COMMUNITY ACCEPTANCE AND ETHICAL IMPLEMENTATION OF CANINE-ASSISTED PROGRAMS IN ARAB MUSLIM SOCIETY IN ISRAEL

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Abstract: *Objective: This integrative narrative review examines how community acceptance of canine-assisted programs is formed and how such programs can be implemented ethically in Arab Muslim society in Israel. Review approach: The review synthesizes 51 supplied sources, including empirical and qualitative studies, systematic and narrative reviews, books, professional standards, policy and religious guidance, and culturally focused scholarship. It is not a systematic review, and no independent database search was conducted. Principal synthesis: Acceptance depends on voluntariness, prior experience, religious interpretation, family relationships, institutional credibility, safety, professional conduct, and animal welfare rather than on attitudes toward dogs alone. Limitations: The bounded corpus may omit relevant literature, source-selection and publication bias cannot be excluded, and direct local evidence remains limited. Conclusion: A staged, locally grounded approach may support responsible implementation when it protects refusal, preserves participant autonomy, distinguishes evidence from authorial proposals, and treats animal welfare as a core condition of quality.*

Keywords: *community acceptance, canine-assisted programs, Arab society in Israel, Muslim communities, cultural responsiveness, ethical implementation, implementation outcomes, animal welfare*

Introduction

canine-assisted programs have become more visible in therapeutic, educational, medical, and community settings. Their appeal is often linked to the possibility that interaction with a dog may support engagement, reduce interpersonal pressure, and create a shared focus between a participant and a professional. The field includes structured therapy, educational activity, supportive encounters, and broader forms of human–animal interaction, and these forms differ in purpose, professional responsibility, intensity, and expected outcomes (Fine, 2019; Bert et al., 2016; Nimer & Lundahl, 2007). These distinctions are important because community responses may depend on what a program asks participants to do, how the role of the dog is described, and whether participation is genuinely voluntary.

Evidence of possible psychological or educational benefit does not by itself determine whether a program will be accepted. Attitudes toward animals are influenced by personal

experience, family narratives, fear, religious meaning, social expectations, and institutional trust (Serpell, 2004; Davey et al., 1998; Phillips et al., 2011). Within the same community, a dog may be understood as a companion, a working animal, a threat, a source of impurity, or an unfamiliar presence. These meanings may also coexist within one family. An implementation approach that ignores this diversity may interpret hesitation as cultural resistance rather than as information that should shape program design.

Arab Muslim society in Israel is a particularly important context for examining this issue. Mental health, educational, and social services operate under conditions that include minority status, collective identity, socioeconomic inequality, barriers to help-seeking, and variable confidence in institutions (Daeem et al., 2019; Haj Yahia, 2019; Miaari & Hadad Haj Yahya, 2017; Khoury & Krumer Nevo, 2023). The introduction of a dog may therefore enter a decision process already shaped by family authority, social reputation, religion, language, and previous experiences with services. Community acceptance cannot be reduced to individual preference at the moment of contact.

Culturally responsive practice provides a useful foundation for examining these processes. Research and professional writing concerning work with Arab clients emphasize family relationships, culturally appropriate communication, and adaptation of models that were originally developed in more individualistic settings (Al Krenawi & Graham, 2000; Dwairy & Van Sickle, 1996; Dwairy, 2004; Dwairy, 2006). These principles are relevant to canine-assisted programs because the intervention carries both functional and symbolic meaning. Practitioners must consider not only the intended therapeutic or educational goal, but also how the animal is understood by participants, families, and institutions.

The purpose of this review is to examine how community acceptance of canine-assisted programs is formed and how such programs can be implemented ethically in Arab Muslim society in Israel. The review does not assume that Arab Muslim communities reject dogs, and it does not assume that exposure will automatically increase acceptance. Instead, it treats attitudes as diverse, contextual, and potentially changeable while preserving the legitimacy of refusal. The central review question is: Which cultural, religious, ethical, family, institutional, safety, and animal welfare conditions shape community acceptance and ethically responsible implementation of canine-assisted programs in Arab Muslim settings in Israel?

Terminology note. “Arab Muslim society in Israel” refers here to the broad social, cultural, and religious context of the review. “Arab society in Israel” is retained when it follows the wording of a cited source. “Arab Israeli youth” identifies the young people who are the focus of the manuscript, while “Arab Palestinian citizens of Israel” or “young Arab Palestinians in Israel” is

used only when it reflects the population label in a cited study. These terms are related but are not interchangeable in every source, and no single study is assumed to represent all communities.

Review Methodology

The manuscript was developed as an integrative narrative review. This design was selected because the supplied literature includes empirical studies, systematic and narrative reviews, books, professional standards, policy guidance, qualitative research texts, and culturally focused scholarship. An integrative approach allows these different forms of evidence to be examined together while preserving distinctions between empirical findings, professional guidance, conceptual interpretation, and the present authorial synthesis.

The review corpus comprised 51 sources supplied in the manuscript bibliography. The sources included empirical and qualitative studies; systematic and narrative reviews; books and book chapters; professional standards and training guidance; institutional and policy documents; religious and jurisprudential guidance; and culturally focused scholarship on Arab mental health, family processes, and qualitative inquiry. No additional external sources were introduced, and no independent database search was conducted. Because the source set was provided in advance, the review does not claim exhaustive coverage or database-level reproducibility. Sources were retained when they addressed at least one component of the review question, including canine-assisted practice, animal attitudes, Arab mental health and social context, cultural adaptation, collective family processes, Islamic perspectives on dogs, religious accommodation, professional ethics, participant safety, animal welfare, implementation, or qualitative evaluation.

Sources were excluded from substantive synthesis when their topic did not contribute directly to the review question or when the available bibliographic information did not permit a clear connection to community acceptance or ethical implementation. No source was excluded merely because it came from a different discipline or used a different method; books, guidance, and culturally focused scholarship were retained when they supplied relevant context or safeguards. Within the retained corpus, sources were read comparatively rather than summarized in sequence. The synthesis was organized into thematic domains that reflected the review question: conceptual definitions, evidence and evidence limits, cultural diversity, religious interpretation, family involvement, fear and familiarity, institutional setting, minority context, ethics, consent, safety, animal welfare, evaluation, and staged implementation.

The qualitative component of the synthesis followed a concept-focused procedure. First, recurring ideas were identified across the supplied sources, including trust, choice, fear, family authority, religious accommodation, role clarity, institutional credibility, participant dignity, and

animal stress. Second, these ideas were compared across disciplines to identify convergence, tension, and gaps. Third, evidence types were kept distinct: empirical and review sources were used for documented findings; professional and institutional sources for standards and safeguards; cultural and religious sources for interpretive context; and the author's synthesis for provisional implementation implications. Finally, the themes were integrated into a staged model designed to remain consistent with the source base without presenting the model as empirically validated.

This method has limitations. The bounded corpus may omit relevant literature, and the absence of a new database search limits comprehensiveness. Because the sources were supplied in advance and were not selected through a new systematic search, publication bias and source-selection bias cannot be excluded. The included literature varies in design, population, setting, and terminology, which prevents quantitative comparison. Several references also require verification against original publications before journal submission. These limitations are reflected in the cautious language of the conclusions.

Conceptual Framework

Community acceptance is often treated as a simple positive or negative response, yet implementation decisions are more complex. In this review, community acceptance refers to the degree to which participants, families, professionals, and institutions regard a canine-assisted program as legitimate, respectful, understandable, and suitable for the local context. It includes trust in the provider, perceived compatibility with values, willingness to consider participation, confidence in safeguards, and recognition that refusal will not lead to penalty.

Acceptability is related but narrower. It concerns how agreeable or satisfactory the program is to those who receive or deliver it. A participant may consider the overall program acceptable while declining touch. A parent may accept observation but reject close physical contact. An institution may support the educational purpose while requiring strict hygiene procedures. These distinctions show why acceptance should not be measured only by enrollment or attendance.

Feasibility concerns whether the program can be delivered in the intended setting with available resources, trained staff, appropriate space, scheduling, infection control, and access. A culturally acceptable program may still be infeasible if transport, cost, staffing, or facilities are inadequate. Conversely, a technically feasible program may fail because it does not address trust, religion, fear, or family decision-making.

Fidelity refers to the degree to which the program is delivered according to its defined model, including the intended role of the dog, the responsibilities of the handler, the activity sequence, consent procedures, and safety standards. Fidelity should not be interpreted rigidly.

Cultural adaptation may require changes in proximity, contact, language, or family involvement, but these changes should be documented so that the intervention remains coherent and ethically accountable.

Implementation outcomes include adoption, reach, participation, continuity, perceived safety, religious comfort, family trust, professional credibility, and sustainability. They should also include refusal, withdrawal, and requests for accommodation. Counting only completed sessions may hide whether participants felt pressured or whether families experienced conflict. A valid evaluation of implementation must therefore include positive, hesitant, mixed, and negative responses.

Bronfenbrenner's ecological perspective supports this multidimensional view because it places the immediate encounter within connected social systems (Bronfenbrenner, 1979). The session involves a participant, practitioner, and animal, but its meaning is shaped by family relationships, school or clinic policy, community expectations, professional regulation, and wider cultural narratives. Collective orientation further emphasizes that identity and decision-making may be closely linked to the group rather than treated as purely individual (Triandis, 2015; Dwairy, 2006). Community acceptance is therefore best understood as a relational implementation outcome rather than as a fixed cultural attitude.

Evidence for canine-assisted Intervention and Its Limits

The general literature provides reasons to investigate canine-assisted programs, but it also requires restraint. Nimer and Lundahl (2007) reported positive patterns across animal-assisted therapy studies while noting variation in methods and populations. Bert et al. (2016) reviewed benefits and risks and emphasized the importance of careful implementation. Fine, Beck, and Ng (2019) identified professional and methodological issues that continue to shape the field. Taken together, these sources support continued study rather than universal claims of effectiveness.

Research has examined different populations and outcomes. Folse et al. (1994) studied depression among college students. Berget and Braastad (2011) examined farm animal-assisted therapy for people with psychiatric disorders. O'Haire (2013) reviewed interventions for autism spectrum disorder, while Narvekar and Narvekar (2022) considered canine-assisted therapy in neurodevelopmental conditions. Loveday, Cahill, and James (2022) focused on older adults with dementia. Kelker et al. (2025) tested therapy dogs in relation to anxiety among children in an emergency department. This breadth demonstrates clinical interest, but it does not establish one mechanism that applies equally across ages, diagnoses, settings, and cultures.

Crossman (2017) places human–animal interaction within the broader study of psychological distress. This perspective is useful because it treats the dog as one element in a relational environment rather than as an isolated treatment. The participant's expectations, the practitioner's skill, the quality of the encounter, and the meaning assigned to the dog may all influence outcomes. In a culturally diverse setting, emotional response can be shaped before any therapeutic activity begins.

Evidence of efficacy and evidence of implementation are not interchangeable. A controlled study may show short term benefit under carefully managed conditions, yet a community program may still encounter fear, parental objection, religious discomfort, limited access, or mistrust. Local implementation therefore requires evidence about acceptability, feasibility, fidelity, and sustainability in addition to symptom or performance outcomes. The current literature does not provide enough locally grounded evidence to predict how one intervention model will be received across Arab Muslim communities in Israel.

Cultural Diversity and Professional Communication

Cultural adaptation begins before the dog enters the setting. Bernal and Sáez Santiago (2006) argue that culturally centred psychosocial intervention should consider language, values, context, and relationships during design rather than after difficulty emerges. For canine-assisted programs, this requires advance discussion of what will occur, how close the dog may be, whether touching is expected, which activities are optional, and what alternatives are available.

Professional communication must be relational as well as informational. Al Krenawi and Graham (2000) emphasize culturally sensitive social work with Arab clients, while Dwairy and Van Sickle (1996) question the unmodified transfer of Western psychotherapy into traditional Arab societies. A practitioner who explains only scientific rationale may overlook concerns about family authority, modesty, religion, reputation, and trust. Communication should invite questions without framing them as ignorance or opposition.

Arab Muslim communities should not be treated as homogeneous. Religious observance, age, education, geography, socioeconomic position, contact with animals, family history, and institutional experience may all shape response. Berglund (2014) describes changing attitudes toward dogs in contemporary Muslim societies, while Polinsky (2022) challenges simplified accounts of the Islamic tradition. These sources support individualized inquiry rather than category based assumptions.

Language can either reduce or increase distance. Terms such as animal-assisted intervention, therapy dog, service animal, and emotional support animal are not interchangeable.

Fine (2019) and Jalongo, Astorino, and Bomboy (2020) show that different settings involve different purposes and professional expectations. Participants and families should receive a simple explanation of the dog's role, the activity, the expected benefit, the handler's responsibility, and the limits of the program. Arabic materials should be used when possible, and translations should preserve the meaning of religious and professional terms (Suleiman, 2011).

Communication should avoid persuasion that can be experienced as pressure. This is especially important when the practitioner represents a school, hospital, or social service. Respectful communication presents choices, permits private consultation, and recognizes that a participant may agree to observe while declining direct contact. Such an approach strengthens trust because it demonstrates that acceptance is not a condition for receiving other services.

Religious Interpretation and Practical Accommodation

Islamic perspectives on dogs cannot be represented by one statement. Tlili (2018) examines animals in the Qur'an within a broad theological and ethical framework. Subasi (2011) discusses dogs in Islamic jurisprudence. Polinsky (2022) offers a revisionist analysis of the tradition. These works address different levels of religious meaning and should not be collapsed into a single rule.

A conceptually precise analysis must distinguish theology, jurisprudence, custom, and individual practice. Theology concerns beliefs about creation, moral value, and the place of animals. Jurisprudence concerns legal interpretation and rules governing conduct and ritual. Custom concerns social practices that may be shaped by locality, family history, and community convention. Individual practice concerns how a person or family applies religious and cultural meanings in daily life. A concern may arise from any one of these levels or from several at once.

Questions of impurity often focus on saliva and ritual cleanliness. Sari et al. (2021) discuss the use of soil in cleaning dog saliva, illustrating the continuing relevance of purification practices. Practitioners are not religious authorities, but they must understand that contact may have practical consequences for participants. Controlled positioning, hand washing, protective barriers, cleaning procedures, and the option to avoid touch can reduce conflict between program participation and religious practice.

Institutional guidance and recent scholarship offer examples of respectful accommodation. CAIR Minnesota (2019) addresses service animals in educational settings, and MUIS (2024) provides guidance on service animals and religious accommodation. Babur and Islek (2026) analyze Islamic texts, jurisprudential positions, and contemporary fatwas concerning guide dogs, ritual cleanliness, necessity, welfare, and access. These sources suggest that access can be organized

in ways that protect religious dignity and practical safety, although they do not establish outcomes for therapy programs in Arab Muslim communities in Israel.

Religious consultation may be useful when it is carefully limited. A local religious figure can help identify concerns and prevent unnecessary offense, but consultation should not impose one interpretation on all participants. Families may follow different rulings or may be guided more strongly by fear, custom, or previous experience than by jurisprudence. The final participation plan should therefore preserve individual choice and avoid treating community advice as a substitute for personal consent.

Family Involvement, Consent, and Autonomy

Family involvement is often significant in Arab social and therapeutic contexts. Dwairy (2006) describes the importance of collective relationships, and Haj Yahia and Sadan (2000) show how intervention in collectivist societies must account for family and social structures. In canine-assisted programs, family views may influence attendance, emotional comfort, continuation, and the way the experience is interpreted after the session.

Family consultation can strengthen trust, but it does not replace participant consent. For adults who have decision-making capacity, informed consent must be obtained directly from the participant. For children, parental or guardian permission should be accompanied by developmentally appropriate assent. The child should be told what will happen, what choices are available, and that stopping is permitted. Dissent expressed through words, withdrawal, distress, or avoidance should be treated as meaningful even when a parent has given permission.

Ethical consent requires more than a signature. Participants should understand the purpose of the program, the role of the dog, possible benefits, foreseeable risks, alternatives, confidentiality limits, and the voluntary nature of participation. Consent should be revisited when the activity changes or when the participant's response changes. A person who accepted observation should not be moved into direct contact without renewed agreement.

Families may contain different views. A child may be curious while a parent worries about religion or safety. A parent may support the program while the child is afraid. An older relative may interpret canine contact differently from a younger family member. Separate opportunities for questions can reveal these differences without turning them into a conflict between tradition and progress (Berglund, 2014; Serpell, 2004).

An introductory meeting without the dog can improve transparency. Families can review the goals, meet the practitioner, examine hygiene and safety procedures, and discuss religious concerns. Observation from a distance can be offered before direct participation. Families should

also be informed that declining the canine component will not reduce access to other educational, therapeutic, or community services.

Cultural responsiveness must not silence the participant. It is not ethical to force a child or adult to participate because a family approves. It is also inappropriate to exclude a willing participant solely because a practitioner assumes the family will object. The preferred approach is transparent communication, documented consent and assent, respect for family relationships, and protection of individual autonomy.

Fear, Familiarity, and Previous Experience

Fear of dogs may arise from personal experience, family narratives, community encounters, or limited familiarity. Davey et al. (1998) show that animal fears vary across cultures, which means that fear should not be reduced to religious attitude. A participant may be responding to a previous bite, barking, uncontrolled street dogs, or learned caution. Understanding the source of fear is important because different concerns require different forms of support.

Assessment should occur before physical proximity. The practitioner can ask about previous contact with dogs, preferred distance, specific fears, allergies, mobility needs, and religious practices. Observation through a window, photograph, or video may be more appropriate than immediate entry into the room. These procedures are implementation implications derived from the combined literature on fear, cultural responsiveness, participant choice, and professional responsibility rather than findings from one validated local protocol.

Familiarity may increase comfort, but exposure should not become an independent goal. The purpose of the program is not to produce affection for dogs or to correct a cultural attitude. Some participants may become more relaxed over time, while others may maintain clear boundaries. Both responses may be compatible with successful participation when the therapeutic or educational objective is met without violating consent.

The dog's temperament and training are central to perceived safety. Sudden movement, barking, jumping, or uncontrolled approach can intensify fear and damage trust. Fine (2019) and Serpell et al. (2010) place handler responsibility and animal welfare within the foundation of animal-assisted practice. Careful selection, handler control, rest periods, and attention to stress signals protect participants and animals.

Fear should be documented without judgment. Labels such as noncompliance or resistance may obscure the emotional and contextual meaning of the response. A more accurate record identifies the level of discomfort, the circumstances in which it occurred, the participant's requested

accommodation, and the action taken by the practitioner. Such documentation supports later planning and preserves dignity.

Institutional Context and Minority Experience

Institutional setting changes the meaning of canine presence. In a school, the program may involve classroom learning, emotional support, or special education. In a clinic, the dog may be understood as part of treatment. In a community centre, the encounter may be more public and socially visible. Each setting requires its own consent, confidentiality, safety, and communication procedures.

Jalongo, Astorino, and Bomboy (2020) discuss dogs in classrooms through practice and policy, while Rud and Beck (2003) examine companion animals in elementary schools. Their work highlights routine, allergies, fear, parental notification, and educational purpose. In Arab schools, these issues may be joined by religious and cultural concerns. Advance communication and meaningful alternatives are therefore essential.

Clinical settings require clarity regarding therapeutic purpose. The dog should be connected to a defined intervention goal rather than used as decoration or entertainment. Professional standards described by the Israeli Association of animal-assisted Psychotherapy (2024) can support role definition, training, and accountability. Participants should know who is responsible for the intervention, how progress is evaluated, and how concerns are reported.

Community organisations can serve as bridges between families and professionals. Linder et al. (2021) show how stakeholder input can shape an animal-assisted intervention's eligibility criteria, family and client orientation, practitioner training, materials, safety procedures, and planned implementation. Local organisations can advise on language, scheduling, practical barriers, and trusted communication channels. Their contribution is strongest when it begins during planning rather than after the program has already been designed.

Arab citizens in Israel receive services within a context marked by minority identity and unequal access. Haj Yahia (2019) discusses psychological services in Arab society, while Daeem et al. (2019) identify barriers to help-seeking among adolescents. Socioeconomic conditions may affect continuity when programs require travel, private payment, or repeated attendance (Miaari & Hadad Haj Yahya, 2017; Khoury & Krumer Nevo, 2023). Cultural responsiveness must therefore include material access as well as attitudes.

Young people may also experience pressures related to identity, vulnerability, and future uncertainty. Mahamid, Karram-Elias, and Sulimani-Aidan (2025), Ravid et al. (2025), and Sulimani Aidan (2015) draw attention to the wider life contexts of Arab youth at-risk. A canine-assisted

activity may contribute to support, but it should not be presented as a universal solution or as a replacement for services addressing family conflict, poverty, discrimination, education, or mental health needs directly.

Ethics, Confidentiality, and Voluntary Participation

Ethical implementation requires simultaneous attention to participants, practitioners, institutions, and animals. Fine (2019) and Fine, Beck, and Ng (2019) identify professional issues that include training, evidence, role clarity, and welfare. Cultural accommodation cannot compensate for weak professional standards, and technical competence cannot compensate for coercive or culturally dismissive practice.

Voluntary participation is the central ethical condition. Participants must be able to decline, pause, or withdraw without losing other services or being described as difficult. The possibility of power imbalance is especially important in schools, clinics, and social services, where a participant may assume that agreement is expected. Practitioners should state explicitly that participation is optional and should repeat this information when the activity changes.

Autonomy must be protected even within collective decision-making. Family involvement can support understanding and trust, but the participant's preferences remain ethically significant. For children, assent should be ongoing and responsive to behavior as well as words. For adults, family consultation should occur only with permission unless legal or safety requirements indicate otherwise.

Confidentiality deserves particular attention in community settings. Public sessions can reveal who is receiving emotional or therapeutic support. Families may be concerned about stigma where mental health services are already approached cautiously. Programs should separate public educational activity from confidential treatment, limit unnecessary disclosure, and explain how records, observations, photographs, and family communication will be handled.

Professional credibility depends on consistency. If one staff member says that touch is optional while another encourages contact, trust is weakened. Written procedures should define consent, hygiene, confidentiality, emergency response, documentation, and communication with families. Staff orientation is required even for employees who do not handle the dog directly.

Participant Safety and Animal Welfare

Participant safety includes physical and emotional dimensions. Pre participation assessment should consider allergies, infection risk, fear, mobility, previous trauma, sensory sensitivity, and the possibility of accidental contact. The handler should maintain control of the dog at all times, and

the environment should provide sufficient space for safe movement and withdrawal. Emergency procedures should be written, accessible, and understood by relevant staff.

Emotional safety requires attention before discomfort becomes distress. Participants should have a clear stopping signal and an unobstructed way to leave. Activities should not surprise the participant with sudden proximity or contact. When fear is present, the practitioner should avoid turning the session into unplanned exposure. Any gradual approach should be linked to the program goal and should occur only with informed agreement.

Animal welfare is a core ethical and implementation outcome. Serpell et al. (2010) emphasize welfare considerations in therapy and assistance animals, while Fine (2019) and Fine, Beck, and Ng (2019) connect welfare with professional quality. A dog that is tired, stressed, or repeatedly placed in uncomfortable situations may behave unpredictably and should not continue the session.

Welfare protocols should address workload, scheduling, rest, water, temperature, transport, handling, and recovery time. Programs should identify behavioral indicators of stress, including avoidance, repeated yawning, lip licking, trembling, lowered posture, persistent scanning, vocalization, attempts to escape, reduced responsiveness, or unusual irritability. These signs should be interpreted by a qualified handler within the context of the individual dog rather than through a mechanical checklist.

Veterinary oversight should include routine health assessment, vaccination and infection control requirements, pain assessment, and review of any change in behavior that may indicate illness or distress. The program should establish clear withdrawal criteria for a session and for longer term service. Withdrawal should occur when the dog shows persistent stress, illness, pain, aggression, inability to recover between sessions, or reduced willingness to participate.

The animal should never be treated as equipment. Participants should not be encouraged to interact when the dog seeks distance, and activities should be adjusted when the dog's welfare needs conflict with the planned session. Protecting the animal also protects participants because a well monitored dog is more likely to behave predictably and safely.

Evaluation and Qualitative Synthesis

Evaluation should examine more than symptom change. Community acceptance, religious comfort, family trust, perceived safety, willingness to continue, and confidence in the practitioner are central outcomes. A program may produce a small psychological benefit while also creating conflict at home or discomfort around prayer preparation. Such effects are part of the intervention and should be assessed rather than treated as unrelated.

Qualitative methods are well suited to the study of meaning. Creswell and Poth (2017; 2018) describe approaches that explore experience in depth. Patton (2011) emphasizes alignment between evaluation questions and method, while Flick, von Kardorff, and Steinke (2004) address diverse qualitative traditions. Interviews, observations, and reflective analysis can clarify how participants interpret proximity, touch, smell, control, family response, religion, and professional conduct.

Phenomenological attention can help researchers remain close to lived experience. Husserl (2013) provides a philosophical basis for examining experience, while Shkedi (2003) and Sabar Ben Yehoshua (2001) discuss qualitative inquiry in applied contexts. In this field, phenomenological sensitivity may reveal how participants experience bodily distance, uncertainty, relief, pressure, curiosity, and the social meaning of participation.

Sampling should include varied responses. Studies that interview only participants who completed the program will overestimate acceptance. Those who declined, withdrew, observed from a distance, or requested accommodation can provide essential information. Parents, practitioners, teachers, religious advisers, and community leaders may also offer distinct perspectives. The purpose is not to determine which view is correct, but to understand how decisions are formed.

Evaluation questions should be neutral. A question such as how much did you enjoy the dog assumes a positive orientation. More appropriate questions ask what felt comfortable, what felt difficult, which arrangements were helpful, whether participation felt voluntary, and what should change. Participants should be able to report that the program was useful without saying that they liked dogs.

long-term evaluation is also necessary. Immediate curiosity may not predict sustained participation, and initial fear may change after careful preparation. Families may revise their views after discussing the experience. Follow up can assess whether accommodations remained effective, whether trust changed, whether the participant continued by choice, and whether the dog maintained appropriate welfare over time.

A Staged Implementation Model

The literature supports a staged model that combines readiness, consultation, delivery, and evaluation. The model is a synthesis of the reviewed evidence and professional guidance. It should be treated as a structured proposal for local testing rather than as an already validated protocol.

Stage one is readiness assessment. Program leaders should clarify the intervention goal, professional roles, institutional capacity, legal and policy requirements, available space, infection control procedures, emergency planning, staff competence, and animal welfare resources.

Readiness also includes determining whether the institution can provide genuine alternatives for those who decline.

Stage two is community consultation. Families, practitioners, institutional leaders, and relevant community figures should be invited to identify concerns, preferred language, religious questions, access barriers, and trusted communication channels. Consultation should shape program design rather than serve only as promotion. Diverse views should be recorded, including disagreement and uncertainty.

Stage three is transparent preparation. Participants and families should receive a clear description of the program, the dog's role, the handler's qualifications, expected activities, possible risks, hygiene procedures, confidentiality arrangements, and available alternatives. Observation should be distinguished from direct contact. Consent and assent should be obtained without pressure.

Stage four is individualized planning. The practitioner should assess fear, allergies, previous experience, religious practice, preferred proximity, communication needs, and family considerations. The result should be a personal participation plan. One participant may begin across the room, another may use objects associated with the dog, and another may choose direct interaction. The plan should remain open to revision.

Stage five is gradual delivery with continuous choice. The participant should be reminded that stopping, pausing, or changing the activity is acceptable. The dog should remain under handler control, and signs of stress in either the participant or animal should lead to immediate adjustment. Family communication may continue between sessions when the participant agrees and confidentiality is protected.

Stage six is evaluation and revision. Outcomes should include the intended psychological or educational goal, participant comfort, family response, religious accommodation, institutional feasibility, fidelity, safety, and animal welfare. Negative and mixed experiences should be analysed rather than excluded. Findings should be used to revise training, consent materials, scheduling, space, communication, and activity design.

This model treats culture as a continuing relationship rather than as a preliminary checklist. Community expectations may change, new concerns may emerge, and participants may respond differently over time. Ethical implementation therefore requires flexibility, documentation, and willingness to reconsider the program.

Discussion

This integrative narrative review, rather than a systematic review, suggests that community acceptance is produced through the interaction of evidence, meaning, trust, choice, and professional conduct. Animal-assisted intervention research provides a basis for investigating possible benefit, yet the cultural and religious significance of the dog can shape the encounter before any therapeutic mechanism operates. Because much of the evidence comes from other populations, these findings indicate possibilities and safeguards rather than direct proof for Arab Muslim communities in Israel.

The concept of acceptance becomes more useful when it is separated from feasibility, acceptability, fidelity, and sustainability. A program may be positively viewed but difficult to deliver. It may be technically feasible but experienced as coercive. It may be adapted respectfully but drift so far from its intended model that its purpose becomes unclear. Implementation planning must examine all of these outcomes together.

Culturally responsive practice offers a corrective to simplified assumptions. Work by Al Krenawi and Graham (2000), Bernal and Sáez Santiago (2006), and Dwairy (2004; 2006) indicates that intervention should be connected to relationships, language, and social context. In Arab Muslim settings, family involvement and religious accommodation should be incorporated into design, but neither should be treated as uniform or as a substitute for participant choice.

The religious literature also resists categorical conclusions. Tlili (2018), Subasi (2011), Polinsky (2022), and Sari et al. (2021) address theology, jurisprudence, ethics, and purification practices from different perspectives. Practical guidance from CAIR Minnesota (2019) and MUIS (2024), together with the analysis by Babur and Islek (2026), suggests that accommodation can support access without requiring participants to abandon religious practice. The strongest approach is therefore to distinguish levels of religious meaning and ask participants what matters in their own practice.

Acceptance should not be defined as increasing affection for dogs. The relevant standard is whether a participant can engage voluntarily and safely in an intervention that supports a meaningful goal. A person may prefer distance throughout the program and still benefit from observation or indirect activity. Respecting that boundary is an indicator of quality rather than failure.

Professional regulation and local consultation are complementary. Training, safety, welfare, clear terminology, and role definition protect intervention integrity. Community dialogue, family communication, Arabic materials, religious accommodation, and flexible contact protect local legitimacy. Neither dimension is sufficient alone.

A major evidence gap remains. Much of the animal-assisted intervention literature was developed outside Arab Muslim communities in Israel. Future studies should examine attitudes before implementation, experiences during participation, family decision-making, reasons for refusal, participant autonomy, institutional feasibility, and long-term sustainability, while reporting animal-welfare outcomes with the same seriousness given to human outcomes.

Limitations

This review has several limitations. First, it is based on a bounded bibliography of 51 supplied sources rather than a new comprehensive search across named databases; relevant literature may therefore have been omitted. Because the corpus was supplied in advance, publication bias and source-selection bias cannot be excluded. Second, the literature includes different intervention types, populations, settings, and outcome measures, which limits direct comparison and prevents claims of a unified effect estimate.

Third, relatively little evidence addresses canine-assisted programs specifically within Arab Muslim communities in Israel. Implementation recommendations are therefore interpretive implications derived from related literature rather than conclusions tested through local trials. Fourth, religious and cultural sources differ in purpose and cannot be treated as equivalent forms of evidence. Fifth, several references required source verification before submission, which has been addressed for the targeted entries but does not replace a complete source-by-source check.

Sixth, animal welfare is often discussed through professional standards and conceptual guidance rather than consistent empirical measurement. This limits confidence about workload thresholds, stress monitoring, and long-term effects on participating dogs. Finally, qualitative evidence can illuminate meaning but does not establish prevalence; future research should combine qualitative inquiry with carefully designed quantitative and implementation measures.

Conclusion

This integrative narrative review finds that canine-assisted programs may contribute to therapeutic, educational, and community services in Arab Muslim society in Israel, but their value cannot be separated from the way they are introduced and conducted. Because the review is not systematic, its conclusions are conditional and cannot establish effectiveness or universal acceptance.

Community acceptance is not a permanent cultural trait and should not be reduced to attitudes toward dogs. It is a multidimensional implementation outcome shaped by information, trust, voluntariness, prior experience, accommodation, and institutional credibility. Acceptance may

increase, remain partial, or not develop, and each response should be treated as legitimate evidence rather than as a problem to overcome.

A responsible program begins with readiness assessment and community consultation, provides transparent information, obtains informed consent and assent, assesses individual needs, offers alternatives to direct contact, protects confidentiality and ritual concerns, and monitors participant and animal wellbeing. Family and community involvement can strengthen implementation when it complements rather than replaces the participant's own voice.

The evidence supports cautious and locally grounded development rather than universal adoption. Future research should test the proposed model in diverse Arab Muslim settings in Israel, include participants who refuse or withdraw, evaluate long-term feasibility and trust, and report animal-welfare outcomes clearly. The staged model remains a conceptual proposal requiring local empirical validation.

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