There were 33 dog guide users that participated in this quantitative study, 13 men and 17 women who ranged in age from 19 to 67 years of age. Matsunaka and Koda had 45 visually impaired or blind non-dog guide users take the stress inventory as a comparison group. Dog guide users rated hotels, restaurants, and taxis as having the highest level of rejection when using their dog guide, and they reported that the most often given

reason for rejection was due to the perception that the dog guide would present a health issue (Matsunaka & Koda, 2008).

According to the participant's self-report, the stress levels of dog guide users were higher when compared to the non-dog guide users. Matsunaka and Koda (2008) postulated that the level of rejection that the dog guide users were experiencing increased their stress levels, and increased the pressure of their family members on the dog guide user to not use their dog guide. Utilizing a dog guide increased the participant's independence; however, the participants had increased stress and rejection of themselves as a dog guide team when compared to the non-dog guide using sample (Matsunaka & Koda, 2008).

Whitmarsh (2005) researched the benefits of dog guide ownership in England. The purpose of this quantitative study was to investigate the reasons that dog guide handlers chose to obtain a dog guide, and why non-dog guide users chose not to obtain a dog guide. There were 831 visually impaired British adults that participated in the study via phone interviews and answered a 17 question survey. Participants were 404 dog guide handlers and 427 non-dog guide users. The researchers hypothesized that dog guide ownership was low (only 1.8% of the visually impaired in England) due to financial factors, other disabilities, or a social or family stigma against dog ownership. The researchers found that dog guide owners tended to be younger, college educated and employed. The non-dog guide users tended to be older, have multiple disabilities, and had negative views related to dog ownership.

Whitmarsh (2005) also found that the increase in mobility and independence

for the dog guide owner was a major factor in their decision to obtain a dog guide. The non- dog guide users expressed a fear of the financial burden, the change in their lifestyle, and the social and family impact of having a dog guide as the factors that influenced their decision to not obtain a dog guide.

Wirth and Rein (2008) discussed the reasons that only about 1% of the visually impaired or blind persons in the United States use a dog guide, and postulated that it was due to the economic cost to the dog guide handler. The researchers contacted eight dog guide schools to obtain information regarding the cost of training and breeding the dog guide, the average length of an active dog guide team, and estimated the annual cost of a dog guide based on information from the Humane Society on the costs to feed and maintain a dog's health per year. The researchers found that the average cost of a dog guide was estimated to be \$40,645 over the average eight -year span that the dog works. Many of the costs in this average, however, are not accrued by the user. The average cost to the user per year is \$2,379, at the time of the study.

Wirth and Rein (2008) postulated that this annual cost might be a deterrent to a dog guide user obtaining a dog guide as their primary mobility aid. The economic impact of having a dog guide might also impact the handler's family relationships due to the increase cost of owning the dog guide. Though this is an estimate of the cost of owning a dog guide, this does raise a theme that will be included in this research project regarding the cost related to owning a dog guide, and how that impacts the handler's lived experience (Wirth & Rein, 2008).

Wiggett-Barnard and Steel (2008) conducted interviews with six South African dog guide handlers that had received their dog guide within the past three months. This study explored the dynamics of guide dog ownership in a South African sample. Six participants (five male and one female) from diverse socio-economic backgrounds were interviewed in the Western Cape province of South Africa.

Eight themes related to being a dog guide handler emerged: A guide dog improves mobility, A guide dog provides companionship, A guide dog necessitates personal change through increasing independence, Lifestyle changes resulting from guide dog ownership, Guide dogs are social magnets, Distractions inhibit the guide dog's, Ignorance regarding guide dogs, and Guide dogs can be a source of pride to the owner.

The researchers concluded that dog guide ownership could be a life-changing experience, with both negative and positive consequences for the owner in the many systems that they interact with on a daily basis (Wiggett-Barnard & Steel, 2008).

Summary

Several themes emerge from reviewing the professional literature regarding dog guide usage. Whitmarsh (2005) and Refson and colleagues (1999) found that dog guide handlers tended to be younger, healthier, and employed when compared to their non-dog guide using counterparts. The introduction of a dog guide has both positive and negative impacts on the handler's mobility, relationships, social acceptance, and family relationships (Lloyd et al., 2008a, 2008b; Lloyd et al., 2009;

Miner, 2001; Wirth & Rein, 2008). Many themes are suggested for further research within these articles, yet a search of the literature does not find research to follow up on these emergent themes (Lloyd et al., 2008a, 2008b; Lloyd et al., 2009; Miner, 2001; Matsunaka & Koda, 2008). According to the American Foundation for the Blind, it is estimated that there are nearly 9,000 active dog guide teams working in the United States, yet the research regarding the reasons for obtaining a dog, the positive and negative influence of obtaining the dog, and how the dog guide influences family relationships has not received any attention in the United States since Miner's 2001 article.

CHAPTER III

METHODOLOGY

Research Design

This online qualitative study sought to learn more regarding the lived experience of first-time dog guide handlers in the United States. After reviewing the professional literature, an online study was chosen as the research method to begin the process of identifying common themes among dog guide users whom reside in the United States. This study aimed to begin identifying common themes related to the decision to obtain a dog guide and the positive and negative influences that decision has on the handler.

Qualitative Research Approach

Phenomenological research focuses upon the lived experience of individuals and how they make meaning of their experiences (Creswell, 2013). In a phenomenological study, the focus is on how people describe their experience and how they make sense of the experience. The person who is living through the experience is the expert on his or her own life. Through gathering data in this manner, a researcher can discover themes and trends among those who share the same experience to get to the essence of the lived phenomenon (Creswell, 2013). Understanding the lived experience of the dog guide handler and the many systems they interact with daily, can add to the understanding of dog guide training schools,

families, therapists, and the person receiving the dog guide on what to expect when transitioning to the use of a dog guide as the primary mobility aid.

Research Questions

The following research questions guided this study:

RQ1: How does a person with a visual impairment come to the decision to use a dog guide as their primary mobility aid?

RQ2: What are the positive aspects of having a dog guide as one's primary mobility aid? RQ3: What are the negative aspects of having a dog guide as one's primary mobility aid?

RQ4: What are the positive aspects of having a dog guide as one's primary mobility aid in one's family?

RQ5: What are the negative aspects of having a dog guide as one's primary mobility aid in one's family?

RQ6: What are the positive aspects of using a dog guide as one's primary mobility aid with persons outside of the family system?

RQ7: What are the negative aspects of using a dog guide as one's primary mobility aid with persons outside of the primary family system?

Survey Questions

After they completed the consent form and the demographic questionnaire, the participants completed the following questions through the Psych Data survey:

1. Please, in some detail, explain the reasons you obtained a dog guide.
2. Please, in some detail, explain since receiving your dog guide the positive

aspects of having the dog guide.

3. Please, in some detail, describe the negative aspects of having a dog guide.
4. Please, in some detail, explain the positive aspects of the dog guide on your family relationships. Please, in some detail, explain the negative aspects of having a dog guide on your family relationships.
5. Please, in some detail, describe positive experiences you have had with persons outside of your family with relationship to your dog guide (e.g. bus drivers, hotel workers, airport employees).
6. Please, in some detail, describe negative experiences you have had with persons outside of your family with relationship to your dog guide (e.g. bus drivers, hotel workers, airport employees).
7. What else would you like the researcher to know about your decision to use a dog guide that the previous questions did not cover?

Participants

Twenty-three participants completed this online study that met the criteria to be included in the study. Once saturation in the data was reached, the study was closed (Creswell, 2013). To be included in the study, participants:

1. Identified as visually impaired or blind.
2. Had received their first dog guide within the past year.
3. Used their dog guide as their primary mobility aid.
4. Lived in the United States.
5. Were 18 years of age or older.

6. Could read and write English at a fifth-grade level or higher.
7. Could access the internet to complete the survey.

Sample Recruitment

Purposive and snowball sampling techniques were utilized to obtain the sample for this study (Creswell, 2013). The study announcement was distributed through email list serves and blindness Facebook groups to recruit participants.

This researcher contacted Guide Dogs for the Blind, Guide Dog Users Incorporated, and the National Association of Guide Dog Users, and they agreed to disseminate the research announcement among their members through their email lists, websites, and discussion boards.

Protection of Human Participants

This study was approved by the Texas Woman's University Institutional Review Board (see Appendix G) prior to the study being conducted, and the rights of the participants were protected. Participation in the study was voluntary and confidential, and the participants could exit the study at any time. The principal researcher and any additional researchers that assisted with data analysis in the study had completed protection of human subjects training. The data were electronically stored, password protected, and were saved in encrypted files to reduce the risks associated with data loss or tampering. The participants were provided with national counseling resources to contact in case the participant experienced any emotional distress from the study (see Appendix F).

Data Collection

Survey Procedures

The researcher utilized PsychData, an online research tool, to construct the study. The study website was included on the recruitment email (see Appendix A). After reading the recruitment email (see Appendix A), the participant clicked on the provided link to proceed to the study website.

The participant was directed to the front page of the study website. The front page of the study website included the purpose of the study, the requirements to be included in the study, and explained the 30-minute time commitment to complete the study.

The next page of the study included a copy of the consent form (see Appendix C). The participant indicated that they had read the document and that they consented to be a participant in the study by selecting a check box at the bottom of the page.

The next page of the study included a brief demographic questionnaire (see Appendix D), and after completing these questions the participant moved on to the survey questions by activating the next button.

The next page of the study included the first three interview questions:

1. Please, in some detail, explain the reasons you obtained a dog guide.
2. Please, in some detail, explain since receiving your dog guide any positive aspects of having the dog guide.
3. Please, in some detail, describe any negative aspects of having a dog guide.

After each of these writing prompts, there was an edit field in which the participants typed their responses. The website had a next button at the bottom of

the page to proceed to the next set of questions.

The next page of the study contained the next two prompts:

4. Please, in some detail, explain any positive aspects of the dog guide on your family relationships. Please, in some detail, explain any negative aspects of having a dog guide on your family relationships.

After each of these writing prompts, there was an edit field in which the participants typed their responses. Once completed the participants activated the next button.

The next page contained the final questions:

5. Please, in some detail, describe any positive experiences you have had with persons outside of your family with relationship to your dog guide (e.g. bus drivers, hotel workers, airport employees).
6. Please, in some detail, describe any negative experiences you have had with persons outside of your family with relationship to your dog guide (e.g. bus drivers, hotel workers, airport employee).
7. What else would you like the researcher to know about your experience of having a dog guide that the previous questions did not cover?

After each of these prompts, there was an edit field for the participant to write their answers to the questions. When they completed answering the questions, they activated the next button to proceed.

The next page of the study included a thank you statement, a list of national counseling resources, and a link if the participant wanted to receive a copy of the

executive summary of the study's findings. If the participant selected this link, they were directed to provide their email address. These email addresses were stored separately from the research data and were only be used once the study was completed and the research findings were analyzed.

Role of the Researcher

I became interested in the use of dog guides as a mobility aid and their impact on a person when I obtained my first dog guide in the summer of 2007. I have a degenerative genetic eye disease that made me completely blind at the age of 22. I used a cane and received extensive training on how to use a cane from the age of 22 to 25. When I began graduate school to become a counselor prior to starting the yearlong internship process, I went through a month-long training at Guide Dogs for the Blind and obtained my first dog guide.

My class had 12 handlers in the training course, and several of those teams (the dog guide and the dog guide handler) ended up failing after training. We started an email list serve for our class, and the people that ended up having to give their dog guide back to the school described their struggles adjusting to having a dog guide, their friends and families discomfort with their new mobility aid, and simultaneously I was experiencing a major transition in how I interacted with the world by using a dog. This was the kernel of my wanting to research dog guide ownership.

I had my first dog guide from 2007 until 2018, and there was a constant negotiation of identity and roles with my dog guide. When I obtained my dog, I was

single and living alone. When I met my wife, my dog guide use began to change and vary as our relationship progressed.

Walking with my dog guide, I walk very quickly and cannot interact or talk with people that I want to interact or talk to because I must focus upon the information the dog guide is telling me as well as the commands that I must give my dog. My relationship with my dog over the course of his life, was a constant source of joy and frustration in both my personal and professional life, and when I began to decide on a research topic that I wanted to research for my Ph.D., I naturally was led to my own experience. When I consulted the professional literature regarding my experience, I found that there was little to no professional literature regarding my own struggles adjusting to having a dog guide, and those of my classmates. I am a researcher of the experience of the dog guide handler, and I am a dog guide handler myself, which is both an advantage and disadvantage of conducting this present study. I understand the lived experience of the dog guide handler, yet I am also biased in that I am a dog guide handler myself. As part of the research design, I had one additional coder to analyze the data to balance my own bias, and to increase the validity of the research findings.

My own experience as a dog guide handler with a successful match may influence my reading of the data. My own bias toward using a dog guide as a positive mobility aid and the positive impact it has had on my life and relationships is another bias I have identified. I set aside my bias regarding dog guide usage and how families and the public “should” act while analyzing the data. I had one other

coder who was not a dog guide handler to aid in ensuring the analysis was as free of bias as possible.

Credibility

The recruitment email (see Appendix A) clearly spelled out the purpose of the study, the inclusion criteria for the study, provided a short personal biography of the researcher, and explained that the participation would be kept confidential and was conducted with the support of Texas Woman's University. This was the first step to building trust and rapport with the participants.

Conducting an online qualitative study, made it difficult to build rapport with the participants, but it was hoped that through sharing my own personal biography and the research announcement being distributed through well-known and respected training facilities and blindness organizations that the participants would understand and be comforted by the sincerity of the research questions and purpose of the research. By conducting an online study, there was a risk of the participants not being honest in their responses or that they met the inclusion criteria but again by utilizing my own personal biography and a screening tool with the inclusion criteria at the start of the study, it was hoped that any deception would be limited.

Data Analysis Procedures

Once no more participants had completed the study for four weeks, I began to analyze the data and closed the study website. I began the process by reviewing Saldaña's (2012) coding manual for qualitative researchers, in which the author

described a systematic means of analyzing qualitative data. The first step of this process is simply to read the data, and to take initial notes regarding thoughts, feelings, or impressions regarding the data, and this was my first step in reading the data. After eliminating 17 incomplete responses or participants who did not meet the inclusion criteria, I had a sample of 23 participants for analysis. After reading the text for the first time and writing notes on my first impressions of the data, my secondary coder and I discussed the coding process and procedure to follow outlined in Saldaña's (2012) and Morrissette's (1999) texts that provide guidance on analysis of phenomenological data.

Using these initial impressions, my secondary coder and I separately re-read the data at least five times and worked to begin to identify the themes that were emerging. We spoke after we had both agreed that we had identified the major themes that we saw in the data. Three themes were identified and agreed upon by each coder: advantages of the use of a dog guide over use of a cane, positive interactions with family and the public, and negative interactions with family and the public.

Summary

Twenty-three participants who live in the United States and utilize a dog guide as their primary mobility aid were recruited to complete this online qualitative study. The study asked eight open-ended questions regarding the lived experience of the dog guide handler via a PsychData website. These participants were recruited using snowball and purposive sampling techniques. A secondary

coder who is not a dog guide handler was used to aid in reducing bias in the analysis of the data and three themes were identified.

CHAPTER IV

RESULTS

Participant Demographics

There were 23 participants who completed the study ($N = 23$). Seven participants identified as being male (30.43 %), and 16 participants identified as being female (69.56%). The ages ranged from 18 to 72 years old, and the average age of the participants was 42.6. The participants reported their marital status as: seven participants were married (30.43%), eight were single (34.74%), three reported cohabitation (13.04%), and five reported that they were divorced (21.73%). The participants identified their race as 18 “White” or “Caucasian” (78.26%), 2 identified as Hispanic (8.96%), 1 bi-racial (4.34%), and 1 Native American (4.34%). The participant’s identified their training school as: 1 Pilot Dogs (4.34%), 1 Guiding Eyes (4.34%), 2 The Seeing Eye (8.96%), 1 Freedom Dogs for the Blind (4.34%), 4 Leader Dogs (17.39%), and 14 Guide Dogs for the Blind (65.21%).

Findings

The following research questions guided development of the themes:

RQ1: How does a person with a visual impairment come to the decision to use a dog guide as their primary mobility aid?

RQ2: What are the positive aspects of having a dog guide as one’s primary mobility

aid? RQ3: What are the negative aspects of having a dog guide as one's primary mobility aid?

RQ4: What are the positive aspects of having a dog guide as one's primary mobility aid in one's family?

RQ5: What are the negative aspects of having a dog guide as one's primary mobility aid in one's family?

RQ6: What are the positive aspects of using a dog guide as one's primary mobility aid with persons outside of the family system?

RQ7: What are the negative aspects of using a dog guide as one's primary mobility aid with persons outside of the primary family system?

Theme One: Advantages of the Use of a Dog Guide Over Use of a Cane

The decision to obtain a dog guide has many factors that influence that decision. An important factor in using a dog guide is the ability to have excellent orientation and mobility skills so that the person who is blind or visually impaired can navigate independently using a white cane. A white cane however, is an obstacle locator, and for many of the participants the decision to obtain a dog guide (RQ1) was directly related to their perception of the difficulties of using a white cane as their primary mobility aid. The increased satisfaction in using a dog guide as opposed to a cane is demonstrated in the following quotations:

Bumping into things with my cane. Canes are obstacle locaters and with a dog you can avoid obstacles all together. (30-year-old single Latina female)

I am not as afraid as I was using my cane. Particularly at night. I do not feel afraid using the guide dog. He has helped my confidence and self- sufficiency. (55-year-old bi-racial married female)

I walk at a faster pace, feel more confident and it gets me out more. I am more aware of where the stairs and curbs are which is a huge plus to having a guide dog. (60-year-old Caucasian single female)

My guide has opened my eyes to independence. I am able to walk pain free, and no longer lose feeling in my hands. I walk longer as I am not in pain. I can walk with ease not second-guessing what my vision is telling me. I walk in all kinds of lighting conditions with ease and no fear about running into things. (37-year-old Caucasian married female)

I have Rheumatoid Arthritis, which made using the cane difficult on my wrists and hands. Also, I was always getting my cane stuck. I have always had a dog, and I love dogs. So, I was thrilled that I qualified for a guide dog. (54-year-old Caucasian married female)

Using a cane simply did not give me the confidence to go to new places. I feel like I'm not alone when I'm with him, with the cane I truly felt alone. (59-year-old Caucasian divorced female)

I hate my cane. It was super hard on my hands and was dealing with many hand problems. Occupational therapist suggested it. I hate the concentration a cane requires and how you can't hold a

conversation. I also hate how I jab myself regularly with it. (37-year-old Caucasian married female)

I am a professional woman and travel to work each day and I wanted to be able to feel more confident and independent. (64-year-old married Caucasian female) I wanted to be more independent, and travel more alone. I wanted to have a guide dog before I moved out and went to live on a college campus. (18-year-old Caucasian single female)

My confidence has gone up a lot since receiving my first guide dog. I've also found that even if we get in a tough situation, I'm not alone and we support each other and problem solve. I've also found that our bond is extremely strong and I love having him by my side every day. (21-year-old Caucasian cohabiting female)

Theme Two: Positive Interaction with Family and the Public

The participants described their dissatisfaction with using a white cane as their primary mobility aid in theme one as the reason that they decided to use a dog guide. After the decision is made to obtain a dog guide, the handler is trained how to use a dog guide and begins to utilize the dog guide as their primary mobility aid. The handlers reported the changes that occur within the systems that they are interacting with now as a dog guide handler, as opposed to, a person who is using a white cane for mobility. The participants reported that their interactions with their family and members of the public were positively influenced by obtaining their first

dog guide (RQ2 & RQ4):

People would approach a person with a dog, whereas not so much with a cane. Plus, I have seen people being more courteous to me with the dog than with the cane which is very helpful. (72-year-old Caucasian single female)

In general, my guide has made experiences with others outside of my family wonderful. People like to ask questions about him and engage in conversation. Also, when people see me with my guide dog, they like to offer to help in any way they can. People did this with my cane as well but it is MUCH more so with my dog. (35-year-old Caucasian cohabiting female)

People are more likely to take blindness seriously and understand how or why I might need assistance when I ask for it. Coworkers and fellow students at my college are much more open to ask me about my dog and approach me than they were when I had a cane. The dog has actually brought me friends and new relationships. The dog has become a symbol on my campus for disability access. We are the only guide dog team on our campus. (23-year-old single Caucasian female)

This participant describes the change working a dog guide has had in public:

They talk to me like I'm just a person, not a child, someone who is

mentally disabled or like I'm deaf. (28-year-old Native American single female)

My guide in general just brings joy to everyone around him. My family stresses out less about me going to doctor appointments or traveling alone now that I have a dog. (35-year-old Caucasian cohabiting female)

I think that my family has felt proud that I have made this big decision, followed through the process of being assessed and accepted into the program and then finally going away for the training. I think also that this decision to get a guide dog has been a good example for my children and grandchildren. By that I mean that the ability to find ways to adapt and to have the courage to try new challenges is an important thing to be able to model for our children. When they see me working with my guide I think they don't see mom as disabled but instead they see me as empowered. I think that's been very significant in my family life. (64-year-old Caucasian married female)

My family is more willing to let me do things when I want not always waiting for a ride from them. They know that with my dog I am safe and confident which makes them feel at ease. (30-year-old single Latina female)

My family feels safer with me traveling on my own. (28-year-old

single Native American female)

Have been much more approachable to people who are not afraid of me anymore. The dog is a major ice-breaker. I'm no longer in a protective shell. (55-year-old bi-racial married female)

People perceive that I am more competent when I use my guide dog. General public talks to me more when I use my guide dog versus my cane. I am much more active with my guide dog than I was before getting him. (54-year-old Caucasian married female)

Theme Three: Negative Interactions with Family and the Public

The decision to obtain a dog guide, and the positive aspects of the decision on mobility, do not preclude the participants from struggling with the transition from using a white cane to a dog guide. Obtaining a dog guide is a lifestyle choice and changes many aspects of the handler's life both within the family system and with interactions outside of the family system. The participants described the negative aspects of having a dog guide on their family and interactions with the public (RQ-3, RQ-5, and RQ-7)

Early in the transition process, it bred jealousy in my wife. She thought that I spent more time with my dog than with her. She understood logically why it is needed, but emotionally could not figure it out. She felt like the third wheel in the family. It also had negative aspects when she wanted to interact with the dog.

Constantly being told no, or sure, but with restrictions. Then to see

me give him everything I have to offer, didn't help much. Dog guide schools need to have some help for family members available when family members ask the impossible to answer question. (42-year-old White married male)

The only negatives are around the rules such as no petting or talking to the dog when he's in harness. No feeding the dog, etc... the restrictions, while understandable, caused a little friction at first. I feel like this is something the schools could help better address with the families, so the handler doesn't look like the bad guy enforcing these rules that may seem arbitrary to someone who hasn't been in the classes. (55-year-old bi-racial female) Sometimes splitting time between family and the dog can prove difficult. Feelings of jealousy can creep in. (42-year-old Caucasian male)

Excessive petting or distraction (people yelling, "Puppy," for example) by people who either do not understand a guide dog's role or do not care.

(23-year-old single Caucasian female) People often approach my guide while she is working and distract her, thus making it unsafe for us to continue what we were doing. (29-year-old Caucasian cohabiting female)

People always want to pet her, so I am constantly on the lookout for pedestrians distracting her. (28-year-old Native American single female) Having to deal with people wanting to pet her and asking if I am training her. Some days I feel like a broken record

answering those types of questions. (60-year-old Caucasian female)

The increase in fake service dogs means my dog has been lunged at and nearly harmed (we have been very lucky) by evidently untrained animals in public spaces. This is common in airports. (23-year-old single Caucasian female)

Dealing with the fake service animals or ESA's in stores. Also, the public and their dogs interacting with my dog while working. (37-year-old Caucasian female)

Caring for a dog guide is more work than caring for a pet. The normal daily routine drastically changes once you get home from training.

Feeding twice a day, getting up early in the morning (6:00AM) almost every day, parking your dog 4 or more times a day, cleaning up after accidents and times when the dog gets sick, and scheduling play time can put more physical stress on a person. . . Other times, it's almost like having a toddler or small child tied to your left arm. The corrections, telling them to be quiet in quiet zones, the times when the dog wants to play 'up/down' in the middle of a formal event, and the requirement that you must have attention on them when it is requested by the dog can put emotional stress on the handler. (42-old-Caucasian married male)

It is a lot of responsibility, much more so than a pet dog in my opinion. I feel a greater responsibility to ensure I take care of him the way I was shown, to ensure he stays with the proper weight, to make sure he gets enough guide work every day, to make sure I am utilizing him to his potential and keeping up both of our skills. It is hard to say it is a negative aspect though. It is more of a heightened awareness. and ensuing responsibility. (55-year-old bi-racial female)

There is the frustration of correcting your dog when they don't listen. You never have to do that with a cane. It takes longer to train with and get used to a dog. It's a living being that needs constant care. A lot of responsibility. But it's worth it (30-year-old single Latina female)

Some things do take a little more effort than just using a cane. For example, when I am getting ready to leave the house, I cannot just grab my cane and go. I have to make sure I have poop bags, treat bag filled with food, water bowl and water, booties etc. Packing to go on vacation means packing an extra bag just for the dog. I live in San Diego so sometimes the weather or activity we are doing is just not comfortable to take a dog. It can be extremely hot so we have to check the weather ahead and make accommodations if he will not be joining. I would not trade this for the world but sometimes the dog just takes a little extra planning. (35- year-old Caucasian cohabiting female)

I have had a receptionist at a doctor's office question if she was a guide dog. I had a motel manager question if she was a service animal and ask for proof. I have people who don't understand service animal etiquette. (37-year-old white married female)

Being yelled at by a cashier who wanted me to tie her outside while I shopped. (28-year-old single Native American female)

Hotel workers are the worst. I even had one hotel desk clerk tell me I couldn't take my guide into the dining area for breakfast. I had a bus driver apologize to me after another bus went right by my stop without stopping and picking me up. The bus driver said the first bus driver was new and he thought no dogs were allowed on the bus. (54-year-old Caucasian married female)

I was deferred from our local plasma center because I would not provide identification for my dog. I was also told I could not go into the dentist office with my son while he had a cavity filled because of my dog. (29-year-old Caucasian cohabiting female)

We were at a restaurant one afternoon and the manager told me I had to leave because of my dog. When I explained she was my guide dog he got aggressive with me and threatened to call the police. (30-year-old Latina single female) We have had nothing but issues with Uber. I obviously don't drive so I Uber often and we have had more bad experiences than good. People scoff at you getting in with your dog.

We have been left on the side of the road with refusal to let us in the vehicle. We have been told the dog needs to sit on my lap so he is not touching the car or we cannot get in. We have been told we need to clean the vehicle. It is a nightmare. (35-year-old Caucasian cohabiting female)

The only thing that came up for short time was going to my church that I had attended for 4 years prior to getting my guide dog. First, I was told "he would not be allowed to ride church van" then a week later the same person said, "your dog will not be allowed inside the church." (69-year-old Caucasian female)

Summary

Twenty-three participants completed this online study, seven were male and 16 were female. The average age of the participants was 42.6 years of age. Three themes emerged from the data analysis process: advantages of the use of a dog guide over use of a cane, positive interactions with family and the public, and negative interactions with family and the public.

CHAPTER V

DISCUSSION

Twenty-three first time dog guide handlers completed this online study, and three themes were identified: Advantages of the Use of a Dog Guide over Use of a Cane, Positive Interactions with Family and the Public, and Negative Interactions with Family and the Public.

The Bioecological Theory of Human Development attempts to explain how biological, cognitive, behavioral, relational, and physical systems affect human development over the lifespan of the developing person. Through analysis of the five systems (micro, meso, exo, macro, and chrono) and the influence of person, process, context, and time, and proximal processes, the goal of the theory is to understand the reciprocal relationship between the developing person's influence on the systems and the system's influence on the development of the person (Bronfenbrenner & Morris, 1998).

The three themes that emerged in this research project both concur with and expand upon the scholarly literature in identifying themes related to the lived experience of the first time dog guide handler. The positive and negative interactions with the family and the public that the participants reported is related to the decision to obtain a dog guide and following through with that decision. Obtaining a dog guide changes all of the systems that the handler interacts with,

and the change from using a white cane to a dog increases independence and confidence in the handler, and at the same time, can increase friction with the family system and the public. When travelling with a white cane a person and their family does not have to worry about access issues, other dogs, the cost of the cane, or what to do with the cane when traveling; however, with the introduction of the dog guide, these factors have to be discussed and thought through within the family.

From current and past research working with a dog guide has both positive and negative impacts on the handler's mobility, relationships, social acceptance, and family relationships (Lloyd et al., 2008a, 2008b; Lloyd et al., 2009; Miner, 2001; Wong, 2006; Wirth & Rein, 2008). The impact of having the dog guide positively influences the family's confidence in the dog guide handler's mobility, while at the same time several participants reported increased friction or jealousy with their family members due to the introduction of the dog guide. In addition, the theme related to the financial impact was postulated by Wirth and Rein (2008) as a possible reason that a potential dog guide handler would not obtain a dog guide, and many of the participants reported the financial impact of the dog guide in the first year as a negative aspect of obtaining the dog guide both on themselves and on their families. These themes emerged within the context of the microsystem and mesosystem and in addition are influenced in a reciprocal manner through process-person-context-

time (Bronfenbrenner & Morris, 1998). Process-person- context-time (PPCT) asserts that the person is in a constant state of development, and that their internal experience, experiences in their family, experiences with other systems, and the historical time in which a person is developing, all influence the person's optimal development (Bronfenbrenner & Morris, 1998).

The developing relationship between a dog guide and its handler is a living system that is nested within other systems that are acting upon and influencing the dog guide team. Matsunaka and Koda (2008) identified how the passage of a law granting access for dog guide teams in Japan (macro level change) impacted dog guide teams four years later and found that teams were still struggling with access issues and perceived increased stress levels being a dog guide handler. Matsunaka and Koda (2008) found dog guide users rated hotels, restaurants, and taxis as having the highest level of rejection in their study, and in the current study the participants reported similar issues with access denials. The increase in mobility leads the dog guide handler to interact with more systems, which in turn, can create more conflict and friction within the family system and within the larger systems that they are interacting with daily. The Americans with Disabilities Act of 1990 (ADA) has been the law for almost 30 years; however, many of the participants in the current study still referred to having access issues with their dog guide. This macro level change granting access for dog guide teams that was aimed at reducing access issues and increasing the rights of those with disabilities, still struggles to filter downward through the other nested systems that the dog

guide handler interacts with daily.

The application of the bioecological theory of human development as a model to explain the complexity of the development of a dog guide team appears, after this review and analysis, to be a useful theory to explain the complex and interrelated systems that a new dog guide handler is interacting with due to the process, person, context and time construct of the theory. The handler is a person undergoing the process of learning how to be a new dog guide handler, increasing their independence and confidence while traveling, and their family sees their increase confidence while traveling, which in turn increases the exposure the handler has to systems outside of the microsystem. As their independence and confidence grows, the handler is undergoing changes within the microsystem and mesosystem due to the increased activity.

The negative interactions from family and the public about the new handler can be attributed to the increased time and exposure the handler is having in new systems due to their increased independence in traveling, and the continued development of the dog guide handler's mobility skills and the rules related to having a dog guide can change relationships within the family system. The obtaining of a dog Guide is a step forward in development for the person who is blind or visually impaired, and any change within the family system is going to create change within the entire family system.

Conclusions

Through the analysis of the data in this research project, several

conclusions can be drawn as exemplified by the voices of the participants:

Just in general this is the best decision I have ever made, and I do not see a time in my life where I would not have a guide dog as opposed to a cane for any reason of my own. I am one million percent satisfied with my life as a guide dog handler. (35-year-old white cohabiting female)

My guide dog has improved my life tremendously. Although it can be frustrating at times, I am very glad I switched from my cane to a guide dog. (30-year-old Latina single female)

The conclusions that can be drawn from the lived experiences of the participants are:

1. That using a dog guide as one's primary mobility aid is a life style choice that comes from dissatisfaction with the use of a white cane.
2. That this life style choice both has positive and negative aspects.
3. That despite the negative aspects of this life style choice, the positives outweigh the negatives.
4. That the dog guide creates change within all the systems that the handler interacts with daily.

Limitations

The current research has several limitations. Purposive and snowball sampling when conducting phenomenological research and targeting a specific population are a useful manner of obtaining participants (Creswell, 2013); however, it does limit the diversity of the sample being studied. The current study is primarily

Caucasian (78.26%) and primarily female (69.56%). Future research needs to focus on a more diverse sample of dog guide handlers.

In addition to the racial and gender limitations, 65.21% of the participants were trained at one dog guide training facility, Guide Dogs for the Blind. The inclusion of the other online recruiting methods through Guide Dog Users Incorporated, and the National Association of Guide Dog Users, yielded representation from other training facilities; however, a more diverse sample of training experiences may have yielded more rich data for analysis due to differing training methods among dog guide training facilities.

Self of the Researcher

The genesis of this research was derived from my desire to understand the lived experience of the new dog guide handler as they transition from using a cane as their primary mobility aid to using a dog guide. My own transition from using a cane to a dog guide, the struggles I had in navigating the nested systems in which I lived, and the struggles of the other teams I went to training with, planted the seed that grew into this research. This research demonstrated that a person who is blind or visually impaired lives within several nested systems that they interact with daily, and that the handler needs training on how to interact within these systems.

During the course of this research project my dog guide, Benny, suffered a seizure and had to retire from working and two months later died. I as a researcher, had to step away from the research project at that point. I struggled with my own grief at losing my dog guide and having to conduct research on dog guide handlers.

When the data began to be collected, and it was clear that I was no longer receiving new data, I began to read the data, and had a strong grief reaction. I again had to step away from the data and work through my own grief related to the loss of Benny. I was also having to use a cane again as my primary mobility aid, and as I felt it, transition back to an inferior means of mobility.

I realized that the best way for me to honor Benny's memory, was to have the voices of other dog guide handlers be heard through this research. Any time I became overwhelmed with grief and loss for Benny, I stepped away from the data, until I could read the data and set aside my own bias and grief. Ultimately, working through the data analysis process, taught me much about conducting research, and how to grieve.

Implications

Changes in Training

Several participants mentioned that it would be helpful to include his or her family in trainings at the dog guide training schools. Increased training for the families regarding the expected changes, rules, and lifestyle of being a dog guide handler, could ease the friction and jealousy that some participants reported.

One participant mentioned how her race affects her use of a dog guide, and that training for handlers and the families should include discussions regarding how dogs are perceived in a multicultural context. Training schools utilizing a more systemic approach and providing additional training and support for family

including multicultural training can enhance the transition home. The training schools developing and implementing training for the handler and the family on how to navigate these nested systems may have a positive impact on the team's success in transitioning home and on how to navigate their new identity as a dog guide handler.

The implications for training schools are:

1. To increase training methods for the handler and the family regarding how to cope with the changes that occur when using a dog guide.
2. To increase the training schools training of the handler and families regarding multicultural issues when using a dog guide.
3. Increasing their outreach and training and partner with family therapy training programs to increase the knowledge and research base regarding handlers.

Family Therapists

For family therapists and mental health professionals working with a blind or visually impaired client, this research begins the process of providing a snapshot into the dimensions of how obtaining and working a dog guide can influence the handler. Family therapists, familiar with systemic perspectives, will be able to provide more empathy and understanding for both positive and negative aspects of the transition home with an increased knowledge and understanding of the lived experience of the dog guide handler. This can help family therapists in working with clients who are considering obtaining or are currently working a dog guide and

can aid in the treatment of the handler and the handler's family members in increasing their understanding of the nested systems and how the introduction of the dog guide influences the handler throughout these systems.

In addition, the field of family therapy could:

1. Encourage research regarding persons who are blind or visually impaired through grants or scholarships through the American Association for Marriage and Family Therapy(AAMFT).
2. Master's and doctoral training programs in family therapy could include more training and classes in working with families who have a person who is blind or visually impaired.
3. Continue education courses through AAMFT or university training programs for professionals working in the field regarding persons who are blind or visually impaired to increase access and understanding of family therapists regarding the many issues faced by this population.

Recommendations for Future Research

There is such limited research of the dog guide handler in the United States, and any research that is undertaken will contribute to the understanding of this population. Having more in-depth interviews, a more gender and racially diverse sample, and more training schools included in future research will only aid in the understanding of this population. This study researched the first-time dog guide handler, and future research needs to also focus on the full life span of the blind or visually impaired person from deciding to obtain a dog guide,

working that dog guide, retiring that dog guide, death of the dog guide, and obtaining subsequent dog guides. This is a data-rich field that needs more scholarly research, and as this research shows, the data is rich and expansive.

This project identified untrained animals and their impact on the dog guide team as an area for future research. More in-depth research can focus on understanding the experience of the multi-dimensional factors that influence dog guide teams daily, the changes that occur throughout the life span and within the nested systems that they interact with daily.

Summary

Three themes were identified: advantages of the use of a dog guide over use of a cane, positive interactions with family and the public, and negative interactions with family and the public. These themes were then discussed in the context of the bioecological theory of human development, and implications and suggestions for future research were proposed for family therapists and dog guide training schools.

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APPENDIX A

Recruitment Email

Appendix A

Recruitment Email

Subject: First Time Dog Guide Users

My name is Jason Doorish, and I am a Doctoral candidate at Texas Woman's University in Denton, Texas. I am blind and obtained my first dog guide ten years ago. The purpose of this online qualitative study is to begin to understand the rationale for choosing a dog guide as a mobility aid, the impact that decision has on the person, and what the impact of that choice had on the family system. The criteria to be included in the study are as follows:

1. Identify as visually impaired or blind.
2. Have received their first dog guide within the past year.
3. Use their dog guide as their primary mobility aid.
4. Live in the United States, are at least 18 years of age, and can read and write English at a fifth-grade level or higher.
5. Can access the internet to complete the survey independently.

If you meet these criteria, and you are interested in participating in this study, please click on the following link or copy and paste it into your web browser. I anticipate the study not taking more than 30 minutes of your time:

<http://www.studywebsite.com>

Thank you for your time and consideration of participating in this research study. If you have any questions, please contact me or my major advisor at the information provided at the end of this email.

Jason Doorish MS LPC-S jdoorish@twu.edu

Faculty adviser: Linda Brock Ph.D. lbrock@twu.edu

APPENDIX B

Welcome Page

Appendix B

Welcome Page

Dog guides and Families: An Online Qualitative

Study Purpose of the Study

The purpose of this online qualitative study is to begin to understand the rationale for choosing a dog guide as a mobility aid, the impact that decision has on the person, and what the impact of that choice had on the family system.

About the researcher

My name is Jason Doorish, and I am a blind dog guide user. I received my first dog guide in 2007 and he and I are still working together today. My relationship to my dog has changed many aspects of my life. When I returned from dog guide training school, there were a lot of new issues I had to navigate, from feeding and relieving my dog, interacting with the public with my dog, and interacting with my family. These are the experiences I want to study in this research project, what it has been like for you transitioning from being a non-dog guide user to using a dog guide daily. I hope this research will help dog guide training schools improve their training procedures and I hope this will help therapists you may work with understand what it is like to work with a dog guide daily.

Thank you so much for considering participating in this study. Inclusion Criteria

The criteria to be included in the study are as follows:

1. Identify as visually impaired or blind.

2. Have received their first dog guide within the past year.
3. Use their dog guide as their primary mobility aid.
4. Live in the United States, are at least 18 years of age, and can read and write English at a fifth-grade level or higher.
5. Can access the internet to complete the survey independently.

If you meet these criteria, and you are interested in participating in this study, please click next to proceed to the consent form.

APPENDIX C

Consent Form

Appendix C

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Dog Guides and Families: An Online Qualitative Study

Investigator: Jason Doorish
jdoorish@twu.edu

940/597-3469

Explanation and Purpose of Research

You are being asked to participate in a study for Mr. Doorish's dissertation at Texas Woman's University. The purpose of this online qualitative study is to begin to understand the rationale for choosing a dog guide as a mobility aid, the impact that decision has on the person, and what the impact of that choice had on the family system. You have been asked to participate in this study because you have been identified as a first time guide dog owner. Description of Procedures

The procedures will involve the participants completing a 30-minute online survey that includes a demographic questionnaire, and eight open-ended questions regarding the experience of being a dog guide owner.

Potential Risks

There are limited risks to participating in this study; however, there is a risk of emotional distress. National counseling resources will be provided if any emotional distress is caused by your completion of this research study.

As part of the study there is a risk of a loss of confidentiality; however, no identifying information will be asked for as part of the study, so if the study website is compromised, there is little risk to the answers you give on the survey being linked to you. If you elect to have an executive summary, an email address will be required. This information will be kept separate from the research materials, and will be destroyed upon the executive summary being distributed.

Confidentiality will be protected to the extent that is allowed by law.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you, however, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Participation in this study is voluntary, and at any time you can stop participating in the study. If you would like to know the results of this study we will mail them to you. * Questions Regarding the Study

You will be given a copy of this consent form upon your request. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a

participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

By clicking the next button you are providing consent to participate in this study.

APPENDIX D

Demographic Questionnaire

Appendix D

Demographic Questionnaire

The below will appear on the Psych Data website after the participant agrees to the study by signing the consent form.

Thank you for participating in this research study. The purpose of this study is to learn more regarding the experience of being a dog guide handler. Below are a few demographic questions. Once you complete the questions below there will be eight open- ended questions regarding your experience of being a dog guide handler.

1. What was your age on your last birthday in years? (Open edit field)
2. What is your identified gender? (Open edit field)
3. What is your marital status?
Single, married, divorced, widowed or cohabiting
4. How many people live in your household? (open edit field)
5. What is your relationship to each person in your household? (Open edit field)
6. How many people that live in your household are under the age of 18? (Open edit field)
7. What is your race or

ethnicity? (Open edit
field)

8. In which State do you currently live?(Open edit field)

9. How many months ago did you complete your dog guide training?

1, 2, 3, 4, 5, 6, 7, 8,9,10, 11, or 12

10. From what school did you receive your dog guide?

Guide Dogs for the Blind or the Seeing Eye

11. Is this your first dog guide?

Yes or No

12. At what age did you begin using mobility aids for your visual
impairment? (open edit field)

13. What is the cause of your visual
impairment? (open edit field)

APPENDIX E
Survey Questions

Appendix E

Survey Questions

The following will appear on the PsychData website.

Thank you for completing this study. The purpose of this online qualitative study is to begin to understand the rationale for choosing a dog guide as a mobility aid, the impact that decision has on the person, and what the impact of that choice had on the family system. There are eight questions that follow that will help us understand your experience more fully. Please feel free to write as much or as little as you want to answer the following questions. The more information that you provide, the more in depth our understanding of your experience will be.

Please answer the following questions in as much detail as you can:

1. Please, in some detail, explain the reasons you obtained a dog guide.
2. Please, in some detail, explain since receiving your dog guide any positive aspects of having the dog guide.
3. Please, in some detail, describe any negative aspects of having a dog guide.
4. Please, in some detail, explain any positive aspect of having a dog guide on your family relationships.
5. Please, in some detail, explain the negative aspects of having a dog guide on your family relationships.

6. Please, in some detail, describe any positive experiences you have had with persons outside of your family with relationship to your dog guide.
7. Please, in some detail, describe any negative experiences you have had with relationship to your dog guide with persons outside of your family.
8. What else would you like the researcher to know about your experience of having a dog guide that the previous questions did not cover?

Appendix F
Counseling Resources

Counseling Resources

AAMFT

https://www.aamft.org/imis15/AAMFT/Content/Directories/Find_a_Therapist.asp

American Counseling Association

<https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling>

[National Suicide Prevention Lifeline](#)

Call 1-800-273-8255

Appendix G

IRB Exemption



Institutional Review Board

Office of Research and Sponsored Programs P.O. Box

425619, Denton, TX 76204-5619

940-898-3378

email: IRB@twu.edu <http://www.twu.edu/irb.html>

DATE: March 20, 2018

TO: Mr. Jason Doorish Family Sciences

FROM: Institutional Review Board (IRB) - Denton

Re: Exemption for Dog Guides and Families: An Online Qualitative Study (Protocol #: 19995)

The above referenced study has been reviewed by the TWU IRB (operating under FWA00000178) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because a signed consent form is not required for exempt studies, the filing of signatures of participants with the TWU IRB is not necessary.

Although your protocol has been exempted from further IRB review and your protocol file has been closed, any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc.

Dr. Jerry Whitworth, Family Sciences Dr. Linda Brock, Family Sciences Graduate School