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Reasons for Stigma Surrounding Emotional Support Animals and How it Can Be Addressed

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SENIOR THESIS APPROVAL

This Honors thesis entitled

**“Reasons For Stigma Surrounding Emotional Support
Animals and How it Can Be Addressed”**

written by

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the requirements for completion of
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meets the criteria for acceptance
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In recent years, there has been an increase in the prevalence of service dogs and emotional support animals (ESAs). Despite that, the current lack of research and evidence makes many people skeptical about the effectiveness of ESAs. This skepticism likely affects how widely ESAs are accepted as a treatment for mental illness. While some people believe that animal-assisted interventions should be discontinued until further evidence is found (Anestis et al., 2014), there are still benefits that have been found with the use of service animals and therapy animals. Those that believe AAI should be abandoned until further research hold this idea because they found no true evidence of the benefits in studies doing a literature review on equine therapy (Anestis et al., 2014). However, emotional support dogs and other animals provide emotional comfort and assistance with daily tasks to their owners for mental and physical disabilities (Gibeault, 2021). An animal's specific capabilities determine how that animal is classified within the realm of service animals. Service dogs have the most training in comparison to the other types of dogs to be discussed. They are certified by the Americans with Disabilities Act (ADA) and are defined as "dogs that are individually trained to do work or perform tasks for people with disabilities" (Gibeault, 2021) Service dogs are meant to provide assistance following training concerning a person's disability whether it is a physical one or a mental one (Schoenfeld-Tacher et al., 2017). A psychiatric service dog is trained to carry out specific tasks such as reminding a person to take medication or keeping someone from harming themselves when they are not thinking clearly (Gibeault, 2021), and can help decrease symptoms of people with depression, anxiety, PTSD, schizophrenia, and other mental illnesses (Schoenfeld-Tacher et al., 2017).

In contrast, ESAs are not considered service animals by the ADA because they do not require any training. The distinction between an ESA and a pet is made when an ESA is prescribed by a mental health professional or other qualified professionals for the patient's

mental health (Schoenfeld-Tacher et al., 2017). Having the distinction gives the animal and the person more freedom and access to society. Because of this distinction between ESAs and service dogs, service dogs have more access to public places than ESAs. The additional training creates more freedom and ensures that the animal has a specific purpose and will not cause a disruption in public. On a typical college campus, service dogs have access to all buildings on campus. ESAs are allowed in housing, and pets do not have access to any part of campus (Von Bergen, 2015). ESAs still have the role of assisting their person with their mental illness and providing comfort but are not trained in any specific tasks that a dog does not engage in naturally, such as cuddling (Gibeault, 2021). ESAs fall more into the category of pets rather than service animals despite them providing the service of comfort. However, pets provide this too without the distinction. Providing ESAs with more training will help their credibility and their assistance to their owner.

Despite the lack of research surrounding ESAs, this field is beginning to grow. Hoy-Gerlach et al. (2022) claim to be one of the first studies dedicated to investigating the effect that ESAs have on a person's physical well-being and emotional well-being. After a year-long study, the participants with ESAs reported a statistically significant decrease in their depression scores and their anxiety scores from the beginning of the study, showing improvement linked to owning an ESA. Women reported experiencing a significantly greater decrease in loneliness because of their attachment to the animal when compared to the reports from the men. There was a noticeable increase in oxytocin levels from the beginning of the study, but the increase was not statistically significant though trending that way. Another significant finding from Hoy-Gerlach et al. (2022) was found during personal interviews. Participants that owned ESAs for a year reported in interviews that their animal helped motivate good behaviors, provided comfort, distracted them from their symptoms, and provided a calming presence. This study is hopefully

the first of many studies to confirm that there are benefits to owning an ESA. Studies in the past have investigated owning companion animals and their effect on a person's quality of life (Raina et al., 1999). In addition to having a positive effect on mental health, owning a pet also increases an elderly person's physical health. Those that owned pets had a significantly higher ability to accomplish activities of daily life (ADLs) than those that did not own pets (Raina et al., 1999).

There is not currently a universal assessment to determine if a person needs an ESA or not (Younggren et al., 2020), which creates a new set of issues in getting one. If there are no specific criteria to get an ESA, there may be further skepticism on if they are essential. Clients may come in expecting an ESA letter without the need for an ESA. If there is no standard for who needs one, ESAs lose their importance, and people with them will never be able to have the right to take them in public spaces. To create a basis for what makes an ESA necessary, Younggren et al. (2020) created an Emotional Support Animal Evaluation Model. The client has to understand the laws that regulate ESAs first. Then, there is an assessment of the individual asking for an ESA to determine if there is a disability. There is also an assessment of the animal to see if they can perform their duties and of the interaction between the animal and the person (Younggren et al., 2020). After being approved for an ESA using this model, having a disability is in a person's record, which can impact other areas of their life. For example, it can be more difficult to get a job, keep custody of kids in a custody battle, and qualify for life insurance (Younggren et al., 2020). With this in mind, people would more likely consider applying for an ESA for a longer amount of time, thinking about the results. Having these stipulations for receiving an ESA will ensure only the people that need them are receiving them, but this model is not used widely.

Having ESAs as a treatment option can be especially important for the college student population. Mental illness is becoming more common among college students and seems to be

on the rise (Von Bergen, 2015). In research in 2010, almost half of the college students sampled from the general population using the US census met the criteria in the DSM-IV for at least one mental illness; college-aged students outside of college had similar rates of mental illness (Blanco et al., 2008). Hunt and Eisenberg (2010) hypothesize, however, that based on the data, mental illness may not necessarily be increasing, but students seeking help for mental illness has increased in the last couple of decades. Many college students do not receive any sort of treatment for their mental health issues and some of the reasons include not having the time to see a therapist, a lack of financial means, and concerns about privacy (Hunt & Eisenberg, 2010). While ESAs cannot replace therapy, utilizing the available treatments could have advantages in treating college students' mental illnesses. The most common mental illnesses in college students are anxiety disorders, personality disorders, and alcohol use disorders (Hunt & Eisenberg, 2010). Treatments are still evolving and using ESAs could be a step in the direction of better mental health on college campuses. As treatments evolve and improve, this changes the perception of mental illness and can assist in changing the stigma surrounding it. Once there is that familiarity with a treatment and it is more well-established, people will believe in its efficacy.

A person's perception of their own mental illness and its treatment affects how beneficial the treatment can be. Defining stigma is important to understand the impact it has. Stigma includes problems with knowledge, which is ignorance, problems with people's attitudes, which is prejudice, and problems with people's behavior toward others, which is discrimination (Angermeyer et al., 2010). Corrigan (2015) mentions two types of stigma that can both be harmful. There is self-stigma, which is someone's internalized beliefs about themselves that hurt their self-esteem and their sense of self; there is also structural stigma, which is the prejudice that is founded deep in institutions and society and makes it more difficult for those the stigma is against (Corrigan, 2015). Many people either consciously or subconsciously hold these stigmas

in their minds about mental illness. It sometimes seems more acceptable because people most often react to those with mental illness with what researchers classified as positive feelings, which include feelings such as pity, compassion, and a desire to help, but people also react with feelings of uneasiness and mistrust as well as irritation and anger (Angermeyer et al., 2010). Familiarity with mental illness and negative attitudes related to mental illness are negatively correlated (Angermeyer et al., 2010). Unfamiliarity fosters negative emotions, so people need to be willing to be educated on mental illness and gain familiarity with it. When people are more familiar with mental illness because of increased interactions, that familiarity shapes a more positive perception of these conditions. Having more positive feelings about mental illness transfers into attitudes about treatment for mental illness. When a person has a more positive view of treatment, specifically their own treatment, that treatment will become more effective (Crossman & Kazdin, 2017). When people believe a treatment to be more credible, more progress will be made in that treatment than if the value of the treatment is not seen. It is important to frame mental illness as treatable and that has the potential to change the stigma surrounding this category of conditions (Corrigan, 2015). Stigma frames mental illness as untreatable, so a given treatment will not be deemed credible until that mindset is changed. When an illness is treatable, it seems more manageable, and providing treatment, such as an ESA, can potentially change a person's view of mental illness.

Multiple factors have been discussed that have an influence on how ESAs are perceived, which is what this study will investigate. The stigma surrounding mental illness has the potential to affect how a person views using ESAs as a treatment for anxiety. Pet attitudes have been found to influence the way a person perceives using animals in treatment. Those with positive attitudes toward pets rated animal-assisted interventions as significantly more credible than those with negative attitudes toward pets (Crossman & Kazdin, 2017). The presence of animals alone

as part of the treatment can affect the view of a treatment (Crossman & Kazdin, 2017). The same study investigating pet attitudes found that women had significantly more positive attitudes toward animals and related treatments. The two treatments described for people to assess the credibility of discussed using animals to assist with anxiety in college and anxiety related to getting an MRI (Crossman & Kazdin, 2017). A different study found that depending on the terms that were used, people were more or less likely to be able to define a service animal. People were more familiar with the term service dog and could define it easier in comparison to the terms emotional support animal and therapy dog (Shoenfeld-Tacher et al., 2017). As shown previously, familiarity with an individual or condition decreases negative feelings toward that individual or condition (Angermeyer et al., 2010). Being more familiar with service animals as opposed to emotional support animals may increase the likelihood that a person views the treatment as effective solely based on the terminology. Many factors can affect a person's perception of certain treatments for anxiety, including the use of ESAs.

Based on the factors that have been investigated related to a person's perception of the treatment of mental illness, this study will investigate several factors specifically in relation to a person's perception of ESAs as a treatment for anxiety. The factors to be investigated are pet attitudes, mental illness stigma, gender, and terminology and their effect on a person's perception of emotional support dogs. We hypothesized that people would rate emotional support dogs as more credible when they have a positive attitude about pets based on the research that demonstrated that pet attitudes can positively influence perceptions of therapy (Crossman & Kazdin, 2017). We hypothesized that people with a more negative stigma of mental illness would rate the treatment of them using emotional support dogs as less credible. The negative stigma about mental illness carries into how the treatment is viewed as credible (Crossman & Kazdin, 2017). Finally, we hypothesized that the credibility of these dogs would be rated higher when the

term psychiatric service animal is used rather than emotional support animal based on the previously mentioned study where participants were more familiar with service animals than emotional support animals (Shoenfeld-Tacher et al., 2017).

Method

Participants

Participants were primarily recruited from a small Southern Christian university for this study. Participants were also recruited through email and social media from outside of the university. A total of 74 participants participated in this study, some for assignment credit or extra credit, and some for another form of points credit in an organization. Seven participants failed to complete the provided survey; 67 participants' data was analyzed in the final analyses. Basic reading skills were expected to participate and all participants had to be over the age of 18. Otherwise, there were no exclusions from this study. The participants were 88.1% female, 10.4% male, and 1.5% non-binary, and their ages ranged from 18-25 ($M=20.42$, $SD=1.62$). These participants were 4.5% African American, 4.5% Asian, 85.1% Caucasian, and 6% Hispanic.

Measures

The Credibility/Expectancy Questionnaire (Deville & Borkovec, 2000) is a 6-item questionnaire that is designed to assess a person's thoughts about an intervention, specifically thoughts about emotional support animals in this study. Any mention of treatment in the original questions was changed to either Emotional Support Animal or Psychiatric Service Dog and any mention of the symptoms was changed to anxiety symptoms. This questionnaire asks questions related to how logical a therapy seems, how successful it would be at reducing symptoms, and how much improvement in symptoms would occur. The questions are answered on a scale of 1 (*Not at All*) to 9 (*Very*) in response to a question about the treatment of anxiety symptoms. In the two questions about specific symptom improvement, the questions are answered on a scale of

0% to 100% in increments of ten, providing 11 options. Contrary to the original study, for this study because some of the questions were on an 11-point scale and some were on a 9-point scale, the questions on the 9-point scale were converted to an 11-point scale using a formula involving the previous and new minimums and maximums, calculated using SPSS. Then an average of all the questions was calculated. The reliability of this scale was found to be $\alpha = .92$ using Cronbach's alpha. Within this questionnaire, randomization will occur in the terms that are used for the type of treatment. Participants will either answer these questions after reading a paragraph about emotional support animals or about psychiatric service dogs.

The Pet Attitude Scale (Munsell et al., 2004) is a 4-item questionnaire that is designed to determine a person's attitude toward pets. Questions are asked about the desire to have a pet in their home and how they would or do interact with their pet regarding verbal communication and empathy. The questions are presented with a Likert scale of 1 (*Strongly disagree*) to 5 (*Strongly agree*). The original study looked at the correlation between the previous items and the new items as they modified the scale. For this study, a composite score was calculated to use for analysis that was the average of the 4 items.

Day's Mental Illness Stigma Scale (Day et al., 2007) was used to measure the participant's stigma toward mental illness. In this study, anxiety was used as the mental illness asked about in the items. This scale is a 28-item questionnaire that includes questions about how the participant perceives someone with a mental illness and the mental illness itself. There are seven factors that the questions measure: treatability (3 items), relationship disruption (6), hygiene (4), anxiety (as in the participant's anxiety around someone with a mental illness; 7 items), visibility (4), recovery (2), and professional efficacy (2). Participants rated how much they agreed or disagreed with a statement using a scale of 1 (*completely disagree*) to 5 (*completely agree*). The reliability of this scale was found to be $\alpha = .82$ using Cronbach's alpha.

In the original study, factor analysis was used to determine how much of the score was determined by each factor. For this study, a composite score was calculated using the average of each of the different items to use during analysis.

There were two additional questions added in the survey about the participant's familiarity with service dogs and emotional support animals. One question inquired if a person had ever lived with a service dog or emotional support animal with the responses of yes and no. The second question inquired if the participant had ever known someone that did not live with them who had a service dog or emotional support animal. The participants could answer "yes, someone very close to me", "yes, someone somewhat close to me", "yes, an acquaintance", or "no."

Materials

Two different paragraphs were utilized during the randomization of this study. The emotional support animal paragraph was presented as follows:

Although all dogs offer an emotional connection with their owner, to legally be considered an emotional support dog, also called an emotional support animal (ESA), the pet needs to be prescribed by a licensed mental health professional to a person with a disabling mental illness. A therapist, psychologist, or psychiatrist must determine that the presence of the animal is needed for the mental health of the patient. For example, owning a pet might ease a person's anxiety or give them a focus in life. The dogs can be of any age and any breed. ESAs provide support through companionship and can help ease anxiety, depression, and certain phobias.

The psychiatric service dog paragraph was presented as follows:

There are service dogs, known as psychiatric service dogs, that require extensive training to work specifically with people whose disability is due to mental illness. These dogs

detect the beginning of psychiatric episodes and help ease their effects. Psychiatric service dogs (recognized by the ADA as service dogs) have been trained to do certain jobs that help the handler cope with a mental illness. The ADA definition of service dogs is: “dogs that are individually trained to do work or perform tasks for people with disabilities.”

Procedure

After reading the informed consent and agreeing to the study, participants were first asked to fill out some demographic questions that include gender, age, and race. On the same page as the demographics, the participants then answered the questions about their familiarity with service animals. Following those, the participants filled out the pet attitude scale, the mental illness stigma scale, and finally the credibility/expectancy questionnaire. Participants either filled out the credibility/expectancy questionnaire after reading a short paragraph about emotional support animals or a short paragraph about psychiatric service dogs. Which paragraph the participant received was randomized by Qualtrics during each response. To end the survey, the participants received the debriefing form and were informed about what was investigated in the study.

Results

Preliminary Analyses

There were 33 participants that answered the CEQ about psychiatric service dogs, and 34 that answered about emotional support animals. Participants were asked about their familiarity with emotional support animals. When participants were asked whether or not they had owned or lived with a service dog or emotional support animal, 60 participants (89.6%) responded *no*, and only 7 participants (10.4%) responded *yes*. When asked about knowing someone with a service dog or emotional support animal, *yes, an acquaintance* was the most frequent response with

40.3% of participants responding in this way, while 13.4% of participants responded *yes, someone very close to me*, 26.9% responded *yes, someone somewhat close to me*, and 19.4% responded *no*. See Table 1 for descriptive statistics on the variables.

For the correlation, all assumptions were met except for the presence of outliers and homoscedasticity. An outlier was removed from the Credibility and Expectancy Scale on the low end, and two outliers were removed from the Pet Attitude Scale on the low end. Both sets of the data's correlation are heteroscedastic. For the regression, the assumptions were met including the assumption of multicollinearity. None of the dependent variables were correlated.

Main Analyses

The relationship between the Pet Attitude Scale (PAS) and the CEQ was investigated using Pearson's correlation coefficient. There was a moderate positive correlation between PAS and CEQ, $r=.41$, $n=64$, $p<.001$, with high PAS scores associated with high CEQ scores. The relationship between Day's Mental Illness Stigma Scale (MISS) and the Credibility Expectancy Questionnaire (CEQ) was also investigated using Pearson's correlation coefficient. The assumptions were met as mentioned in the preliminary analyses. There was a weak negative correlation between MISS and CEQ, $r=-.23$, $n=64$, $p=.042$, with high MISS scores associated with low CEQ scores.

A standard multiple regression was used to assess the ability of two predictors (pet attitudes and mental illness stigma) to predict the perception of a therapy animal's credibility. A significant regression equation was found. $F(2, 61) = 8.79$, $p < .001$, with an R^2 of .224 indicating that 22.4% of the variation in therapy animal perception can be explained by the two predictors. Both of the predictors were significant. Pet attitudes and mental illness stigma had similar predictive impacts. See Table 2 for regression coefficients

An independent samples t-test was run to look at the differences between perceptions of therapy animals based on gender. We hypothesized that women would have more positive perceptions than men would. The observed results were not significant, $t(64) = .168, p=.434$. Another independent samples t-test was run to look at the differences between perceptions of therapy animals based on the terminology provided. We hypothesized that participants would view psychiatric service dogs as more credible and effective than ESAs. The observed results were not significant, $t(65) = 1.07, p=.144$. However, they were trending in that direction, with participants ranking psychiatric service dogs ($M=7.98, SD=1.71$) as slightly more credible than ESAs ($M=7.50, SD=1.97$).

A one-way analysis of covariance was conducted to test the effect of terminology on a person's perception of the credibility of therapy animals. It was hypothesized that terminology would affect how the participants viewed ESAs. After adjusting for stigma and pet attitudes, there was not a significant difference in the perception of therapy animals between groups, $F(3,63) = 1.41, p = .239$.

Discussion

This study investigated the different factors that affect how credible and effective people expect ESAs to be as a treatment for anxiety. It was evident that there was a link between a person's attitudes towards pets and their views on using ESAs as a treatment for anxiety. Positive attitudes about pets signified a positive perception of the treatment option. There was also a link between a person's stigmatizing attitudes and their views of using ESAs as a treatment for anxiety. High stigmatizing attitudes signified a negative perception of the ESAs as a treatment for mental illness. The terminology used to describe the ESAs did not influence how credible the person believed the treatment to be.

A consistent result that appeared in past research was the familiarity participants had with ESAs increasing the scores they gave to how credible the treatment would be (Angermeyer et al., 2010; Schoenfeld-Tacher et al., 2017). However, nearly 90% of participants in the current study reported that they had never owned or lived with an ESA, indicating that the majority of participants had very little knowledge of how to get an ESA and the effects of having one. Only 19.4% reported that they did not know anyone with an ESA; the rest of the participants responded that they knew someone with an ESA, either an acquaintance or someone they were close to. While participants did not have direct knowledge of ESAs, they had some familiarity with them.

There was a difference in how participants rated the credibility of therapy animals when the terminology was changed, but it was not a significant difference. Participants assigned slightly higher scores of credibility to psychiatric service dogs than they did to emotional support animals. Psychiatric service dogs were believed to be more effective in reducing anxiety symptoms for their owner. Though a statistically insignificant finding, this could reinforce the research that people are better at defining a service dog than an ESA (Schoenfeld-Tacher et al., 2017). Because people are able to define service dogs, they likely understand the roles of a service dog and would be more likely to see the benefits of treatment. Being unfamiliar with the role of an ESA creates uncertainty about how their presence would benefit a person with anxiety.

The correlation between a person's stigma scores and their ideas about ESAs as a treatment option demonstrates the connection between a person's view of mental illness and their view of treatment for mental illness. A high stigma score was associated with a reported low score on the credibility and expectancy scale about that treatment. This shows that when a person holds negative ideas about mental illness, they are more likely to think the treatment will be ineffective. Within the stigma questionnaire, there were questions about the effectiveness of

treatment for anxiety. The presence of these questions partly explains why there is a correlation between the two measures. If a person is reporting whether or not they believe there is an effective treatment for anxiety in the measure, that idea is going to affect how they report how effective they believe ESAs to be as treatment. In previous research, high familiarity with mental illness was associated with lower stigmatizing attitudes (Angermeyer et al., 2010). If a person having low stigma levels increases how credible they believe a given treatment to be as shown in the current study, then high familiarity with mental illness will potentially lead to people believing ESAs as treatment are effective.

Both stigma and pet attitudes were significant in predicting how a person perceived ESAs as a treatment option in this study. This was affirming of past research that showed positive attitudes towards companion animals positively influenced the view of using animals in treatment (Crossman & Kazdin, 2017). As predicted, stigmatizing attitudes about mental illness predict how people view the treatments designed for mental illness. The stigmatizing attitudes a person has about mental illness, anxiety in this study, influences how they view treatments for anxiety. The negative stigma surrounding mental illness contains the inherent idea that mental illness is untreatable (Corrigan, 2015). When mental illness is viewed as untreatable, people are not going to deem a treatment for it as credible and effective. Different research on stigma looked at social tolerance in relation to mental illness (Phelan & Basow, 2007). They found that higher empathy increased a person's social tolerance of someone with a mental illness and also decreased how dangerous they believed that person to be. They also found a correlation between how familiar a person was with mental illness and social tolerance and perceived dangerousness. When a person was more familiar with a particular mental illness, they were less likely to believe someone with that mental illness was dangerous and more likely to interact with them socially (Phelan & Basow, 2007). Familiarity has the same effect that empathy does, so interventions can

focus on building both to reduce stigma. Education that increases familiarity with mental illnesses will increase empathy and help people see the treatment of mental illness, including the use of ESAs, as necessary and credible. An intervention with high school students focused on presenting accurate information about mental illness and its treatment and included personal stories from people in recovery (Spagnolo et al., 2008). After the intervention, the students' stigmatizing attitudes decreased as compared to their attitudes before. These researchers mentioned targeting adolescents for interventions so there are no more adults in the world later that hold stigmatizing attitudes toward mental illness (Spagnolo et al., 2008). Focusing on intervening before it is too late will likely have ripple effects on society in the future as current adolescents become adults.

Limitations

There are several limitations that need to be noted for this study. The sample size likely influenced the results. Because some of the results were trending toward significance, it is possible that a larger sample size could have produced significant results. The smaller sample size diminished the power to detect if there were any significant differences in the values based on the manipulation. One of the original hypotheses involved comparing men's and women's perceptions of ESAs, but there were not enough male participants to perform this analysis. Future research with more participants could examine the difference in beliefs about treatment between genders. Because the sample consisted of college students, results may not be representative of a larger population of people. College students have a unique set of experiences that may shape their perceptions of ESAs and mental illness. As with any self-response survey, there is also the concern for biased responses. The surveys are limited because it cannot be determined whether or not the way a person answers is truly what they believe or truly how they would behave. While a person may respond in a survey that they would not treat someone with

anxiety differently than anyone else, this could be a self-serving response bias given in an effort to present oneself in the best light. In addition, when assessing the stigma surrounding anxiety, scores may not be representative of people's stigma surrounding mental illness generally.

Anxiety is relatively common and students may answer differently about their perceptions of those with mental illnesses other than anxiety. More severe mental illnesses, like schizophrenia or bipolar disorder, that are more outwardly evident may garner a different stigma response. This, in turn, would affect how ESAs used as a treatment would be viewed. Further research could look into how college students view other mental illnesses and treat those mental illnesses with a kind of therapy animal.

Future Directions

A simple place to begin further research would be to replicate this study to see if a larger sample size could create an opportunity for further evidence of the relationship between stigma, familiarity with mental illnesses, and how credible people believe ESAs are. Whether or not terminology affects how credible people believe a treatment to be remains to be confirmed. Based on the limited number of studies on the observable benefits of ESAs, there needs to be more research with evidence pointing to the effectiveness of ESAs. ESAs cannot replace other treatments for mental illness, so it should be explored which other treatment options having an ESA would benefit. Treatment plans should be made for individuals with mental illness that include ESAs as part of the treatment plan.

For ESAs to be included and accepted as valuable treatment, proper training for them should be provided. Because the distinction between ESAs and service dogs comes with training, offering training for ESAs will give them more credibility in people's eyes. More training would be beneficial in reducing the stigma surrounding ESAs but would also be beneficial for the owner. If the dog were trained to recognize and assist their owner when it was more obvious that

the person was in an emotional state, then the treatment would be more effective. With the training, including obedience training, ESAs would then have the same freedoms to be in public places that service animals have (Von Bergen, 2015). Providing training may blur the line of distinction between ESAs and service dogs and people would think both are more credible.

As mentioned previously, the sample for this study was entirely college students so there is a unique perspective on mental illness and ESAs. It would be advantageous to do research investigating the differences in stigmatizing attitudes between different age cohorts. It is possible that there are generational differences in the view of mental illness. When focusing on interventions to reduce stigma, it was recommended to begin with teenagers as they could teach older generations to have less stigmatizing attitudes (Spagnolo et al., 2008). As the younger generation grows up without having stigmatizing attitudes, society as a whole will see the effects of a generation not holding a stigma about mental illness.

Because of the many factors that can affect how someone views a treatment, research needs to be done to determine what affects those views. ESAs can be a valuable treatment option and have been shown to relieve symptoms of depression and anxiety (Hoy-Gerlach et al., 2021). More research needs to be done to show those results and prove the credibility of ESAs as a treatment for mental illness. Treatment of mental illness, in general, needs to be seen as credible and effective. More focus would go to improving laws and rights for ESAs. The focus could also go to training ESAs and giving them the status of a service animal if it was widely believed that having a service animal for mental health was effective.

Appendix

Table 1

Variable	Mean	Std. Deviation
Stigma Score Average	2.72	0.38
Pet Attitude Average	4.02	0.65
CEQ Average	7.8	1.62

Table 2

	b	B	p
Constant	9.102		p<.001
Stigma Score	-1.395	-.281	p=.020
Pet Attitude	.613	.262	p=.029

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