

HUMAN GRIEF ON THE DEATH OF A PET

by

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A Practicum

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in Partial Fulfillment of the Requirements
for the Degree of**

MASTER OF SOCIAL WORK

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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
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ABSTRACT

In order to address the disenfranchised nature of the human grief response to the death of a pet and to validate the importance of the relationship between the pet and the owner, a series of five structured, time-limited and closed pet loss support groups were facilitated.

Results of this practicum indicate that 11 of 18 participants felt that the severity of their grief reaction was unusual. Thirteen participants indicated that relationships with family and friends who did not understand their grief had been strained. Sixteen of the 18 participants indicated that attending the group had helped them come to terms with their grief. All 18 of the respondents indicated that they felt that information about a pet loss support group should be provided to all bereaved pet owners, and that they would encourage others to attend a pet loss support group. Several participants expressed resentment that their own veterinarians had not offered a support group, but that they had to learn of the existence of the support group from a different source.

Further research is needed into the impact of pet death on family and social dynamics, as compared to the impact of other major losses.

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The individuals who participated in the pet loss support groups and allowed me to enter into their grief experience deserve particular recognition. Thank you.

I would also like to thank Mr. Norman Kasian, President of Riverview Health Centre, for providing the space where the pet loss support groups were facilitated.

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This practicum is dedicated to the memory of Winston.

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Chapter One

Introduction

Rationale

Since 1989 I have worked as a Social Worker in a geriatric facility. For five of those years I worked on a human palliative care unit. However, when working in a health facility issues of grief and loss are major themes, whether on palliative care, geriatric rehabilitation, chronic care, or personal care. Through my work I have become very familiar with human grief reactions. I believe that this provided me with an excellent knowledge and experience base to bring to my practicum.

For some people their grief at the loss of a pet can be as profound as if they had lost a human family member. Following the death of her cat, one woman told me that she has not been so traumatized by anything as this loss since she was ten years old and her mother died as the result of suicide. Another woman spoke of her instructions to her daughter. Her beloved dog had been cremated, and she had also requested cremation for herself. It was her wish that her cremated remains and those of the dog be mixed together and scattered at her cottage at the lake. On learning that my practicum topic was Human Grief on the Death of a Pet, an elderly client of mine at Riverview Health Centre came to my office and asked to see me. She pulled a picture out of her purse of her pet dog that had died 24 years

previously and became very emotional as she told me of how close they had been, and of how much she still missed him.

These people were not grieving the loss of a dog or a cat, but rather the loss of a particular individual with whom they had shared a love bond. It was the lost relationship that they were grieving. Unfortunately the loss of a pet is not recognized by our society as a significant loss, and the grief associated with this loss is disenfranchised. Still, disenfranchisement does not lessen the intensity of the grief response. In fact, the very nature of disenfranchisement tends to deny bereaved pet owners the social support which would support them in moving through their grief. Some people are embarrassed by their grief and may question their own psychological stability. Their self-esteem may be negatively affected. Disenfranchised grief also isolates people from their social network, and their ability to cope with other day to day stressors may be impaired.

Objectives

The objective of this practicum is to demonstrate that attending a pet loss support group, where participants are encouraged to express their feelings, where they receive validation for their grief and emotional support from the facilitator and from other group members, enables them to resolve their grief more quickly. This would take stress off the participant's social network where family and friends may not recognize the need for support, or may not know how to be supportive in these circumstances. Also,

validating the bereaved pet owner's grief may enable the participants to educate family and friends about what would be most helpful at this time.

Personal Learning Goals

My personal learning goals were:

1. to expand my theoretical knowledge of human grief on the death of a pet as a form of disenfranchised grief.
2. to further develop my competency at group facilitation.
3. to determine whether or not a structured, time-limited and closed group is appropriate and adequate in meeting the needs of bereaved pet owners.
4. to determine if meeting on a weekly basis is an appropriate time frame.
5. to determine if a setting where homeless animals are not housed is more appropriate for a pet loss support group than an animal shelter.

Chapter Two

Literature Review

To the world it mattered not that you existed
And life goes on as if you'd never been
While I alone, shed bitter tears of mourning
In grievous loss of you, my precious friend.

Iris Lee Pierno

When an animal companion dies the human owner is frequently devastated by the loss. Many people consider their pets to be family members (Gerwolls & Labott, 1994; Stephens & Hill, 1996) and when death occurs the owner's grief can be profound. Unlike the death of a human, there are no socially sanctioned traditions or rituals which bring family and friends together to support the grieving pet owner in the expression and resolution of their grief. Thus, according to Kenneth Doka (1989), human grief at the death of a companion animal may be perceived as disenfranchised grief, and disenfranchised grief may complicate or prolong the individual's grieving process.

In order to explore, clarify, and address this phenomenon of human experience, it was the intention of this practicum to provide a series of structured, time-limited and closed pet loss support groups with membership composed of people who had recently lost a pet. The groups

were anticipated to validate, and thereby enfranchise, the human grief experience through the provision of information, and through the social support of other bereaved pet owners in the group. The purpose was also to assess if legitimizing the owner's grief allowed them to move ahead more quickly in the resolution of their grief.

Evolution of the Relationship between Animals and Humans

Historical Antecedents

The domestication of animals has a long history. Initially, animals were domesticated for their utilitarian purposes. They were seen as beasts of burden, and a source of food. Dogs assisted with hunting, and cats controlled the rodent population. At some point the domesticated animals began to be appreciated for their companionship as well.

In 1978 a tomb was discovered in Northern Israel where a human and a dog had been buried together. The hand of the human had been laid so as to rest on the dog's shoulder (Young, as cited in Adams, 1996). Cats have experienced a more ambivalent relationship with humans. During the New Kingdom of Ancient Egypt the cat was frequently depicted as a goddess, considered sacred, and treated with great reverence. Later, during the Middle Ages in Europe, the cat was associated with witchcraft and evil. Not infrequently this resulted in cats being either mistreated or tortured. It was only during the nineteenth century that cats became popular pets. Prior

to that they were kept for their utilitarian purposes, or revered or shunned, as the case may be, for their religious symbolism.

As our relationship with animals evolves, so do the words we use to describe the animal. While the Random House dictionary (1967) defines a pet as “a favorite or treated with affection and fondness,” the Miriam Webster dictionary (1976) defines a pet as “a domesticated animal kept for pleasure rather than utility”. More recently the term “companion animal” has come into vogue. The Random House dictionary (1967) defines a “companion” as “one who is frequently in the company of, associates with, or accompanies another, or one employed to accompany, assist, and live with another in the capacity of a helpful friend”. The change in terminology suggests a change in perception from seeing an animal as a creature owned for the enjoyment it provides, to seeing the animal as providing companionship in a reciprocal relationship, and in some ways approaching an egalitarian relationship. For the sake of simplicity I will generally be referring to companion animals as pets throughout this paper.

However, it should be noted that there are distinct differences in the style of pet ownership and attitudes toward pets between Westernized and non-Westernized societies. In non-Westernized societies pets are viewed more as possessions rather than as family members. This suggests that any insights we gain into the human-animal relationship must be limited to the culture within which the information is derived (Adams, 1996).

The Human-Animal Bond

Bonding refers to the attachment that develops between members of the same species or between members of different species. There are many theories as to why and how bonding occurs. According to Lagoni, Butler and Hetts (1994) three significant theories are anthropomorphism, neoteny, and the theory of allelomimetic behaviors.

Anthropomorphism is the attribution of human characteristics, thought processes and emotions to animals. It is the belief that animals act out of motives similar to those of humans. This leads pet owners to perceive and believe that mutual communication is taking place, and this results in the pet owner bonding with the pet.

Neoteny seems to also play a significant role in human-animal bonding. Human infants and children possess physical characteristics that elicit a care-giving response from adult humans. These characteristics are referred to as neotenic and include a rounded head shape, large round eyes, and a rounded forehead, and behaviors such as frequent high-pitched vocalizations and a readily elicited play response. The young of many species exhibit these characteristics which may be why people generally see young animals as “cute”. Some animals have been bred, either consciously or unconsciously, to retain these characteristics throughout their lives. The theory of neoteny then sees the human-animal bond as the human care-giving response elicited by the animal’s neotenized characteristics.

Animals that live in social groups sometimes mimic the behavior of other group members. This is referred to as allelomimetic behavior. When animals mimic the behaviors of humans, pet owners tend to anthropomorphize the behaviors and assume that considerable interspecies communication is taking place. This leads to an increased attachment of the pet owner to the pet.

It would seem that most people who own animals develop an emotional attachment to them. The literature suggests that in over half of all American homes there is at least one pet (Voith 1985 in Gerwolls, 1994). One study done with 220 respondents from Florida and Michigan found that 95% of the elderly respondents treated their pets as family members (Stewart et al. 1985 in Stewart et al., 1989). In 1979 Katcher found that 93% of pet owners considered their pet to be a family member, and when asked what family member the pet resembled, the majority responded that the pet filled the role of a child. Stephens and Hill (1996) found that pets were often referred to as “son”, “daughter”, or “baby” and the owners referred to themselves as “mommy” or “daddy”.

Considering the role that animals play in our lives may shed some light on the attachment between animals and their owners. Many young people grew up with an animal in the home and may not remember a time before the animal was part of the family. It may have been a playmate for them as a child, or a confidante during the awkward adolescent years. They may relate to the animal in much the same way that they would to a sibling. When the pet dies it may be their first experience with the death of someone they felt emotionally close to. Also, due to the average life expectancy of

common household pets, the emotional distress of these young people may be heightened if the pet dies at about the same time that they are leaving the parental home.

We live in a very mobile society and people frequently move great distances from family and friends in search of employment. Before they have had a chance to develop a social network, a pet may be the only friend and companion they have in the new location. This sense of connectedness increases if there have been several moves and each time the pet accompanied the owner. It can be tremendously comforting to come home from a stressful day at work and be greeted by the unconditional love and unbridled adulation of a pet.

Some people are not able to have children, while others choose not to, but still feel a desire to nurture. Other people have raised families, but when their children leave home they miss the caring and nurturing of the parental role. For these people a pet can be a substitute child.

Pets can help us get through some of life's more difficult times such as the death of family members or close friends, serious illness, divorce or separation, or job loss. Their unconditional love and acceptance helps us to cope during these life crises.

As a society we provide reasonably well for our elderly by arranging for services such as Home Care and the Victorian Order of Nurses to help people with their physical care and the upkeep of their homes, Meals on Wheels for food, and a fortunate few are referred to adult day centres to

meet their needs for social stimulation. However, no one goes into the home to give the elderly person a hug from time to time. Many of our elderly have lost their spouses, their children may live in other cities, their friends may have already died or moved to personal care homes, and their pets may be their only source of emotional support and physical comfort. Stewart et al. (1989) recognize this when he writes that

the veterinarian must keep in the forefront of awareness the reality that, in dealing with elderly clients, they may be encountering individuals who are losing an attachment that is personally defined as one of the most significant and meaningful relationships they have. (p.151)

Our pets may be companions in various activities such as going for a run or a game of “fetch” in the park, or they may be the perfect confidante who we tell our secrets, our dreams, our fears, and our most vulnerable feelings to. They are everything we would want in a counselor. They are genuine, honest, empathic, nonjudgmental, they offer unconditional positive regard, they listen well without interrupting, and they guarantee complete confidentiality. In addition to all this, they are always available (Stewart, 1995).

When our pets fill such varied and intimate roles in our lives it is not surprising that the emotional attachment many people have for their pets equals and sometimes exceeds that which they feel toward other humans (Fowler, 1991, Weisman, 1991;). Dr. Weisman (1991, p. 245) states that, “...the person-pet bond, is in my opinion as authentic as any other relationship characterized by mutuality and love.” He then goes on to say

that, “While the animal is usually considered to be most dependent, the dependence may often go in the opposite direction as well.” It is not surprising then that when a beloved pet dies after many years of mutual companionship and devotion the owner will be profoundly affected by the loss. Turbidity and Wellard (1991) state that “The depth of emotional satisfaction derived from the relationship determines the strength of the bond which exists between a person and his or her pet.” When we are grieving the death of someone we have loved, species is irrelevant; what is important is the relationship that has been lost. The bereaved pet owner is not grieving the loss of a dog (or a cat, or a horse, or a rabbit), but rather the loss of a particular individual with whom he or she had a relationship and shared a bond.

Of course not everyone is profoundly affected by the death of a companion animal. People acquire animals for a variety of reasons such as status symbols, ‘live toys’ for their children, or simply on impulse only to find later that they really do not want the pet and they find the caretaking responsibilities to be too much of a burden. Not everyone who owns an animal forms an attachment to that animal. The degree of attachment that pet owners feel toward their pets can vary greatly from one pet owner to another. This may at least partially explain why some people do not seem to be appreciably affected by the death of their pets.

Significance of the Loss

The literature suggests that for some people the grief they experience at the loss of a pet can be as profound as if they had lost a human family member (Carmack, 1985; 1986; Gerwolls & Labott, 1994; Katcher & Rosenberg, 1979; Quackenbush, 1981; Quackenbush & Glickman, 1984). Archer and Winchester (1994 p. 259) found “a parallel reaction to that following a human bereavement, but with lower frequency of affective distress.” In contrast, a study done in 1993 by Rajaram of 1,232 noninstitutionalized U. S. residents 65 years and older found that the death of a pet was not associated with depressive symptoms to the extent that the death of a close family member was. Weisman (1991) found that the course of bereavement varied considerably from one individual to another. This, he felt, was not an unexpected finding considering that there is no established norm for the duration of grief in the loss of a human relationship, nor for the loss of a cross-species relationship.

In a Canadian study of 50 subjects Adams (1996) found that in approximately 90% of the participants, grief at the death of a pet differed considerably from grief associated with the death of a significant human. Some researchers (Quackenbush & Glickman, 1983; Rajaram, 1993) suggest that the discrepancy in the results found by different researchers may be the result of sampling different populations. The early studies were often carried out on populations that were self-referred and experiencing strong emotional reactions to the death of a pet. By contrast, Adams interviewed a random sample of pet owners whose names had been provided to her by the attending veterinarian. In Adams' study, all clients

who had lost a pet were invited to participate, not just those who the veterinarian assessed as being upset by the death of the pet.

James Quackenbush, a Social Worker who has provided counseling services since 1978 to distressed pet owners through a joint program of the School of Veterinary Medicine and the Graduate School of Social Work at the University of Pennsylvania, suggests that the pet should be considered to be a participating member of a dynamic social system. Quackenbush (1982) states that

As these patterns of interactive behaviors develop, the members of the social system (including companion animals) become accustomed to and dependent on the temporal sequences, frequency, and duration of the interactions. This predictable occurrence of behaviors produces a systemic stability or equilibrium of social behaviors (p. 334).

According to Quackenbush (1982) the grief reaction seen in bereaved owners is due to a disruption in the social system. He goes on to say that in the "...process of readjustment, their established behavior patterns with humans in their social systems also become disturbed, inconsistent, and unpredictable." (p.334). In her 1985 research Carmack also found that the death of a pet may severely impair communication within the family system.

Carmack (1985) defines four significant losses for pet owners. The first is the loss of a family member, as many pet owners consider their pets to be family members. The pet usually holds the role of a child in the

family. There is also the loss of the special qualities of that particular animal. Since each pet is a distinct individual, a deceased pet cannot simply be replaced with another animal. It is the loss of the perceived special qualities of that particular pet and the perceived special qualities of that relationship that result in a profound sense of loss. The third loss is the loss of the intimacy with the pet. Koneya and Barbour state that only 7% of all human communication is verbal, while 38% is vocal (volume, pitch rhythm), and 55% is body movement. Most intimate interactions and communications that occur between a pet owner and a pet do not rely on the use of language, and only a small percentage of all communication is verbal. Many methods of dog training rely heavily on body language, as well as on tone and inflection. Perhaps it is because dogs are so astute at reading human body language and interpreting vocal signals that owners frequently feel that their dogs are sensitive to their every mood. With most human-animal interaction, touch is also an important form of nonverbal communication. Finally, the owner's sense of being needed is lost. According to Carmack (1985) this is especially evident when the animal has been ill, and the owner has assumed an increased caregiving role.

Disenfranchised Grief

With the roles that pets play in our lives and the relationships that we develop with them, it is not surprising that we grieve for them when they are gone. This grief, however, is not generally recognized in our society. Kenneth Doka, who has done extensive work on disenfranchised grief, defines it as “the grief that persons experience when they incur a loss that is

not or cannot be openly acknowledged, publicly mourned, or socially supported” (1989 p.4). Kauffman (in Doka, ed., 1989) suggests that there are two sources of disenfranchisement - societal and intrapsychic. Societal disenfranchisement will be addressed first, and later, intrapsychic disenfranchisement.

Societal Disenfranchisement

Societies establish norms which attempt to specify who has a right to mourn, what mourning behavior is appropriate, how long mourning should continue, and whom it is appropriate to mourn for. When personal definitions of loss are consistent with societal norms, bereavement elicits support from the bereaved individual’s social network. This supportive environment facilitates the grief process and enhances social cohesion. However, when the individual experiences significant loss, but society does not recognize or legitimize the loss, stress reactions may be intensified and the individual may feel estranged from his or her social network. Bereaved individuals may also question the validity of their own grief reactions, and sometimes may question their own sanity. Disenfranchised grief exacerbates the problems associated with the grief, and the usual social supports are generally not available to the bereaved.

When determining who has a right to mourn, our society most readily accepts close kin-based relationships. There is significant literature substantiating the fact that most people consider their companion animals to be family members. Still, once an animal dies friends, family, and

sometimes even the bereaved owners themselves may dismiss their grief with, “ It’s just a dog, (cat, rabbit, horse...)”. Not only is it not recognized as a family relationship, it is not even recognized as worthy of grieving.

When humans die we have socially accepted traditions and rituals which mark the life and death of the deceased and facilitate mourning for the bereaved. Generally there is a funeral service or a memorial service, obituaries are published in newspapers, flowers and sympathy cards are sent to the bereaved, donations to charities are made in memory of the deceased and extended family and friends generally gather round to offer condolences and sometimes practical assistance. Few, if any, of these rituals of acknowledgment of loss happen with the death of a pet.

Some evidence of social support for the loss of a pet is emerging in our society. Both Hallmark and Carlton Cards have recently produced sympathy cards on the loss of a pet. Occasionally a bereaved pet owner will run a pet obituary in a special section available in the local newspaper, the Winnipeg Free Press. The Winnipeg Humane Society newsletter shows that some people make donations to the Humane Society in memory of deceased pets. However, these acknowledgments are few and far between. For the majority of bereaved pet owners grief is not legitimized and remains disenfranchised.

Society’s “grieving rules” are incorporated into personnel policies which dictate how much time is allowed off work when a “death in the family” occurs. In our society “family” is defined as close biological or legal relationships. No time is allowed off work to mourn friends or other

close relationships outside of this narrow definition of family. Still, people often will make arrangements to acknowledge the loss by taking time off work by phoning in sick, or by using up holiday time. Similarly, an informal survey of people who have experienced the loss of a pet indicated that they have taken 3 days off for a rabbit, a week for a cat, 3 days for a dog, and a month to provide palliative care for a dog. One woman indicated that she was prepared to leave her administrative position with a large company had she been denied time off when her dog died.

In situations of disenfranchised grief there is little or no opportunity to mourn publicly. It has been found that the lack of social sanction for publicly mourning a pet stems from social denial of the human-animal bond as a significant relationship. Society's tendency to devalue the grief of pet owners who mourn publicly and to not allow the grief free expression often complicates the course of bereavement. (Quackenbush & Glickman, 1984; Stewart et al., 1989). Stewart et al. (1989) report that

the absence of or intolerance toward bereavement behaviors generally produces an intensification of grief, feelings of abandonment from and resentment toward non-supportive significant others, and a potential devaluation of the self. (p. 148)

Further, Cowles (1985) felt that unresolved grief can, at some future time, be a contributing factor in severe depression. Stephens and Hill (1996) reported that bereaved pet owners were reluctant to reveal their sadness to others for fear of insensitivity to their feelings, and for fear of ridicule. In yet another study, Quackenbush and Glickman (1984) found that when pet owners revealed their feelings of loss and sadness, but family

and friends did not recognize the legitimacy of their grief at the loss of a pet, the bereaved pet owners began to question their own emotional and mental stability. The alienation from one's social network that results from not having one's pain acknowledged and validated can result in a deep sense of loneliness and abandonment (Kauffman, 1989; Katcher & Rosenberg, 1979).

Ideally bereaved pet owners would be able to confide in family and friends, and this behaviour would be assumed to aid in the healing process. Unfortunately, bereaved pet owners frequently feel that they are not able to confide in those close to them. Generally, bereaved pet owners feel inhibited and are reluctant to speak of their loss to others, often not even confiding in their immediate family members. In some families the death of the pet is not discussed at all (Carmack, 1985). This breakdown in communication may be disenfranchisement within the family, or it may be the result of different grieving styles of various family members. Some people need to talk about the loss and their feelings, while others need to be quiet and alone in their grief, while still others may work through their grief in physical activity. Also each family member had a unique relationship with the deceased animal. Perhaps not all members of the family were as involved with the animal, nor were all family members equally attached to the animal. When different grieving styles and different relationships with the deceased pet collide, there can be a break-down in communication which can result in misunderstanding, anger, resentment, and blame among family members.

Intrapsychic Disenfranchisement

We have already discussed societal disenfranchisement in which the individual's social network does not recognize the depth of the loss and does not legitimize the individual's right to grief. With intrapsychic disenfranchisement the source of the disenfranchisement is within the bereaved individual's own set of internalized beliefs, values and expectations, rather than in societal disapproval. The disenfranchisement occurs not in the attitudes or actions of others, but in the individual's own expectations of how others would view him or her.

As we grow up in our society we repeatedly hear such comments as "It's just an animal (dog, cat, bird, rabbit, etc.)." Implicit in these comments is the attitude that animals are not worth grieving and the notion that there is something inherently wrong with someone who would grieve for an animal. The focus of these statements is that animals are of a different species, not human, and therefore, not appropriate to grieve for. The possibility that a significant relationship may have existed between the owner and the deceased pet is not even considered. We tend to be more supportive of children who are grieving a deceased pet, but somehow assume that an adult should not have such a significant relationship with an animal. When, over a lifetime, we hear statements that denigrate our relationships with our animals we tend to unconsciously internalize these attitudes. Later, when a pet dies, many pet owners are totally unprepared for the depth and intensity of their grief, and are embarrassed and ashamed of their grief. Bereaved pet owners then inhibit their grief and deny themselves the opportunity to work

through their grief. They also deny themselves the support they might have received from compassionate others.

A major function of the pet loss support group that I facilitated was to provide the support that bereaved pet owners received from being able to share their thoughts, feelings, and memories with other grieving pet owners.

Since February, 1997, I have been facilitating the Winnipeg Humane Society Pet Loss Support Group. This group meets once a month at the Winnipeg Humane Society. It is an open group, and the group consists of everyone who arrives that evening. There is no way of knowing beforehand what the group composition will be, nor of screening out individuals who may not be appropriate for the group, or who might detract from group cohesion. Even though most people who have attended this group expressed appreciation for the group, many individuals felt that a group that met more frequently would better meet their needs.

The Pet Loss Support Group that I facilitated in my practicum was a closed group and participants were screened prior to the beginning of each group. These groups were time-limited, and participants were asked to attend all three sessions of each group. Essentially the same group members attended all the sessions, and this enhanced group cohesion. The format of the group was much more structured with more information provided on various aspects of the human-animal bond, and on normal grief. Finally, these groups met on a weekly basis and this timing seemed to better facilitate the momentum of the various groups.

Profile of Bereaved Pet Owners Who Might Benefit from Support

Not all pet owners become emotionally attached to their pets and grieve when the pet dies. Others may be quite fond of their pets and saddened by the pet's death, but cope with the loss without feeling the need to attend a pet loss support group. Some people, however, are overwhelmed by their loss and experience difficulty in moving ahead in the resolution of their grief. These individuals may feel that there is no one, or very few people in their social network, who understand and are sympathetic to their grief. They may have received emotional support when the death first occurred, but the support has waned before their grief has resolved. Who then is likely to experience a pronounced grief response and possibly benefit from the additional support of a pet loss support group? Invariably a high level of emotional attachment to the pet is an indicator of an intense grief reaction (Carmack, 1986; Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Quackenbush, 1981; Stallones, 1994; Stewart et al., 1989). Closely related to the degree of attachment is the importance of the relationship, or the centrality of the relationship, in the pet owner's social network (Stewart et al., 1989).

A second significant indicator of a significant grief reaction is living alone (Archer & Winchester, 1994; Quackenbush, 1981; Planchon & Templer, 1996) or with only one other person (Carmack, 1985; Gosse & Barnes, 1994; Stallones, 1994). This may suggest that when the owner lives alone with the pet, or with only one other person, that the degree of emotional intimacy is higher and the pet occupies a more central position in the owner's social network. It may also suggest that when there are more

individuals living in the home that they provide some emotional support to each other and thereby comfort each other and facilitate the grieving process. In a large family it is not as likely that the pet would occupy so central a position as it might when living with only one or two people. In contrast, Gerwolls and Labott, (1994) found that living alone with the pet did not predispose owners to a more severe grief reaction. However, they did find that those living in large families received more social support which enabled the grieving pet owners to cope with their grief more readily.

Pet owners who described their relationships with their pets as unique and special were at higher risk of a pronounced grief reaction (Carmack, 1985; Gerwolls & Labott, 1994). This seems to stem from the idea that once this relationship is lost it can never be replicated with another animal, and this magnifies the loss. They see their pet as irreplaceable. Interestingly, owners of only one pet did not report a more intense grief response than owners of several pets (Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Planchon & Templer, 1996). This may suggest that the number of pets in the home is not nearly as predictive of the grief response as is the owner's relationship with each of the pets. Even an owner who has several pets may consider each one unique and irreplaceable. Another possibility is that one particular pet, or certain pets, in a multi-pet home are considered to be unique and special, and so irreplaceable. As we can have different relationships with various human family members, so we can have different relationships with various animal family members. Quackenbush (1981), however, found that the grief reaction in his subjects was more pronounced if the deceased animal had been an only pet.

According to the literature it would seem that females have more difficulty than males in coping with the death of a pet (Gosse & Barnes, 1994; Keddie, 1977; Planchon & Templer, 1996; Quackenbush & Glickman, 1984). These results may also indicate that, in our society, females are more apt to acknowledge their distress, than males are.

Various researchers also found other indicators of a severe grief response. Quackenbush (1984) found that, "The most intense reactions have been from female owners who have never had children of their own." (p.101). Similarly Gosse and Barnes (1994) found that individuals or couples living without a child or children in the home may be more likely to suffer a pronounced grief response. Gosse and Barnes, however, attribute this finding to a predisposition toward social isolation.

Stallones (1994) and Quackenbush (1981) found that the grief response was most pronounced for dog owners, while Archer and Winchester (1994) found that whether the deceased pet was a dog or a cat was irrelevant.

Having provided daily nursing care to an ill animal over a period of time also contributed to the intensity of the grief (Carmack, 1985). Providing the nursing care may have increased the owners attachment and protectiveness of a vulnerable animal. Once the pet died the grief may have been increased by a sense of failure in not having been able to save the pet, and a loss of purpose if the nursing care was very time-consuming.

Archer and Winchester (1994), Gosse and Barnes (1994), and Planchon and Templer (1996) found no correlation between length of ownership and intensity of grief. On the other hand, Stallones (1994) found a connection between the length of ownership and degree of owner grief. While Planchon and Templer (1996) found that the cause of death was not significant, Archer and Winchester (1994) found that sudden death did intensify grief. Perhaps a sudden death is more likely to have been an unexpected death and thereby it may magnify grief by increasing the owners' sense of vulnerability to random chance, and their sense of being out of control of the situation. Another consideration may be that younger animals may die more frequently from sudden deaths. With humans it is sometimes easier to accept the death of an elderly person than the untimely death of a child. Likewise it may, in some cases, be more heart-wrenching for an owner to accept the death of a young animal, than the death of an elderly one.

Carmack (1985) found that the pet owners who were most traumatized by the deaths of their pets were those who had never consciously stopped to think about the inevitable death of their pet. These were people who intellectually knew that all life ends in death, but they had never consciously thought of their pet one day dying. They were not emotionally prepared for the intensity of the pain of the loss as they had never stopped to plan for, or consider, life without their pet.

Finally, the age of the owner, the type of final arrangements for the disposal of the body (Gosse & Barnes, 1994), and how much time the owner

had spent with the pet (Planchon & Templer, 1996) were not found to have any bearing on the severity of the grief response.

Social factors were also found to affect the individual's ability to cope with and resolve grief. The bereaved owner's perception of a lack of social support increased grief (Carmack, 1985; Gerwolls & Labott, 1994; Gosse & Barnes, 1994), and the level of other stressors in the pet owner's life also compounded the intensity of the grief and made resolution of the grief more difficult (Gerwolls & Labott, 1994; Gosse & Barnes, 1994, Planchon & Templer, 1996; Stallones , 1994).

The factors that were found by researchers to predispose pet owners to a pronounced grief response include a high level of emotional attachment to the pet, owners who describe the pet as unique, special or irreplaceable, living alone or with just one other person, and women were found to frequently exhibit a more intense grief response. Beyond these factors, the findings of various researchers are contradictory. While most researchers found that living alone or with just one other person predisposed pet owners to a intense grief response, Gerwolls and Labott (1994) found that it did not. Several researchers found that the number of pets in the home did not affect the intensity of the grief response, while Quackenbush (1981) found that grief was more pronounced if the deceased animal had been an only pet. Stallones (1994) and Quackenbush (1981) found that dog owners exhibited a more pronounced grief response, while Archer and Winchester (1994) did not find any difference in the grief response between dog and cat owners. Some researchers found no connection between the length of ownership and the degree of owner grief, while Stallones (1994) did find a connection; and

Planchon and Templer found the cause of death was not significant, while Archer and Winchester (1994) found that sudden death did intensify grief. Still other researchers found indicators such as women who had never had their own children (Quackenbush, 1984), having provided nursing care, or never having consciously anticipated the death of the pet to be predisposing factors (Carmack, 1985). Perhaps further research on larger samples will clarify which owners are likely to experience a pronounced grief reaction.

Regardless of the above factors that tend to indicate which pet owners are likely to have difficulty in coping with the death of a pet, Hart et al. (1987) found that many veterinarians are inclined to refer only those clients who openly exhibit grief to support groups. This is regrettable as some people may benefit by attending a pet loss support group even though they do not show their emotions easily. It is not unusual that, today, many veterinarians are sending out sympathy cards to bereaved pet owners. A number of offices have been including a card with information about the Winnipeg Humane Society Pet Loss Support Group currently operating in Winnipeg.

Symptoms of Grief

According to Carmack (1985)

Bereaved pet owners experience all of the usual characteristics of grief - painful regret, crying, shock and numbness, deep sorrow, despair, mental suffering and loneliness. They also verbalize fears of losing control; the intensity of their feelings scares them. These feelings

consist of guilt, anger, and helplessness. (p. 158)

Similarly Weisman (1991) found that

...the course of bereavement did not differ much, except perhaps in duration, from that found after human death. Searching, pining, loneliness, pangs, flashbacks, and emptiness occurred regularly. There was also a little guilt, though not much, implying that the person-animal bond had not been conspicuously ambivalent. (p. 245)

It is interesting that Carmack found that guilt was a common feeling in her subjects while Weisman found that his subjects experienced only a little guilt. These two researchers may be considering different aspects of guilt.

My experience from facilitating the Winnipeg Humane Society pet loss support group is that it is true that there does not seem to be significant emotional baggage associated with the human-animal bond. People seem to be either very attached to their animals, or they are not. There are few love-hate relationships. If they are not attached, they just do not feel the need to grieve.

Some pet owners choose to euthanize their pets when the animal exhibits problematic behavior such as aggression or house-soiling. Others may euthanize their pet if the pet does not fit into a new relationship, or if an old relationship breaks down, or if an allergy develops. It may be that these owners struggle with guilt in such an ambivalent relationship, but they have not been reaching out for support by attending the Winnipeg Humane Society Pet Loss Support Group, nor have they been phoning the pet loss phone line.

Some people who have attended the Winnipeg Humane Society group have expressed guilt at not being able to afford to pay for further treatment for their pet even though the prognosis was very bleak. In general, most people who attend the Winnipeg Humane Society Pet Loss Support Group do express significant feelings of guilt regardless of how strong the attachment was, and how excellent the care the pet received was. As Cowles (1985) put it, "Despite the cognitive awareness that the animal may be suffering, the affective response to actively terminating a life to relieve suffering is often one of guilt." (p. 139). This may not be because of ambivalent feelings about the relationship, but may be a normal part of grieving.

It has been suggested that anger turned inward is expressed as guilt (Barker, 1989). My experience as the Social Worker on a Palliative Care unit has taught me that when a human dies family members frequently torment themselves by second-guessing decisions they made about the patient's treatment or care, or regretting something done or said, or left undone or unsaid. Guilt as a manifestation of anger turned inward may be a normal part of the grieving process and not indicate ambivalence in the owner-pet relationship at all. In some cases bereaved pet owners may experience guilt if something they did or did not do resulted in the accidental death of the pet such as allowing a dog to run loose which resulted in the dog being hit by a car. These accidents do occur, and perhaps guilt is justified for a period of time, but the grieving owner must learn from the mistake and then let go of the grief.

In 1984 Quackenbush and Glickman reported that 93% of their subjects reported some disruption in their daily living routines. Normal patterns of eating and sleeping became erratic, social activities declined for 70% of the participants, and 45% of the subjects took time off from work by using vacation or sick time. In addition to these symptoms, Cowles (1985) reported periodic crying for several weeks, searching behavior, and retention of mementoes such as dog tags, dog collars, food dishes, pet beds, favorite toys, or clippings of hair. In over half of Cowles subjects thoughts of previous losses were triggered by the death of a pet. This might complicate the grieving process if the bereaved pet owner had not come to terms with earlier losses. Cowles also found that the majority of his subjects had actively sought out someone with whom they could talk after the death. It would be interesting to know how successful they were in finding someone to talk with considering that other researchers have indicated that grief at the loss of a pet is not well tolerated in our society and that social isolation is a significant factor in inhibiting the resolution of grief.

People who have lost a close family member are more susceptible to illness during the first two years after the death (Lynch, 1977 in Carmack, 1985). It would seem that since many pet owners consider their pets to be family members, and since the death of the pet means the loss of a significant relationship for the pet owner, the same vulnerability to illness may also apply to bereaved pet owners (Katcher & Rosenberg, 1979).

Grief Process

Bereavement is the simultaneous occurrence of both grief and mourning. Grief is the individual's own psychological experience of the pain of loss, while mourning is the social expression of grief; and both are normal, natural and necessary in order for the individual to come to terms with the loss (Quackenbush, 1982). Kubler-Ross (1969) defined five stages of grief: denial, anger, bargaining, depression and acceptance. Of course people do not move in a linear fashion through the five stages of grief, but rather bounce back and forth through the various stages; gradually over time, deepening their grasp of all the implications of the loss. The behavior of bereaved pet owners closely mimics the stages of grief that have been described as characteristic of bereavement at human death (Quackenbush & Glickman, 1984). Denial is a natural defense mechanism that enables us to delay absorbing the full impact of loss until we can gradually incorporate the information and cope with the magnitude of the loss.

Anger is an expression of the individual's perception of the injustice of the situation. This anger can be directed at the veterinarian who was unable to save the animal, another family member who may not have been very fond of the pet, a stranger if the pet had been injured in an accident, at God for allowing this to happen, it can be directed back at the self for not having noticed sooner that something was wrong, or converted into guilt. It is not uncommon for owners to feel angry at the deceased animal for dying or for having done something that resulted in the death such as running out into traffic. Some owners do not have a focus for their anger and just

experience a free-floating rage that the death has occurred and that they were powerless to prevent it.

Bargaining can be considered an attempt to plead with God, or the powers that be, to either spare the pet, or to extend the life of the pet. Barker (1989) suggests that this stage is not often seen in pet owners. However, pet owners attending the Winnipeg Humane Society Pet Loss Support Group have often reported praying that if God would just let their pet live they would never let it run loose again, would take it to the veterinarian regularly, would spend more time with it, would walk it regularly, or whatever they felt they had neglected to do in the past. Perhaps all the “what if’s” and “if only’s” that pet owners struggle with after the death has occurred can also be considered a manifestation of grief.

Depression, which is also a normal phase of grief resolution, is not a cause for concern provided the bereaved person does not become so depressed that they are unable to function normally for an extended period of time. It is in depression that the pet owner experiences all of the sadness associated with the loss. Through acknowledging and experiencing this pain of sadness the owner is able to work through his or her feelings and, in time, come to accept the death of the pet.

Once the bereaved pet owner reaches acceptance, grieving is pretty much complete. This is not to say that there will not be moments of sadness from time to time, but that grief at the loss of the pet does not occupy a central position in the pet owner’s life. The more recent memories of the final illness and death recede in memory and when the owner remembers

the pet, images of happier times come to mind. It feels good to remember the pet rather than feeling the intense pain of loss whenever the pet is thought of. This is also usually when people start seriously considering the acquisition of a new pet. They realize that a new animal will never replace the deceased one, but they feel they now have the emotional energy to invest in a new relationship.

Pet Loss Support Groups

As pet bereavement is a disenfranchised grief, the behaviors that are normally associated with grief are impeded. These grieving behaviors facilitate the healing process following a significant loss. Quackenbush (1982) feels that,

When 'normal' bereavement processes are interrupted, they can become internalized or fixated and potentially psychopathological; but most often in the case of pet death, such disruption causes a difficult experience to be more stressful, problem-laden, and lingering than it need be. (p. 336)

Pet loss support groups can provide the necessary supportive environment in which bereaved pet owners are allowed and encouraged to grieve, and their grief is validated.

Hart et al. (1987) feel that all pet loss support groups have some goals in common. Members of the group benefit from the recognition that their experience is not unique, but that others share the same painful experiences.

Secondly, members gain information about the grieving process. Finally, support groups offer a safe, supportive environment in which a release of emotion can occur. Although Hart et al. do not mention it, the insight into the owner-pet bond that group members gain also validates for them their own personal grief, and that also facilitates healing. In the groups that Hart et al. were involved with approximately half the time was spent in the presentation of educational material by the facilitator, while the other half was spent in discussion and in the sharing of their grief experience by the participants.

Turbridgy and Wellard (1991) found that 16 of the 24 veterinarians that they surveyed felt that there was a need for supportive services for bereaved pet owners. Two of the veterinarians were undecided, while six saw no need for such a service. Of the 16 who saw a need for support for bereaved pet owners, 8 indicated that this service would only be needed by a limited number of owners. In another survey of 54 veterinarians, Hart et al. (1987) found that approximately 80% rated the value of the pet loss support group as high. What was particularly interesting was the finding that individuals who were referred to the pet loss support group by their own veterinarians indicated that they were now more likely to refer family or friends to that veterinarian. On the other hand, individuals who learned about the group in other ways and later found out that their veterinarian was aware of the group and could have referred them, but did not, indicated that they were now less likely to refer others to that veterinarian. Perhaps those referred by their veterinarian felt that the veterinarian had been more sensitive to their loss and grief, and by extension, perhaps even more sensitive and caring toward their animals. The other group may have seen

their veterinarians to be less sensitive and caring if they perceived the veterinarian to have been aware of something that would have helped with their grief (the pet loss support group) and had neglected to make them aware of the group.

Carmack (1985) found that support group participants appreciated having a place where they could safely express their feelings, where the subject was not changed, where they were not ridiculed, where they were listened to, and where they were not offered a new puppy or kitten to replace the deceased one. Rumination, or the frequent recall of the same event or idea is necessary as it helps to establish the reality of the distressing event according to Cowles (1985). This would seem to be particularly true of public rumination, as occurs at a pet loss support group. When individuals within the group share their memories of their pet, and share their grief at the loss of the pet, the reality of the loss is more fully established. In some ways pet loss support groups may meet some of the same needs of bereaved pet owners to ruminate about the loss of the pet that human funerals or memorial services provide for family and friends following the death of a person. The support group may also facilitate leave-taking as group members routinely share memories and photographs of the deceased pets in much the same way that humans would at a human funeral or memorial service.

In 1977, Keddie, a British psychiatrist, described 'pathological mourning syndrome'. His findings were based on his psychiatric treatment of patients (all women) with no previous psychiatric history, but who had had a close bond with their deceased pets. All of these women experienced

a profound grief reaction with somatization as a feature in each case immediately following the death of the pet. Keddie found that psychiatric treatment brought about early resolution in all cases. However, most of Keddie's 'psychiatric treatment' seems to have been only encouraging the patient to verbalize her feelings, thereby validating her grief and allowing the normal grief process to take place.

Cowles (1985) says that without the support and understanding of others who are willing to share in the grief for a lost animal, bereaved pet owners may feel very alone and question their own psychological stability. He goes on to say that, "Reassurance by a trusted person that the intense emotional responses are, in fact, 'normal' and appropriate for the situation is usually all that is necessary to alleviate this fear." (p. 142).

Chapter Three

The Intervention

In order to address the disenfranchised nature of the human grief response to the loss of a beloved pet and to validate the importance of the relationship between the pet and the owner, I have facilitated a series of structured, time-limited, and closed pet loss support groups. These groups have enhanced supportive communication among bereaved pet owners. They were a forum where these owners could discuss what they found helpful throughout the grieving process, and learn about personally meaningful ways in which various members have memorialized their pets. I believe that a pet loss support group provides reassurance for bereaved pet owners. Perhaps even individuals who choose not to attend a pet loss support group might be reassured of the normality of pet grief by the knowledge that a pet loss support group does exist.

Rationale

Prior to February, 1997, there was no pet loss support group available in Winnipeg. Grieving pet owners were generally referred to the pet loss support group in Calgary. They could leave a message on the answering machine and someone would call back within 24 hours, provided that the bereaved pet owner would accept a collect phone call.

On February 27, 1997, under the auspices of the Winnipeg Humane Society, the first meeting of Winnipeg's own pet loss support group was held. The group was developed so that bereaved pet owners would have somewhere locally where they could go to express their feelings of loss and sadness, and where their grief experience would be recognized and validated. This group meets once a month on the last Thursday of each month. The group is open-ended with members joining or leaving the group as they feel the need. The vast majority of people attend only one or two meetings. Unlike most other pet loss support groups (C. Adams, personal communication, January 16, 1997; C. Forslund, personal communication, February 7, 1997), the Winnipeg group continues to meet during the months of July and August. Attendance is usually four to six individuals at each meeting. Meetings take place in the education trailer at the Winnipeg Humane Society.

On January 9, 1998, a pet loss phone line was established to respond more immediately to the needs of bereaved pet owners. The phone line was also established because it was recognized that while people may benefit from emotional support on the death of their pet, not everyone is inclined to attend support groups. Some people prefer to speak with someone on a one to one basis, or they may want to remain anonymous. There are three Winnipeg Humane Society volunteers who respond to messages left on the pet loss phone line.

Cindy Adams (1996), in her doctoral research found that grief at the loss of a pet is generally truncated or an abbreviated grief. That is, bereaved pet owners come to terms with the death of their pet in a shorter span of

time than do people who are grieving a significant human death. Some of this may be due to the fact that when a human family member dies there are frequently legal and financial matters to settle, and the bereaved person's entire social situation may be disrupted. Animals do not leave estates and their deaths do not generally have as profound an impact on social relationships and interactions. These factors may contribute to a relatively uncomplicated grief that is more readily resolved.

If we accept that pet bereavement is a truncated rather than a prolonged grief, it would be appropriate to compress pet loss support groups into a shorter period of time, and meet weekly, rather than monthly. I feel that an increased frequency of meetings over a shorter time period may respond to the needs of bereaved pet owners in a more timely manner.

The pet loss support groups that I facilitated in my practicum were closed groups. They consisted of the same individuals for the three sessions, and no new members joined once the group had started. I anticipated a greater level of group cohesion and a greater readiness of group members to be mutually supportive of each other. There were a total of five groups run with each group consisting of three sessions. On completion of each group an invitation was extended to participants to join the on-going pet loss support group at the Winnipeg Humane Society if they felt the need to continue with a support group. In this way group members had their immediate need for support met while still having the option of continuing on in a support group if they felt that they would like to. Initially, I intended that three consecutive groups would run between

October, 1998, and the end of January, 1999. In actuality, a total of five group opportunities were implemented.

Recruitment Procedures

Grief at the death of a pet is a disenfranchised grief. Many people are surprised at the intensity of their grief and sometimes embarrassed by it. Bereaved pet owner may not have received any support from their social network, or they may have had their grief dismissed as trivial. Under these circumstances some individuals may begin to question their own sanity and may not be receptive to the risk involved in further exposing themselves to ridicule by attending a pet loss support group. For these reasons it was anticipated that recruitment for the pet loss support groups would be a challenge. Several different recruitment procedures were implemented consecutively to ensure an adequate number of participants attended these pet loss support groups.

In order to recruit participants for the pet loss support groups I approached the veterinarians at 14 veterinary hospitals to ask for their assistance. I felt that the fairly large number of veterinary hospitals was necessary to ensure adequate numbers of participants in each of the groups. Letters (Appendix B) were sent to 14 veterinary clinics within the City of Winnipeg requesting a meeting with the veterinarians to discuss my practicum proposal and to request their support in referring clients to the Pet Loss Support Group. Two clinics declined to participate: one because of workload and time constraints, and the other because the veterinarian had

serious health problems of his own and could not assume any further responsibilities. The veterinarian at a third clinic indicated that he would participate, but said that he was very busy and would agree to discuss my practicum and my request for referrals only by telephone. A copy of my practicum proposal and the letters to clients (Appendix C) inviting them to participate in the Pet Loss Support Group were delivered to his office. There was no indication that this clinic referred anyone to the group. This clinic dealt with after hours emergency situations and several participants indicated that their pets had died at this clinic. These individuals had not received a copy of my recruitment letter, and in one instance a woman whose cat died at this clinic specifically asked about pet bereavement counseling. She reported being told that there was no such service in Winnipeg.

Appointments to provide face to face information regarding the groups, to review my qualifications to facilitate these groups, and hopefully to enlist their support were made with veterinarians at the remaining 11 clinics. I met with 22 veterinarians personally between November 5, 1998 and November 18, 1998. In certain cases, not all the veterinarians who worked at a particular clinic were available to meet with me, so I asked the veterinarians that I did meet with to share the information, the recruitment letters, and my request for referrals with the other veterinarians at the clinic. All the veterinarians were given a list of indicators derived from the literature, of a pronounced grief response (Appendix D). In all cases the veterinarians indicated their willingness to refer clients to the Pet Loss Support Group.

Most veterinarians stated that there was a need for such a service in Winnipeg and that it would be a support to them in their practice. Several indicated that they would like to receive a copy of the results of this practicum. One veterinarian stated that he would automatically send out recruitment letters to all of his clients who had lost a pet rather than risk offending anyone by selecting which clients would receive letters. He felt that some of his clients might interpret receiving such a letter as an indication that the veterinarian did not feel that they were able to cope with the death of their pet. All veterinarians were encouraged to phone me if they had any further suggestions, concerns or questions relating to grief on the loss of a pet.

Each veterinary hospital was provided with a number of form letters (Appendix C) explaining the purpose of the group and inviting participation in the group. Stamped envelopes were also provided. I requested that veterinarians ask their clerical staff to fill in the names of pet owners who had recently lost a pet, address the envelope and mail it. Anonymity of the recipients was assured in this way. The recipients of these letters were asked to contact me at either my home phone number, or my work phone number if they were interested in attending. Unless the pet owner contacted me to indicate a willingness to participate I never knew who had received the letters. In this way I was able to ensure that participation in these groups was strictly voluntary. Potential participants contacted me by phone prior to the first meeting, allowing me to interview each individual briefly to ascertain that they were appropriate for the group. Appropriate candidates were over the age of 18 and had lost a pet within the previous year. Candidates were also screened to ensure that they would be accepted

by other group members. As a device to remind veterinarians of their agreement to refer clients to the support group, chocolates were delivered to the participating clinics in mid-December, thanking the clinics for their support of my practicum.

Originally, three groups consisting of six to eight participants attending each group were intended. Difficulties in recruitment necessitated expanding the number of groups to five to ensure an adequate number of participants. Once all five groups had been implemented, I again contacted the participating clinics, requesting the return of any unused recruitment letters. I had expected that this would provide me with a response rate. By deducting the number of letters returned from the total number that I had distributed to various clinics, I would have known how many letters had been sent out. Then I would have been able to establish a response rate based on the number of people who had responded to my recruitment letter.

Three clinics indicated that they had sent out all of the letters. Of the clinics that returned some of the letters, the first clinic returned 11 of 20 letters, the second clinic returned 14 of 15 letters, the third clinic returned 41 of 45 letters, and the final clinic returned 18 of 25 letters. The five remaining clinics indicated that they could not locate the letters and had no recall of what had become of them. One of these clinics then gave out one of these letters as late as January, 2000, too late for participation in the practicum groups. On learning of this I advised the clinic that the practicum groups were now complete and asked them not to send out any further letters, but instead to refer clients to the existing pet loss phone line. When asked about retrieving any unused letters, the receptionist stated that she

had no idea where that letter had come from and did not know where to locate any other remaining letters.

The above findings parallel Turbridy and Wellard's (1991) findings. Turbridy and Wellard surveyed 24 veterinarians and found that six saw no need for supportive services for bereaved pet owners, while two were undecided. Of the remaining 16 who felt there was a need for such services, 8 felt that this service would only be needed by a limited number of owners. This would seem to indicate that of the 24 veterinarians surveyed, only 8, or one third, felt that there was a need for bereavement support for most of their clients who had lost a pet.

It is also interesting to note that Hart et al. (1987) found that approximately 80% of veterinarians rated the value of a pet loss support group as high. Of the veterinarians that I spoke with, all indicated that they supported the idea of a pet loss support group for their clients who were having difficulty coping with the death of their pet. However, this verbal approval did not, in most cases, translate into referrals to the support group. Perhaps a pet loss support group is still a fairly novel idea in Winnipeg, and the veterinary community may need more time to become familiar with the concept before routinely encouraging bereaved clients to attend a support group. It may also be that although most veterinarians express support for the concept of a pet loss support group, many of them fall into the category that Turbridy found who felt that this service would be needed only by a limited number of people.

Other channels were also used to recruit participants to the pet loss support group. Notices about the groups were run on two separate occasions in the pet column of Tuesday's Winnipeg Free Press, and also twice in various community newspapers. These notices resulted in four additional self-referrals beyond those received from veterinary clinics.

Holy Trinity Anglican Church holds a service once a year where people are encouraged to bring their pets to church to be blessed. Because of this open attitude toward pets it was believed that this church would be supportive of a pet loss support group, so permission to put up a poster inviting participation in the pet loss support group was sought and obtained. However, no one self-referred as the result of the poster at Holy Trinity Church.

Finally, individuals who demonstrated a need to speak with a supportive individual regarding the death of their pet, and who phoned the Winnipeg Humane Society's pet loss phone line were invited to attend the pet loss support group I was facilitating toward my Master of Social Work degree rather than, or prior to, attending the monthly session of the Pet Loss Support Group at the Winnipeg Humane Society. Six participants were recruited in this way.

Recruitment proceeded at a slower pace than anticipated, and as a result groups were not implemented within the first few days or weeks following the individual's loss. Despite this less than ideal time frame, on the evaluation form, 17 of the 18 participants indicated that the timing of the sessions had been 'About Right'. One individual wrote in that the group

“could have been sooner”. The one person who felt that the timing of the sessions had been ‘Too Late’ was the individual who had lost her dog six years previously.

Location

Meetings took place at Riverview Health Centre between December 3, 1998 and June 15, 1999. In most cases the meetings took place in the Conference Room of the new facility. However, because of scheduling difficulties, one session of the second group was held in the Education Department of the day hospital, and all three sessions of the fifth group were held in the Board Room of the day hospital at Riverview Health Centre. The facilitator provided refreshments.

I was also interested in learning if an emotionally neutral environment had any bearing on people’s willingness to attend a pet loss support group. On numerous occasions, people had indicated to me a reluctance to attend the pet loss support group at the Winnipeg Humane Society, for fear of the guilt that they anticipated feeling at seeing or hearing animals in need of a home, but not feeling ready to bring a new pet into their lives just yet. As no animals in need of adoption are housed at Riverview Health Centre, holding the group sessions at Riverview Health Centre allowed me to compare whether or not people were more receptive to attending a pet loss support group if it is held away from the Winnipeg Humane Society.

No one indicated any unwillingness to attend the support group when it was held at the Riverview Health Centre. When completing the 'Reactions to Attending the Pet Loss Support Group' questionnaire, 5 of the 18 participants indicated either disagreement or strong disagreement to the statement, 'I would have attended these sessions if they had been held at the education trailer at the Winnipeg Humane Society'. All five of these individuals stated that their reason for not wanting to attend a pet loss support group at the Winnipeg Humane Society was because they felt that it would be too emotionally difficult to be around homeless animals at this time. This suggests that, as a significant number of people would be reluctant to attend a pet loss support held at an animal shelter, a location where homeless animals are not sheltered would be preferable.

A more practical difficulty was that the bus service to Riverview Health Centre is very poor in the evenings. At night participants would have had to walk to Osborne Street to catch a bus as there are no buses coming into the Centre after 7:00 P.M. In most cases this did not present any difficulty as most participants had their own vehicles. However, several of the participants in the fourth group did not have their own transportation. They were able to make their own way to the meetings, but my husband and I provided rides home to these participants.

Selection

The only selection criteria for group membership was that the individual be an adult and that the individual had lost a pet to death within

the past year. Prior to attending the sessions, I interviewed potential group members by phone. If for any reason I felt that an individual was not appropriate for the group, I did not ask that person to attend the group sessions. Instead, I provided supportive counseling as appropriate over the phone to that individual. Literature and audiotapes were also sent out to a couple in Northern Manitoba who felt that the distance to Winnipeg precluded them from attending the pet loss support group. In one case I was not able to interview a participant prior to the beginning of the group. Her friend, who had been interviewed, invited this woman to accompany her to the group sessions. Even though she had lost her dog six years previously and did not fit the criteria for admission to the group, I did not want to ask her to leave, and so included her in the group.

In the unlikely event that a participant was further traumatized by attending the group, I would have removed that individual from the group. As I have eleven years experience as a social worker, five of which have been on Palliative Care, I believe my experience and skill level are adequate to have handled such a situation. I would have met with that individual for grief counseling on a one to one basis. Had I found that the situation was beyond my skill level, I would have consulted with Dr. Barry Campbell, a psychiatrist who had agreed to be available to me for consultation should the need arise. Dr. Campbell had also agreed to accept a referral from me and personally to see the individual if that seemed to be indicated.

Exclusions to Group Membership

One applicant was assessed as not appropriate to participate in the group as she had euthanized her healthy, young cat because she had felt that she did not have adequate time to care for him, and later regretted her decision. I felt that she would not receive a great deal of sympathy nor support from other group members and so excluded her. I did, however, provide her with supportive counseling both by telephone, and in person. I also assisted her by arranging to have her cat's ashes buried in a pet cemetery.

The other exclusion was a couple from Northern Manitoba who had lost a cat. Her mother was aware of their distress and so had contacted her own veterinary clinic in Winnipeg to find out what supports were available. The veterinary clinic gave her my recruitment letter. The couple felt that the distance to Winnipeg precluded them from attending the pet loss support groups. Supportive counseling was provided by telephone, and literature and a set of audiotapes entitled, 'Friends for Life' by Butler, Hetts and Lagoni (1996) were mailed to them.

In one case an individual displayed a strong emotional reaction while completing the demographic information questionnaire at the beginning of the first session and indicated that she could not go on. After some emotional support, and reassurance that she did not have to complete the form and could participate in the group only to the extent that she felt comfortable, she decided to continue. In fact, she did participate, but as she

could not attend all three sessions because of a prior commitment, she returned to the next group, bringing her husband with her.

Informed Consent to Participate

At the first session of each of the groups the nature and purpose of the group was explained to the participants, and the consent form (Appendix E) was reviewed with the participants. It was also explained that their participation in the group was voluntary, and that they were free to opt out of the group at any time with no negative repercussions. Participants understood that all sessions would be audiotaped. All participants completed the Informed Consent forms to participate in the support group, and to have the sessions audiotaped.

Confidentiality

Confidentiality was maintained by using first names only in the group and by requesting that participants maintain confidentiality outside of group meetings. This request was made at the first session of each group. Neither the real names of participants nor of their pets, nor any identifying information was used in the final report. Participants were advised of this. All audio-tapes and written questionnaires were accessible only to me, and to my practicum committee. All audio-tapes and written material generated by the group have been kept in a locked filing cabinet in my home, and will be destroyed once the practicum has been successfully completed. My

practicum committee consists of Shirley Grosser, Len Spearman, and Vicki Burns. Shirley Grosser is my primary faculty advisor and has provided me with guidance in developing the groups and preparing the proposal and final report, and supervision in facilitating the groups. Len Spearman has provided guidance in how best to collect data and evaluate the data generated by these groups; and Vicki Burns, as Executive Director of the Winnipeg Humane Society, has an extensive knowledge of issues relating to animal welfare and human-animal interaction. She has assisted me in reviewing and editing my practicum proposal and final report.

Questionnaires

Both the ‘Demographic Information’ questionnaire and the ‘Reactions to Attending the Pet Loss Support Group’ questionnaire were pretested on three individuals who had previously attended the Winnipeg Humane Society’s Pet Loss Support Group.

Attention was paid to pretesting the questionnaires on individuals of different genders, various age groups, socio-economic status, educational levels, and who reported different levels of emotional support that they had received from their family and friends.

The questions in the ‘Reactions to Attending the Pet Loss Support Group’ questionnaire were designed to establish whether or not the goals of the group were met. The two primary goals were that the grief experience of

the participants would be legitimized and they would feel validated in publicly expressing their grief.

Evaluation

Each of the groups was audio-taped for supervisory and data gathering purposes. Data were also obtained from a pre-group individual interview, a pre-group demographic information questionnaire (Appendix F), and a post-group written questionnaire with a section requesting comments and suggestions (Appendix G). I would also ask for a verbal evaluation and suggestions as to what would be helpful at the end of each session.

On completion of the practicum groups I reviewed the audiotapes and made a note of recurring themes. I also transcribed relevant comments verbatim as they were made by the participants. These comments were then grouped according to themes. The comments of participants that were selected for inclusion in this report were comments that were made by certain individuals about their own specific grief, but illustrative of the sentiments of the group as a whole. Where there was a discrepancy in the feelings or attitudes of the group members, both perspectives were noted.

Relevance to Social Work

Grief at the loss of a pet is disenfranchised grief. It is not generally recognized by our society as a legitimate cause for grief. When bereaved pet owners find themselves grieving intensely, but their grief is not recognized, their self-esteem can be adversely affected. Some individuals begin to question their own emotional stability.

Disenfranchised grief tends to alienate the grieving individual from his or her social network. When people are not able to share these intense emotions with others in their social network they may feel very alone with their grief, and may not feel that they can safely express their emotions. This frequently results in individuals suppressing their grief and this suppressed grief may negatively affect the relationships with the bereaved individual's social network.

By attending the pet loss support group, bereaved owners will have their grief validated and their needs for emotional support met. This may take stress off of the individual's social relationships in which the family and friends may not recognize the need for support, or may not know how to be supportive. Secondly, if the grief that bereaved owners experience can be validated within the pet loss support group, then the participants may feel more self confident in educating their families, friends and associates about what would be most helpful to them in these circumstances.

Social Work has long seen grief and loss as legitimate areas for Social Work involvement and intervention. When a pet dies, grief at the

loss of a significant relationship is the issue. The fact that this grief is over the loss of a being of another species is irrelevant.

Anticipated Benefits of the Practicum

It was expected that individuals attending the pet loss support group would have their grief recognized and validated, and their need for emotional support met. It was also expected that this would aid the participants in resolving their grief more readily. Validating their grief may increase their self-esteem and self-confidence.

By facilitating this group I expected to determine whether or not a structured, time-limited and closed group was appropriate in meeting the needs of bereaved pet owners. I also expected to learn whether meeting on a weekly basis shortly after the death of the pet was appropriate or helpful.

The group sessions were audio-taped and reviewed afterward by my primary faculty advisor and by me. I anticipated that the feed-back I received would assist me in further developing my group work skills. I also asked for feedback and evaluation of the sessions from the group participants. This information would enable me, in future, to respond more adequately to the needs of bereaved pet owners.

The Winnipeg Humane Society and the veterinary community would benefit if the knowledge gained by facilitating and evaluating these groups could be applied in adapting the Winnipeg Humane Society's Pet Loss

Support Group to meet the needs of the individuals who attend these meetings more effectively. In future I intend to make my services and expertise available to the Winnipeg Humane Society, and to the community through the Humane Society.

Finally, it was anticipated that the profession of Social Work would gain further insight into another dimension of grief and would have some new ideas about addressing this form specifically.

Agenda:

The proposed content for the various sessions was as follows:

Week 1:

Goal: -to educate participants about the role that pets play in our lives
 -to explain the nature of disenfranchised grief and how it complicates grieving.
 -to validate the participants' grief experience.
 -to provide the opportunity for self-expression by the participants
 -to provide emotional support from the facilitator and other group members

-Welcome

-Group development of ground rules for the operation of the group

-Self introduction of facilitator

-The various roles that our pets play in our lives, and why it hurts so much when the bond is broken and the relationship is lost.

-An explanation of disenfranchised grief

-An opportunity for group members to tell their own stories and to reminisce.

Week 2:

Goal: -to educate participants on the complexities of grief and how their grief may affect their interactions with family, friends and associates

-to provide the opportunity for self-expression by the participants

-to provide emotional support from the facilitator and other group members

-Welcome back and brief review of ground rules

-Check-in with group members as to how the week has been and how they're feeling now

-Presentation on Grief

-Kubler-Ross' stages of grief and how progression is not linear

-Effect of anticipatory grief

-Various family members may be at different stages of the grief process

- Tension that may develop when various family members each had a different relationship with the deceased animal
- Tension that may develop when various family members have different grieving styles
- Opportunity to explore their grief reactions

Week 3:

- Goal:
- to encourage participant to find personally meaningful ways to memorialize the deceased pet
 - to encourage participants to look toward the future to a time when they may consider obtaining another pet
 - to provide the opportunity for self-expression by the participants and emotional support from the facilitator and other group members.
- Welcome back
 - Opportunity to discuss how the week has been
 - Presentation on letting go

- Explore the need to memorialize the pet in some personally meaningful way

- Presentation on how we will know when we're ready to form a new relationship with a new pet.

- Encourage discussion by participants on how they might memorialize their pets, and encourage them to express their thoughts on acquiring another pet

- Invitation to attend the Winnipeg Humane Society Pet Loss Support Group if members would like to continue attending a pet loss support group.

- Post group questionnaire

Participants were advised that once my practicum was successfully completed it would become a public document. If they would like to see the final report it will be available to them through the University of Manitoba library. I also prepared a summary report and mailed a copy of this to each participant that indicated that he or she would like to receive it.

Indicators of a Pronounced Grief Response

In most cases, the characteristics of the individuals who attended the pet loss support group were consistent with the list of indicators of a pronounced grief response that was distributed to veterinarians (Appendix D). All participants reported a high level of emotional attachment to their pet, and a high centrality of the relationship with the pet in their social network. Each person described his or her pet as unique, special or irreplaceable. The literature suggests that women frequently exhibit a more intense grief response than men, and of the 21 individuals who attended at least one session of a pet loss support group, 17 were women. Also, 16 of the participants either lived alone or with just one other person, which parallels the literature.

Much of the literature (Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Planchon & Templer, 1996) suggests that pet owners do not have a more pronounced grief response if the deceased animal had been an only pet. By contrast Quackenbush (1981) had found that situations where the animal had been an only pet resulted in a more pronounced grief response. Because of Quackenbush's findings, this was noted in the list of indicators. However, this was found not to be the case in my practicum pet loss support groups. Sixteen of the participants in the five support groups had at least one other pet at home; and in only five cases, was the deceased pet an only pet. Similarly, the literature (Carmack, 1985) indicates that owners who provided intensive nursing care to the pet over a period of time are more likely to be more affected by the death of their pet. Nine people in the five support groups had provided intensive nursing care; in 12 cases the pet had

died quite suddenly and had not required such care. There did not appear to be any noticeable difference in the intensity of the grief response between the people whose pets had died under diverse circumstances.

An unexpected finding was that 16 of the 21 participants had never had children. This parallels the findings of Quackenbush (1984) and of Gosse and Barnes (1994). However, unlike Quackenbush who found that women who had never had children were particularly predisposed to a severe grief response, four of these individuals were men. While Gosse and Barnes connected childlessness to social isolation, this was not evident in my practicum pet loss support groups. The childless participants spoke of fairly extensive social networks, although they did report feeling socially isolated from friends and family who did not understand or support them in their grief.

Two of the 16 childless participants were quite young women who may be expected to have children in future. Of the five individuals who had had children, only two had an adult child currently living in the family home. Expressions such as “our boy”, “Mommy’s girl”, “the kids” were frequently used when group members of all ages referred to their pets, with the most common being, “my baby”. One woman expressed feeling a parental relationship with her pet:

This one friend said, “Good thing you don’t have kids. Can you imagine if it was one of your kids how you’d be.” Well, it kind of is my kid. It’s the closest thing I’m ever going to have to a kid, so that’s how I feel.

This may suggest that caring for a pet meets a very human need or desire to nurture, and that when the pet dies, the owner is left with a very profound sense of loss.

Membership Demographics

A total of 21 individuals attended the five Pet Loss Support Groups, - 17 women and 4 men. This is consistent with the literature that suggests that females more frequently display a pronounced grief response on the death of a pet. However, it may also suggest that women are more likely to acknowledge their distress over the death of a pet, or they may be more likely to attend a support group to help them deal with their grief.

The ages of participants ranged from 19 to 79 years of age. Of particular interest was the fact that 13, or almost two-thirds of the 21 individuals were in their 40's. Of the remaining participants, seven, or one-third were younger than 40, while only one participant was older than 49, that being a 79 year old female. This is different from the common public sentiment that individuals who profoundly grieve the loss of a pet are the elderly whose social networks and social involvement is diminishing.

In terms of education, two participants had less than a Grade 12 education, four had completed Grade 12, five had a college diploma, nine had university degrees, and one participant had some university.

Annual household income ranged from less than \$25,000. to more than \$100,000. Five group members fell in the “less than \$25,000.” category, four had a household income of “\$25,001. - \$50,000.”, seven participants had household incomes of “\$50,001. - \$75,000.”, two group members had household incomes of “\$75,001. - \$100,000.”, while two individuals indicated a household income of “More than \$100,000.” It should be noted that the individuals who indicated an annual household income of more than \$100,000. were married to each other, so these two individuals represented only one home with an annual income in excess of \$100,000. rather than two. One participant could not complete this question as she lived with extended family, and had no knowledge of their annual income.

Ten of the participants were married, seven had never married, one was divorced, one was widowed, and one fell in the “Other” category and was separated. One individual did not respond to this question.

More than two-thirds of the participants lived alone, or with only one other person. Eight individuals lived alone, eight lived with one other person, and five lived with two other people. This appears to reflect the literature (Archer & Winchester, 1994; Planchon & Templer, 1996; Quackenbush, 1981) that suggests that pet owners who either live alone, or with only one other person (Carmack, 1985; Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Stallones, 1994) are at risk of experiencing a significant grief reaction.

The veterinary clinics at which group members attended represented all areas of the city. However, since there were public service announcements in the Winnipeg Free Press, and in the community newspapers, the veterinary clinics represented do not necessarily indicate that the veterinarians practicing at these clinics made the referrals.

The deceased pets of the participants were all either dogs or cats. There were 15 dogs, and 6 cats represented. All deaths had occurred within the previous year, with one exception. The facilitator had interviewed each participant prior to the first session of the group that he or she had attended. However, one of the members invited a friend to accompany her to, and to participate in, the support group. The facilitator was not aware that this woman would be attending the pet loss support group and so did not have an opportunity to interview her before admitting her to the support group. This woman had lost her pet six years previously. She participated in the group and was quite appropriate, but she indicated in her evaluation that she had not benefited a great deal from attending the support group.

All 21 participants defined their pets as “Pet and Companion”, although one member also checked off the “Service Animal” category as her pet had regularly been involved in pet therapy in a hospital setting.

The length of time the group members had had their pets ranged from 1.5 years through to 18 years. While most of the pets had been acquired within their first year of life, two group members (the married couple) indicated that their pet had been “born at home”, while one pet had been 13 years old when acquired. Two individuals had no idea of the age of their

pet at the time that it was acquired. The ages of the pets at time of death ranged from 2 years through 19 years.

Sixteen of the pets had been euthanized, and 14 of the group members indicated that they had been present at the euthanasia. Eight, or half the owners of pets who had been euthanized indicated that they did have regrets over their decision whether to be present or not at the euthanasia. In three cases, circumstances prevented the owners from being present when their pets were euthanized (pet died in surgery, owner out of town). In another situation a married couple regretted not being present when their first pet was euthanized, so they ensured that they were present when the next one was. In terms of regrets at having been present, one individual spoke of guilt at not having done further testing and treatment; while another expressed regret at the location where the euthanasia was carried out. One group member indicated regret at her decision to be, or not to be, present at euthanasia, but did not offer any explanation.

When asked if the death was expected, 8 participants indicated that they had expected the death, while 12 indicated that they had not. This is interesting in light of the fact that eight of the pets, owned by individuals who indicated that the death was not expected, had been euthanized. It may be that when the participants read this question they interpreted it to be asking whether or not the death had been anticipated prior to taking the pet to the veterinary clinic. In a number of cases the owners had not anticipated that death would be the final outcome when they took their pets to the veterinary clinic for care, and euthanasia became an option only after treatment was no longer appropriate.

Chapter Four

Findings

Expressions of Mutual Understanding

The Winnipeg Humane Society Pet Loss Support Group meets on a monthly basis and membership is open. Each time the group meets the membership changes. Although participants at these groups are supportive of each other, they can not rely on encountering the same people a month later that they had met at the previous group. Most participants at the Winnipeg Humane Society Pet Loss Support Group attend only once or twice.

I believe that the closed groups of my practicum did facilitate group cohesion. I designed groups to be closed entities because I hoped to encourage group cohesion in what was a short time frame. Cohesion occurred within the first or the second meeting. Generally group members were very supportive of each other, reaching out to support each other. When a group member would become emotional other participants would hand that group member a tissue, or sometimes put an arm around the grieving individual. Group members repeatedly reassured each other that it was “Okay to cry”, and that they had all done their own share of crying.

At the beginnings of the second and third sessions, group members readily greeted each other and frequently spoke of thinking about each other throughout the intervening week. There was often relief expressed at

having someone to talk to about their emotional distress. As one member put it, “This is the most I’ve talked about my dog for awhile, ‘cause who do you talk to?” Other group members indicated agreement with this sentiment. At the first session, of the first group, one member asked, “Are we allowed to cry?” and the other member indicated that holding back tears would not be possible for her either. Tears were a regular occurrence in all the groups.

Although some members said that looking at pictures of their deceased pet was still too painful, the majority of participants did bring pictures. One woman expressed the feeling of the entire group when she stated, “Pictures are so important because you’re scared that you’re going to forget.”

Barriers to Grief Expression

A major concern for many participants was the difficulty they had experienced in trying to talk with others about their loss. Participants sometimes saw this as society’s discomfort with death and the grieving process in general. One member expressed it as,

I think, unfortunately, for a lot of people, until you’ve gone through some sort of grieving yourself, be it human or for a pet, until that’s happened to you, people don’t know what to do. They don’t know what to say to you.

Other participants felt that the lack of sensitivity on the part of their family and friends was also very much related to the fact that the death was not that of a human. A male member of the group found that the reaction of co-workers was very nonsupportive,

...that's the attitude that I'm getting from a lot of the people that I work with - 'it's just a f...ing animal' - you know, and when you hear that it makes you feel like what you're going through is not legitimate.

This breakdown in communication can also be seen in families. One woman felt very distressed by what she perceived as her husband's lack of support when she said,

Like he said all the right things, but there was no real emotion behind that. And between saying the right things he'd say, "Well, you know, it was just an animal." and it was like a knife in my chest. She was far more than just an animal. She was, a lot of times, the thing that kept me going. So we're really at odds right now.

In another instance, the whole family was affected by the breakdown in communication,

The whole family was feeling really fragmented. My son, I guess because he's 21, and Mr. Macho Man, if I go to hug him when I hear him sobbing, I get "Don't". I think he's actually afraid he might cry more, and my husband's over there, and my daughter doesn't live at home anymore. It's just a very difficult time for me right now.

Frequently family members and friends were supportive at first, but support waned long before the grief was resolved. One woman's boyfriend was extremely supportive during the first two weeks, but later on confronted her with, "Are you going to snap out of it soon?" This woman's understanding of her boyfriend's statement was, "I know where he's coming from. He wants me back to normal, but I just don't feel normal."

Another woman's comment illustrated the same sentiment when she said, "He's not that supportive at this stage of the game. He thinks I'm going to lose it. No, he thinks I AM losing it, and he's afraid." This disruption to the equilibrium of the family seems to be what James Quackenbush (1982) is referring to when he says that the pet should be considered to be a participating member of a dynamic social system. The loss of the pet disrupts the stability or equilibrium of the family social system resulting in disturbed, inconsistent, and unpredictable behaviour patterns. Likewise, Carmack (1985) also found that the death of a pet may severely impair communication within the family.

Although group members felt that they benefited from the support they received, there was also the sense that they could 'impose' on others only so long before family and friends would tire of it. A male member summed up what many others expressed when he stated,

But then how long do you keep doing this, see after two months, or three months, or four months, how receptive is society going to be to that? How understanding are they going to be, and then if you do that, then you set yourself up for the negative response, maybe the uncaring response.

It's the person that gives you the sympathy that you yap to, but how long can you keep doing that to them?

Not infrequently group members reported surprise that people they would have expected to be supportive were not, while others that they did not expect would understand reached out to them. Generally though, participants reported feeling socially isolated and emotionally abandoned by family and friends. This was expressed by one woman when she said, "You know, if there's anything I was able to feel angry about, it's these friends that I felt abandoned me. But I haven't been able to express it."

In completing the evaluation form, 13 of the 18 participants indicated either agreement, or strong agreement that relationships with family and friends who did not understand their grief had been strained. All 18 participants either agreed or strongly agreed that discussing their loss with others in the group had helped them to cope with their grief.

Concern About Normalcy of Grief Response

We live in a society where grief over the death of a pet is a disenfranchised grief, and we unconsciously internalize many of these attitudes. We may not agree with them at an intellectual level, but we frequently internalize these values without even being aware that we have done so. It is not unusual, therefore, that pet owners may question the appropriateness of their grief response, and sometimes their own sanity when they experience a profound grief reaction. Throughout the sessions,

comments such as, “I’m very surprised at how I’ve felt. I wouldn’t have thought.” came up quite frequently. Eleven group members indicated that they either agreed or strongly agreed that the severity of their grief reaction was unusual. After we had discussed symptoms of normal grief one woman expressed her concerns when she said,

I’m taking a course right now, and I’ve completely lost interest, for the most part I’m managing to keep up. I had a mid-term last night that I was sort of trying to put the time in to prepare for and fortunately it wasn’t that tough. You know, I’m sure I got through it okay, but I’m hoping with time that I’ll be able to get back to it. And one of the other things was that I don’t like to talk. It seems like such an effort to communicate with people right now. So, you know, it was helpful to see that. Otherwise, if I didn’t know a lot of this is normal, I’d be pretty concerned about what I’m experiencing right now.

Cowles (1985) notes that without the support and understanding of others who are willing to share in the grief for a lost animal, bereaved pet owners may feel very alone and question their own psychological stability. He goes on to say that, “Reassurance by a trusted person that the intense emotional responses are, in fact, ‘normal’ and appropriate for the situation is usually all that is necessary to alleviate this fear.” For many of the participants, normalization of the grief response was a major benefit of attending the support group. This was expressed by a member who stated,

It helps to know that you’re not the only one feeling this way. You know, I think that’s my thing about coming. You know, you look at all of those people, and we’re all feeling the same way, we’ve all lost animals, and it’s just really nice to know that you’re not alone. You know, you’re

at home, or you go to work, and you're the only one there who's lost an animal in the last, you know, X amount of time, or deals with it in the way that you're dealing with it. And to come and experience other people's experiences. It's nice to know that you're not crazy for feeling this way. You're not being told to get over it.

Concern about the normalcy of the grief response may also be an issue for other family members. Initially one woman's husband had been quite supportive, but began to lose patience when her grief continued for more than two weeks. She told the group,

I could see his irritation, and what I think what's happened now with my husband's shortness now as it's going on, I think he's afraid. I think he's afraid because he's seeing emotions in me that he's never seen in 25 years of marriage. I've NEVER come apart this way. I've had crises in my life, I've gone through lots, but I've come apart with this dog, and he's never seen me come apart, so I think it's scaring him a little.

In this case the husband may be questioning the normalcy of his wife's grief response and be frightened by the intensity of her grief. It may also illustrate Quackenbush's (1982) contention that the pet was part of a dynamic social system, and the loss of the pet disrupted the equilibrium of that social system. The husband may be both concerned about his wife's grief reaction, and very much wanting to restore equilibrium to his home life. This same woman later went on to say,

There's nothing wrong with grieving. That was the first thing out of my mouth last week when I got home and went for a walk. I said, "Ah, there's nothing wrong with

me. I'm just fine." He said, "What did you do?" and I says, "we cried all night, that's what I did. And it's okay."

Normalizing the grief process was tremendously freeing for most of the participants, and allowed them to 'own' their emotions and grief reaction, and move on in the grief process.

In 1984 Quackenbush and Glickman reported that 93% of their subjects reported some disruption in their daily living routines. Normal patterns of eating and sleeping became erratic, and social activities declined for 70% of their participants. This is in keeping with what was reported by participants in these pet loss support groups. Many people lost interest in food with one woman reporting that she had lost ten pounds since her pet died. For the most part they also reported great difficulty in falling asleep at night. Frequently they would lie awake for hours remembering the events preceding the death and wondering if anything could have been done to prevent it. Also, in most cases, participants reported a loss of interest in social activities. In the pet loss support group scheduled in the weeks before Christmas, group members indicated no enthusiasm for Christmas preparations or celebrations. Another group member and her husband had planned and booked a two week trip to Hawaii for their 25th wedding anniversary. She now reported a total loss of interest in and enthusiasm for this long awaited vacation.

Physiological responses reported by participants included weight loss, stress headaches, back pain, a rash, and emesis on being told by the

veterinarian that the pet had died. One woman attributed her back pain to her loss when she said,

I never have back problems, and I was in bed for two days with a back injury. It just came up, it wasn't the result of any event. You know, this incredible low back pain. No doubt, it was related to how I was feeling.

Grief manifested as generalized physical pain also was experienced frequently, especially in the first few days following the death of the pet. Group members described their pain as "That hurt, it's actually a physical thing, that hurt, it hurt right here (motioning toward her chest). It was just such a pain, a hurt, just unbelievable." or "That horrendous loss that comes over your body, is not as strong as it was initially. 'Cause I actually had a pain, and it was physical." Another participant described her experience very poignantly when she said,

I don't know how I got through that first day. *The Pain*, that agony, it's just like you wanted to die yourself. And the sounds that came out of my body that first day - I didn't recognize them as human - crying over my little boy. So how did I make it through that one day?

Yet another participant acknowledged the pain, but experienced it differently, "I hurt, but I was more numb. I just didn't care about anything, just numb." All participants invariably reported feeling exhausted by their grief.

The pain of losing a pet that these group members described did not differ in any appreciable way from the pain that people would describe to me in my work on Palliative Care when they lost a human family member.

Several researchers (Carmack, 1985; 1986; Gerwolls & Labott, 1994; Katcher & Rosenberg, 1979 Quackenbush, 1981, Quackenbush & Glickman, 1984;) found that for some people the grief they experience at the loss of a pet can be as profound as if they had lost a human family member. Archer and Winchester (1994) found that the grief at the death of a pet was similar to the grief at the death of a human family member, but less pronounced. In most cases, participants in the pet loss support group expressed that their grief at the loss of their pets had been as profound as the grief they had experienced on the loss of human family members, and in a few cases they felt it was more profound.

One woman said that the death of her dog had been more devastating to her than the death of her father, while another woman stated, "I buried my mother two years ago, and I didn't go through this grief. That's been pointed out to me by my husband." While this depth of grief may not apply to all people who lose a pet, and people who attended the pet loss support group may have had a particularly close bond with their pets, this tension between the participant and her husband can also be partially understood in the context of a major disruption to the equilibrium of the family's dynamics.

In each of these cases, the human parent had not been living with the group member, and the group member did not see the parent on a daily

basis. In one case the parent lived out of province, whereas the pet had been a constant presence in the home. Daily routines were more disrupted when the pet died than when the parent died. The group members who expressed these observations also had not been providing nursing care to their parents and had been doing so for their pets. Perhaps these circumstances contributed to them feeling more responsible and guilty when the pet died. Finally, both parents were quite elderly and each had struggled with a lingering, incurable illness. While certainly saddened by the deaths of their parents, both participants expressed relief that their parent was no longer suffering.

By contrast, the pets had both been 'middle-aged' dogs whose deaths seemed premature to the owners. It would seem that when participants voiced the sentiment that they had grieved the loss of their pets as deeply as they had the deaths of human family members, they were not diminishing the pain of losing the family member, but rather indicating how central a role the pet had played in their lives. Frequently we think of our pets as dependent on us for food, shelter, veterinary care and affection. However, all group members readily acknowledged how emotionally dependent they felt on their pets.

Connection to Other Losses

Sometimes a pet may be the last living link to a deceased friend or relative. Losing the pet can bring up unresolved grief from previous losses. One man spoke of how his dog had helped him cope with the illness and subsequent death of his partner, “He helped me very much to go through all that. He helped me very much to go through my grieving. Then when Prince* died all that came back to me.” In another case a woman who had been seriously ill for a prolonged period of time found that the death of her pet brought these losses to the surface, “This loss brings up all the other losses, I find. I’ve been more upset about everything, about getting sick, and you know, losing my fitness level, everything.”

In two other cases, the death of the pet triggered fears of future losses. One woman expressed it as, “What will I ever do if I lose my husband? I just can’t imagine it.” In supporting people in grieving the current loss, the pet loss support group may assist these people in further resolving their grief over previous losses, and hopefully alleviate some of the anxiety over future losses.

* Names of pets have been changed to protect the anonymity of the participants.

Guilt

Remarkably, Carmack (1985) found that bereaved pet owners experienced guilt as a normal symptom of grief, while Weisman (1991) acknowledged “a little guilt, but not very much”. Participants in these pet loss support groups spoke quite extensively about the guilt that they felt. Despite doing everything possible for their pets, sometimes at great financial and emotional cost to themselves, participants still spoke of feeling guilty. Comments such as, “The more you do..., it doesn’t matter. I don’t think I could have done anything more for my dog, and I still feel guilty. It doesn’t matter, it’s there somehow, on some level.”, were very common. One woman said, “Intellectually I know that Buster’s death is not my fault, but I don’t know it emotionally.”

Group members frequently spoke of thinking repeatedly of the events that led up to the pet’s death and regretting not doing something differently. A woman whose dog had died of an infection that it had contracted as the result of a fight with another animal stated, “If I hadn’t brought my dog over that night my dog would be alive. It’s a fact.” She later said,

If he had lived a good long life and had died a natural death I wouldn’t be losing it like this. But I don’t think that’s the case. I’d still be losing it. It’s that whole attachment thing. I think that loss is going to be there. It wouldn’t matter, I think I’d be grieving horribly. I just wouldn’t have the added guilt of the fact that I killed my dog.

Many times participants were able to identify that symptoms had been present long before the final illness became apparent, and this led to great regret and guilt. This is expressed by a participant who said,

I do that to myself. Like maybe when I took Shane for that run. He was out of breath just because of his heart, not because of exercise. Why didn't I catch on to these signs? Am I dumb or what! I remember when I took him to a vet two years ago and he said, "Oh, there's a slight heart murmur, but that's normal." And I'm thinking, "Oh, shit, I should have said something." But you know, my other dog had heart murmur and lived to fourteen. But now, if someone says that I'd be taking that dog for an EKG right the next day.

Sometimes participants found themselves in a double bind and would have felt guilty no matter what course of action they had pursued. This was usually the result of following the advice of the veterinarian. When the participants were ambivalent about what course of action to follow, they usually relied on the advice of the veterinarian. This sometimes did not work out as hoped and the pet died. They regretted that the pet had had to endure the treatment but did not survive. A woman whose pet had unexpectedly died at the veterinary hospital expressed this, and her regret that her husband and she had been deprived of having their pet at home with them during the last week of his life when she said,

I'm jealous of you because I was trying to get my little boy better and the last week was spent at the vet's. They wouldn't let him come home. So I stayed, and stayed, and visited him. So he died and he was never home again. And I regret that. The last week my husband kept

saying, “Bring him home”, but they wouldn’t let him.
We never had him home again.

Had she gone against veterinary advice and taken her pet home and he had died at home she would have, no doubt, felt at least as guilty, and had as much regret. She would have felt that perhaps he would still be alive if he had been in hospital, and the veterinary staff had been available to attend to him immediately.

Not being present at the time of death was a source of regret and guilt for 8 of the 21 participants. In two of those cases the owners had elected not to be present at euthanasia and later regretted their decision. This was expressed by a man who wrote, “I feel that by not being present for Cori, in a way I feel we let her down. I just wish we could have had the courage to be with Cori.” In one case the pet was euthanized during surgery when a wide-spread malignancy was discovered, in two cases the pet died shortly after surgery, another pet died unexpectedly at the animal hospital, and in two cases the owner had been out of town at the time that the death occurred. Even though it was not possible for the latter six owners to be present at the time of death, each expressed regret that he or she had not been present. The woman whose pet had died unexpectedly wrote, “Cindy was still alive when I left the vet’s. I was told they’d call me in a couple of hours, but she died by the time I got home. I feel guilty that I wasn’t there when she died.” Owners who had not been present frequently spoke of worrying that the pet had been frightened and may have felt abandoned. This may be anthropomorphizing the situation, but it also speaks of the bond that existed between the owner and the deceased pet.

Euthanasia

Sixteen of the pets owned by group members had been euthanized. According to Cowles (1985), “Despite the cognitive awareness that the animal may be suffering, the affective response to actively terminating a life to relieve suffering is often one of guilt.” (p. 139). Having to take responsibility for making this decision was the source of great distress for most of the participants. Even when they realized that euthanasia was in the pet’s best interest, it was still an extremely difficult decision for the owners to carry out. This was expressed by one woman who stated,

It was so hard at that point to try and make the decision but just knowing that they rely on you for everything. In some ways we’re not responsible, but we are, like we’re putting them out of their misery, but I don’t know. I didn’t like having that control.

Another woman said, “You still feel the guilt, no matter how much you rationalize it. I still feel guilty.”

Some group members were fortunate in not having to make that decision and expressed great relief at not having had to do so,

To me he wasn’t sick or anything and then to go out into the back yard and just drop dead. Just to be walking along, sniffing like he always did, and then he fell over and he was dead. So, you know, that was one thing I always said, **“Thank God I did not have to make that decision, Thank God.”**

The same gratitude was expressed by another woman, who had been told that she would have to decide whether to euthanize her dog or risk coming home one day in the next little while to find him dead, when she said, "I feel that Shane's last gift to me was that he took the decision away from me, because that would have been the hardest thing of my life."

Pain of the Grief Process

Inevitably all group members spoke of the pain that they were experiencing in the grief process. Although they all wanted to remember their pet, they were anxious to have the pain of grief end as they described it as too painful. A woman who had lost her dog two months previously said,

...(W)hen does this go away? I've kind of decided that it's never going to be actually really gone, but I'll eventually get so that I can talk about it, without really breaking down.

The emotional stress of grief usually translated into a reluctance to consider acquiring another pet. This was expressed by one woman when she said,

My big thing is to go through this again. This has been **really difficult**, and I don't know if I want to go through that again. I'm **so torn** with so many emotions of wanting a dog, of missing a dog, of, you know, all that, and then I think, "I can't go through this again." Like if I have a dog for ten more years, then I'm going to be ten years older, and I don't know how I'm going to get through this.

However, there was total consensus on the part of all the participants that it was preferable to have had the pet even if it meant having to endure the grief of losing that pet. This sentiment was expressed by one group member when she stated,

I could do without the pain, like I don't need this pain.
I wouldn't trade those nine years that I had with my dog.
And I know that I'll be able to look back at them, because logic tells you, and other people who have gone through it say you're going to be able to have these wonderful memories, and it'll be comforting. Right now it isn't, but I wouldn't have been without those years. And I hate this pain. I hate it. I hate what I'm going through which is why when someone suggests I get another dog, I say to them, "I can't go through the pain again. I can't do this." I'm so scared to go through the love of a pet again.

Many group members spoke of well-meaning family and friends encouraging them to get another pet quickly as a way of resolving their grief. The frustration of being told to get another pet was expressed by a participant, "If someone says to me one more time, 'You can always get another dog', I'm going to shoot them in the head. That's not the answer." Interestingly, on the 'Reactions to Attending the Pet Loss Support Group' questionnaire which participants completed at the end of the final session, 13 of the 18 participants indicated agreement or strong agreement to the statement that attending the group had had a positive impact on their willingness to consider getting another pet in future. This would suggest that when one is acutely grieving, the prospect of acquiring another pet and one day having to endure the grief process again is untenable. As grief moves toward resolution, however, bereaved pet owners become more

receptive to the possibility of acquiring another pet, bonding with that pet and leaving themselves open to having to endure the pain of loss again. As 13 group members indicated that the group had had a positive impact on their willingness to consider acquiring another pet, it would seem that attending the group had been very helpful in moving them on through the grief process.

Another factor in members' reluctance to acquire another pet was the guilt and disloyalty they felt at the thought of bringing another animal, especially of the same species, onto the 'territory' of the deceased pet. There was also the guilt and disloyalty to the memory of the deceased pet they felt at the prospect of allowing themselves to bond with and love another pet. Additionally, if there were already other pets in the home that had routinely interacted with the deceased pet, several group members expressed concern for how the other pets were affected by the death.

Anger

Anger is recognized as a normal part of the grieving process and many group members reported feelings of anger, usually directed at family, friends or acquaintances who they felt had been insensitive to their situation. Two women, however, reported a generalized rage without a specific target. In one instance, the woman was going to a banking machine at night to withdraw some money. Her mother warned her to be careful for fear of being robbed. Her feelings were,

What was so amazing was the anger I felt along with all the grief. I have never felt...I just couldn't believe. I remember thinking, "I would welcome that, I would welcome someone to try something right now, because what I would unleash on this person would be so terrifying that this person would...I just wanted someone to release on.

The other woman found herself at a bus stop feeling so angry that she said she was actually hoping someone would say something to her that would allow her to start a fight.

While working as a Social Worker on a human palliative care unit I did not see this degree of free-floating anger frequently. Perhaps the anger that these two women felt reflected the disenfranchised grief they were experiencing and unable to name, and they felt stifled in expressing their emotions within their social network.

Memorializing the Deceased Pet

Finding a personally meaningful way of memorializing their pet helped the participants deal with their grief. It was important to them to show in some tangible way that their pet had lived and been an important individual in their lives. Some of the various ways that group members had memorialized their pets included making a donation to an animal welfare organization in memory of the deceased pet, planting a tree or a shrub, writing out their memories of their pet, writing a poem to or about the pet, putting up pictures or assembling photo albums of the life of the pet,

creating a 'memory box' in which all the pet's belongings would be stored, and setting aside a special place in the home where the pet's ashes would be kept.

Although planting a living tree or shrub in memory of the deceased pet was a fairly frequently selected means of memorializing the pet, one participant felt that for her that would be too risky, "I'd be scared that it would die, and I couldn't handle it." One woman selected a more unique way of memorializing her pet. She said that she was actively looking for a tattoo artist who she felt would do a nice job. Her intention was to have a picture of her deceased cat tattooed onto her body. In this way she said she felt that her cat would always be with her. Another woman had purchased a locket and had placed some of her deceased pet's ashes in the locket.

Life After Death

In each of the five groups, the question of what happens to the deceased pet after death emerged spontaneously. Participants dealt with this in various ways. A male group member stated, "I'm not one to believe in religion or anything, but the only time that I do is when I think that the two of them (cats) are together - keeping each other company." Another group member said, "When they die, energy is released, and he definitely is a part of who I am now. And in that sense he is living on and I feel some kind of peace with that." In another case a woman felt that the spirit of her deceased dog had helped with the healing of her critically ill current dog,

When my other dog got sick, I actually called on the spirit of my last dog to help, and I could feel her presence. It was a miracle because the doctor said that she could actually die, because of the pancreatitis, and they said that they had never seen it in a one year old dog. So it was the same symptoms as my last dog died with that this dog at one year old had.

Several participants reported hearing their deceased pets. One woman described her feelings when a kitten in the home mimicked the behaviour of her deceased dog on a Sunday morning, at the same time that her dog used to wake her up, “I thought, ‘Okay, I’m losing it.’ I thought, ‘I’m psycho.’ It was really **bizarre**. It was just strange, and I was just, ‘Okay, this might be a sign.’”

A group member validated the unusual experiences of various group members when she said,

When you think about the **power** of the love between you and that animal, and that, that power that exists, it could move mountains, I think. It doesn’t seem unreasonable that things like that could happen. When you think of the power of that relationship.

In whatever ways participants imagined their pet’s spirit or energy living on, the sense that some vital aspect of the pet continued on seemed to be very comforting to group members.

Experience with Veterinarians

In a classic article, Katcher and Rosenberg (1979) state that “the termination of a pet’s life is the one time when a veterinarian must treat the human patient rather than the pet (p.887). Group members expressed strong feelings, both positive and negative, toward the veterinarians who had cared for and sometimes euthanized their pets. In one case, a perceived lack of sensitivity on the part of the veterinarian resulted in the participant taking her pets to a different animal hospital,

I had a different vet when my beagle dropped dead. I had a different vet. And that’s the reason that I changed vets. Because when I went to tell him that Oliver had died and this is the vet that had looked after him for fifteen years. He just looked at me and he said, “Oh, that’s too bad”. And that’s the last time I went there, and now he’s four animals less in his practice. Because I expect more than that from someone who’s looked after an animal for fifteen years. I expected a little more than that. And I got a whole lot more than that where I go now.

By contrast, another participant described her experience on the death of her dog in a much more positive way,

Like even after, he let me stay as long as I wanted. You know, I asked for a blanket for her, and he gave me a blanket. I didn’t want her cold, and he didn’t think that was weird that I wanted to cover her up. I sat there for probably over an hour just petting her. ‘Cause I didn’t want to leave ‘cause I knew I won’t see her again. He hugged me, and I didn’t feel stupid for feeling and being like that.

All of the group members who felt that their veterinarian had handled the death of their pet in a caring and sensitive manner indicated that they would either return to that animal hospital themselves in future, or refer others to that practice. Group members seemed to believe that the veterinarians who had been sensitive and caring toward them had also provided the best care possible to their pets.

Another factor that was very significant in how satisfied group members were with their veterinarians was whether or not the veterinarian had told them about the availability of a pet loss support group. On the 'Reactions to Attending the Pet Loss Support Group' form (Appendix G), all 18 respondents indicated either agreement or strong agreement to the statements that information about a pet loss support group should be provided to all bereaved pet owners, and that they would encourage others to attend a pet loss support group. Several participants expressed resentment that their own veterinarians had not offered a support group, but that they had to learn of the existence of this support group from a different source. In two instances, group members wrote on the questionnaire that they had not received my letter (Appendix C) from their veterinarians, but had sought out support themselves by phoning the pet loss phone line. A third member wrote that she did not know that such a group existed. This is consistent with the findings of Hart et al. (1987) when they report that clients who were referred to a pet loss support group by their own veterinarian were more likely to refer others to that practice, while clients who learned of the support group from other sources indicated that they were now less likely to refer others to that veterinarian.

Benefits of the Pet Loss Support Group

Carmack (1985) found that support group participants appreciated having a place where they could safely express their feelings, where the subject wasn't changed, where they weren't laughed at, where they were listened to, and where they weren't offered a new puppy or kitten to replace the deceased one. Rumination, or the frequent recall of the same event or idea is necessary as it helps to establish the reality of the distressing event, according to Cowles (1985). These needs were met in the pet loss support groups as evidenced by comments such as, "I found that the more you talk to other people about it, and the more you share, that helps the healing process go through a lot quicker.", "My tendency was tonight, well, maybe I'll just take it easy. I wrote an exam last night and I'm tired. But you know, 'No' because I got so much out of it last week that I knew that it's important for me to be here.", or "It just helps to know that when I'm crying tonight I won't be the only one crying over my baby. That's good to know." On the Reactions to Attending the Pet Loss Support Group (Appendix G), all 18 participants who responded to the questionnaire indicated agreement or strong agreement to the statement, 'Discussing my loss with others in the group has helped me to cope with my grief.', and 16 individuals indicated that attending the group had helped them cope with their grief.

Prior to attending the group 11 of the 18 participants who completed the 'Reactions to Attending the Pet Loss Support Group' form felt that the severity of their grief reaction was unusual. Following the group all 18 indicated that recognizing how significant a role their pet played in their life

showed them that their grief was justified, and 17 agreed or strongly agreed that attending the group had made them feel that their grief was a natural and expected response to the loss of their pet. One woman stated that, “It kind of validates how you feel. That it’s not, you’re not being silly, or something like that, and I feel that I would really stick up for myself now.”

The group also assisted in leave-taking as group members routinely shared memories and photographs of their deceased pets in much the same way that people would at a human funeral or memorial service. The participants were encouraged to find a personally meaningful way to memorialize their pets as a step toward acceptance and letting go. Fourteen individuals checked the categories of ‘Agree’ or ‘Strongly agree’ on the questionnaire that attending the group had helped them find a personally meaningful way to memorialize their pet.

With regard to the timing of the support groups, 17 participants felt that the length of time after the death of their pet that the sessions were held was about right, although one person wrote in “could have been sooner”. The one individual who indicated that the sessions were held too late was the woman who had lost her dog six years previously. Seventeen participants felt that meetings once a week were about right, while one participant indicated that weekly meetings were too frequent. In keeping with this 17 participants felt that monthly meetings would be too infrequent, while one individual indicated that monthly meetings would be about right. This individual may have misread the question as he or she had indicated in the previous question that weekly meetings would be about right. Finally,

12 group members felt that three sessions were about right, while six felt that three sessions were too few.

Although these six participants indicated that they would have preferred an increased number of sessions, none of the participants in my practicum pet loss support groups went on to attend the Winnipeg Humane Society Pet Loss Support Group. This may indicate that group cohesion had developed, and even though they would have preferred more sessions, they were not prepared to integrate themselves into another group. Following the final session of the third group, group members privately exchanged phone numbers and made preparations to meet again informally in their own homes.

Overall, 17 of the respondents either agreed or strongly agreed that attending the group had met their needs and been helpful. On a scale of 1 to 10, with 1 being 'Not at all helpful' and 10 being 'Extremely helpful', nine participants rated the group as 10, four rated it at 9, four rated it at 8, and one participant rated the group at 6. All 18 respondents indicated that they would encourage others to attend a pet loss support group. The one individual who indicated 'Neutral' to the statement 'I feel that attending the group has met my needs and been helpful.', and who rated the group as a 6 on the scale of 1 to 10 had lost her pet six years previously. It would seem that when she came to the group much of her grief over the loss of her pet had been resolved and the group did not meet a need for her. However, she did indicate agreement that she would encourage others to attend a pet loss support group.

The final sheet of the 'Reactions to Attending the Pet Loss Support Group' form was a page for comments. A sampling of the comments received include:

It is just so nice to be able to talk and remember your pet and grieve and not feel silly or uncomfortable. To be with people with the same circumstances is very helpful.

It was nice to know I wasn't alone in how I felt. It was great being with people who understood what I was going through. It brought back memories and thoughts that I needed to think about.

I was feeling very lost, sad and depressed. Now I'm feeling much better 'cause I had the chance to share my thoughts and feelings with others.

When I lost my pet I felt like I was drowning. Your phone call to me that day was like you were throwing me a life jacket.

I'd like to thank you and your group for allowing me to feel so cared for and understood.

These sessions have meant a great deal to me. I've had a number of losses this year.

I found the group to be very helpful. I realized that even though it has been a year since my cat died, that there were feelings that I had not dealt with.

There should be more of these pet loss support groups. I didn't know there were such grief support measures for human-animal relationships. This is a much needed help for people who are mourning.

Chapter Five

Conclusions and Recommendations

Conclusions

The conclusions and recommendations that follow address several issues and two professional audiences.

Disenfranchised Grief and Its Manifestations

The pain of losing a pet that the participants of the pet loss support groups described did not differ in any appreciable way from the pain that family members have described to me in my work on a human palliative care unit. And yet, grief on the death of a pet is disenfranchised grief. It results in somatization, social isolation, self doubt and shame. These symptoms were all exhibited by various participants. Many group members indicated, both verbally and on the 'Reactions to Attending the Pet Loss Support Group' questionnaire (Appendix G), that prior to attending the sessions they had felt their pronounced grief response to be unusual, and that their disenfranchised grief had negatively affected their family and social relationships. At the conclusion of each group, the group members invariably indicated that discussing their loss helped them to cope with their grief, and that they now felt their grief was justified. This indicated that the pet loss support groups were effective in helping the participants to move

ahead in the resolution of their grief more quickly than if they had not attended the support group.

There also seems to be a reluctance on the part of bereaved pet owners to attend a pet loss support group. This may stem from embarrassment over their grief as several participants stated that they had not told anyone outside of immediate family that they would be attending these support groups. However, at the conclusion of each group, all participants indicated that they would encourage others to attend a pet loss support group. Perhaps just the knowledge that a pet loss support group exists would validate the grief of some bereaved pet owners, and encourage others to attend such a group.

Participants benefited from the opportunity to express their emotions openly, to have their grief validated, and to receive emotional support from the facilitator, and from other bereaved pet owners. I believe that participants also benefited from the opportunity to offer emotional support to other group members. The mutual sharing of feelings and experiences reinforced the validity of the grief they were all experiencing over the loss of their pets.

Recruitment had been difficult and it would seem that the veterinary community did not fully appreciate the benefits to their practices of offering support to bereaved pet owners by way of referring their clients to a pet loss support group.

Future efforts in public education on the validity of grief over the death of a pet would be helpful. The news media (radio, daily newspapers and community newspapers) has been quite receptive to running stories about grief at the loss of a pet, and about pet loss support groups. Requesting that the news media run this information periodically would help to make the public aware of the validity of this grief and of the existence of a pet loss support group. A concerted effort to bring the benefits of a pet loss support group to the attention of the veterinary community would also be helpful.

Social System Disruption

In some cases group members reported that family and friends had initially been very caring and supportive. However, parallel to the North American attitude toward death and grief generally, the support waned before the grief was resolved. Perhaps family and friends did not fully appreciate the magnitude of the loss for the participants and so assumed that the grief would be resolved in short order. More likely is Quackenbush's (1982) analysis that the pet is part of a dynamic social system. When the pet dies family relationships are disrupted. Around the time of the death family members may be supportive, but as the disruption continues there is a push to restore the equilibrium of the family. At this time mourning behaviour may be met with impatience, irritability, or the demand that the grieving pet owner 'snap out of it'.

A particularly interesting finding was that 16 of the 21 participants had never had children, and of the five who had children, only two had an adult child living in the family home. None of the participants had young children living in the home. It may be that individuals who do not have children to nurture may direct their energies toward their pets and form a particularly close bond with the pet. This may suggest that childlessness is a predisposing factor for an intense grief response. Although the literature speaks extensively of pets being considered to be family members, specifically filling the role of a child, only rarely is childlessness listed in the literature as an indicator of a pronounced grief response. When it is, it is in conjunction with social isolation, or the female gender. This differs from what was noted in my practicum pet loss support groups.

The popular public sentiment is that people who are profoundly affected by the death of a pet and likely to attend a pet loss support group are the elderly whose social network is shrinking. The assumption is that because of limited human contact they are forced to rely on animals to have their emotional and social needs met, and so they form unusually close relationships with their pets. Although elderly people may rely heavily on their pets for social interaction and form very strong attachments to their pets, younger people also form extremely close relationships. Almost two-thirds of the participants in my practicum pet loss support groups were in their 40's, while another third were younger than 40. The one participant who was older than 49 was a 79 year old lady who was extremely active for her age, and had an extensive social network.

Utility of Group Format

Structured, time-limited and closed groups were found to be appropriate in meeting the needs of bereaved pet owners. However, I have learned through consultation with my primary advisor and from trial and error that although structure is valuable, it is best to be flexible and allow participants to bring forward issues that are of immediate concern to them. Theoretical information can be provided to participants as the need arises.

I believe that a time-limited group is best as this allows the prepared material to be completed in a certain number of sessions, and participants are aware at the beginning of the sessions of how much of a time commitment is required. Three sessions for each group seem to be adequate as on the 'Reactions to Attending a Pet Loss Support Group' questionnaire, two-thirds of the respondents indicated that three sessions were 'About Right'. The other third indicated that three sessions were 'Too Few'. None of the participants, not even those who indicated that three sessions were too few, went on to attend the Winnipeg Humane Society Pet Loss Support Group. Still, expanding the groups from three sessions to four should be considered when facilitating future groups.

Closed groups enhanced group cohesion. Group members readily greeted each other at the beginning of the second and third sessions of each group. They often spoke of thinking about each other during the intervening week, and asked about group members who were unable to attend a session. Perhaps the group cohesion that developed in each group

may partially explain why none of the participants chose to join the Winnipeg Humane Society Pet Loss Support Group.

Five of the 18 respondents to the 'Reactions to Attending a Pet Loss Support Group' questionnaire indicated that they would not have attended the pet loss support group if it had been held at the education trailer at the Winnipeg Humane Society. Although these individuals were in the minority, their sentiments should be considered when planning where to hold a pet loss support group. It seems that a more emotionally neutral setting where homeless animals are not housed is preferable to an animal shelter.

My knowledge of human grief on the death of a pet as a form of disenfranchised grief has been greatly enhanced by completing this practicum. Grief at the loss of a pet has been an interest of mine since late 1996, and it was rewarding to review the theories and findings of various researchers who have led the way. I believe that research into any form of disenfranchised grief helps to validate that grief, and pet bereavement has benefited from the work of these researchers.

I feel that my group facilitation skills have been greatly increased through the feedback and suggestions that I received from my Primary Advisor, Shirley Grosser.

Recommendations

Many people define their relationship with their pet as one of their most significant relationships. Social Work would benefit from an increased awareness of, and sensitivity to, human grief on the death of a pet. Grief and loss issues have traditionally been areas that social work has addressed. However, various forms of disenfranchised grief are not always recognized, and grief at the loss of a pet does not receive the attention that it merits. The social work assessment could be refined to include exploration of meaningful losses in the life of the client. When dealing with self-esteem issues or family conflict it would be important for the social worker to be aware of the role that the pet played in the social system. The intensity of one dyadic relationship may impact adversely on another dyadic relationship. Conversely, the intensity of one dyadic relationship may function as a pressure release valve to mask tension in the first dyadic relationship. The death of a pet may result in significant disruptions in other relationships.

The working relationship with a client is vital in social work. An increased awareness of these issues would prevent social workers from repeating many of the same mistakes that well-meaning family and friends make, such as dismissing the impact of the loss, or encouraging the bereaved owner to get another animal to replace the deceased pet.

As with any grief, grief over the death of a pet may impact the client's social interactions, and the client's ability to cope with other life stressors. Pet grief may be connected also to other unresolved losses in the

past, or to anxiety about anticipated future losses. An awareness and sensitivity to these issues will enhance the social worker's ability to intervene constructively in these situations.

Finally, people who are grieving the death of a pet may not receive appropriate support from their social network. This may result in bereaved individuals feeling socially isolated, embarrassed by their grief and reluctant to reach out for support, and some people begin to question their own psychological stability. If the social worker is able to acknowledge the grief sensitively and validate the client's experience, the client's self-confidence and self-esteem may improve.

In my experience of facilitating my practicum pet loss support groups, the participants represented a cross-section of society. All group members were functioning adult individuals who were acutely grieving. The educational component of the sessions enabled the participants to gain insight into their grief and helped them to recognize that they were not just grieving the death of an animal, but rather the loss of a significant and meaningful relationship in their lives. Acknowledgment of their pain, validation and normalization of their grief, along with the opportunity to express their feelings were needed to facilitate their movement on through the grief process.

The spiritual aspect of what happens to the deceased pet after death was spontaneously introduced by participants of all groups. This is a particularly difficult topic to address from an educational perspective as there is no certainty of what happens to any of us (human or animal) after

death, and various western religions have had little if anything to say on the topic. Still, because of the consistency with which the topic was introduced by group members, it should be introduced by the facilitator in future groups. This would bring the topic forward for discussion by the participants. Perhaps in sharing their beliefs, thoughts, and hopes for their deceased pets, other group members might hear something that is meaningful to them, and this might provide them with some measure of comfort.

Participants who felt that their veterinarian had handled the death of their pet in a caring and sensitive manner indicated that they would return to that clinic in future, or refer others to that veterinarian's practice. They expressed appreciation of the veterinarians who had referred them to the pet loss support group. By contrast, those participants who learned of the pet loss support group by other means, but believed that their own veterinarians were aware of the group, indicated much less satisfaction with their veterinarians. It seems that when participants felt that their veterinarians had been sensitive to their distress and supportive of them, by extension they presumed that these veterinarians had been more sensitive and caring toward their pets.

I would recommend that veterinarians routinely make their clients aware of the availability of a pet loss support group in Winnipeg. This could be done by handing out a card with a brief statement acknowledging the validity of the grief response, and listing a phone number by which the client could access the pet loss support group. Further indicators of support such as scheduling euthanasia for a less busy time of the day to allow for

privacy, calling the pet by name, allowing the client as much time as they want to say 'Good-bye' to the deceased pet, and handling the body respectfully would also enhance the veterinarian-client relationship.

My recommendations to the Winnipeg Humane Society would include changing the Winnipeg Humane Society Pet Loss Support Group to a structured, time-limited, closed group that meets, periodically, on a weekly basis. I would also suggest that the location of the group be moved away from the physical structures of the Winnipeg Humane Society.

Recommendations for Further Research

The impact of the death of a pet on human social relationships should be further explored. James Quackenbush (1982) noted that the pet is a participating member of a dynamic social system, and Carmack (1985) found that the death of a pet may severely impair communication within the family. Thirteen of 18 respondents, or just over two-thirds, indicated that their relationships with family and friends who did not understand their grief had been strained. As grief over the loss of a pet is disenfranchised grief many bereaved pet owners may not connect the disruption in their family or social network to the pet's death. Also, many social workers may not recognize the impact the death has had on family or social functioning. Severely impaired communications within a social network can result in such negative feelings as anger, resentment, bitterness and blame. Further insight into how the death of a pet impacts family and social dynamics

would serve Social Work well in providing the knowledge base to more appropriately and effectively address these issues.

Another area for further investigation would be the connection of the pet's death with other significant losses. How frequently does the death of a pet cause other unresolved grief issues to surface? Does working through the grief at the death of this pet allow the individual to come to terms with previous losses? Can anxiety over anticipated future losses be lessened if past unresolved grief over the death of a pet is addressed?

Finally, the connection between childlessness and a pronounced grief response should be further explored. Does the role that the pet plays in the lives of people who have never had children, or whose children have left the parental home, differ from the role that a pet would play in the lives of people who have children in the home? Not all people who do not have children form particularly close bonds with their pets. What percentage of people who do not have children in the home form strong relationships with their pets, and what factors influence the development of a particularly close relationship with a pet?

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Appendix A

1187 Markham Road
Winnipeg, Manitoba
R3T 3Z9
July 10, 1998

Mr. Norm Kasian - President
Riverview Health Centre
1 Morley Avenue
Winnipeg, Manitoba
R3L 2P4

Dear Mr. Kasian:

I am a Social Worker at Riverview Health Centre. Currently I am working toward my Master of Social Work degree. My practicum topic is "The Human Grief Response to the Death of a Pet". To this end I will be facilitating three structured, time-limited support groups for individuals in the community who have recently lost a pet. I will be approaching veterinary hospitals for referrals.

I intend to run these groups consecutively between October, 1998 and January, 1999. I anticipate that each group will run for one evening a week for three to four weeks. My proposed schedule is that the first group will run from October 5 - 29, 1998, the second group will be November 2 - 26, 1998, and the final group will run January 4 - 28, 1999. I expect six to ten people to attend each meeting. Before these groups would be run, approval from the Ethics Committee of the Faculty of Social Work would be obtained.

I would ask that I be allowed to hold these meetings in the Conference Room (Rm. 1W-09) at Riverview Health Centre. I am flexible as to which evening, but it would be preferable that all three groups run on the same day of each week. Any evening from Monday to Thursday would be ideal.

Thank you for considering my request, and I hope to receive a reply from you in the near future.

Sincerely,

Mardi Baydak, R.S.W.

cc: Prof. S. Grosser, Senior Scholar
Primary Advisor
Faculty of Social Work

Appendix B

1187 Markham Road
Winnipeg, Manitoba
R3T 3Z9
October 24, 1998

Dr.
Animal Hospital
Street
Winnipeg, Manitoba
R

Dear Dr:

This fall and winter I will be facilitating three pet loss support groups. I am working toward my Master of Social Work degree and my practicum topic is "The Human Grief Response to the Death of a Pet". These groups will constitute my practicum. I am writing to ask for your support in referring clients who you feel would be appropriate to these groups.

In 1987 I graduated with a degree in Social Work and have since practiced in a medical setting at Riverview Health Centre. I have five years experience on Palliative Care. For the past year and a half I have been facilitating the pet loss support group at the Winnipeg Humane Society. I also monitor the pet loss phone line.

I would appreciate the opportunity to meet with you to further discuss my practicum and to answer any questions that you may have. Within the next week or two I will be calling your office to request a meeting with you at a time that is convenient for you.

Sincerely,

Mardi Baydak, R.S.W.

Appendix C**Recruitment Letter (to be distributed through veterinary hospitals)**

September, 1998

Dear

I am writing to you because you recently lost your pet. Please accept my sincere sympathy on your loss.

I believe that the impact of the loss of a loved one, whether human or animal, may trigger an experience of profound grief in us. The lost relationship is what is important, but unfortunately our society tends not to recognize the grief associated with the loss of a pet. Sometimes a pet's owner may be surprised as well at how distressed they are by the loss.

In order to assist in the resolution of grief, I will be facilitating several pet loss support groups. Each group will consist of 6 to 10 individuals and will run one evening per week for three consecutive weeks. The groups will meet at the Riverview Health Centre.

I graduated from Social Work in 1987 and have five years experience working in the field of Palliative Care, both at St. Boniface General Hospital and at Riverview Health Centre.

I am working toward my Master of Social Work degree, and my practicum topic is "Human Grief at the Loss of a Pet". In my personal life my husband and I are very much animal lovers and we have a number of pets of our own.

I have asked your veterinarian to forward this letter to people who have recently lost a pet, and I have no knowledge of who will receive this. If you would be willing to assist me in my Master's degree by participating in one of these support groups, and if you believe that this support group experience may help you through your grief reaction, please phone me between 9:00 A.M. to 4:30 P.M., Monday to Friday at work (478 - 6280); or at home during the evening or weekends (275-6400).

Participation is entirely voluntary and you would be free to stop attending the group at any time if you felt that you did not want to continue.

I hope to hear from you in the near future.

Yours truly,

Mardi Baydak R.S.W.

Appendix D

Indicators of a Pronounced Grief Response:

- high level of emotional attachment to the pet
- high centrality of the relationship with the pet in the pet owner's social network
- living alone or with just one other person
- owners who describe the pet as unique, special or irreplaceable
- situations where the animal had been an only pet
- owners who have provided intensive nursing care to the pet over a period of time
- women frequently exhibit a more intense grief response

Appendix D**References**

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Appendix E**INFORMED CONSENT FOR PARTICIPATION IN SUPPORT GROUP**

FACILITATOR: Mardi Baydak, R.S.W.
Master of Social Work Student
Telephone: 478-6280 (office) or 275-6400 (home)

The purpose of this support group has been explained to me. I understand the group process and have been advised that I may benefit from attending the group.

I consent to participate in three group sessions and to complete a written questionnaire at the end of the third group session for the purpose of this practicum. I understand that neither my name, nor any identifying information will be disclosed in any written reports that result from these sessions. Records may be accessed only by the facilitator's practicum committee. All written and audio-taped records will be kept in a locked file and will be destroyed upon successful completion of this practicum. However, confidentiality cannot be guaranteed as other members of the group will know the identity of the participants.

I understand that I am free to discontinue my participation in these sessions at any time and/or decline to respond to some or all of the questions in the questionnaire with no penalty. I understand that my participation is entirely voluntary.

I, _____ HAVE READ AND UNDERSTOOD THIS
 (print name)
 CONSENT AND AGREE TO VOLUNTARILY PARTICIPATE IN THIS PET LOSS
 SUPPORT GROUP.

 (Signature of Participant)

 (Date)

Please print your name and address if you would like a summary of the final report.

Appendix F**Demographic Data**

1. Gender:
Male _____
Female _____

2. Age: _____

3. Marital Status:
Married _____
Never married _____
Divorced _____
Widowed _____
Other _____

4. Education:
Less than grade 12 _____
Completed grade 12 _____
College diploma _____
University degree _____
Other (please specify) _____

5. Number of human individuals living in home _____

6. Annual household income:
Less than \$25,000. _____
\$25,001 - \$50,000. _____
\$50,001 - \$75,000. _____
\$75,001 - \$100,000. _____
More than \$100,000. _____

7. Veterinary clinic attended: _____

8. Length of time with clinic: _____

9. Frequency of visits over last year _____
10. Pet's name: _____
11. Date of death: _____
12. Type of pet:
Dog _____
Cat _____
Other (please specify) _____
13. Role of pet:
Pet and companion _____
Business (breeder) _____
Service animal _____, Specify type _____
14. Age of pet at time of death: _____
15. How old was the pet when acquired? _____
16. How long did you have the pet? _____
17. How did you acquire the pet?
Purchased from breeder _____
Purchased from animal shelter _____
Purchased from pet store _____
Stray _____
Given to current owner (e.g.. by adult child, neighbour) _____
Other (please specify) _____
18. Any other pets living in the home?
Yes _____
No _____
19. If yes, please specify what type and number of each:
Dog _____
Cat _____
Other _____

20. Reason for the pet's death:

Accident _____

Illness _____

Old age _____

Other (specify) _____

21. Was the pet euthanized?

Yes _____

No _____

22. Were you present at euthanasia?

Yes _____

No _____

23. Do you have any regrets about your decision either to be present, or not to be present at euthanasia?

Yes _____

No _____

Please explain: _____

24. Who else was present at euthanasia? _____

25. Was the death expected?

Yes _____

No _____

Appendix G**Reactions to Attending the Pet Loss Support Group**

Please indicate how you feel about each of the following statements.

1. Prior to attending the group I felt that the severity of my grief reaction was unusual.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I feel that at times my relationships with family and friends, who did not understand my grief, have been strained.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I feel that I have learned a lot about normal grief for a pet.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. Attending the group has made me feel that my grief is a natural and expected response to the loss of my pet.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. The knowledge that I have gained from attending the group has helped me to cope with my grief.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. Recognizing how significant a role my pet played in my life showed me that my grief is justified.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. Discussing my loss with others in the group has helped me to cope with my grief.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. Attending the group has helped me find a personally meaningful way to memorialize my pet.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Attending the group has had a positive impact on my willingness to consider getting another pet in future.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. I feel that attending the group has met my needs and been helpful.

Strongly Disagree Disagree Neutral Agree Strongly Agree

11. I would have sought out a pet loss support group if I had not received a letter asking for my participation in this group.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. I would have phoned a pet loss support phone line if I saw a poster advertising such a service.

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I would have attended these sessions if they had been held at the education trailer at the Winnipeg Humane Society.

Strongly Disagree Disagree Neutral Agree Strongly Agree

14. I intend to go on to attend the pet loss support group at the Winnipeg Humane Society.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>				

15. I feel that information about a pet loss support group should be provided to all bereaved pet owners.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>				

16. I would encourage others to attend a pet loss support group.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>				

17. The length of time after the death of my pet that these sessions were held was:

Too soon	About Right	Too late
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I feel that meetings once a week are:

Too infrequent	About Right	Too frequent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I feel that meetings once a month would be:

Too infrequent	About Right	Too frequent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Three sessions are:

Too few	About Right	Too many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. I have found these sessions to be:

Not at all helpful									Extremely helpful
1	2	3	4	5	6	7	8	9	10

