Some dogs have it, others, well, not so much. One woman explores what it takes to be a therapy dog.

By Leslie Pearce-Keating
But that winter day, things had changed dramatically in the Bickel home. Adda, the older sister, lay unresponsive in the rented hospital bed, in the final stages of cancer. As I spoke with her sister, Vanna, Hannah approached the bedside.

First, my dog uncovered Adda’s legs, bathing her friend’s feet with her tongue. Hannah then crossed to the other side of the bed, where standing on her back legs, she bent over Adda and continued washing. Adda’s hands were gently bathed, then she began washing the old woman’s face. I was concerned with Hannah’s intrusion until I heard the paper-thin voice of our dying friend say, “Oh, Hannah, did you come to say goodbye?”

Creature Comfort

We’ve all read of the tremendous work of dogs. Bomb detection. Police work. Narcotics. Military service. Service for the blind, deaf, disabled, diabetic, or epileptic. And then there are the age-old standbys: hunting, herding, farming.

But my dog, Hannah, demonstrated a skill that day that I had never trained her to do, something I didn’t even realize a dog could do: She comforted the dying.

After the incident with Adda, we continued obedience training until Hannah passed her Canine Good Citizen® test and Therapy Dog International test. Over the next 10 years, we worked in a variety of venues: nursing homes, assisted living, pre-school, and bite-prevention programs. Hannah even performed in a play, as Helen Keller’s dog in *The Miracle Worker*. By then, I was convinced that Hannah had super powers.

Of course, Hannah didn’t really have super powers. What she had was a true knack for caring. Instead of running from grief and sadness, Hannah rushed to patients in distress. I came to realize that her razor-sharp hearing detected pain and suffering that was often undetectable to the human ear.

But there was a heavy toll to pay for our work in the therapy environment. Hannah was exhausted after a short one-hour visit. Although she grew excited from the moment her therapy bandana was tied around her neck until we came home, I could see how taxing the work was.

Jon Katz observes in his bestselling work *Izzy and Lenore*, written about his own Border Collie’s therapy work, “I found hospice visits deeply meaningful, but they...
also required considerable time and attention, and they extracted an emotional toll.”

In *The New Work of Dogs*, Katz also writes of the demanding new emotional work of dogs, concluding that “if dogs’ roles are a mirror of America, and I think they are, then they faithfully reflect its hard, disaffected, and increasingly lonely underside. Which doesn’t make the new work of dogs less important—quite the opposite.”

Most of the patients Katz and his dog visited were not only failing, they were often lonely and sad.

**Easing the Passage**

A case in point was Jerry, a patient Hannah and I came to love at Sunrise Assisted Living. In his younger years, Jerry was an upper-level executive who enjoyed tennis, but when Parkinson’s disease claimed his health, he lost everything he held dear, even his beloved Labrador Retriever.

Moving to the assisted-living facility was a tough transition for Jerry. The staff directed us to the elderly man on our first outing. Sure enough, Jerry’s eyes danced with joy when Hannah entered his room. He turned off CNN and focused on his new canine friend. He fed her treats and giggled like a schoolboy.

Hannah and I visited Jerry every week for over a year. Jerry’s sack of dog treats wasn’t Hannah’s motivation, for she was often too excited to eat them. Soothing Jerry was her reward. At the beginning of our time with him, Jerry talked to Hannah, stroked her fur, and kissed her snout. But as time went on, the white-haired gentleman was too weak to move; he could no longer pet the dog, even speak sentences. At the end of the year, even his face lacked expression. In his final days, Jerry’s only means of communication was to blow into a straw to signal distress to the nurses in the critical-care facility where he had been transferred. Hannah and I visited him the week before he died.

Again, Hannah crawled up into his bed. Again, she lay her head on her loved one’s chest, gazing one last time into his eyes, just as she had with Adda. Jerry cried as I brushed his hand through her furry topknot. After the visit, Hannah slept long and hard. I knew she had sacrificed a great deal of her strength to Jerry that day. Later, Hannah mourned Jerry’s loss. I could see it in her eyes when we passed his room in the assisted-living facility. She paused, gazed longingly at the chair where he once sat, the bed where he once lay.

Shortly after Jerry died, Hannah and I shifted gears and began a two-year stint of preschool work. Hannah seemed renewed with her young charges. At Iris Saunders’ Playschool, Hannah and I taught the children dog safety, even dog etiquette. But there we also found suffering. A little girl who experienced a severe dog bite sobbed when Hannah entered the room. The kind teacher reassured the child that we would keep our distance. Finally, at year’s end, the little redhead relented. Hannah lay on her back in total surrender as the child approached. A healing had occurred.

Hannah also worked as a therapy dog for bite prevention programs with the deputy dog warden. We visited elementary schools throughout our rural county. We taught the children how to stand like trees when a strange dog approached, how to lie like logs if knocked to the ground by a dangerous dog. Hannah smelled the children’s clothing for leftover traces of peanut butter or pizza during the exercises. Most of the kids giggled softly into their hands. The
class lined up to pet Hannah’s fluffy ears. As I stood beside her in a steady sit position and the children approached, I wondered how many bite wounds Hannah prevented with her quiet demonstrations of love.

**Moving On**

But all good things must come to an end. Hannah grew too old for therapy work. Arthritis plagued her later years, along with a dual diagnosis of thyroid disease and epilepsy. I could not, in good conscience, allow her to work. Instead, we walked the nearby college campus where coeds stopped to pet her. We also took jaunts through the neighborhood, where we visited with older neighbors who were sweeping the garage or collecting the mail. I kept the visits brief. I put Hannah first. Then Hannah’s liver began to fail.

Four months before Hannah died, I met Jajca, a black standard Poodle, at the oncology department of Children’s Hospital of Akron. Jajca was a member of the Doggie Brigade, a subsidiary of Delta Society Pet Partners program. Linda Lester, his handler, spoke of the three years she and Jajca visited the facility.

“Jajca is named after the Slovenian word for eggs,” Lester said. “Jajca was the last word my father said as he was dying from brain cancer. I wanted Jajca to be a therapy dog on the cancer floor.”

I watched the majestic black Poodle approach sick children, some swaddled in wheelchairs, too ill to walk, others pushing IV poles. Some of them were still toddlers. All of them were bald. I knew I wanted a puppy from Jajca’s breeder.

I consulted with Genie Podojil, handler of Hillary and Cyrano, also standard Poodles from the same breeder. Podojil has been active with Ambassador Dogs for over five years and has amassed well over 1,000 visits. She confirmed what I already knew: “These therapy animals innately know what to do. I certainly didn’t teach mine.”

Although many breeds are qualified for the work, certain personality traits are necessary, according to Ellen Wood, Jajca’s breeder. Being people-oriented is a good start. Having an innate calmness is another needed trait. Intelligence is also key, and a willingness to please others.

Sharon Pooler, a devoted therapy-dog handler, has a whole pack of canines she has trained to assist her in area nursing homes and hospitals. Among her pack are Tino, a Yorkie; Patch, a long-haired Chihuahua; Ricky, a Dachshund; and Fritz, a Weimaraner. Pooler says most dogs are trainable, but her hospice patients need a “less active, more calm animal.”

Like many therapy handlers, Pooler visits with a different dog each day. “They all want to go in the morning, but they are so tired when we get home. It is hard work for the dog,” she says.

I, too, miss the work. I miss the camaraderie with my dog. That is why, two years after Hannah’s death, I am training Hazel, Jajca’s niece, to become a therapy dog. Recently, she passed her CGC test, the first leg of the journey to therapy dog. Hazel is a lively 2-year-old, perhaps better suited to an elementary school than hospice. In the meantime, we’re back to obedience training, for the skills she must master.

I know there are places for Hazel to serve. There is certainly much work for us to do.

Leslie Pearce-Keating is a freelance writer who has written nearly 600 columns for The Daily Record, in Wooster, Ohio. She is completing a memoir about her therapy dog, called Hannah’s Memory Box.

Learn about the new AKC Therapy Dog Title in “Pawprints,” page 8.