Hugging and Kissing a Dog in Distress

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1. Introduction

The article investigates how dog owners build “physical cages” for their pet dogs with their arms and bodies, in much the same way that mothers hold their infants, and “mental cages” through their strict submission to the medical order organized for taking blood samples from their dogs. Conversation analytic studies in medicine (e.g., Gill & Roberts 2013) have shown that human patients receiving medical attention must objectify their bodies for medical operations while maintaining that they are emotional beings with feelings (Heath 1992). In the current setting, by contrast, dog bodies are objectified for medical operations regardless of their feelings on the matter. Instead, it is the task of humans—the dog owner and the person extracting the blood sample—to take care of the dogs as emotional beings who might fear the setting. Thus, our aim is to show how and when dog owners address their pet dogs as emotional beings in this setting via means of kissing the dog as a loved family member.

Prior human-animal studies have indicated that dogs can establish enduring relationships with their caretakers (Prato-Previde & Valsecchi 2014), with these relationships acting as sources of emotional well-being and security. Of the various types of kissing, here...
kissing is considered to index an affective expression. This definition follows an early classification introduced by Christopher Nyrop (1901: 80):

A kiss [of this type] is expressive of love in the widest and most comprehensive meaning of the word, bringing a message of loyal affection, gratitude, compassion, intense joy, and profound sorrow. In the first place a kiss is the expression of the deep and intense feeling which knits parents to their offspring. At its entrance into the world the little helpless infant is received by its father’s and mother’s warm kiss.

While early scholarly work on kissing discussed the various forms and functions of kissing in human cultures, it failed to consider kissing animals, unless the context was related to humor or obscene language (e.g., kiss the donkey). Moreover, the discussion tended to be rather abstract in nature. By contrast, we are interested in kissing in naturally occurring interaction. Kissing, which can be heard as a bilabial click produced with both lips (Wright 2011), has been reported to occur in greetings (Kendon 1990), when humans sit next to each other and have “kissing rounds” (Kendon 1981), and in mother-infant interaction (Berducci 2016). Contributing to this thread of studies, our article is the first to offer evidence of humans kissing their dogs in interaction.

In the present study, we compare kissing a “dog in distress” with an “infant in distress.” In the latter case, distress is infants’ main activity at a particular moment in interaction, for instance, when their emotional expression, such as crying aloud, fills the interactional floor (Wootton 2012).

Example 1 demonstrates an infant’s distress in vaccination. Each dose of vaccination is marked with the symbols “I—O,” where “I” stands for the needle that is penetrating the infant’s skin, “—” stands for an actual injection of a dose, and, finally, “O” stands for the needle being withdrawn. Consider line 23, where the nurse (NU) is injecting a dose of vaccination. The mother (MO) is soothing and calming her infant (IN) through kissing “k,” which is either continuous (lines 29, 32, 39) or sporadic (line 34). For other notations, see the Appendix.

Example 1. (Berducci 2016: 451, simplified)

23   NU: I--------------------------------O
24   IN: ehehEh .h! EH!::::o:::e.h!
25       (0 .4)
26   NU: I kno:w ba:by
27   IN: ehAH eh eh eh! .h!
28   IN: e[hAh eh eh eh eh! .h! (0.1) eh AH eh .h eh]
29 -> MO: [kkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk]
30   IN: .h eh [.h!
31   NU: [I--------------------------------O]
32 -> MO: kkkkkkkkkkkkkkkkkkkkkkkkkkkk sh:::o:::o:::o:::


In this example, the infant receives two injections (lines 23 and 31). After the first injection, the infant cries aloud (line 24). After a 0.4-second silence, the nurse takes a turn and shares her understanding of the infant’s display of distress. The infant continues to cry, and the mother initiates a period of continual kissing (line 29). Right after that, yet another injection occurs, in line 31. Here, the mother immediately kisses the infant in a continuous way (line 32) but then switches to sporadic kissing (line 34). Finally, the mother returns to continuous kissing at the end of the extract (line 39).

We can draw the following conclusions from Example 1: The mother’s affiliation with her infant is delivered through kissing either immediately or a few seconds after an injection. Thus, the mother is acting independently rather than waiting for a suitable opportunity or asking permission from the nurse to kiss her infant. The infant’s distress requires her attention, which she grants mainly through kisses.

In the following sections, we answer our research questions: how and when are pet dogs kissed when blood samples are taken? Here, we focus on the nature of the instances where kissing occurs and compare our findings to the conclusions from Example 1. Before commencing our analysis, the data and methods are introduced.

2. Data and methods

Videotaped materials for this study were gathered in collaboration with the Dog DNA bank at the University of Helsinki, Finland, during autumn 2017. Dog owners who participated in the sample collection for the Dog DNA bank received information on the present study, and those who volunteered to sign an informed consent statement were videotaped for the study. The data, containing 47 instances of blood sampling, were analyzed using conversation analysis (Sidnell & Stivers eds. 2013).

Conversation analytic studies on medical interaction have found that such occasions are usually organized according a certain overall structure. For instance, medical interviews are structured in distinct phases: opening, history-taking, physical exam/tests, diagnosis, recommendations for treatment, and closing (Maynard & Heritage 2005). In the present setting, the overall structure was found to contain four phases: (1) opening, (2) blood-sample taking, (3) paperwork, and (4) closing. During phases (1) and (2), the dog’s microchip was registered by an assisting veterinarian.
The actual medical procedure, the extraction of a blood-sample taking (Phase 2), is conducted by the veterinarian. The dog owner/client usually holds the dog. However, the assisting vet was also found to take the client’s position and assist the vet by calming the dog. In both cases, the dog is required to remain motionless. Moreover, the blood-sample phase can be further divided into (2.1) preparation, (2.2) actual procedure, and (2.3) closing. We found 14 cases of kissing in the actual procedure and closing phases. Of these cases, we analyze three in detail.

The following examples are transcribed following Lorenza Mondada (2018) and developed further according to the requirements of the data; in this way, we are able to capture the sequential position of kissing in more detailed ways than those afforded by Gail Jefferson’s (2004) conventions shown in Example 1. The transcripts were translated by the authors.

3. Analysis

In this section, we focus on analyzing our examples. Kissing was found to be a relevant activity after an accident that occurred when the vet was inserting a needle to take the blood sample. In these cases, when the dog owners kiss their dogs, they bemoan their dogs’ ill fate. In addition to the dog, we see that the vet and the owner also require calming after the accident (Example 2). When the vet places a towel used for cleaning blood from the dog’s leg onto the table and picks up some tape, there opens a window of opportunity for the owner to manage the dog’s feelings (Example 3). By contrast, in the final example of this section, a single kiss is delivered as a reward for the dog’s brave behavior at the end of the medical procedure (Example 4). Thus, there are at least two distinct purposes for kissing a distressed dog during a visit to a veterinarian.

A sequence of kisses works as a remedy for the dog’s acute distress

The accident preceding Example 2 occurred only 3 seconds ago. When we enter the scene, the client (CLI) and the vet (VET) are attempting to soothe the dog (DOG). The client holds the dog in her arms, thus rendering the dog virtually immobile (i.e., forming a “physical cage”). The vet holds the dog’s right foreleg in her left hand (as can be seen in Fig. 1). Moreover, prior to the excerpt, the dog owner has mentioned that her occupation is nursing, implying her professional expertise in taking blood samples. They have discussed practicalities related to blood sampling. For the conventions used in the notation, see the Appendix.
Example 2

In line 1, the vet elaborates her attempt to insert the needle and concludes that the accident at hand is exactly what they discussed. At the same time, the dog licks its lips, perhaps indexing its emotions, such as anxiety (Fig. 1).

The client receives the vet’s previous turn with non nii (“right”), thus confirming the vet’s observation. Speaking faster, the client assures the injured dog and the startled vet that no harm has been done (line 2). Simultaneously, the dog pulls the vet’s arm as if resisting the ongoing medical procedure and demonstrating that harm indeed has been done.

The client upgrades her previous utterance with an extreme case formulation, (“listen”), which emphasizes her remark (line 3). Starting early in an overlap, the client then wiggles in her arms (line 4). The vet repeats the words ei yhtään mitään hä+tää. (“nothing at all”). The client holds the dog in her arms, thus rendering the dog virtually immobile (i.e., forming a “physical cage”).

Figure 1

Figure 1

Nothing to worry about listen.

There is nothing at all to worry about.
The vet repeats the words mitää häätä (“nothing to worry about”) and adds the verb kuule (“listen”), which emphasizes her remark (line 3). Starting early in an overlap, the client upgrades her previous utterance with an extreme case formulation, yhtään (“nothing at all”). Thus, at this point in time, it seems the speakers have reached an agreement on the incident: no harm has been done. After that, the client turns her attention more clearly to the dog and soothes it by stroking its head with her right hand, eventually gaining its attention; the dog then wiggles in her arms (line 4).

We didn't get past the skin=bad luck.

Right. Yeah.

In line 5, the vet summarizes their progress and considers the accident to be due to bad luck. With the particle nii (“right”) the client agrees with this summary, since she was present and observed what had occurred. With the particle joo (“yeah”), the client agrees with the vet, while implying that she has no personal take on matters of luck.

Nothing.

The client is about to say something, but since the vet is still upset about the accident, she goes on to inform the vet of her knowledge concerning what went wrong. The dog jerks its fore leg twice and consequently the vet’s arm moves. These actions in line 6 effectively prevent the taking of the blood sample.
After the client shares her knowledge of the accident, she offers an idea of how to proceed: a new needle is required (line 7). The vet takes the turn immediately and uses the Finnish zero-person structure (0), which conceals the person who is the actor (Laitinen 1995). Thus, she suggests that someone should take out a new needle. The client then utters the acknowledgement token *mmm*, which receives the turn and returns the opportunity to take a turn to the vet.

09 VET + no nii + pitikin +  
PRT PRT had to
CLI + + +<niin> #joo#+  
<Right> #yeah#
DOG + + pulls + +

Next, we see in line 9 that the vet takes the turn and continues to lament the incident, the client agrees with two response tokens, and the dog pulls the vet’s arm.

10 CLI + (0.3) + voi: kul+ta #pie+ni.# + (0.5) + (0.3) +
   Oh: #little# honey.
CLI + kiss + + + + + kiss +
DOG + pulls + + pulls + + + +
VET + + + + pitäsköhän + +
Should
fig +#fig.2 + + + + + +

Then, in line 10, the client fondles the dog and performs a sequence of kisses and an utterance produced in an affiliative voice. The first kiss is depicted in Figure 2. While the client is orienting to her dog, it attempts twice to pull away. After the second pull, the vet initiates a proposal but then drops it when the client delivers the second kiss.
The client holds the injured dog in her arms and observes as the vet places the cleaning cloth, 

The vet has registered the dog’s leg movement and now bemoans it. At the same time, she 
gently rubs the dog’s leg with her left thumb. The client then places her head on top of the 
dog’s head. These affiliative actions calm the dog for the next 10 seconds; thus, the 
medical procedure can continue.

Break in the medical procedure enables 
the owner to kiss the dog

The next example shows a client bemoaning the dog’s ill fate—the same verbal action was 
performed in Example 2, lines 10–11. The accident transpired 53 seconds ago; when we 
arrive on the scene, the vet is cleaning blood from the dog’s left leg and recounting her 
participation in international dog fairs (line 1). This vet keeps the dog’s left leg in her hand, and 
the client holds the dog in her arms and rubs its ear.

Example 3

And just that that erm,

The client holds the injured dog in her arms and observes as the vet places the cleaning 
cloth, currently held in the vet’s right hand, on the table (line 1), establishing a window of 
opportunity for the client to show affiliation with the dog.

The client had already begun to move her head toward the dog’s face (line 1), and now 
she produces a lip-smack (line 2), indexing her intention to take a turn. She has rotated her 
head to the right and lifted the dog upwards in order to see the dog’s face (line 2).
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She speaks quietly to her dog as if speaking to a loved family member (line 3, Fig. 3). There then occurs a 0.3-second silence.

The client bemoans the fate of the dog with an affective voice (line 4, Fig. 4). The dog is indexed with the second-person pronoun *sua* (“you”). Precisely when the dog hears the client saying *voi s-* (“oh y-”), its ears rise as a response to the talk or some other background noise (Fig. 5). In the meantime, the vet picks up some tape from the operating table.
saying "oh y-"), its ears rise as a response to the talk or some other background noise (Fig. 5). In the meantime, the vet picks up some tape from the operating table.

The client hugs the dog and then intensifies her hold of it ("physical cage") in line 5. Following that, she kisses the dog’s forehead (Fig. 6).

Figure 6 shows that the participants’ eyes are closed during this emotionally heightened moment. However, it is also possible that the client’s right hand is pushing the dog’s cheek upward, causing its eye(s) to close.

The kissing lasts for just 0.2-seconds, and then the client lifts her head and opens her eyes (Fig. 7). The dog’s eyes are open, too. Apparently, the emotionally intense moment is over.

At the same time, the vet continues with her account. She nevertheless hesitates in line 6 with the particle niinku ("like") and a longish out-breath: the speaker is unsure how to proceed. On one hand, she is observing the affective moment of the client and her dog and perhaps decides to give them some time. On the other hand, she perhaps wishes to focus on her next task with the wound. In any case, she declines to say anything; hence, a prolonged silence ensues for 2 seconds (line 7).

In line 7, the vet proceeds to dress the wound, and the client begins to rub the dog’s left ear. Finally, the vet continues with her account (line 8).
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In sum, the client recognized her opportunity to address the dog’s feelings at the exact point when the vet placed the cloth on the table. While the client’s bemoaning was produced for the dog, the vet nonetheless overheard the emotionally charged utterance and understood what the client was doing for her dog.
Kissing works as a reward for a dog’s good behavior at the end of the consultation

In Erving Goffman’s terms (1971: 33–34), the dogs in Examples 2–3 are “engaged in affectional entwinings” with their owners and thus occupy a single personal space in the room. By contrast, in Example 4, the dog is standing on a table and the owner is standing next to that table. This table, or “stall,” is a fixed place for any visiting dog (see Fig. 8). The vet and the dog’s owner are about to prepare for “leave-taking” so that the next dog can claim the stall. We can hear the next client’s (CL2) talk to her dog in the background (line 1).

**Example 4**

```
01     +  (0.3)    +      (0.5)     +
  VET +  ja kun. +

  And when.

  CL2 +           + °ihan kohta.° +

  °Quite soon.°

  CLI +rubs DOG with RH=>
```

```
02 VET + se on valmis. +(0.3)+   (0.3)     +    (0.2)     +

  It’s ready.

  CLI +=>             +     +stops rubbing +RH to the left+
  VE2 +               +noise+              +              +
  DOG +               +     +licks its lips+              +
  fig +   #fig.8      +     +              +              +
```

The vet has been making small talk and explaining the rights of licensed experts in the field of veterinary science. The client is listening and rubbing her dog with her right hand (line 1). Perhaps the vet hears the background dialogue, since she interrupts her account and announces in line 2 that the procedure is finished (Fig. 8). Moreover, another vet (VE2) is assisting the medical procedures, and her tasks cause some noise that might be heard and registered by the dog, which is perhaps feeling uneasy, as it licks its lips, as in Example 2. After the noise, the client stops rubbing her dog and begins to move her right hand to the left, closer to the dog’s head. As Figure 8 shows, the speakers are looking at each other.
After the noise, the client stops rubbing her dog and begins to move her right hand to the left, registered by the dog, which is perhaps feeling uneasy, as it licks its lips, as in Example 2.

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The dog notices the client’s head movement and moves its head away to the left. The client then continues to move her head forward toward the dog’s head. When she notices this development between the client and her dog, the vet averts her gaze. The dog stops its head movement, and thus the client’s head is now close to that of the dog, enabling the client to hug and kiss her pet (Fig. 9).

In line 3, the vet continues with her talk, and in overlap the client receives the announcement with the word *hyvä* (“good”). The client also leans her upper body toward the dog’s head and taps the dog’s rear body with her right hand.

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In line 3, the vet continues with her talk, and in overlap the client receives the announcement with the word *hyvä* (“good”). The client also leans her upper body toward the dog’s head and taps the dog’s rear body with her right hand.
After the kiss, the vet maintains the conversation by repeating the interjection *et* (“erm”). The client moves her head away from the dog and is soon standing up straight next to the table.

05 VET + et kun+ (0.2) + niitä saa +
So when they can be done
VET +a step forward+two steps forward+
CLI +takes a two-handed grip of DOG=>

Once again, the vet continues with her account and begins to walk away, closer to the assisting vet. This walk implies that the medical procedure is over, while the small talk continues. The client proceeds to “take leave” of the stall and begins to lift the dog off the table and onto the floor.

**Summary of the analysis**

The research question for this article was *how and when are pet dogs kissed when blood samples are taken?* Kissing was found to be relevant in both the actual procedure and the closing phases. Following an accident with the needle, each kiss was produced with preceding and/or following affective bemoaning (*voi kulta pieni* [“oh little honey”], *voi sua raukkaa* [“oh you poor thing”]). By contrast, at the end of the procedure, the kiss acted as a reward for the dog’s bravery and was produced after the word *hyvä* (“good”). Furthermore, the exact timing of the kissing was organized according to transitions in the medical procedures (e.g., when a new needle was being prepared, some tape was taken from the table, or the medical procedure was finished). In terms of the body positions of the kisser and the recipient, kissing occurred differently when they shared a single personal space (Fig. 2 & 6) from when they were standing next to each other (“the stall” in Fig. 9).

In contrast to the mother-infant interaction reported in Berducci (2016), where kissing occurred immediately after or within a few seconds of the infant’s displays of distress, we found that medical procedures postponed kissing in Examples 2–4.
Conclusion

This article’s findings suggest that an “infant in distress” receives affective kisses much faster than a “dog in distress” when the caretaker is accompanied by an official person or persons. This official person stands as an authority figure maintaining the medical order of the situation. For the mother, the infant’s distress overrides this medical order, which is not the case for the dog’s distress: rather than interfering in the medical procedure, the dog owners waited for a suitable moment to manage their dogs’ feelings. Simply put, they built “physical cages” for their pet dogs with their arms and bodies and “mental cages” with their strict submission to the medical order. The implication of this finding is that the well-being of the genetic offspring of humans takes priority over other loved family members, pet dogs, when it comes to showing affiliation via kisses. Overall, however, kissing can be considered a social action which functions as a “relationship marker” (Goffman 1971: 43) in both mother-infant and dog owner-dog interactions, signaling who is with whom.

Bibliography


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**Appendix**

**Transcript conventions**

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
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<tbody>
<tr>
<td>!</td>
<td>plosive</td>
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<tr>
<td>:</td>
<td>prolongation of sound</td>
</tr>
<tr>
<td>(0.4)</td>
<td>0.4-seconds</td>
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<tr>
<td>.h</td>
<td>inbreath</td>
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<tr>
<td>[</td>
<td>overlap begins</td>
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<tr>
<td>]</td>
<td>overlap ends</td>
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<tr>
<td>=</td>
<td>latched words</td>
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<td>#</td>
<td>stress in voice</td>
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<tr>
<td>.</td>
<td>falling intonation</td>
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<tr>
<td>,</td>
<td>flat intonation</td>
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<tr>
<td>&gt;word&lt;</td>
<td>faster speech</td>
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<tr>
<td>&lt;word&gt;</td>
<td>slower speech</td>
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<tr>
<td>WORD</td>
<td>lauder speech</td>
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<tr>
<td>&quot;word&quot;</td>
<td>quieter speech</td>
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<tr>
<td>wor-</td>
<td>cut-off</td>
</tr>
<tr>
<td>+</td>
<td>symbols separating stretches of talk/lapses of time</td>
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<tr>
<td>-&gt;</td>
<td>focus line</td>
</tr>
<tr>
<td>=&gt;</td>
<td>activity continues from the previous/to the next line</td>
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</tbody>
</table>

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**Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.