

ISSN 1392-5369

Specialusis ugdymas. 2012. Nr. 2 (27), 153–163*Special Education*. 2012. No. 2 (27), 153–163

DOLPHIN ASSISTED THERAPY IN LITHUANIA: EXPECTATIONS OF FAMILIES RAISING CHILDREN WITH COMPLEX DISABILITY

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The article presents qualitative research on the expectations of families raising children with complex disability. The idea is to analyze the reflections of families who have waited for the Dolphin Assisted Therapy for more than three years. This kind of therapy is very popular in Lithuania and abroad. There exists various common understandings why families wish to participate in Dolphin Assisted Therapy. However, serious and systematic research focusing on family expectations concerning DAT is lacking. This research aims to fill this gap of knowledge.

Keywords: *animal assisted therapy, children with disability, dolphin assisted therapy, family system, expectations.*

Introduction

Currently it is possible to access Dolphin Assisted Therapy (DAT) in many countries. From its origin around 1960's, when Lilly hypothesized on communication between humans and dolphins, several scientists began research and discussions on dolphins' therapeutic impact from different approaches (Humphries, 2003).

Breitenbach et al, (2009, 278) have revealed that research about dolphins' therapeutic impact conducted between 1999 and 2005 had serious methodological flaws. This critique was based on an analyses about possible therapeutic effects of DAT for children with various disabilities (Marino and Lilienfeld, 2006; 2007a; 2007b).

Since scientific research on DAT started, it has adhered to a psycho-medical approach to investigate participant's change. These studies focus either on reinforcement¹, on the theory

related to brain waves theory,² or to sound impact³.

Based on existing published research⁴, the Lithuanian Sea Museum organized a scientific biomedical study in 2003–2006, in which the change of clinical factors in children was also measured. Research results were similar to the previous results based also on reinforcement⁵. However, a study performed in the Lithuanian Sea Museum showed that DAT needs more sensitive research instruments than have traditionally been used. It appeared that in DAT studies general psychological and medical tests are unhelpful (Kreiviniėnė, Rugevičius 2009) and that qualitative studies may be more informative than those of a quantitative nature.

Until 2010 DAT studies were strongly focused on deficit-covering mechanisms. They regarded dolphin assisted therapy as a child-animal interaction with the aid of a professional. These DAT studies did not encounter social

² De Bergerac, 1998; Walter & Walter, 1949; Robbins, 2002, cited in Brakes, Williamson, 2007.

³ Chengwei et al., 2005; Vanderbilt, 2005; Verfuß, 1996, Au, 1993; Moore and Pawloski, 1990; Foot, 1980, cited in Breusing & Linke, 2003; Breusing, 2004.

⁴ Nathanson, 1980; 1989; 1998; Nathanson and deFaria, 1993; Nathanson et al., 1997; McKinney et al., 2001.

⁵ these psycho-medical research results were discussed by the Lithuanian authors: Rugevičius, et al., (2006); Šostakienė, et al., (2007); Kreiviniėnė and Rugevičius (2009).

¹ Sokolov, 1963; Zeaman & House, 1963; Lewis & Harwitz, 1969, Moskowitz & Lohmann, 1970; Kurtz, 1996; Miller, 1980, Fox, 1982; Tof, 1998, all cited in Nathanson et al., 1997, Nathanson, 1998; 2007.

factors which were perceived less important than clinical factors.

Kreiviniene and Vaičekuskaitė (2010, 3544) conceptualized DAT as having a strong positive impact on a family's sense of coherence, especially in families having a child with severe disability. Their (ibid, 3548) research demonstrated that changes in a child's behavioral, emotional, and social competencies were significantly influential for the whole family as a functional system. This study concluded that the family must be understood as a system because any changes in the child impacts as changes in family patterns.

In Lithuania, DAT is very popular but only about 70 participants are accepted to DAT per year (Kreiviniene, 2012). The majority of DAT participants are families who have a child with severe or complex disability. Brajtman (2003, 454) writes that families having a child with complex disability confront multiple challenges in everyday life. Morrow et al. (2006, 529) describes how these children may, for instance, swallow uncoordinatedly and suffer from gastro-esophageal reflux, malnutrition or aspiration. In their everyday life, families meet many specialists to deal with these challenges. However, the results are seldom favorable. Therefore, it is natural that alternative therapeutic methods are also tried. In some cases families seem to wait so that DAT makes their child's status higher. Additionally, the professionals related either to DAT or to the traditional support systems have common understandings about the reasons why DAT is so popular among these families. However, serious and systematic research focusing directly on families' expectations concerning DAT is lacking. That knowledge is crucial in promoting adequate support for these families as socially functional systems. Therefore, the **aim** of the research is to reveal the expectations of families raising children with complex disability towards Dolphin Assisted Therapy. The **object** of the research is to discern the expectations towards Dolphin Assisted Therapy.

Research description

Research was conducted from 2007 to 2010 in the Lithuanian Sea Museum. In depth interviews from 1 to 3 hours were carried out with 10 families raising children with complex disability. Content analysis was applied to analyze

the interview material (Miles and Huberman, 1994, cited in Henwood, Pidgeon, 1994). Open coding was used by making notes and headings to the transcribed interview texts (Elo, Kyngäs, 2008). Later, these notes were discussed with the families and primary categories were created. Our main idea was not to apply content analysis to the level of single words because we considered expectations as an experiential phenomenon that required a more holistic methodological orientation. Hence, we maintained content analysis as a phrasal analysis to be more beneficial. Similar phrases found from the research material were counted and the number was put in the brackets (in the analysis).

Research questions and selection of research participants

Before starting the research we had a clear idea of the possible research participants. A list of them was formed⁶ in 2001 and 2004 when parents wishing to participate in the DAT program at the Lithuanian Sea Museum registered their disabled children.

Among the children who were registered on the list since 2001, only children with cerebral palsy had not been selected to take part in DAT. Therefore, we decided to sample every child from the list experiencing complex cerebral palsy.

The primary selection was made on the holding data, including the general descriptions of the child's state. From a total of 160 participants 50 potential respondents were sampled. In this stage we had telephone conversations with these 50 families. In conversations, the nature of the research was discussed. Also, additional information about the family situation was gathered.

By using additional information as a selection criterion, 13 families who were the most suitable for the research were chosen. If families met the selection criteria equally, the priority was given to the families who had waited longer in the list and having a child who showed more signs of complex cerebral palsy disability. During the research process one family decided to exit the research as their child was suffering from severe epilepsy. Another family was substituted at that

⁶ Only these two times Lithuanian Sea Museum registered participants to DAT program. Because of huge popularity additional registration was not needed.

point. When the list of participants was finalised we prepared an interview calendar for them.

Other factors for the participants were as follows:

- Age of child 4–15 years.
- Being registered in DAT list from three to six years ago.
- Registered the first time to DAT program in the Lithuanian Sea Museum.
- Full family: mother, father and at least two children. One child with cerebral palsy, the second and following children being non-disabled. This selection criterion was

formed to give as homogenous a research group as possible.

Table 1 represents the essential information about the families who were selected for the interviews. Information shows the city where the family came from, the number of family members, the age of the child with severe disability, the medical description of the child's diagnosis, and the date when the interview was conducted. The case number is the code of the family that is used in the research to guarantee the ethical confidentiality of each family.

Table 1

Information about research participants (Kreivinienė, 2012)

Case No.	City	Family members	Age	Diagnosis description (translation is made from the papers parents presented in the first meeting, content is not changed)	Interview conducted (eye-to eye in LSM, by phone or planned visits)
001	Biržai	4	9	Severe cerebral palsy, displasia, situation after legs-lengthening operation, developmental disorder, blindness, ecopresis, enuresis.	2007 10 13 2007 10 16
002	Elektrėnai	4	9	Severe cerebral palsy, discynetic paralysis, respiratory infections.	2007 10 13
003	Klaipėda	5	7	Severe cerebral palsy, spastic tetraplegia, generalized asymptotical epilepsy.	2007 10 27 2007 11 05
004	Palanga	4	7	Severe cerebral palsy, symptomatic epilepsy.	2007 10 27
005	Kaunas	5	6	Severe cerebral palsy.	2007 11 12
006	Mažeikiai	4	12	Severe cerebral palsy, spastic displasia, deafness.	2007 11 12
007	Vilkaviškis	4	4	Developmental disorder, child is not walking, tone of muscles high and low, strabismus, farsightedness, hearing difficulties.	2007 11 26 2007 12 03 2008 02 10
008	Plungė	4	14	Severe cerebral palsy after meningoencephalitis, child is suffering from severe involuntary movements, when he wants to do something and cannot, cannot talk or chew.	2007 11 26 2007 12 06 2008 07 20
009	Kupiškis	4	7	Severe cerebral palsy	2007 12 08
010	Telšiai	5	4	Severe cerebral palsy, spastic tetra paresis, symptomatic epilepsy.	2007 12 09

Research credibility

Kimberlin and Winterstein (2008) mention, that the credibility of content analysis *has to be constructed by the researcher and that it is grounded in empirically based descriptions*. In this study, research credibility was constructed according to the following research decisions:

- **Sampling the respondents.** Families were gathered very carefully taking into account all the stated criteria as following: similarities of their history, social situation

as a full family, and diagnosis of one child in families.

- Duncan (1989, cited by Elo and Kyngäs 2008, 109) notes that the sample is like a **representative of the universe** from which it is drawn. Due to our sampling procedure we had 12 families in total as possible respondents, from which, due to the criterion of precedence on the list, 10 families were finally picked as *representative of the universe*.
- **Participation of families.** Johnson (1999, 283) writes that discussion about the

researcher's interpretations together with the actual participants is meaningful for the verification and insight of the results. Therefore, as a part of the content analysis, open-coding was applied on re-watching the filmed interviews for discussing the categories formed in the analysis with the families. In practice we discussed together the meanings put into the text. The main idea of such discussions was to verify the researcher's understanding of what the families had represented by their talk. Already Habermas (1973, 215, cited by Moilanen, 2000, 384) has stated that in gathering feedback it is meaningful to construct an unforced dialogue so that participants can evaluate and strengthen their arguments. Thus we created, together with the families, the primary categories reflecting the idea of families' representations as closely as possible to the meanings they intended.

Research themes

Content analysis was applied to four main themes of the interview data:

1. *Expectations of DAT: hope for healing.* Families represented that dolphins have healing abilities, they mainly focused on some "miraculous" sounds emitting by dolphins.
2. *Expectations of DAT: hope for learning.* Families represented that dolphins are strong motivators that can motivate children to learn something, like saying a word and recognizing or showing emotions.
3. *Expectations of DAT: hope for support.* Families represented DAT mainly as *family therapy*. Families tend to think that DAT is therapy for all the family, not separately for the child.
4. *Expectations of DAT: meaningfulness for the family.* Families represented what kind of meaningfulness DAT was for them.

Each theme will be overviewed separately with shared categories in each.

Research results

Research results with themes and categories are illustrated into Table 2.

Table 2

Research themes and categories (Kreiviniene, 2012)

Theme	Category	Subcategory
Expectations of DAT: hope for the healing	missing joint natural stimulant functional benefit child's chance for expression	
Expectations of DAT: hope for the learning	inspiring putting power progress	
Expectations of DAT: hope for the support	constant neglecting acceptance animal acceptance being in the process hope for betterment:	<ul style="list-style-type: none"> • child perspective • family perspective
Expectations of DAT: meaningfulness for the family	happiness relief & relaxation last hope safety niche for the child	

Expectations of DAT: hope for the healing.

This theme was divided into four categories: *missing joint, natural stimulant, functional benefit, child's chance for expression.*

Dolphin Assisted Therapy for families is seen as a *missing joint* (9) in the medical sphere. Benefits were expected and were not reached in

the governmental medical system which gives new expectations of their fulfilment in an alternative sphere – DAT. Families tend to think that human beings have mysterious and positive relationships with dolphins (4):

The positive relationship of dolphins has been known from the ancient times.

Also families tend to create such theoretical understandings on positive relationships in order to construct their explanation of the positive effect. Family case 005:

Dolphins are clever animals (...) therefore we have to use them for health.

For some of the families DAT holds as an alternative treatment. Family case 004:

Traditional medicine is where chemical interventions are used. And the impact is better for those who use DAT.

Natural stimulant (8) category represents families saying that dolphins are somehow miraculous doctors knowing the secret recipe for treatment. Families think that such *treatment* is absolutely natural and does not harm their child.

Families construct their representations in a way that natural stimulations cause physiological changes (8), or more exactly – neurological (7) and communicational or emotional changes (1). Family case 004:

We hope dolphins will awaken something in his brain. Family case 009: *It's emotional treatment. Dolphins emit sounds to children's brains and they react.* Family case 007: *Dolphin's scream of course, children react somehow... the signal goes to nerves... to brains.* Family case 006: *DAT is a treatment... it's neurology...because some signals are going through brains...* Family case 010: *We hope that the cells of nerves would be brought back (...) so maybe he could speak.*

Families see DAT as some **functional benefit** (10) for their children. The functional benefits (4) are achieved during the exercises with dolphins. Family case 001:

DAT is physical activities, so she liked those activities in the past. Family case 008: *I expect that there will be changes in spontaneous movements... and maybe eating better.*

Other representations were directly tied to betterments in the child's condition (10). Family case 005:

We hope that she will recover. (...) Maybe it's an experiment (...) but the drowning man will clutch at a straw...

Families represent being ready to accept experiments as the last possibility to see a child's betterment, at least the slightest one. The child's health is seen as the major concern for the family. Family case 005:

Maybe DAT will open one room; maybe enlighten one corner of her brain.

Saying that DAT maybe open a room, the family does not have any clear ideas how DAT could be beneficial in their situation. Family constructs meaningfulness in DAT like another chance: if drugs are not helpful DAT is needed.

One of the main hardships for families raising a child with severe disability is represented as not having a possibility to communicate. This situation is especially essential when medical problems occur. Families do not understand which medical interventions are required in the child's situation. Therefore families represent their expectations that after DAT the **child** will have a **chance of expression** (3). Family case 002:

Maybe he could take a toy at least (...) maybe spell a word (...) so if he cries we do not know why. Family case 007: *I firstly think that he would start talking. Could be any communication then...*

To sum up, the majority of families represent DAT as medical program, like Family case 004:

There is no chemical treatment for our child's disease (...) DAT is a very good choice... stimulus and miracle...

Stimulus and miracle – that's how families project their medicalised representations of DAT, and that means a betterment in their child's development. The meaning here is not locked in finding a miraculous treatment as such. Instead, the meaning is about finding a means of expression for the child, as according to the representations by families, *our* way of expression is not possible for them. The majority of families prefer DAT to governmental treatment because the latter has a *drug-treatment strategy*.

Expectations of DAT: hope for the learning.

This theme was organized into the categories: **inspiring**, **empowerment**, and **progress**.

The category **inspiring** (10) was expressed by all the families. They talked about their environment as supporting visits to the DAT programme. The families stated that friends and various specialists not only supported their approval for DAT, but that they even increased their expectations about the results. Family case 009:

Everybody was happy, said that it would be great in there (...) everybody had good emotions. Family case 002: *The speech therapist said she is glad we were going, but she did not know anything about DAT.* Family

case 005: *Our speech therapist is waiting for us to come back as her relatives have always wished to participate in this programme.*

Families stated that friends and specialists were waiting for parents to come back and share their experiences because they also have an interest in the same programme.

Families tend to **empower** (3) themselves in the beginning of constructed relationships with DAT specialists; they stress the meaningfulness of parent-over position. Family case 008:

It would be good to be advised... as only I know what the best is for my child.

Such a method of communication creates a sense of assurance for a family; it is internalised and perceived as *habitus* for the next construction. In this way a family creates a safety niche not only for the child but more for the whole family.

Dolphin assisted therapy is represented as an activity, as some **progress** (2). Families in DAT find change and progression in the child. Family case 005:

Dolphins made a huge impact for her... she was not afraid; though the dolphin is big (...) even for me it was uncomfortable. And she had already thought of something... she raises her eyes up and this is seen that the child was thinking.

The latest research of Breitenbach *et al.*, (2009) in DAT shows that even if educators do not see any change in a child's status, there is an obvious change in parent-child interactions. The child has better communicative abilities and more developed social-emotional behaviour.

One family case represented a sense of parental achievement in the description of DAT. Family case 002:

Maybe he could say a word (...) the speech therapist in kindergarten forced him to spell 'mother', 'grandma', but I cannot do that.

The mother had never heard the child saying a word but in the kindergarten the child spells those words. Thus, it would be important for her to hear the first words from her child. For this reason families tend to seek DAT as a second chance.

The same case 005 describes other rapid changes in the child after a few DAT sessions. Family case 005:

For example there were two cars the same in colour, not everybody would distinguish between those two identical cars next to one another, but she did that – she said its mum's car. It was strange... so pleasantly strange.

In summary, DAT is seen as a place for learning because the dolphin is a great motivator for the whole family. Parents wish their children to spell a word or make the same big step forward as was made by a child they know.

Expectations of DAT: hope for the support.

This theme was divided into the categories: **constant neglecting**, **acceptance**, **animal acceptance**, **being in the process**, and **hope for betterment**. The last category was organized into two sub-categories: **child perspective** and **family perspective**.

Families stated that they were tired, vulnerable, and they deeply experienced a lack of professional communication and support. Families saw DAT as a very strong social support not only because of the possible changes to the child, but more as a buffering stress for the family.

The same ideas are raised by Pelchat *et al.*, (2003, 243). Her (*ibid*, 243) research showed that caring for a disabled child and associated numerous appointments with specialists take much more time than taking care of a non-disabled child. Reflection of this situation was clearly gender-specific. Mothers especially stated that the distribution of all the functions, including daily household duties, falls largely on them and increases their workload.

Families represented that they faced **constant neglecting** (6) when trying to get into the DAT programme. Families represented this sense as if they felt denied when applying for DAT. Family case 005:

My wife wrote a letter of application... I did not know even (...) Later I called and saw that it is not possible to get here by force or bribes, so we understood that we are not only sick.

Families talk about serious situations when they cannot get support from any institution. Therefore, mothers choose to write a letter without telling their spouse because telling him would mean giving additional hope. Then, families tell of their bungled attempts to get there by force or bribes and realised that this was not possible as some order exists. Family case 008:

I saw about DAT on TV (...) we talked about this with my mother (...) thought that it's only for autistic children and my cousin's wife said she had registered us. It was many years ago when son was getting worse.

This case shows that close relatives take care of their families by trying to help in all ways.

The category of *acceptance* (8) represents quite the opposite emotional content to the previous category. Families represented their expectations as in a scale of neglect-acceptance. It appears that the feeling of cumulated frustration was removed after they were invited to DAT. Family case 008:

I had not been expecting a call already (...) it was an illusion... but thought maybe there would come such a time when children with cerebral palsy would be accepted.

The words *I had not been expecting* imply that there was always hope that their child would be accepted onto the programme.

Families waiting on the DAT list for three to six years said they were trying not to *feed* their hopes and illusions. Family case 003:

Coming to DAT... somebody called us and asked us if we would like to participate.

The main importance for families was that somebody was interested in their situation: somebody asked how were are living, for somebody the child is not a burden but valued, and somebody wants to see the child in some positive project. When this family was telling of the governmental institutions, they reflected on their dissatisfaction that *nobody* took care of their family and child. Not until in DAT did they feel accepted and needed.

The category of *animal acceptance* (6) is closely related to the previous one. The main difference is that related to this category, families represented how a child who is perceived as a burden in society is accepted in the animal world. Family case 005: *We hoped to talk to a dolphin.* Family case 010:

Dolphins are always with a smile, happy and kind-hearted. Family case 005: *In any case communication with a dolphin gives lots of emotions and it is good already.* Family case 008: *I think dolphins feel...how a human is feeling and even what he's thinking about (...) they feel some impulses.*

Families construct the meaning of support not only for the child, but having the sense of the whole family's involvement in DAT (2). Family case 005:

I think the betterment of the child depends on the whole surrounding. If the mood is good for the whole family, DAT is organized via some games... There is no longer a wall between parents and specialists...

The family stated having preconceptions of happiness. They come to any programme with the best expectations of new and positive emotions. An interesting idea was generated by another family. Family case 010:

Communicate with a person and you get relief, with dolphins you get more dreams.

This family represents that they need dreams as expectations. Otherwise they would have to be resigned to their destiny and to the understanding that there is no chance for their child to get better. In this representation, *belief* is an act of seeing the activity in life.

The same can be said about the category of *being in the process* (7). Families project their representations of working specialists (4), and of desperation (7). Family case 006:

I think changes may occur because of working specialists...the specialist may determine that for one there are huge changes and for other none. Family case 004: *Think that everything depends on the working specialists... if they are enthusiasts.*

The most important feature families wanted to express was their devotion to therapeutic work, as they all mentioned why it was so important: *I do not know how to call a dolphin to us.* That means families are afraid of being neglected by dolphins.

Families perceive being in the process via participation in the DAT programme. Families hope to find enthusiastic workers in DAT. Dolphins are the most important actors for the process of implementation. Another important finding was related to trials and attempts to seek DAT. Almost all families represented that they had sought DAT while needing critical intervention (7) and support because of being in a harsh psycho-emotional condition. Desperation created the wish of being in any process just to feel some activity. Families sought DAT at the same time as all other supporting systems. Some of the families registered their children just after knowing the diagnosis, when their children were only about five to seven months old. Family case 006:

When we decided to register for DAT our child... it was a very complicated year... many operations... bones were cut that year (...) she was in pain... nerves were touched during the operation.

The last category was *hope for betterment* (8) that was constructed on the representations of projected results. This category

was created by the majority of families, but not all. One family said they would not call and ask for therapy as they had already found the support they looked for.

Representations of projected betterment were constructed on the *child perspective* (6). Families stated that in future life their children would have to live somehow. Currently families do not see a developed system of care and inclusion for their child so they strive for the self-sufficiency of the child. Family case 005:

We do not want to desolate and strand our child. She is growing and she will need to live somehow with our support or alone... somehow... hard to believe... but...

The sub-category of *family perspective* (2) focussed mainly on mothers who spent almost all their time with the children. Families reflected their fragile life situation and lack of social support in the helping system. Family case 004:

We mothers are seasoned... we seek everything we can whether it is dolphins, penguins... just to help... if it does not do harm that means it heightens.

The main idea stated by mothers was that they are tired of the situation and they need positive changes.

To sum up, the main importance in expectations of DAT are drawn towards social support. All families mentioned acceptance, process and hope. However, the majority of families said that the DAT programme signalled a betterment for the child and the whole family. Families spoke of being tired and in need wanting some kind of re-charging programme.

Expectations of DAT: meaningfulness for the family.

The last theme was organized into the categories: *happiness, relief & relaxation, last hope, safety niche for the child.*

The first category, where family represented *happiness* (5), was constructed according to the families' primary meaning. They directly said that DAT means happiness for them.

Dolphin Assisted Therapy for families raising children with severe disability was achieved after many years of hope and waiting on the list. Almost all families experienced happiness even before arriving at DAT. Planned DAT already influenced this feeling for the whole family even if they had no idea how this therapy would be organized. Family case 002:

I cannot even imagine DAT sessions (...) I am just very happy. Family case 001: It's something new and exciting for our family. Family case 004: We are very happy in participating in this programme. (...) those two weeks would be particular as we will all be joined of this participation.

Families feel *happy* in participating in the DAT programme. They all came with positive representations even without having an image of how the sessions would take place and how the child would react. Families had already constructed expectations that it would be a new and beneficial experience for the whole family.

The majority of families represented DAT as expected *relief & relaxation* (7) for the whole family. Even when families say that if there will be no results, they would still enjoying the process as relief and relaxation. Families tend to see relief because they know that they have already tried everything. Restlessness is a major problem for all families. For that reason DAT as a relaxation programme is very meaningful for them. Family case 007:

We are all very happy (...) It will be relaxation and unwind from the problems (...) relax for real.

Such a situation can be seen also from the position of Wong and Heriot (2008, 352). Their studies showed that when parents have more hope they experience less self-blame for their child's illness. If they blame themselves for the child's disability, they disengage from pursuing the goals for their child, have a high level of despair, and are at risk of experiencing high emotional distress, depression and anxiety. Families represented a willingness to receive a higher level of emotional support. That would encourage and give hope, and also lower the level of stress. Family case 006:

If nothing changes we will still have spent a good time. Family case 004: DAT gives impulse (...) you know we still are very tired of children such as ours.

Dolphin Assisted Therapy is meaningful for families as unwinding problems and relieving their overcharged problems. Substantial happiness and positive emotions are seen as another life impulse for the family often long awaited. Therapy gives a positive boost for the family (Foot 2001, 10).

The category of expectations of *last hope* (8) was constructed by the majority of families. Families had registered their children many years previously and had expected to participate in the

programme. Though, their experience was such that they had had to try many traditional methods before coming to DAT. Family cases 006, 005:

We waited for DAT for five years (...) we understand that there are other children... thought that there was just little hope left to get there. Family case 008: Physical disability is nothing in comparison to emotional load... That you cannot change... you will not get inside... I believe dolphins are the only ones that can change... Family case 009: He was one year and a half, so 6 years ago, I registered him to DAT (...) Then my son was still not sitting... not talking about walking... Family case 007: It was always like inspiration (...) from four months (...) I always knew one day we would come here (...) and when I read in the newspaper... it seemed that something from inside had burst.

Families said that the years of waiting had created a sense of despair. DAT was perceived as the expected last chance for the majority of families to change their child's status. This additional hope was very much needed in creating a sense of life activity and desire of living. Family case 002:

I would have been the happiest woman in the world if my child were healthy.

Bronfenbrenner's (1997, cited by Bowes *et al.*, 2001) idea about a **safety niche for the child** (10) was borrowed and used for the construction of the general first level sub-category. All families mentioned features projected onto DAT, but all the features belonged to the same construction of a safety niche for the child. Families projected an understanding that the child would find something useful in dolphins, and the whole family would stop suffering. Almost all families (9) represented expecting more from the process of DAT than the actual result. Family case 004:

We would like him to experience some calmness... Maybe dolphins... Family case 002: I hoped my child would be able to communicate.

Families represented that they actually did not understand their child as much as they wanted to. Therefore, DAT was seen as a possibility to make inner changes in the child that would probably not be seen by others, but still beneficial. Family case 009:

Maybe we will not see but something will change in his inner (...) we will do anything that would make the child better.

One family said that they would despair if their child did not get better after DAT. Family case 002:

It will be a pity if nothing were to happen, but we still hope that something will change (...) if not, we will suffer further and live.

The words *suffer further* reflect their current situation – they are also suffering now in everyday life. Therefore, this family represents DAT as a process and the expected results are projected as a safety niche not only for the child but some kind of salvation for the whole family.

Families expect to create a safety niche for their children in DAT. Surprisingly families expect so much not knowing anything about DAT (10). Family case 008:

I don't know anything about the specialists in DAT, we just rely on them (...) Can it be different? Are there any parents that allow them to raise any requirements? Think that there is not. Is it?

Families tend to rely on specialists in DAT even though they do not know anything about them. Perhaps, such a saying contains many meanings. Families in general tended to construct positive representations based on belief, taking care, and ideas about natural drugs, stimulants, and others. Families determined their own constructs as features for a safe environment for their child. In any case such a vision is seen as the basis for open collaboration.

Families have created various theories about DAT (10) just in order to give the child a safety niche which is unseen in other forms of support. Family case 005:

The child needs positive shakes.

Family case 008:

I think that closeness to dolphins was always felt and that in some way we belong to them (...) they are very close to the disabled, they can reach an invalid's mind... and thoughts.

Families represent the DAT programme as their last hope and chance for the child and family's recovery. Expectation of huge trust and of delegating full support to DAT also represents families' authoritative position to DAT and its specialists.

Conclusions

This research revealed that families raising children with complex disabilities in their everyday life feel many tensions that are not obvious without listening systematically to the voice of these families. Many factors disrupt their family life and functioning. Families have no time away from their caring duties. Their homes are usually disturbed by medical equipment, and sleep is disturbed. Therefore, expectations constructed around DAT are closely tied with concrete aims and wishes in life. The majority of families expect DAT to be an alternative healing method. They reflect that this therapy is natural, not harming. Expectations are seen as mainly to gain physical betterment in their child's functional status.

Their closest social environmental contacts, as well as specialists met in the governmental system, all strongly support the families' visits to the DAT programme. Such support creates even higher expectations of DAT as a helping method. Almost all of the families represent hope for the betterment of the child and families life.

Because they are not able to have verbal communication with their child, families tend to hold theories about the exceptionality of their children by belonging to the "other world" with dolphins. Families suppose that it is very hard for their children not to have any possibility to express themselves. Therefore, families are relating to DAT the expectation, that in this *other* world their child may finally *talk* in his language and communicate with dolphins.

This research revealed that DAT is very meaningful for families raising children with complex disabilities. Mothers particularly reflected on how severe their everyday situation is and how restless they are in that life. A huge expectation of DAT as a betterment of their child's status is one central aspect of the research results. Another equally significant aspect is related to the expectations of DAT on the whole functional family system. Those expectations of DAT represent families, who are searching for receiving rest, hearing and harmony in their everyday lives.

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Received 2012 10 25