

PET LOSS: A STUDY OF GRIEF AND BEREAVEMENT

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Preface June 2009

“He'll be running along the sand with the angels now Mum.”
Quote from a young child after the death of her dog.

PREFACE

This study took place some time ago now – as part of my Honours degree in Social Work at the University of Canterbury, New Zealand, in the late 1990's.

At the time little had been written on the human-animal bond and loss and very little on the loss as it related to social work and clinical practice.

Over a decade later there is still little being written in relation to implications for social work practice. As a practising social worker both in New Zealand and in Wales, I am dismayed when I still hear of fellow practitioners minimising the significance of the human-animal bond and the effect that the breaking of that bond has on clients.

As a result of discussions with my friends and other professional colleagues I have decided to make available my own study in this area in the late 1990's as it seems that little has changed. My hope is that it may engender debate and discussion in this still relatively 'invisible' field.

I have not attempted to update my work – it stands as it did over a decade ago as an historical account – one which may still bear on practice issues today.

Once again I give my grateful thanks to all those who shared their stories of love and sorrow with me. Some animals' names and other details have been changed to ensure anonymity.

Adrienne Thomas
Christchurch, June 2009

ABSTRACT

The strength of the attachment of pet owners to their pets, the nature of the grief experienced when the human-animal bond is broken and the need for a pet loss counselling service has been studied in a New Zealand sample of 58 self-selected pet owners who experienced loss within the 6 months prior to the study and who felt that they were still grieving. In this pilot study 33 pet owners took part in a structured interview and 25 responded to a postal questionnaire. The subjects were asked about their attachment to their pet, their experience of loss, the reaction of others, their reflections and demographic details. A new quantitative attachment scale that compared the attachment to the pet to the attachment to significant humans was trialled. The results generally found that the results of overseas studies applied to the New Zealand situation and confirmed that the grief reactions to pet loss are similar to those for human loss. The new attachment scales found that 50-60% of the subjects were as attached to their pets as they were to humans or more so, and for the first time provided statistically significant evidence that dog owners may be more attached to their pets than cat owners. Few differences were found between the responses of the interviewed respondents and the postal respondents. It was concluded that there is a need for a pet loss counselling service in Christchurch and that the study of the human animal bond may aid the further development of attachment theory. The implications of the study for social work are presented.

CONTENTS

Introduction	1
Literature review	3
Gender	3
Age	3
Species	3
Living alone and support	4
Attachment and Experience of Loss	5
Counselling	6
Issues for veterinary medicine	8
Methods	10
Terminology	10
Questionnaire development	10
Procedure	11
Subjects	11
Statistical Analysis	12
Results	13
Comparison of Interview and Postal Subjects	13
All subjects	14
All subjects cross-tabulations	16
Discussion	21
Significant differences in responses	21
Gender	21
Age	22
Species	22
Older adults	23
Living alone and emotional support	23
Vulnerability	24
Pets now and then	24
Veterinary medicine and euthanasia	25
Attachment	27
Pet age at time of loss	28
Surprise at the feelings of loss	29
Counselling	29
Pet memorials	31
Grief and coping	31
Conclusion	34
Meeting the aims of the study	36
Future directions	37

Questionnaire and study design	38
Bibliography	39
Appendix A: the information sheet	
Appendix B: the consent form	
Appendix C: the questionnaire	
Appendix D: newspaper articles	
Appendix E: the coded results	
Appendix F: pet owner's stories	
Appendix G: a respondent's comments	
Acknowledgements	

INTRODUCTION

Although much is known about the breaking of the human-human bond, it is only comparatively recently that attention has been paid to the grief that occurs as a result of the loss of a companion animal. For those who believe their companion is an integral part of their life, and who have bonded strongly, the loss through death or other circumstances may evoke a grief that is similar in nature and content to the grief experienced at the breaking of the human-human bond (Lagoni et al 1996, Stewart et al. 1996, Nicholson et al 1995, Gerwolls and Labott 1994, Weisman 1991, Carmack 1985, Cowles 1985, Harris 1984). As in the loss of significant humans, the nature of the relationship plays a strong role in grief experience such that the presence of a strong human-animal bond is associated with greater difficulties in grief adjustment (Gerwolls and Labott 1994). Although the nature of the attachment takes a similar form for those who share their lives with animals, pets are seen as family members (Budge 1990, Cain 1985) and the companionship they offer is of primary importance (Endenburg 1995); acceptance and affection is often less complicated and they have the capacity for forgiveness and unconditional love not often found in human-human relationships (Lagoni et al.1996, Stewart et al. 1996, Weisman 1991); they are regarded as confidantes, companions and surrogate children and provide their owners with a source of security and the need to be needed (Lagoni et al 1996); the attachments themselves vary in intensity - the degree of attachment often determining the degree and intensity of loss experienced (Stern 1996). Animals that have been special to the owner in some way are likely to affect the level of grief experienced as a result of loss (Lagoni et al 1996, Stewart et al. 1996). For example, in the case of animals who have been rescued or who have rescued their owners, who have required particular care, who are connections to other important events or people, who are considered special just by their very nature - there is often a deep and enduring attachment that creates a grief upon loss that is sometimes greater than that experienced for the death of a significant human (Lagoni et al 1996). The loss may also be a reminder or catalyst for past loss and grief (Stern 1996) as for those whose animal's death is the last remaining link to a significant human (Lagoni et al 1996, Stewart et al. 1996, Carmack 1985). Much is known about the expression and experience of human-human grief - and the grief, as a result of pet loss, is not surprisingly like that found in human death and other loss. Commonly people experiencing loss as a result of the breaking of the human-companion animal bond describe such things as reliving events, feeling very sad and low, numbness and shock, crying, anxiety, waves of grief, emotional distress, turmoil, restlessness, a sense of unreality/out of touch with the world, guilt and self reproach, disbelief/inability to accept the situation, anger, and sleep and appetite disturbances (Lagoni et al 1996, Stewart et al. 1996, Nicholson et al 1995, Weisman 1991, Carmack 1985). It would be expected that for those who are grieving the loss of a pet, emotional and social support would serve to ameliorate the grief that is experienced and yet the literature is divided on the issue of social support and sole households in relation to the intensity of grief. A hypothesis that owners living alone would have a higher grief response was not supported on any of the response measures in Gosse and Barnes' (1994) study of 207 adults whose cats or dogs had died in the past year and Nicholson et al's (1995) study of 59 Guide Dog Owners also failed to demonstrate a link between the level of social support and the level of grief reaction. The latter authors however state that it would be a mistake to suggest that such support has no value, believing that their methods of assessment and analysis may have been at fault. Gosse and Barnes' (1994) found that the level of attachment to the deceased pet, as well as the perceived understanding from others and other stressful events, combined to have significant predictive ability for grief outcome, indicating that there are a combination of factors that need to be examined in the experience of loss. Whereas Gerwolls and Labott (1994) found that people living alone experienced more guilt and despair than those living with others, Weisman (1991) stated that few counsellees were isolated. In contrast to studies that have found that the death of a pet may be disturbing to

owners, Rajaram et al (1993) reported that for older adults, death of a pet was not associated with depressive symptoms to the extent of that of the death of a significant person, especially that of a spouse, and remained a non-significant predictor irrespective of the level of pet attachment. They state their study should serve as reassurance that the resulting grief of the death of a pet is not a contraindication to ownership. Demographically, studies have shown that more women than men participate in pet loss surveys (Gerwolls and Labott 1994, (73%)), Gosse and Barnes 1994, (79%), and seek counselling relating to the loss of their companion animal (Weisman 1991, (75%)), (Carmack 1985, (82%)). Whereas Stallones (1994) reports that individuals who receive counselling are more likely to have high depressive symptoms, more negative life changes, are more likely to own a dog, to have owned their pet for longer, have fewer household members and be more strongly attached to their pets, Gosse and Barnes (1994) found that the age of owner, length of ownership and the presence of special support such as counselling, were not predictive of the grief outcome. Counselling services have been established in the United States since 1978 and in Britain since the 1980's. Quackenbush and Glickman (1984) established a social work service for distressed pet owners at the Veterinary Hospital of the University of Pennsylvania in 1978, Lagoni et al (1996) established a service at the Colorado State University Veterinary Teaching Hospital, Weisman (1991) and Carmack (1985) have worked as pet loss counsellors in Boston and Chicago respectively. The Society for Companion Animal Studies (SCAS) in Britain established a volunteer-staffed pet support line in the mid 1980's. Apart from grief resulting from the impact of loss, pet owners are often in the situation of having to make very tough decisions regarding the care of their pet. Some of the most common and difficult are those concerning chronic care and euthanasia. (Antelyes 1991). Decisions regarding euthanasia are often particularly difficult for pet owners (Lagoni et al 1996, Stewart et al. 1996, Weisman 1991, Harris 1984, Quackenbush and Glickman 1984) and vets frequently feel poorly prepared to deal with owners of terminally ill pets (Lagoni et al 1996, Stern 1996, Antelyes 1984). Guilt is often a feature of euthanasia decisions; guilt at betraying the companion and having the power of life and death and guilt at taking too long over making a decision (Weisman 1991, Quackenbush and Glickman 1984). The loss of an animal companion is often compounded because there is no socially accepted means of mourning (Weisman 1991). The bereaved owner often receives little support for a grief that is either minimised or ridiculed (Lagoni et al.1996). Whereas cultural and societal norms not only allow, but expect, people to grieve for people, there is no socially acceptable convention on the way to grieve the loss of a pet (Lagoni et al 1996, Stewart et al. 1996). Lacking the support that helps sustain people through human loss, the pet owner may feel embarrassed about expressing their feelings. This is particularly the case when grieving pet owners say that they grieved more for their companion animal than for a parent (Lagoni et al 1996, Stewart et al. 1996, Weisman 1991, Carmack 1985). Specialist social work support and counselling services therefore provide an important means of affirming and acknowledging the grief that comes with the breaking of the human-animal bond (Lagoni et al 1996, Stewart et al. 1996, Sable 1995, Netting et al 1987). The pilot study presented here has used both quantitative and qualitative methods to examine these issues in relation to the demography and epidemiology of urban New Zealander's experiences of pet loss. The aim was to use the data collected to:

1. design a larger more definitive study of the nature of the theoretical aspects of human-animal attachment and the breaking of the human-animal bond in relation to the implications for social work,
2. determine the need for a pet loss counselling service,
3. design a service that best meets peoples' needs when loss occurs,
4. aid in the education and training of animal health professionals.

LITERATURE REVIEW

A review of the literature on the human-animal bond in relation to pet loss shows that the field is not extensive. The relatively new field of anthrozoology has produced some writing in this area; with the major journal *Anthrozoos* publishing the majority of articles in the English speaking world. Veterinary journals also contain articles in this field as do thanatological, mental health, counselling and social work publications. Nevertheless there is comparatively little literature readily available or specific research in the area of pet loss as the field is an emerging one.

Gender

Although there are more women who participate in pet loss studies and seek counselling, there has been little work done on the comparison between males and females across all age groups. Gosse and Barnes' (1994) in their study into human grief resulting from the death of a pet, interviewed 207 adults whose cats and dogs had died in the past year. They found qualitative differences in grief outcome according to gender with women scoring significantly higher on measures of despair. Although Gerwolls and Labott (1994) studied subjects adjustment to the death of a companion animal, their report does not identify any gender differences, probably because the number of males studied (10) was so small. Barba (1995) in her review of 52 research papers on the human-animal relationship, makes reference to a study by Herzog (1991) that males and females had different attitudes towards animals. Nicholson et al (1995) studied 59 guide dog owners who had distress arising from the end of a guide dog partnership. Sixty one percent were men and 39% women. They did not however report on any gender differences in their findings. It is clear however from those who work as pet loss counsellors that women are more likely to seek counselling. Weisman (1991) who works as a pet loss counsellor in the United States, states that in counselling, women outnumber men by 3:1 and Quackenbush and Glickman (1984) who established a pet loss support service at the Veterinary Hospital of the University of Pennsylvania in 1978, report that 79% of their clients were female.

Age

Concern has been expressed that the older population may be unwise to own companion animals because of the effects of grief when the pet dies - that is, that the emotional trauma of the death of a pet might outweigh the benefits derived from living with a companion animal. Rajaram et al (1993) investigated the impact of the loss of a pet in comparison with the loss of a significant human, in a national probability sample of 1,232 non institutionalised United States residents 65 years and older. They found that the death of a pet was not associated with depressive symptoms to the extent of those associated with the death of a significant person, especially a spouse. They conclude that this is reassurance that owning a pet is not detrimental to an older person's health. Gosse and Barnes (1994) also report that no significant differences were found between the age of owner and the grief response in their study of human grief resulting from the death of a pet. Weisman (1991), Carmack (1995) and Quackenbush and Glickman (1984) report that most people seeking counselling are middle aged. No studies could be found which investigated the effects of pet loss on children or young adults.

Species

As most people in western countries own cats and dogs, the literature and findings on loss related to species usually focuses on canines and felines. No studies could be found which investigated the effects of loss on large-animal owners, which was surprising as the researcher expected that the attachment relationship between humans and horses would probably have been studied. Endenburg

(1995) studied the attachment of 871 subjects to their companion animals in a random postal questionnaire survey. She found that respondents reported the greatest attachment to dogs and cats - with the attachment to dogs being greater than that to cats. She also found that with cats, rodents, fish and birds subjects were more likely to prefer the particular kind of animal that they had had in childhood. Stallones (1994) compared 45 bereaved pet owners who received counselling compared to 75 who did not. Controlling for the influence of age, gender, self-reported health, negative life changes, and type of pet, there were significant differences between the two groups. Individuals who received counselling were significantly more likely to have high depressive symptoms compared with those who received no counselling. The counselled group had more negative life changes indicating that the loss of a pet may have been one more loss that could not be tolerated without the support of counselling services; were more likely to have a dog; had owned their pet longer; had fewer household members and were more strongly attached to their pets. Weisman (1991) also states that most people presenting for counselling had lost a dog.

Living alone and support

Gosse and Barnes (1994) found that the 'level of attachment to the deceased pet, perceived understanding from others and other stressful events combined to have significant predictive ability in grief outcome'. There were qualitative differences in grief outcome according to the gender of the owner and the presence of children and/or more than one other adult in the household. A prediction was made that pet owners living without children or other pets would have a more intense grief response than owners living with a child or children. There was no statistical evidence to support this. A hypothesis that owners living alone would have a higher grief response was also not supported on any of the response measures. The age of owner, length of ownership, the presence of special support such as counselling, were not predictive of the grief outcome. Nicholson et al's (1995) study of 59 Guide Dog Owner's (GDO's) whose relationship with their guide dog had ended were asked to rate their level of social support. They were asked to list the people they were able to talk to about how they were feeling, and then to identify who, if any, among those listed, seemed really to understand how they felt. Levels of social support were then classified as follows: (The percentage indicates the number of subjects in each level)

3 = full understanding from a member of the household (46%)

2 = full understanding from someone other than a member of the household (25%)

1 = at least one person to talk to, but nobody who fully understood (14%)

0 = no-one to talk to at all (15%)

The subjects experienced symptoms such as anxiety, crying, reliving events, feeling very sad and low, numbness/emptiness, wanting to talk about dog, waves of grief, emotional distress/turmoil, restlessness, unreality/out of touch with the world, guilt/self reproach, disbelief/inability to accept situation, anger, dreaming about dog, unable to talk about dog. Even though the experience of loss was evident, and most owners received support, the authors failed to demonstrate a link between level of social support and level of reaction. They suggest that their methods of assessment and analysis may have been at fault. However they quote another study (Stroebe, quoted by Nicholson et al 1995) where the evidence of social support as a moderating influence was also ambiguous. Whereas the issue of social support did not result in significant findings, the authors found that the 16 GDO's with other adverse events in their lives around the time the partnership ended recorded high levels of distress irrespective of why the dog stopped work or what happened to it afterwards. Weisman (1991) who reports that most bereaved owners described a depth of feeling that was beyond that experienced in human death were not isolated people; many led busy lives, working at jobs and in community activities. Gerwolls and Labott (1994) found that pet owners living alone were not more attached to their pets than those with families, but they did experience more guilt and despair, suggesting that social support may assist in the adjustment to loss. Stallones (1994) found that individuals who received counselling for pet loss compared to those who did not, were

significantly more likely to have high depressive symptoms compared with those who received no counselling. In particular the counselled group had more negative life changes indicating that the loss of a pet may have been one more loss that could not be tolerated without the support of counselling services.

Attachment and Experience of Loss

The level of attachment to companion animals is a significant factor in the grief that occurs when the human-animal bond is broken. Gosse and Barnes (1994) found that the 'level of attachment to the deceased pet, perceived understanding from others and other stressful events combined to have significant predictive ability in grief outcome'. Gerwolls and Labott (1994) found that the nature of the relationship played a strong role in the grief experience. The disruption that results from feelings of loss can be broken down into four specific areas:

1. the animal as a family member, 2. the special qualities of pets, 3. intimacy with the pet and 4. the need to be needed.

1. To illustrate this feeling of a pet as family Carmack (1985) notes a client who described her relationship with her cat: 'Tiny my cat was my life. She was the centre of my life, my job, she's the reason I came home at night. My marriage is in trouble and there are many times I wouldn't have come home if it hadn't been for Tiny being there.' Cain (1985) also describes the attachment that 896 subjects from military families have to their pets, 98% considered their pet to be a family member or close friend, 70% believed there was an increase in family happiness and fun after getting a pet, 77% believed their pet understood when they talked to or confided in them, 50% said that their pet stayed close when a person was upset, 75% said their pet was of great importance at all times, 68% said their pet was of great importance when sad, lonely or depressed, and 94% experienced an important to extreme loss their pet when the human-animal bond was broken. Budge (1990) found that most respondents in a New Zealand study of companion animals in families and households believed their pet to be a member of their family and the majority thought them to be human or almost human members. Weisman (1991) reported that it was not unusual to hear a client hesitatingly say 'I've actually mourned more for my pet than I did for my father'.
2. Loss is also experienced by people who see their pets as special. 'He really was an unusual cat. You'd have had to know him to understand just what I mean. I've never been able to have what we had with another cat, and certainly not with any other person' Carmack (1985) commented on how a client expressed her loss '... She was a child, but she was also a best friend, she was also like a lover.' Weisman (1991) also describes the special ways people have of communicating with their pet, most feeling deeply about the silent bond between them and their companions, suggesting that words themselves were irrelevant or even intrusive.

Lagoni et al (1996) describe how special relationships with animals can produce a deep and enduring attachment that results in a high intensity of grief when the bond is broken; this is especially the case with animals who have been rescued or who rescue their owners.

Nicholson et al (1995) in their study of guide dog owners found that in owners who had no other reason for being upset at the time the partnership ended, high levels of distress were found in those whose dog had died, been withdrawn from the partnership or re-homed at places not of their choosing and low levels in those whose dog retired and continued to live with the owner or was placed in a home of the owner's choosing. Stewart et al (1996) state that some animals are more special than others in terms of attachment. These factors include an animals character or nature and the length of time the relationship has existed, (Weisman (1991) notes that most counselees had had a pet for 15 years), links with past events, transitions or people (Lagoni et al (1996) state that when an animal dies it may be the last link to a significant person who has left or died), very young animals and those needing

special care.

3. Grief is also intensified in owners who have lost the intimacy they previously shared with their pets. In many cases this degree of intimacy is rarely if ever shared with any human companion (Weisman 1991). '... I felt so loved and so safe and so warm and cuddling when we were smuggling in bed like that.' 'Punnkin gave us so much love and affection. She was just full of love and kisses. She'd put her arms around my neck and give me love' (Carmack 1985). Weisman (1991) describes one client who implicitly assumed that like a devoted child her dead dog would never leave her. Lagoni et al (1996) and Stewart (1996) state that the unconditional love and affection offered by companion animals is not often found in human relationships and pets are sometimes considered to be surrogate children.
4. A fourth loss - having been needed - can also cause disruption in people's lives. 'My dog was always there for me, even when my husband and children weren't. Snooks was always there. She always needed me and it feels so good to be needed' (Carmack 1985).
The above studies indicate the special relationship the owners experienced with their pets and the emotional void that was created when their companion died. Stern (1996) believes that the practical and emotional elements that defined the relationship with the pet while it is alive, will dominate the grief reaction when the pet is lost. The meaning and relationship of a particular pet for a particular individual is thus the main determinant of grief - the attachment defines the loss.

Counselling.

Often the only permissible bereavement established by custom, ceremony and ritual results from the death of a person. There is no established way for mourning for a pet (Weisman 1991). Negative attitudes towards pet bereavement occur paradoxically at the same time as people praise the value of animal companions. The disparaging and insensitive remarks made by others to grieving and bereaved pet owners cause great distress (Lagoni et al 1996). Counsellors working with people in the area of animal-related grief have identified this lack of acknowledgement as one of the important factors in the need for counselling. Quackenbush and Glickman (1984) describe the unsympathetic public response to people mourning the death of their animals as a particular problem. Remarks like 'its just a dog (or cat)' and laughter and joking by friends and family in response to their distress often alters the natural course of bereavement for owners as they begin to question their own mental and emotional stability. The lack of societal support can also impair the resolution of grief. Katcher and Rosenberg (1979) say that grief related to pet loss lasts an average of ten months. Weisman (1991) writes that for some clients bereavement became manageable after a single interview while others went for months, not getting worse but rather becoming accustomed to the absence of a loved one, whether or not they adopted another pet. Weisman (1991) and Quackenbush and Glickman (1984) also describe the relief expressed by grieving clients during counselling sessions at the counsellor's validation and acknowledgement of their trauma. Although there appear to be benefits of counselling, Gosse and Barnes (1994) found that the presence of social support such as counselling was not predictive of grief outcome in 207 adult subjects whose cats and dogs had died in the past year. The authors suggest however that owners who had received special support may have derived some benefit from this; consequently their grief response may have been brought into line with the response level of owners who did not receive special support; special support may have been relatively unimportant in comparison to an owner's perception of support from others in general.

The various roles both direct and indirect that social workers and counsellors can perform generally fall into three categories: 1. counselling for bereaved or grieving pet owners, 2. consultation with practitioners of veterinary medicine and others involved in animal health care and 3. research (Sharkin and Bahrck 1990, Sable 1995). Several counselling services have been established for people grieving for their animals.

In 1978 at the Veterinary Hospital of the University of Pennsylvania a social work service was established for distressed pet owners in conjunction with the Graduate School of Social Work. The service provided social work intervention when a veterinarian encountered problems in his or her relationship with a pet owner and had either insufficient time or insufficient training to resolve them. During the period from July 1st 1980 to June 30th 1982, staff at the Hospital referred 218 pet owners for social work services. Referrals were made for a broad range of problems, including owner's reactions to the death of a pet, difficulties with decisions concerning euthanasia or treatment options, emotional reactions to the diagnosis of a disease or to a poor prognosis and financial problems. All pertinent records were reviewed and 138 cases involving the death of a pet were selected for systematic study to illustrate the nature of social work services in a veterinary setting. The demographic details of the client population were: 79% female and 21% male with a mean age of 45.8 years and an age range of 12 to 83 years. In general the bereavement of the pet owners seen by the social worker had a noticeable impact on their daily lives and affected their emotional status and ability to work. It also disrupted their social interactions with other people. One of the social workers functions was to help those referred for services identify their problems. The social worker also attempted to help the pet owners either directly through developing family and social support for them indirectly by referral to other mental health services. Another objective was to encourage the development of a social environment that supported and accommodated the feelings and behaviours of the bereaved pet owner. In 64% of the cases included in the study, the social worker maintained contact for one week or less. Another 20% of the bereaved owners requested assistance for up to two weeks, 13% maintained contact for two to five weeks and another 3% were referred elsewhere for longer term assistance after more than five weeks of contact. Seventy five percent of the owners were contacted by the social worker at least twice and on the average owners were contacted three times with total contact time amounting to between three and four hours. A follow-up assessment was made by the social worker and a self report was obtained from each owner who had received services. At the time of follow-up, which was approximately four weeks after the death of the pets, 53% of the owners demonstrated and reported a satisfactory resolution of their bereavement problems. Another 28% had reached some degree of resolution and 10% slight improvement, whereas the emotional and psychological condition of 3% had worsened. The authors were unable to reach 6% of the owners. The study demonstrates the role of social work in veterinary medicine.

Laurel Lagoni and colleagues (1996) founded Changes: The Support for People and Pets Program at the Colorado State University Teaching Hospital in the United States and have published a text, *The Human-Animal Bond and Grief*, which is used in veterinary training.

Boston Service: Weisman (1991) describes a bereavement counselling service he established at a humane society in Boston, USA. Facilities of the centre include an adoption section, a veterinary clinic, an animal shelter and a law enforcement arm to investigate cases of cruelty and mistreatment. Referrals came through a newspaper advertisement and through telephone enquiries. Assessment consisted of information about the pet, previous pets, names, breed, ownership, terminal illness or accident, euthanasia, burial etc. Information was also gathered regarding the owner. Clients were mostly middle-aged, with ages ranging from twenty to eighty. Women outnumbered men by three to two, most clients had lost a dog and the average length of ownership was fifteen years. The author found that the course of bereavement did not differ much from that found after human death with searching, pining, loneliness, pangs, flashbacks and emptiness occurring regularly. The anecdotal information gathered from his work demonstrated that owners had developed a unique bond of companionship and communication not experienced with other people, family or friends. As in the earlier study mentioned, issues over the lack of validation or understanding of the loss by society and the act of consenting to euthanasia were particularly concerning. Nevertheless brief counselling, one to two sessions, individually or in a support group, proved to be helpful, as marked by reduction in grief symptoms.

San Francisco service: Betty Carmack (1985) is in private practice providing individual and group counselling to bereaved pet owners in addition to acting as a consultant to interdisciplinary health professionals. Over a two year period she worked with 90 bereaved owners; 80% were female and 20% male. She found that bereaved pet owners were likely to live alone or with one or two other people. They described a grief more deep for their pets than for their relatives and experienced all of the usual characteristics of grief - regret, shock and numbness, crying, deep sorrow, despair, mental suffering and loneliness. They also had feelings of guilt, anger and helplessness and were reluctant to express their grief outside counselling sessions for fear of lack of acknowledgement and understanding by family, friends and colleagues.

Befriender Service: the Society for Companion Animal Studies (SCAS) in Britain has established a telephone counselling service for those who are grieving the loss of their pets. The service is staffed by trained volunteers who are rostered on call in their own home. There are over 130 befrienders covering the whole of Britain.

Issues for veterinary medicine

Veterinary medicine is also beginning to address the issues surrounding animal-human interaction with regard to pet loss and anticipated pet loss and to highlight the importance of the veterinarian, counsellor and owner triad in the decision making process (Cohen and Sawyer 1991, Netting et al 1987). Antelyes (1991) writes that communicating with a client whose animal is afflicted with a chronic, incurable, but not-yet fatal illness is one of the most difficult human relations problems in veterinary medicine and that the literature of veterinary medicine and that of social work, psychology and psychiatry offer little enlightenment in this area of practice. Over the duration of the illness the psychological, emotional, physical and financial costs weigh a heavy burden on the human client. Harris (1991) writes that loss as the result of disappearance is a particularly difficult situation in that it is difficult to establish closure.

The inability of people to continue to financially support their pets and hence to choose adoption or euthanasia also has the potential to result in acute, chronic and abnormal grief reactions of which veterinarians need to be aware. Veterinarians therefore are cognizant of the many implications of pet loss as they constantly work at the interface of people and their pets and workshops for both students and practitioners are now beginning to focus on these issues. Animal health professionals are also acutely aware that they are not trained in the area of human relationships and grief counselling so the services that are provided by social workers and counsellors are of immense importance. Although veterinarians may be able to justify their treatment, they usually are ill-prepared to deal with and respond to the emotional issues with which the pet owner confronts them (Burghardt 1991). The issue of euthanasia is of particular importance in terms of grief counselling because published studies have shown that 76% of companion animal loss involves a euthanasia decision (Harris 1991) and often clients who choose euthanasia do not return to the veterinary practice (Antelyes 1991). Weisman (1991) found that almost without exception owners at first regretted giving consent for euthanasia despite illness, invalidism and senescence. 'This was not an indictment on euthanasia however but an expression of how guilty owners felt about invoking the power of life and death, as if it had been a betrayal, not a gift or release from suffering. This caused as much consternation to some people as if they had actually executed their companion. However Quackenbush and Glcikman (1984) found that clients who allowed their pets to die naturally, later reported having felt guilty for letting the animals die a slow and sometimes painful death.

The studies and literature quoted demonstrate that the loss of a companion animal can sometimes precipitate a grief that is at least as intense as that precipitated after the loss of a human family member. The lack of validation and understanding by society of the deep and intimate bond which exists between people and their companion animals may further complicate the grieving process. Decisions over such issues as euthanasia and long term management necessitates the medical and

technical skills and expertise of veterinarians who are often not in a position to provide clients with the emotional support necessary at these times, hence the importance of providing appropriate services which meet the needs of grieving and bereaved pet owners.

METHODS

Terminology

Although the word 'pet' and 'companion animal' are often used interchangeably in both professional and general literature, the latter term is becoming favoured in recognition of the significance of the animal partner in the human-animal bond. This is especially the case in the anthrozoological and thanatological literature relating to companion animal studies and loss. The term 'companion animal' implies a significant and shared relationship, of mutual benefit and denotes a level of attachment which acknowledges the depth of reciprocal and reciprocated interaction; whereas the term 'pet' has connotations of an animal as an object, a possession or plaything. In this study the term 'pet' was used in the questionnaires because it is the most commonly understood and referential term. Throughout the report both terms are used for the sake of convenience and familiarity. Terminology becomes difficult also when describing the human in the relationship; this is particularly the case when using the word 'owner', and yet 'parent' and 'guardian' are equally problematic. Although this difficulty is acknowledged, as there is no clearly, more readily understood and obviously preferable word, the term 'owner' is used.

Euthanasia - a word whose meaning is clear to the veterinary profession; is nonetheless an unfamiliar and remote term for many people. It also does not describe the killing of an animal who would not ordinarily be dying - as in the case of animals who are killed for reasons other than illness. In human medicine it is always used in the sense of easing death when death is imminent, hence it is confusing and inappropriate for some animal deaths, particularly for those people whose animals are killed because of behavioural problems. 'Put to sleep' and 'put down' are also not useful and sometimes quite misleading terms as an animal is neither sleeping nor is it down. The word 'kill' is also difficult because of its emotive texture and the response that it evokes. In the present study the word 'euthanasia' is used although the discomfort with this term in some situations is acknowledged.

The commonly used term 'loss' is also not always the most appropriate one, generally being used to refer to both death and disappearance, making the distinction difficult at times. For the purpose of the study 'loss' is used to refer to all forms of breaking of the human-animal bond.

It is hoped that as the study of anthrozoology develops a concomitant and more appropriate vocabulary will also develop which more readily expresses the subtleties, peculiarities and particularities involved in the human-animal connection. Indeed it is likely that a lack of appropriate and suitable language may be partly responsible for the problems in describing, understanding and acknowledging the human-animal relationship in all its dimensions.

Questionnaire development

The original questionnaire was developed after studying several available articles (Weisman 1991, Sharkin and Bahrack 1990, Carmack 1985, Cowles 1985, Quackenbush and Glickman 1984, Keddie 1977) and other printed material in the fields of anthrozoology and thanatology (Stewart et al. 1996, Sife 1993, McKissock 1992, Worden 1984,). Consultation had also taken place the previous year with a British pet loss counselling service (Society for Companion Animal Studies) and Dr Avery Weisman from Boston, Massachusetts, who had developed a pet loss service alongside the Boston Animal Rescue League. Both were helpful in providing information and suggestions on the topic. Associate Professor Ken Daniels also provided important suggestions and advice on questionnaire design. Discussions with veterinarians and veterinary staff at the Ferrymead Veterinary Clinic in Christchurch and with the staff of Fond Farewells Pet Cremation Service, Ministry of Agriculture and Fisheries, Lincoln also proved useful in designing the questionnaire. Validated instruments were not used because they were not readily available and as the present study was a pilot study it was not considered necessary. The questionnaire contained questions

relating to attachment, the experience of the loss, the reaction of others, reflection on the loss and demographic details. After the first interview, scales were added to the questions relating to attachment which allowed for quantitative analysis. After the next fourteen interviews the questionnaire was modified and the table Experiences of Loss was also simplified to aid fluidity of the discussion. After the face to face interviews were completed the questionnaire was again modified and adapted for mailing out and extra questions were included which had arisen as a result of interviewees' comments and discussions. The final questionnaire is reproduced as Appendix C.

Procedure

An application for review and approval of the proposed study was made to the University of Canterbury Human Ethics Committee in April 1997 and approved in May. One week later the staff of the Marshall and Pringle Ferrymead Veterinary Clinic in Christchurch, who had earlier agreed to assist, were contacted and notices were displayed in the clinic asking for people to participate in the study. Clients of the clinic who had lost a pet within the last six months and who were interested in participating after reading the displayed notice and information sheet and/or speaking with staff were to have contacted the researcher to discuss the study and arrange an interview. By early July it became evident that this method of recruitment was not working as no-one had indicated an interest in participating. In July, Television New Zealand featured a British documentary *Goodbye dear friend*, which explored the day to day work of veterinarian Janet Thomas, and her commitment to working with people experiencing the loss of a pet. The time seemed opportune to utilise the print media to 'piggy back' on the documentary. The Chairperson of the Human Ethics Committee and the Acting Head of Department of the Department of Social Work were contacted to obtain permission to vary the agreed proposal for the study. The following day a news reporter was contacted and an article appeared on the front page of the twice-weekly, free *Christchurch Star* on Friday the 18th of July 1997 asking for people to participate. A longer article also appeared in the free local community newspaper the *Pegasus Post* on Monday the 21st of July 1997. These newspaper articles are reproduced as Appendix D.

As a result of the articles appearing in the print media, the researcher was contacted by the Radio New Zealand talk show host Mike Minehan and interviewed on air on 27th of July 1997. Because of the large number of responses to the articles, it was impractical to interview all respondents, so those who expressed an interest in being part of the study after the interview schedule was completed were offered postal written questionnaires.

Subjects

Over a period of three weeks approximately eighty self-selected people telephoned the researcher and expressed an interest in participating in the study. Of these, some were not available or were not re-contactable. Thirty seven people were interviewed in their own homes using a pre-prepared questionnaire; they also signed a consent form which assured confidentiality and allowed them to withdraw from the study at any time. As two of the subjects were minors, thirteen and fifteen, consent was also obtained from their parents. Most interviews took between one and a half and two hours. One person was interviewed over the telephone and the consent form posted. A further thirty six reply paid questionnaires were mailed to interested persons who the researcher had already spoken with for approximately 40 minutes over the telephone. The mailing included a letter explaining the study (Appendix A) and a consent form (Appendix B). Two of the calls were from people in the North Island of New Zealand. Mailed questionnaires had instructions on form filling and all subjects were told to contact the researcher if they either needed to clarify what was required or would prefer to be interviewed in person. (The two North Islanders were not offered the latter option.) None did so. Only those who had experienced loss within the last six months and had completed all sections of the questionnaire, either in interview or in writing, were included in the analysis. Of the thirty seven interviews conducted, four were not used in the data analysis as the

loss had occurred more than six months prior to the interview. Of the thirty six questionnaires posted out, thirty one were returned. Of these, six were rejected. One of these was incomplete and in the other five the loss occurred more than six months ago. This resulted in thirty three usable interviews and twenty five usable postal questionnaires, a total of fifty eight.

Statistical Analysis

Coding

Data was entered into Quattro Pro spreadsheets using "y" for "yes" and "n" for "no". Also used were "?" for "yes and no", "maybe" for unsure, "na" for "not applicable" where this was the respondent's response, and "dk" for "don't know".

Some respondents gave semi-numerical or non-numerical attachment scores. These were coded as follows:

“10++”:	100
“off scale”:	20
“higher than any human”:	20
“>10”:	15
Any value greater than 100:	100

Age ranges were coded as their mid-point, for example 36 - 45 was coded as 40.

Statistical methods

Since the numerical attachment scores were on an open-ended scale, non-parametric statistical methods were used for these. Human-pet attachment scores have been shown to be highly skewed (Endenburg 1995). For consistency non-parametric methods were also used where possible for all other data. In particular, possible shifts in numerical scores were tested for using the Mann Whitney U test, frequencies in 2 x 2 tables were compared using Fisher's exact test and frequencies in 2 x k tables using Pearson's chi square test. P values of < 0.05 were considered to indicate statistical significance but because of the small size of this study p values < 0.1 are also noted in the Results section also as these may suggest further studies. The SYSTAT statistical package was used to perform the statistical tests.

To simplify the statistical analysis where categorical responses (yes or no) were expected but some respondents were unsure or left blanks, it was assumed that there were just two categories of response, 'yes' and the rest. The rationale is that those who definitely had the symptom would put 'yes' whereas those who did not or were not sure may have replied either 'no' or left a blank. Either way, this latter group probably did not definitely have the symptom in question or they would have said so and hence were considered to be a 'no'.

RESULTS

The full coded results for all subjects are given as Appendix C. This section presents a summary.

Comparison of Interview and Postal subjects

Demographics of Interviewed subjects

Of the 33 subjects, 2 were minors, one male and one female. Of the total group 85% were female and 15% were male. The median age was 40 years and the range was 13 to 83 years. Forty eight percent had lost a dog, 45% a cat, 3% a canary and 3% a ferret. The median age of the companion animal was 11 years at the time of loss, the range 0.7 to 24 years. Seventy nine percent of people lived with at least one other person and 21% lived alone. Eighty five percent were multiple pet owners at the time of loss and the number of pets owned ranged from 2 to 20. The median time that had elapsed between the loss of the pet and the interview was 6 weeks, range 0 to 26 weeks, with one interview taking place on the day of the loss. The causes of loss (all deaths in this group) were chronic illness (36%) accidents (24%) acute illness (21%) and old age (18%). Of this group 64% of animals were euthanized and 36% died without euthanasia. One hundred percent of respondents had had previous pets. Twenty one percent got another pet after the loss and 24% intended to do so.

Demographics of Postal subjects

Of the 25 subjects, 96% were female and 4% male. The median age was 40 years and the range was from less than 25 to greater than 65 years (Subjects indicated age by decade compared with interviewed subjects who frequently stated their exact age). Forty percent had lost a dog, 52% a cat, 4% a rabbit, and 4% a magpie. The median age of the companion animal was 14 years at the time of loss and ranged from 0.5 to 21 years. Seventy six percent of people lived with at least one other person and 24% lived alone. Sixty four percent were multiple pet owners at the time of loss. The median time that had elapsed between the loss of the pet and the completion of the questionnaire was 7 weeks, range 2 to 26 weeks. The causes of loss were chronic illness (32%) acute illness (28%), old age (16%), disappearance (12%) accident (8%) and could not care for (4%). Of this group 68% of animals were euthanized. Ninety two percent of respondents had had pets previously. Thirty six percent got another pet after the loss and 36% intended to do so.

Comparison of postal and interview groups

For none of the above demographic variables was there a statistically significant difference between the two groups of subjects. There was also no statistically significant difference between the scores of the two groups for the attachment variables 'Importance of pet' (15a), 'Depth of feeling for pet' (Q16a), 'Depth of grief for pet' (Q17a) and 'Need for pet' (Q18a). The same Experience of Loss items were most highly ranked by both groups. The rankings are given in Table 1. Note that the top four items above are the same for both groups, as are the top eight. This is out of a total of twenty three items.

Table 1. Top ranking Experience of Loss (Q19) items in the Interview and Postal groups.

Interview group ranking	Interview group item	Postal group ranking	Postal group item
1	Sadness	1	Pangs of grief
2	Crying	1	Sadness
2	Pangs of grief	3	Crying
2	Reliving events	4	Reliving events
5	Loneliness	5	Numbness and shock
6	Numbness and shock	6	Experiencing pet's presence
7	Experiencing pet's presence	7	Guilt
8	Guilt	8	Loneliness

Only the responses shown in Table 2 to items in both the interview and postal questionnaires showed statistically significant differences between the two groups. The first six are items relating to the Experience of the Loss (Q19); 'then' refers to at the time of loss and 'now' refers to the present (ie. when the subject was either being interviewed or answering the questionnaire); the last item in the table relates to Q26 'Was anyone unsympathetic to you?'

Table 2. Items that differed significantly between the Interview and Postal groups.

	Response	Interview group (% yes)	Postal group (% yes)	p
Q19	Out of touch (then)	61	16	0.001
Q19	Crying (now)	73	44	0.033
Q19	Disbelief (now)	42	16	0.045
Q19	Anger (now)	39	8	0.008
Q19	Sadness (now)	85	60	0.040
Q19	Appetite (then)	58	24	0.016
Q26	Unsympathetic?	49	12	0.005

As these were the only significant differences between the two groups on all the variables, the groups were combined for further analysis in order to increase the statistical power of comparisons and tests.

All subjects

Demographics

Of the 58 subjects, 90% were female and 10% male. The median age was 40 years and ranged from less than 25 to greater than 65 years. Forty five percent had lost a dog, 48% a cat, 2% a rabbit, 2% a magpie, 2% a canary and 2% a ferret. The median age of the companion animal was 11 years at the time of loss, the range 0.5 to 24 years. Seventy eight percent of people lived with at least one other

person and 22% lived alone. Seventy six percent were multiple pet owners at the time of loss. The median time that had elapsed between the loss of the pet and participation in the study was 6.5 weeks and the range from 0 to 26 weeks. The causes of loss were chronic illness (34%) acute illness (24%), old age (17%), disappearance (5%) accident (17%) and could not care for (2%). Of this group 66% of animals were euthanized. Ninety seven percent of respondents had had pets previously. Twenty eight percent of respondents got another pet after the loss and 29% intended to.

Attachment

The responses to the attachment scales are summarized in Table 3.

Table 3. Attachment of subjects to their pet relative to that for humans.

	Importance of pet (Q15a).	Depth of feeling for pet (Q16a).	Grief for pet (Q17a).	Need for pet (Q18a).
Median score	10	10	10	10
Inter-quartile range	8 to 10	8 to 10	8 to 20	8 to 11
Score < 10	48%	43%	34%	38%
Score = 10	33%	33%	19%	33%
Score > 10	19%	24%	38%	15%

Scores are on an open ended scale where 10 indicates a strength of attachment equal to that to significant humans.

The median scores of 10 for each of the four attachment scales (Table 3) indicates that overall the attachment of the subjects to their pets was of about the same strength as their attachments to humans. The majority of respondents indicated that their attachment to their pet was as great or greater than that to humans (score = 10 or >10). Relatively few respondents availed themselves of the opportunity to suggest very large scores; that is to say, that their attachment to their pet was very much more important than that to humans. Another measure of attachment in the questionnaire was the question asking if the respondent did anything or kept anything to remember the pet by. Ninety two percent of subjects reported that they did so.

Experience of loss

The results for the Experience of Loss (Q19) items are given in Figure 1. The item Other is not shown as this was only used by one person, their response was 'Helplessness'.

Reaction of others

Thirty eight percent of the subjects reported that they felt emotionally supported when their pet was ill and 24% reported that they did not. Some pets of course were not ill. Seventy nine percent of subjects reported that they felt emotionally supported when they lost their pet, 17% felt they were not emotionally supported. Fifty seven percent of subjects said they found it easy to talk to others about how they were feeling, 34% said they did not. Thirty three percent reported that someone was unsympathetic to them.

Reflecting

Fifty two percent of respondents reported that the feelings of loss were greater than they had expected (only asked of the postal subjects). Seventy six percent of subjects felt that their life changed as a result of the loss. Forty percent reported that the loss occurred at a time when they felt vulnerable for other reasons. Sixty four percent of people said that things were done or said that

made the experience worse for them. Twenty nine percent of subjects felt that vets or vet nurses could have done things to make their loss easier to cope with, 24% felt that others could have said or done things to make their loss easier and 21% identified other ways that their loss could have been made easier to bear. The cost of veterinary services prevented 12% of the respondents taking their pet to the vet as soon as they would have liked and 7% from keeping their pet alive as long as they would have liked. Thirty eight percent of subjects felt that vets and vet nurses need to be more understanding than they already are about pet loss and 76% (of the postal group only) said that their pet received the sort of treatment that they would have liked from their veterinary practice. Ninety six percent believed that vets and vet nurses should learn about pet loss and the human-animal bond as part of their training. Forty five percent of subjects said that they would have used a pet loss counselling service if one were available and 12% said they might have. Ninety three percent felt that their should be a free pet loss counselling service. Forty four percent of postal respondents would have liked to put a bereavement notice in the newspaper, 20% would have liked someone to help or officiate at a memorial service and 4% would have liked their pet taxidermied.

All subjects cross-tabulations

Not every possible cross-tabulation has been performed and tested for statistical significance because the very large number of possible combinations both makes this impractical and of dubious statistical value since many merely chance associations are likely to be found. The cross-tabulations done and tested were those which the literature review or the aims of this study suggested might be important. These cross-tabulations and their statistical significance are listed below.

Attachment cross-tabulated by species

The median attachment scores for cat and dog owners are given in Table 4.

Table 4. Median attachment scores by species.

	Importance of pet (Q15a)	Depth of feeling for pet (Q16a)	Grief for pet (Q17a)	Need for pet (Q18a)
Cat owners	9	9	10	10
Dog owners	10	10	15	10
p	0.11	0.20	0.034	0.078

There is clearly a tendency for dog owners to score their attachment to their pet more highly than do cat owners. This difference is statistically significant for the Grief score and approaches significance for the Need score. The finding of a near significant difference for Need although the median scores are the same is at first sight odd, but occurs because such a high proportion of respondents gave a score of 10 (see Table 3) that although there is an overall upward shift in the dog owner's scores, the median remains the same. Also examined was whether there was a difference in the proportion of cat or dog owners who found the feeling of loss greater than expected. There was no significant difference ($p = 0.75$).

Experience of loss cross-tabulated by age of respondent

Respondents were divided by age into an over 40 group and a 40 or younger group and differences in the frequency of Experience of Loss items examined. The older group reported Depression (at the time of the loss), Depression (at the time of the response) and Deep Emotional Distress (at the time of the loss) more frequently than did the younger group (Table 5).

Table 5. Numbers of affirmative responses from younger and older respondents (Q38) for Experience of Loss items (Q19) where there were significant differences.

> 40 years	Experience of loss response	Depression (then)	Depression (now)	Deep emotional distress (then)
Yes	Yes	19	11	21
Yes	No	6	14	4
No	Yes	12	6	19
No	No	21	27	4
		p = 0.004	p = 0.044	p = 0.045

There were no significant age related differences in the frequencies of Deep Emotional Distress (now) ($p = 0.25$), Loneliness (then or now) ($p = 1.00$ and 0.60), Physical Pain (then or now) ($p = 0.14$ and 0.79) or Experiencing Pet's Presence after the Loss (then or now) (1.00 and 0.79).

Experience of loss cross-tabulated by potential use of a pet loss counselling service

Respondents who reported being depressed by the loss of their pet at the time were significantly more likely to say that they would have used a free pet loss counselling service had one been available (Table 6).

Table 6. Numbers (N) of respondents who would have used a counselling service (Q33) subdivided by Experience of Loss items.

Would have used a free counselling service	Experience of Loss response	Depression (then) (Q19)	Physical pain (then) (Q19)	Deep emotional distress (then) (Q19)
Yes	Yes	18	17	21
Yes	No	8	9	5
No	Yes	13	12	19
No	No	9	20	3
		p = 0.037	p = 0.064	p = 0.095

There was a tendency for the likely use of a free counselling service to be associated with Physical Pain (then) and Deep Emotional Distress (then) (Table 6) but these did not reach significance. Likelihood of use of a counselling service was not significantly associated with Depression (now) ($p = 0.25$), Deep Emotional Distress (now) ($p = 1.00$), Loneliness (then or now) ($p = 0.49$ and 0.79), Experiencing Pet's Presence (then or now) ($p = 0.52$ and 0.44) or Physical Pain (now) ($p = 1.00$).

Evaluation of the euthanasia process cross-tabulated by experience of loss

Those respondents who found the handling of the euthanasia of their pet by their veterinary clinic satisfactory were significantly less likely to feel guilty at the time of response than those who found the euthanasia process unsatisfactory (Table 7).

Table 7. Numbers of respondents who thought the euthanasia process was handled satisfactorily or not by the clinic (Q6a) subdivided by whether they experienced Guilt (now) or Regret (now).

Euthanasia process OK	Experience of Loss response	Guilt (now) (Q19)	Regret (now) (Q19)
Yes	Yes	5	7
Yes	No	19	17
No	Yes	6	5
No	No	1	2
		p = 0.004	p = 0.078

The other Experience of Loss items, Guilt (then) ($p = 0.64$), Deep Emotional Distress (then or now) ($p = 1.00$ and 1.00), Anger (then or now) ($p = 0.37$ and 0.30) and Regret (then) ($p = 0.37$) were not significantly associated with the quality of the euthanasia process but Regret (now) came close to significance (Table 7).

Experience of loss cross-tabulated by strength of attachment

Respondents were grouped according to whether their scores on the attachment scales were > 9 or ≤ 9 . A significant relationship between Deep Emotional Distress (then) and the attachment items Depth of Feeling for Pet and the Need for Pet scores was found (Table 8).

Table 8. Numbers of respondents with and without Deep Emotional Distress (then) (Q19) subdivided by strength of attachment scores.

Deep Emotional Distress (then)	Attachment score > 9	Importance of pet (15a)	Depth of feeling for pet (16a)	Grief for pet (17a)	Need for pet (18a)
Yes	Yes	24	27	27	29
Yes	No	16	13	13	11
No	Yes	7	6	7	6
No	No	11	12	6	10
		p = 0.16	p = 0.022	p = 0.50	p = 0.03

Satisfaction with the euthanasia process cross-tabulated by animal health professional's level of understanding of pet loss and quality of treatment

Those respondents who found the handling of the euthanasia of their pet by their veterinary clinic satisfactory (Q6a) were significantly less likely than those who did not, to feel that vets and vet nurse needed to be more understanding about pet loss than they are (Table 9).

Table 9. Numbers of respondents who thought the euthanasia process was handled satisfactorily or not by the clinic (Q6a) subdivided by whether or not they felt vets and vet nurse nurses needed to be more understanding about pet loss than they are.

Euthanasia process OK	Item response	Vets and nurses need more understanding (Q30)	Received the expected quality of treatment (Q31)
Yes	Yes	7	10
Yes	No	17	0
No	Yes	6	0
No	No	1	1
		p = 0.012	p = 0.091

There was also a tendency for satisfaction with the euthanasia process to be associated with respondents agreeing that they received the sort of treatment they would have liked from their veterinary practice but this did not reach significance (Table 9) (only the Postal group were asked this question).

Experience of loss cross-tabulated by feeling vulnerable

Respondents who felt vulnerable for reasons unrelated to the pet loss were significantly more likely to have Anxiety (then) (Table 10).

Table 10. Numbers of respondents feeling vulnerable for non-pet loss reasons (Q22) subdivided by Anxiety (then) (Q19).

Feeling vulnerable	Anxiety (then)	N
Yes	Yes	17
Yes	No	6
No	Yes	12
No	No	23
		p = 0.007

There was however no significant association between the respondent feeling vulnerable for reasons unrelated to the pet loss (Q22) and Anxiety (now) (p = 0.46), Depression (then or now) (p = 0.18 and 0.72), Sleep Disturbance (then or now) (p = 1.00 and 0.50) or Deep Emotional Distress (then or now) (p = 0.26 and 0.77).

Experience of loss cross-tabulated by support by others

Respondents were divided into two groups, one group were those who felt emotionally supported when their pet was ill (Q23) and when they lost their pet (Q24) and who found it easy to talk to others (Q25) and who had not had anyone be unsympathetic to them (Q26). Fourteen respondents met all four criteria. The other group were those who did not meet all these criteria (N = 44). There was no significant difference in the incidence of the Experience of Loss (Q19) items: Depression (then or now) (p = 1.00 and 1.00), Anger (then) (p = 0.75) or Deep Emotional Distress (then or now) (p = 0.33 and 0.31). There was a suggestion however of a reduction in the incidence of Anger

(now) ($p = 0.087$) in the well supported group.

Experience of Loss (Q19) cross-tabulated by time since loss

Respondents were divided into the two groups, < 6 weeks since the loss and ≥ 6 weeks since the loss (Q3). There was no association between time since loss on this basis and either Deep Emotional Distress (now) ($p = 0.77$), Pangs of Grief (now) ($p = 0.25$) or Crying (now) ($p = 0.12$). However there was a suggestion of a relationship between time since loss and Reliving Events (now) ($p = 0.054$) and Sadness (now) ($p = 0.07$). In the group responding closer in time to the loss, the incidence of these grief symptoms tended to be higher.

Experience of Loss (Q19) cross-tabulated by whether or not pet euthanized

There was no significant association between whether or not the pet had been euthanized (Q6) and Guilt (then or now) ($p = 0.75$ and 0.28) or Regret (then or now) ($p = 0.16$ and 0.28).

Experience of loss (Q19) cross-tabulated by age of pet

Pets were divided into the two groups, < 11 years old and ≥ 11 years old. There was no significant association between the age of the pet at the time of the loss (Q4) and Pangs of Grief (now) ($p = 0.24$), Sadness (now) ($p = 0.38$), Crying (now) ($p = 0.18$) or Reliving Events (now) ($p = 0.59$).

Experience of loss (Q19) cross-tabulated by natural or un-natural loss

Pets were divided into a natural loss group (chronic illness, acute illness or old age) and an un-natural loss group (accident or injury, inability to keep or disappearance) (Q5). There was no significant association between these groupings and Guilt (then or now) ($p = 1.00$ and 0.13).

Experience of loss (Q19) cross-tabulated by single or multiple pet ownership

Respondents were divided into those whose only pet was lost and those who owned more than one pet at the time of the loss (Q10). There was no significant association between single pet ownership and Loneliness (then or now) ($p = 1.00$ and 0.38) or Deep Emotional Distress (then or now) ($p = 1.00$ and 0.50).

Experience of loss (Q19) cross-tabulated by living alone or living with others

There was no significant relationship between living alone or with others (Q14) and either Loneliness (then or now) ($p = 0.84$ and 0.55) or Deep Emotional Distress (then or now) ($p = 1.00$ and 0.68). However Depression (then) came close to statistical significance ($p = 0.066$) but Depression (now) did not ($p = 1.00$).

Predictive value of strength of attachment, emotional support and vulnerability for incidence of Deep Emotional Distress

It was hoped that by using a Depth of Feeling for Pet score of > 9 (Q16a) as indicating high attachment, a "no" response to the 'Emotionally supported when you lost your pet?' (Q23) item as indicating low support and a 'yes' response the item asking about vulnerability for other reasons (Q22), to test the hypothesis that this combination of responses would predict a high incidence of Deep Emotional Distress (then). However only three subjects met these three criteria, making the testing of predicative value impossible. Two of the three did though have Deep Emotional Distress (then).

DISCUSSION

Significant differences in responses between interview and postal questionnaires

The difference in response to the item Out of Touch with the World (then) may have been as a result of misunderstanding the question. During interview this item was explained as 'experiencing a sense of distance from the world - that things were going on around but the respondent felt strangely out of sync and detached - a feeling of unreality.' It is possible that this question was interpreted differently by the questionnaire respondents as meaning that they did not have contact with others, that they did not go out of the house and so on. This may account for the significantly lower affirmative percentage of 16%. Nicholson et al. (1995) found that approximately 55% of guide dog owners experienced 'unreality/out of touch with the world' when the partnership ended between themselves and the dog. This corresponds more closely to the 61% of the interview group who responded affirmatively. However it is also possible that this item was not given as much significance as others as it is at the bottom of the 23 item list of incidences of grief symptoms. If it were used again it would need to be explained more clearly.

The difference in responses to the items: Crying (now), -Unable to Accept (now), Anger (now), Sadness (now) may have arisen because the interview group were talking with the researcher about the loss of their companion face to face, showing photos, toys, etc. thus evoking a grief response; whereas the postal questionnaire group were likely to have completed the questionnaire under different conditions. This does not however explain why other items such as Guilt and Pangs of Grief did not also show statistical differences. This difference clearly needs to be taken into account when deciding on the design of further studies as there may be a difference on some items but not all, related to the method of eliciting information.

The difference in response to the question 'Was anyone unsympathetic to you?' may also have resulted from the different research methods used; those being interviewed may have either had their memories triggered more readily by the question or felt more able to express their feelings about the responses of others because they had a sympathetic listener and one who was acknowledging their difficulty in having their grief legitimated.

Since there is no obvious reason why Appetite Disturbance should differ between the two groups, it is possible that it is simply a chance result. Because of the large number of statistical comparisons made in this study chance significance will be found occasionally in the absence of any real difference.

The similarity of most responses, apart from those just discussed, may have been in part because each person in both groups, had spoken with the researcher either by telephone or in person. Nevertheless the high degree of consistency in responses between the two groups does tend to support the validity of the questionnaire.

Gender

In common with previous studies (Gosse and Barnes 1994 and Gerwolls and Labott 1994) most subjects were women, lending support to the view that women more readily speak about their experiences of grief and feel a significantly greater sense of despair than men (Gosse and Barnes 1994). In the present study comparisons between men and women were not made as there were too few males (six); however, anecdotally, the men in this study described a grief that was no less severe than the grief expressed by women. One interview was conducted with an early middle aged heterosexual couple and of this pair the male was more upset and more guilt ridden than his partner over the accidental death by drowning of their 8 month old dog. Only Mike said that he felt depressed at the time and was still experiencing Deep Emotional Distress, Anxiety, Loneliness and Appetite Disturbance 3 weeks later. He commented that because he worked as a builder, people expected him to be 'tough and to have got over it.' This he said, made it more difficult for him to

express his feelings. Future studies might focus on differences and similarities in grief response and attachment to companion animals in heterosexual relationships. Many respondents in the postal questionnaire were couples, both of whom were described by the respondent as grieving, but in every case the woman both made the initial contact with the researcher and filled in the questionnaire.

Age

The median age of 40 is similar to that of other studies. The median age of Gosse and Barnes' (1994) study on human grief resulting from the death of a pet was 41 years. Weisman (1991) comments that most of his counsellees were middle aged. Children and young adults have been under studied groups and clearly this is an area which requires further attention. Two of the interview subjects in the present group were minors; a 13 year old male and a 15 year old female. The male was unique in the study because it was his grandfather's cat who had died. He had no personal experience of death before this and was keen to talk about how he felt. He said that this was 'the first death that I've ever cared about.' Although he talked about living in a happy family he said 'I love animals because they are better than humans because they can't harm you - they keep you safe and they are soft and furry in bed.' These sentiments are commonly shared by adults in the study. In response to the item 'Reliving Events' he focussed on the physical characteristics of death saying, 'He was stiff and he stunk.' This type of comment was not made by any adults in the study suggesting that there may be a difference in the way young people come to terms with the death of a companion animal. He kept himself 'safe' from ridicule of others by only telling close friends how he was feeling and was insightful in his final comment that if someone chooses to get another animal 'don't expect the new pet to be like the one who has died.' The fifteen year old female lived with her parents in a house full of cats. She had experienced many losses and was keen to talk about her 'precious pets'. The most difficult thing for her when a loved companion died was being told by her family to stop feeling sad and that if she continued to mope she would be grounded. It is possible that young people whose attachment to their pets is strong and whose resulting grief at the loss is unsupported by family, may be more likely to suffer from depression and loneliness than those who do have support; if pet loss is not an acknowledged and well understood phenomena, teachers, parents, social workers and counsellors may miss important cues of impending mental and physical ill health and behavioural problems in this group of people. Pet death is likely to be one of the first experiences of death for children and parents may not always feel equipped to deal with their child's grief. The researcher received several calls from mothers who wanted to know if their children could participate in the study indicating that there may be a need for research into children's experience of pet loss as the literature features only anecdotal information.

Species

The most commonly reported species in the literature on attachment and loss are cats and dogs as is the case in this study. Endenburg (1995) reported a greater attachment to cats and dogs than to other species and a greater attachment to dogs than cats, although whether this difference is statistically significant is not stated. Stallones (1994) compared bereaved pet owners who received counselling and those who did not and found that the counselled group had higher depressive symptoms and were more likely to be grieving the loss of a dog. Weisman (1991) also reports that most of his counsellees were dog owners. The literature supports the findings of the present study which showed a statistically significant difference in attachment scores between cats and dogs, with dog owners scoring significantly higher on the Attachment-Grief scale than cat owners and the Attachment- Need scores approaching a significant difference. These findings are especially important for considerations of housing needs of older adults and others who live in residential care. An 83 year old woman in the interview group described feeling deeply depressed after the loss of

her little dog Mopsy and had been prescribed anti-depressants by her doctor. She and her husband had recently moved with their little dog and cat to residential housing for the elderly. New residents are allowed to take previously owned pets with them but cannot 'replace' dogs when they die. Although Mrs K was fond of her cat, she was really a 'little dog person' and even though Lara was important, the connection wasn't the same. Where it may not always be possible to accommodate people's needs it cannot be assumed that because a person enjoys dogs as a species that they will like cats or any other 'suitable' animal and that these are therefore appropriate and adequate 'replacements'. Such a view runs the risk of minimising a person's individual expression of love and compassion towards creatures of their choosing and undermines their right to self determination and their expressions of loss and grief.

Older adults

The effect on older adults when a pet dies while discussed in the literature; most writing has been anecdotal and inferred from studies on the benefits of animals in nursing and residential homes. However Rajaram et al (1993) investigated the impact of the loss of a pet in comparison with the loss of a significant human in a national probability sample of 1,232 non-institutionalized US residents 65 years and older and found that the death of a pet was not associated with depressive symptoms to the extent of deaths of a significant person, especially that of a spouse and remained a non-significant predictor irrespective of the level of pet attachment. It should be noted that the analysis specifically focussed on depression, which is not a common 'symptom' of 'normal' grief. In the present study subjects over 40 years of age were found to have a statistically higher incidence of Depression (then) and (now) and a statistically higher incidence on the Deep Emotional Distress (then) item than did those under 40. This should not be seen as a contraindication to animal ownership in the middle aged and older age group but may be a reflection of other life events or the identification of one's own mortality with increasing age. It should also be noted that the group of people who chose to participate in this study were self selected and may have represented an older population who were experiencing greater difficulty with grief in relation to pet loss than do the random older population. Nevertheless the findings support the fact that most people who seek counselling are in the over 40 age group and that pet loss may be more difficult with age. This has important implications for social workers and the veterinary profession as there may be an expectation that a middle aged person has better support and greater coping skills and should therefore be more realistic and matter-of-fact about impending or actual pet loss.

Living alone and emotional support

It was expected that people living alone would experience a greater sense of loss and conversely that those who lived with others would be less likely to experience a grief that was as deep and difficult as those living alone. The present study does not confirm this hypothesis. There was no significant relationship between living alone or with others on either the Loneliness (then) or (now) or the Deep Emotional Distress (then) or (now) items; however Depression (then) came close to statistical significance. This finding concurs with Gosse and Barnes (1994) who found that owners of cats and dogs who lived alone and whose animal had died in the past year did not have a higher grief response on any of the response measures used compared to those who lived with others. The present study also did not find a statistically significant difference between those who felt emotionally supported when their pet was ill or when they lost their pet, who found it easy to talk with others and who had not experienced a lack of sympathy compared to the group who did not meet this criteria on items of Depression (then) or (now), Deep Emotional Distress (then) or (now), Anger (then) or (now). Nicholson et al (1995) in their study of 59 Guide Dog Owners also failed to demonstrate a link between level of social support and level of reaction. Weisman (1991) stated that few counselees were isolated. Gerwolls and Labott (1994) however did find that people living

alone experienced more guilt and despair than those living with others; this appears to be the only study that found a significant link between single households and an increased level of distress. Some participants in the present study described a grief that was overwhelming and long lasting despite having wonderful support from family and friends.

The vet and the staff were wonderfully supportive as were our family and friends - they were all concerned. We received flowers and cards and a friend gave us a rosebush. Friends sobbed with me and so did our children. No-one was unsympathetic.

In response to the item Deep Emotional Distress this participant added 'I felt we would never survive that period'. She was still distressed and depressed 10 weeks after the loss. Conversely, those who lived with others did not always feel supported as they would have wished. One woman said that when her pet died she felt so alone and depressed even though she lived with her family. Another respondent who lived alone part of the time commented that although she felt lonely for her dog, and was sad and cried a little, she took a more

practical and pragmatic approach to her pet dying. Clearly more research needs to take place in this area to identify in what way social support might help to alleviate the distress associated with the loss of a companion animal and what the significant factors might be in the experience of that loss. It should not be assumed that a high level of support from family and friends will necessarily alleviate the grief associated with pet loss nor should it be assumed that people living in a supportive or unsupportive environment will differ in their grief responses or that people living alone will struggle more with distress and depression compared to those with strong social support.

Vulnerability

There is an expectation that if a person already feels vulnerable when a major loss occurs this is likely to compound the effect of the grief making it more intense and long lasting. The present study did not find a significant association between vulnerability for reasons unrelated to pet loss and Depression (then or now), Sleep Disturbance (then or now), Deep Emotional Distress (then or now), or Anxiety (now). However Anxiety (then) was highly significant. Gosse and Barnes (1994) found that high attachment, low social support and other stressful events were associated with high levels of grief. The present study did not find a relationship between the combination of strength of attachment, emotional support and vulnerability for incidence of Deep Emotional Distress. Only three subjects met these three criteria making assessment of predictive value impossible in this study. Forty percent of people in the current study said that they did feel vulnerable whilst 53% said they did not. The vulnerable group reported other stressful events or relationships such as: the final link to a spouse's earlier death, the last child leaving home, a spouse's redundancy a few months earlier and the pet's death occurring on the anniversary of an accident which left the respondent unable to have children. The non-vulnerable group commented that life was going so well that it was very unexpected, or simply responded that they did not feel vulnerable for any other reason. The first non-vulnerable comment is an interesting one and clearly requires further study as it suggests that those people whose lives were going well or really well may have experienced a huge shock as a result of an unexpected loss - that is that the contrast may have been too dramatic. This group may therefore be just as likely to experience a grief as intense as those for whom the loss was 'the last straw.' This has important implications for supporting people as it cannot be assumed that those who do not have any other stress factors in their lives will not feel just as bereft as those who do.

Pets now and then

Where it might be expected that people with a single pet who had died may experience a greater

sense of loneliness and distress than people who owned multiple pets, this was not found to be the case in the present study. This is supported by Gosse and Barnes (1994) who found that there was no significant difference between multiple and single-pet owners in grief outcome and that therefore loss is as important to one group as it is to the other. Gerwolls and Labotts (1984) also reported that pre-existing pets in the home did not facilitate adjustment to the death of a pet.

In the present study several people commented that they almost felt resentful that their favourite animal had died while another was still alive, whilst others said that the pre-existing pets although loved and cared for did not take the place of the ones who had died. It may be that multiple pet owners have a deeper and stronger bond for animals which is why they choose to share their lives with more than one animal. It should not be expected that if one animal has died, that other pre-existing pets will compensate, just as it would not be expected that parents who had lost a child in a family where there were other siblings ought not be so bereft.

The respondents were asked if the loss of the present companion was different and if so, in what ways. They responded:

I felt sad I didn't find his body - all my cats deaths have been a time of great grief, but I felt part of Trixie was another link broken with my husband who loved him very much too.

Yes, I have had other pets but Lottie was special - she took my heart and soul away.

Suzie was more like a child to me.

Either way it's hard going.

None of the other losses were as bad as Trudi. She was my best friend, Trudi knew me inside-out.

The loss in each case was just as devastating. I know that they are animals but somewhere along the way they simply become a member of the family and are treated as such.

I have lost two other cats. I loved them both and missed them when they died. But Judy was my whole life. I just poured all my love into her, even my ex-husband was jealous of her. After my divorce nine years ago, Judy was closer than ever to me. At night she was like a watch dog - woke me if she heard a noise, something the other cats didn't do, so now at night I feel so alone without her. Her loss has taken away part of me, she's in my mind every day.

This loss was much harder because I had hand fed him from 24 hours old.

These comments attest to the specialness that people feel for their pets, for some it was clear that there was a particularly close relationship; more so than with past animals. This specialness is discussed in the literature as a factor in predicting and understanding the intensity of grief.

Companion animals who have been rescued, who are a link between another person or event, or who are special by their very nature may result in a more difficult grief (Stewart et al. 1996). While the specialness of a particular animal was not included as an item in the present questionnaire it could be inferred from comments that for some people, the bond had been forged in a way that may have resulted in a more intense grief.

Euthanasia

Euthanasia is one of the most difficult decisions that pet owners have to make. (Lagoni et al. 1996, Stewart et al. 1996, Weisman 1991, Harris 1984, Quackenbush and Glickman 1984). This is compounded by vets who often feel poorly prepared to deal with owners of terminally ill pets (Stern 1996, Antelyes 1984). Guilt is often a feature of euthanasia decisions; guilt at betraying the companion and having the power of life and death; and guilt at taking too long over making the decision (Quackenbush and Glickman 1984, Weisman 1991). The present study found that those respondents who found the handling of the euthanasia process by their veterinary practice satisfactory were significantly less likely to feel Guilty (now) than those who were unhappy about the process, although no differences were found between whether the pet had been euthanized and those whose animals had not been, on items of Guilt (then) or (now) or Regret (then) or (now).

Those respondents who were satisfied were significantly less likely to feel that their vets and vet nurses needed to be more understanding than they already were. Where there were many respondents who commented that their vet and vet nurses were wonderful and they could not have wished for better care, there were those who did believe their vets and vet nurses needed to be more understanding or could have done something to make the loss easier. They made the following comments:

They should understand that it is not just an animal but a family member.
 They could have asked if I wanted to keep body.
 They said my cat was a walking skeleton.
 Sometimes they are too clinical.
 When I picked my cat up she was handed back to me in a box just as though I was buying a new pair of shoes.
 When I went back the next week the vet couldn't remember his name.

These findings clearly have important implications for the veterinary profession as research shows that even those who are satisfied with their vets often do not return to the clinic after euthanasia (Harris 1984). Antelyes (1984:37) comments that 'Vets are often so preoccupied with the scientific and administrative aspects of their profession they tend to lose touch with the emotional content of their work. This is particularly noticeable when the patient dies or is about to die. Regrettably - empathy, understanding and insight are sorely lacking.' People's experiences of badly managed euthanasia in the present study often indicated a mixture of insensitivity and a lack of appropriate understanding and behaviour that was not always deliberate. One respondent said that her vet who she knew well and liked arrived at her house saying 'I've come to do the dirty deed - it's just a prick and it will all be over'. The respondent: - 'but it wasn't because she struggled and it wasn't quick. It was like a horror movie. I didn't want her to go like that. I've never known anything like that - ever.' Another subject who said that her vet and vet staff had always made it perfectly clear that they did not like her cat, were very unsympathetic when she took her in to be euthanized. As soon as the animal had died the vet picked 'Bella' up by the scruff of the neck and took her into another room leaving the woman stunned and distraught. One male respondent said that as soon as his animal had died one of the people in the consulting room asked him if he would like another cat. Then they gave him a plastic rubbish bag to take the cat home in. A single parent/university student said that because of her financial situation she had to 'shop around' for the cheapest home-euthanasia for her terminally ill dog. The vet, who she had never met before, arrived at her door syringe in hand - and noting that she used the title Ms, commented that 'this must be hard for you to do on your own.' He told her that he would give her dog 'a large dose of anaesthetic and she will just go to sleep.' The euthanasia was difficult with the dog struggling violently. The respondent commented that it 'broke my heart.' The vet, before he left, tried to give her a hug. These experiences serve to illustrate the difficulty that both clients and vets experience during the process of euthanasia. Laurel Lagoni and colleagues (1996), who work as pet loss counsellors at a United States veterinary teaching hospital, state that vets in the community often have difficulty with the human part of the human-animal interaction and find it difficult to offer a death that is both appropriate and gentle for the companion animal and its owner. These comments lend support to Antelyes (1994:39) who believes that 'Veterinarians ... education and social and cultural backgrounds have programmed them to shun any thoughts or feelings about death, yet the clinical day is replete with fatalities, near-fatalities and all varieties of mortal decisions.' These findings have important implications both for the way in which the veterinary profession manages the human-animal interaction (HAI) and makes decisions on future training and education; as well as for the type of support services that might be required of social work and counselling.

Attachment

For those who believe their companion is an integral part of their life, and who have bonded strongly, the loss through death or other circumstances may evoke grief that is similar in nature and content to the grief experienced at the breaking of the human-human bond (Lagoni et al 1996, Stewart et al. 1996, Nicholson et al 1995, Gerwolls and Labott 1994, Weisman 1991, Carmack 1985, Cowles 1985, Harris 1984). The present study supports the literature that some humans are as attached to an animal as strongly as they are to a person and that the grief that they experience as a result of pet loss is at least equal to that experienced as a result of human loss. A significant relationship was found between 'depth of feeling for a pet' and 'need for pet' scores and deep emotional Distress. Fifty to 60% of respondents were as attached to their pet or more so than they were to humans on all measures of the attachment scales (Table 3).

In response to the question related to the scale of attachment 'How important was your pet to you and in what ways?' (Q15) some of the respondents comments were:

I enjoyed his trust - the way I could cuddle him - just watching him hop around munching his carrot. He gave me such simple pleasure - also watching him with the other animals and them enjoying one another. He was a part of our family and his loss seemed to subtract in some subtle way.

He was the one person who truly loved me for myself.

She was special because I am unable to have children - she was everything to me - she taught me unconditional love.

She was important to me because she was important to my daughter. I admired them both for the respect they had for one another.

She was my whole life - made me feel so much better within myself.

She was the most important thing to me and in every way, she brightened my day and I looked forward to her meeting me. I just loved her and having her with me. I would have done anything for her.

He had a choice of friends, people and animals and he picked me as his best friend. He meant the world to me.

In response to the question 'Was the depth of feeling you had for your pet the same, less or more than you have had for a person?' (Q16) respondents commented:

That feeling of grief was the same (or similar) - anyway that combination of regret, guilt about things undone, sense of absence of wanting to 'hold you one more time' -to turn back time and live again with the loved one and appreciate more this time -was similar but the intensity of love was not what I have for my children for example. On the other hand there were no ambivalent feelings as you can have for a partner for example because unlike humans who have both things to like and dislike about them he was just simple goodness. Difficult to answer - more than some, less than others. A bit less than my grandmother but more than my work colleagues and about the same as my husband and children.

My father died a week prior and I grieved more for our dog.

I must be honest. More than for a person. I don't like telling people this but it is the way I feel.

I have a happy family but if had to pick one or other I couldn't do it.

In response to the question 'Have you grieved as much or less or more for your pet than you have grieved for a person?' (Q17) respondents commented:

Less and more - less than a friends' suicide - worse than my uncles' death.

As much as for some. When my grandmother died she'd had a long life and died peacefully - I felt none of those reassurances about our pets death.

A lot more for my dog.

More for my cat, she was something close to me . Some people cannot be trusted, animals put their trust in people.

It's hard to explain, but I've cried more, shut people out, got angry - more than with any person.

I have never lost anyone as close to me as our dog.

I have grieved for many people over the last 2-3 years and this feeling was no different.

In response to the question 'Did your pet fill a gap or a need not provided by family or friends?' (Q18) respondents commented:

Yes - he was never too busy with work or social engagements to be there - he didn't outgrow being cuddled or worry if his friends saw me cuddling him - he didn't argue - and I could enjoy him without having to worry about teaching him the right values or how he would turn out when he grew up.

Yes for once in my life somebody loved me just because I am me.

Yes - I didn't get much love from my husband so I put her first in my life. She always came to me, it was as if she could read my mind when I was sad and lonely - filled a gap 1,000 times over.

A gap that could never be filled by family or friends.

Yes - never judged and was always there.

I always wanted to have a baby and he filled that gap. He was definitely my baby. He was three when my real baby was born.

These comments illustrate the depth and nature of attachment that people have for their pets, mirroring in many cases what might be said of a significant person and supporting the literature on pet loss and the human-companion animal bond. The differences between human and animal relationships are often related to the unconditional love and support that people receive from their animals - a love rarely found in humans and resulting in an attachment that is deep and enduring (Lagoni et al 1996, Stewart et al. 1996, Weisman 1991). Weisman (1991:247) comments that 'the depth of a human-animal bond often exceeds that between a person and close kith and kin.' Because the depth of attachment experienced by some pet

owners is not readily acknowledged by society there is a gap which requires the support of people such as social workers and counsellors who are often in the best position to establish services and educate the public and the human service professions on the nature of attachment and the concomitant grief that occurs at the breaking of the human-animal bond.

Pet age at time of loss

It was expected that if the most important factors in determining the relationship were related to attachment there would be no significant differences found in relation to how old the pet was at the time of loss and what the loss resulted from. No significant association was found between the age of the pet at the time of loss and Pangs of Grief (now), Sadness (now), Crying (now) and Reliving Events (now) between the two groups of pets divided into those younger than 11 years and those 11 years or older. No other study could be found to support or refute this, however anecdotal evidence from the present study indicated that the loss of a loved pet was just as difficult for those whose animal was less than a year old as it was for those whose animal was in its 20's. Although the age of the animal at loss did not show significance on Experience of Loss items it was expected that there might be a difference in relation to guilt and what the loss resulted from. This seemed particularly likely in the case of accident or injury, inability to keep or disappearance (un-natural loss). No significant difference however was found between the aforementioned group and those whose loss had resulted from 'natural causes.' On interview, people whose pets had died as a result of accident or had disappeared focussed particularly on their guilt whereas those whose animal had died of

natural causes (including euthanasia) did not. The item Guilt was analysed to discover what all groups meant and it was clear that respondents who indicated they felt guilt did so for different reasons. People whose animal had died by euthanasia commented that they felt guilt at making the decision at all, too soon, or too late. People who were in the 'un-natural' loss group commented on such things as feeling guilty for not being more vigilant over the care of their pet. It should be noted however, that the intensity of Guilt was not recorded, simply whether it was experienced or not. The original questionnaire did allow for indication of intensity, however after the first two interviews it was clear that the number of questions were too great to manage so this measure was not used thereafter. Future studies should include an intensity scale for items of grief in order to record the level of the experience more accurately.

Surprise at the feelings of loss

Not everyone in the present study expected the loss to be as difficult as it was, indicating that they may have been surprised by their own depth of attachment. The present study found that for 52% of the postal respondents the feelings of loss were greater than they had expected. Most people commented, although not all said that the loss was greater than expected. They stated that the worst part were such things as not finding the body or knowing where their pet was or not being there at the death, missing their pet, the suddenness, the finality, their pet suffering and their feelings of guilt, questioning whether they had made the right decisions or done the best for their pet and telling or lying to children. These findings indicate that half of the respondents were not expecting to find the loss as difficult as it was. Unfortunately this question was only asked of the postal respondents and was introduced because during interview a considerable number of people had commented that they were surprised by their level of grief. This has important implications for supporting people as it may be that if society does not validate the grief associated with pet loss then those experiencing it feel both confused and embarrassed. Further studies should also explore the nature of attachment as clearly it came as a surprise to some people that they felt as they did. Stern (1996) believes that the practical and psychological elements that defined the relationship with the pet while it is alive will dominate the grief reaction when the pet is lost. The meaning and relationship of a particular pet for a particular individual is thus the main determinant of the grief reaction - the attachment defines the loss.

Counselling

The findings of the present study that ninety seven percent of respondents had owned pets previously, that 28% got another pet after the loss and 29% intended to do so as well as the fact that 97% had owned animals previously and 76% were multiple pet owners, lends support to the finding that pet owners have a lifetime of consistent ownership (Barba 1995).

Although in the present study subjects were not asked if they had a childhood pet, other studies have shown that people who in their childhood had an animal were significantly more likely than those who did not, to have an animal as an adult (Endenburg 1995). Cain (1985) quotes from a study of military families, who of the 896 subjects, 93% had pets while growing up. If New Zealand is like Britain and the United States where between 50% and 60% of homes own a pet, and if as Stewart et al. (1996) suggests, there is a strong connection between attitudes to companion animals and early childhood experiences; that children brought up with pets were generally more positive and appreciative of the relationship than those with no personal experience of interacting with them, then it will be likely that those who do not and never have lived with companion animals will not only be ambivalent towards animals but may be unlikely to understand the strong attachment that some people have to their pets. This has important implications for support, counselling and education. Stallones (1994) compared two groups of bereaved pet owners 45 of who received counselling and 75 who did not. Depressive symptoms were used as the outcome measures to assess differences. Controlling for the influence of age, gender, self-reported health, negative life changes,

and type of pet, there were significant differences between the two groups. Individuals who received counselling were significantly more likely to have high depressive symptoms compared with those who received no counselling. The present study supports this finding, with respondents who reported Depression (then), being significantly more likely to say that they would have used a free counselling service if one had been available. Deep Emotional Distress and Physical Pain (the latter item checked for significance because of the possibility that people experiencing Physical Pain may have been more likely to have a more intense grief response) also indicated a tendency for seeking counselling as did those with Deep Emotional Distress (then). In the present study, to determine whether or not pet owners were more likely to experience a lesser sense of loss as time past since the loss of their pet, respondents were divided into two groups; those whose loss had occurred less than 6 weeks ago and those whose loss had occurred 6 weeks ago or more. There were no significant differences found between the time since the loss and Deep Emotional Distress (now), Pangs of Grief (now) or Crying (now). However there was the suggestion of a relationship between time since the loss and Sadness (now) and Reliving Events (now), with the group that was responding closer in time to the loss tended to have a greater incidence of these grief symptoms. Perhaps it is not surprising that there is not a clear effect of time since the loss on the symptoms of grief as the sample was self selected. Those grieving at the time of the publicity about the study, regardless of the length of time since the loss, would be the most likely to volunteer whereas those whose grief was not as acute would have been less likely to come forward. A longitudinal study would be required to investigate the effect of time on the experience of loss; the present study, being cross-sectional, could not achieve this. However the finding does indicate that pet owners' grief may last at least up to six months. Weisman(1991) found that his client's grief differed in length and Gosse and Barnes (1994) found that the intensity of grief response varied with individuals over time; some experiencing relatively high levels of grief up to a year later. There were nine people who were excluded from the present study because their loss occurred more than six months ago; one postal respondent whose dog had died 2 years, 1 month and one day ago was still experiencing Pangs of Grief ('I think they will always be there'), Deep Emotional Distress (sometimes), Depression (sometimes), Sadness (sometimes), Dreams ('one within the last two months'), Reliving Events (quite often - but more with happiness). This respondent lived a full life, was emotionally supported and was and is a successful business woman. Another postal respondent who was excluded from the present study lost her dog 19 years ago. She was still experiencing Numbness and Shock (sometimes), Crying (sometimes), Disbelief-Unable to Accept (sometimes), Pangs of Grief (sometimes), Loneliness (sometimes) and Sadness (sometimes). She was well supported by her husband and friends at the time (he has since died). She still lives a full life with many friends and had been employed in the health profession and in the police service before retiring. These two respondents along with the others who had been excluded from the study because of length of time since the loss, were (as one would expect by their desire to participate), all still grieving the loss of their companion in some way. This is of high importance as these responses serve to indicate that for some people the sense of loss is still with them many years later just as it is with human loss (McKissock 1992). Future studies should compare the human-animal grief process related to time since the loss as clearly this has important implications for counselling and social work support - it should come as no surprise that some people may wish to utilise pet loss services outside the usually expected time frame of one year. In the present study, of the 79% of people (46 respondents) who said that they felt emotionally supported when they lost their pet, 46% (21 respondents) also said that they would have used a pet loss counselling service if one had been available. Of the 17% (9 respondents) who did not feel emotionally supported, 44% or 4 respondents said that they would use a service. These findings are interesting as clearly almost half of the people who felt they were emotionally supported would nevertheless have used a service indicating a need for the provision of a service for people in both groups. Ninety three percent of all respondents stated that there should be a free pet loss counselling service.

Pet memorials

Forty four percent of postal respondents indicated that they would have liked to put a bereavement notice in the newspaper (this is now being trialed by the Christchurch *Press* under the heading of Pet Occasions) and 20% would have liked someone to help or officiate at a memorial service or ceremony. This is being offered in the North Island by a practising vet and the finding of the present study that ninety two percent of subjects reported that they had done or kept something to remember their pet by indicated that they consider it important to mark and remember their companion in some way - and the finding that 20% would have liked formal help also indicates that some people either do not have the support that they might like, or would have liked to have done more. Those who acknowledged their pet in some way made the following comments:

Her name was Piccalilli (Lily for short) so I planted a white lily for purity of spirit, yellow for Piccalilli, and pink because she's our wee girl.

I decided to do this survey as a way of us feeling her death had a benefit.

We didn't have a service for her as we didn't know if one existed.

We buried him, sang Te Aroha and my son wanted to keep his collar which he has by his bed.

We left her in state and put a rose on top of her. We dug her grave in her favourite spot where the first rays of morning sun shone, and buried her with her favourite chew bone and my little garden gnome which she loved to steal. We burned a candle on her grave overnight. We have lots of photos of her around the house.

We buried him right up against the house in a garden directly under a window of the kitchen. We transplanted a large red and green flax bush. Both of us go out and have a chat with him each day, and my husband takes him for a walk each night! We keep a complete album of his photos from birth. One day we will choose one photo to be enlarged and framed. I believe my husband cut a piece of fur as a keepsake but I haven't asked him about it as yet.

I wanted her here at home in the garden. I saw a black and white ornament that just looked like her so I bought it. Inside the bed the cat is sitting on, I wrote the date/time of death and her age on a piece of paper and slipped it in the bed. I have this on my kitchen window ledge.

I looked for him for two days before the neighbours told me what had happened. I have photos, his cat bowl and food!

I have Buffy's ashes in a beautiful wooden box with a gold plate engraved 'Buffy 1982-1997 Forever in my heart'. They sit on a shelf above my bed and I also still sleep with her blue blanket. I wake up in a panic if I can't find it but it's usually near my feet.

I have her ashes. My partner and Kimmy used to love eating walnuts so when we move we'll plant a walnut tree and put her ashes under it.

We planted a beautiful orange rose over him - Zippie was a ginger cat -which I had bought while John was digging the grave (crying in the garden centre - I must have looked a sight). Memories are all I need.

It was very important to have his ashes back with me. His choker chain is hung around the knob of my bed-head.

These comments illustrate the love and depth of feeling that pet owners have for their companions - a love that requires acknowledgement in the same way as love for a human companion and indicates that much can be learnt about attachment through the exploration of the human-companion animal relationship. A clear understanding of this would have important implications for the part that professional people can play in affirming and understanding this relationship and providing appropriate support services.

Grief and coping

Respondents experienced grief 'symptoms' of the sort that would be expected in human-human grief

and have been found in other studies on the breaking of the human-animal bond. Most common in both the interview and postal groups were: Sadness, Pangs of Grief, Crying, Reliving Events, Loneliness, Numbness and Shock, Experiencing the Pet's Presence and Guilt. Lagoni et al (1996) comment that it is not uncommon for grieving pet owners to have hallucinatory grief, that is, experiencing the pet's presence. In the present study 79% of subjects did so. People commented that they heard, saw and felt their pet; others commented that they would visualise their companion in its favourite place. There was a sometimes a connection between this item and Reliving Events such as 'seeing her dead' and 'I think I hear her and feel her on my bed at night-time.' In response to 'What you did to cope?' (Q 19), people talked or wrote about various coping mechanisms such as:

I gardened, realised I had to live through the grief, talked to others and gave thanks for his life.

We had him put down because he bit my daughter - I cried and said I was sorry.

Being widowed when my children were very young I've had to learn to keep going

I have beautiful memories of a wonderful companion and friend. When I get upset I remember her life and the joy I shared with her.

I kept busy and didn't spend much time at home. I felt exhausted for at least four days after he died but accepted this as part of the grief.

Executive Stress B is a very good remedy.

Life has to go on - I think of her every day and thank God she was with me for 20 years.

I coped by crying and crying and crying some more.

Clearly people had a mixture of ways of coping, including allowing themselves to grieve in their own time. They also said that the sort of things that helped them to cope at the time of loss and afterwards were such things as:

Kindness from others, talking, other pets and knowing things would get better, support and euthanasia at home, knowing she was loved and memories.

Feeling I had done all I could, taking other dog for walks, support and talking to her photo, other pets, allowing myself to grieve, reassurance of doing the right thing and my daughter saying 'He'll be running along the sand with the angels now Mum, leave from work, talking to her like she's still here.

Memories and the place they had in our lives was theirs and ours, the love from my 7 yr old daughter.

These comments illustrate that although people's grief was deep, they nonetheless found ways to cope. These coping strategies are those that are used in human-human grief and are familiar to those working in the area of clinical thanatology (McKissock 1992). Although expected, the present study confirms that human-animal grief and ways of coping are no different.

In answer to the question (Q37) 'If you were to make suggestions for supporting people through pet loss what would they be?' respondents said:

Generally people have a hard time dealing with human death because it isn't talked about - pet death even less so, so raise awareness by talking about it.

Take the loss seriously - allow people to grieve in their own time.

Find someone to talk to who understands.

Allow yourself to grieve, accept as natural and cry all you need to.

Support from those who understand.

Acknowledging the grief in some way and flexibility from vets.

Support in sadness and happiness.

Allow self to grieve openly do exactly as for human.

Don't suggest they get another pet straight away. Don't say 'you have all those years of

memories' they don't help at that point. Try and put yourself in that person's place and feel what they are feeling. Just ring up and see how they are coping. When the phone never rings you feel alone and there is no-one to share your feelings with other than each other.

Allow them to grieve and cry with them.

Accept whatever form the grief takes - no judgements.

Respect differences in grief.

Allow grief as for human loss.

Say you're there if needed.

These insightful comments make it clear that respondents in the present study knew what was right for them and what may be needed to support others in their grief.

To understand human-human grief it is necessary to understand the relationship that existed when the person was alive (McKissock 1992). This is no less so with human-animal grief. Respondents in the present study spoke candidly and openly about the specialness of the relationship and what they miss.

He was a survivor - he was the last one of three and my companion after my husband's death ten years ago. I miss him to come home to, to talk to and sleep on my bed. Shopping is strange without his food to be bought.

She was an easy care cat - she was there when you needed company and gave you space when you needed it. I miss how she would put her paws on the steering wheel as if she were driving the car.

We had an intuitive understanding of each other.

Samson was a golden angora rabbit - a beautiful and quite rare colour. He would stamp his feet at us when we told him off. Our special Sunday morning breakfast was pancakes - he had a pancake too and always knew when it was Sunday. He would be waiting at the front of the hutch for his share.

Pure unconditional love.

He used to try to bite the bridge of my nose at night and though it used to drive me mad I miss it now.

Tammy was my beautiful little girl - she taught me to love.

EVERYTHING I MISS!!

It's hard to explain all the amazing things she did, it was like she was psychic.

I miss being able to cuddle her and tell her how much I loved her.

Fluffy was always there for me.

There's just too much to tell you. Tasha was a special spirit.

Where do I start! What I miss is his constant body contact. He was a gentle giant. He understood my feelings. He was an extension of me.

She made me laugh and was always there when I came home.

He was like our child. He filled our home with love, joy and happiness. I miss him more each day and wonder if life will ever be the same without him again.

These comments indicate the depth of attachment that respondents have for their animal companions - a depth that most likely accounts for the severity of the grief that occurs when the bond is broken. To understand that depth one must first understand the nature and workings of the relationship along with its significance and meaning. This is the case in grief work with humans and the findings both quantitative and qualitative in the present study indicate that the same applies to pet loss.

CONCLUSION

Because social workers operate at the human-environment interface they cannot afford to be ill informed of the emotional and social impact of pet loss. With human loss there is a societal expectation that family and friends will be supportive, that they will acknowledge and affirm one's right to grieve. Well established public rituals and services such as funeral directors, newspaper columns announcing death, and funerals and memorial services help validate the grief of the grieving and the worth of the one who has died or been lost. These events allow for the expression of sorrow, regret, rage and love associated with the loss. These very things that sustain people through human-human grief are often lacking or are seen as socially unacceptable after the death of a companion animal. Furthermore there is the possibility of ridicule if a bereft pet owner is still grieving after a few days or weeks. Because commonly, companion animals do not live as long as humans, it is likely that pet loss will be experienced many times for those who choose to share their lives with animals and yet often grieving pet owners believe that their pets will never leave them. Despite the known benefits of companion animals and the development of veterinary social work in some countries, the 'social work literature has given little attention to the psychological role of pets. In particular there is a lack of research or theoretical explanation of the dynamics of the human-animal bond' (Sable 1995 :234). Wilson (1994) and Stern (1996) believe that the field suffers from a lack of focus and minimal studies with a sound theoretical and conceptual basis. Despite the important role that companion animals have in people's lives and the depth of grief that is experienced in regard to loss, there are few empirical studies in which the loss of a pet has been systematically studied and they have generally been descriptive and anecdotal. The challenge for Human-Animal Interaction (HAI) research is to build a scientific literature that has a unified theory base that allows evaluation of the impact and the process of the human-animal interaction in a wide variety of samples. There has been comparatively little work on the applicability of attachment theory to the human-animal bond and further examination of this may shed light on the nature of both the human-animal and the human-human bond. One of the challenges for social work in New Zealand, is to put the human-animal bond on the agenda for serious research and study. The findings of the present study indicate that the bond that is formed between companion animals and their human owners is both deep and enduring and that the ensuing grief that occurs when the bond is broken can be at least equivalent to that experienced at the breaking of the human-human death bond. If this is the case, there are important implications for the way in which pet loss is managed and the role of social work support. Social workers have a role to play in educating the public on the effects of pet loss, providing work-shops and seminars to social workers and other human care professionals, providing education to vets and vet nurses and other animal health professionals, acting as advisors to nursing homes and other residential settings on issues relating to attachment and loss, working alongside vets and pet owners particularly in relation to decisions regarding long-term care, euthanasia and other pet loss events, providing pet loss support services and establishing support groups, offering memorial or funeral services, lobbying local bodies who have restrictive housing policies, working with animals in animal assisted therapy (AAT) settings such as prisons, schools and facilities for people with disabilities, assisting in the re-homing of pets and working with specific groups such as the Royal Society for the Blind and guide dog owners when loss occurs. These are major areas of social work intervention where there has been relatively little focus. The field of anthrozoology is a very recent one compared to many areas of academic study. The researcher in the present study has recently been admitted to the International Society for Anthrozoology - a society which consists of people from various disciplines all who have an interest in and are engaged in study of the human-animal interaction. This multi-disciplinary approach has important implications for the study of attachment and bonding and may lead to a greater knowledge and understanding of the meaning and dynamics of relationships across and

within species and at all levels. The study of pet attachment and bereavement in particular may well have important implications for the understanding of human-human bonding. The role that social work may take in this relatively new field of endeavour is both exciting and challenging.

MEETING THE AIMS OF THE STUDY

The present study supports many of the findings of previous studies in the area of the human-animal bond and pet loss as presented in the discussion and provides the basis for designing a larger more definitive study of the theoretical aspects of human-animal attachment, the breaking of the human-animal bond and the implications for social work.

The fact that 97% of respondents believed that there should be a free pet loss counselling service and that almost half of the respondents (both emotionally supported and emotionally unsupported) said they would have used a service if one were available is a strong indication of the need for the provision of a service. During the year there were many enquiries from veterinary clinics in Christchurch and from the national president of the New Zealand Veterinary Association, asking about the establishment of a service and expressing a need for the education and training of vets and vet nurses in this area. Fond Farewells Pet Cremation Service sponsored the researcher to present a two hour introductory lecture on pet loss. It was attended by over forty vets and vet nurses, as well as South Island and North Island Fond Farewells employees and the principals of Bunny Lodge Pet Cemetery in Canterbury.

Further evidence of interest in the area of pet loss came from the editor of the magazine *Pet New Zealand* who has enlisted the researcher's assistance in the preparation of a feature article on pet loss for the December issue.

It is concluded that there is a need for both the provision of a pet loss counselling service and further training for animal health professionals in this area. The counselling service is likely to be a free telephone counselling service modelled on a British service. The researcher has been asked to continue the education and training of veterinarians and vet nurses in the area of pet loss.

FUTURE DIRECTIONS

- No studies could be found that had compared length of time since loss and grief over periods of years. The fact that there were 9 people who wished to participate in the survey, even though they had lost their pets between 6 months and 19 years ago suggests that for some people pet grief is a prolonged, if not life long, event. This area has been little investigated and merits further study.
- Children and young adults are understudied groups and such questions as whether the early experience of pet loss influences later attitudes to attachment, grief and death should be investigated.
- The issue of vulnerability in relation to pet loss, especially that of people who feel things are going very well prior to the loss, needs further investigation.
- Further studies are needed to explore the question of how pet owners perceive their pets; that is as children or companions or what ever, in relation to the degree of attachment and the intensity of grief when the bond is broken.
- No studies could be found on the relationship between appetite disturbance and pet loss. It appears from the present study that appetite disturbance may occur less often after pet loss than after human loss. Further enquiry could explore whether there may be something significant about the social setting of food? The findings may have implications for understanding eating patterns and eating disorders in humans.
- No studies could be found that explored the effect of cultural difference on attachment to pets and intensity of grief in relation to pet loss. This is important in terms of providing education and designing services.
- It is not uncommon for humans grieving for humans to experience physical symptoms and pain of the sort that their loved one died from. No studies could be found that investigated this phenomena in relation to pet loss.
- No studies could be found that had explored the differences in intensity of pet loss in heterosexual or homosexual or gay couples. It is possible that these dyadic relationships may have quite different methods of coping.
- Males, as a group on their own, have not been studied in relation to attachment and pet loss.
- An in depth study of people's coping strategies has not taken place. This may provide useful information in terms of designing and developing support services.
- The theoretical underpinnings of the concept of attachment, both relating to pet loss and to attachment in general, need further investigation and consolidation.

QUESTIONNAIRE AND STUDY DESIGN.

The attachment scaling method used in this study, where respondents were asked to compare their attachment to their pet to their attachment to humans and to express this ratio numerically, appears to be novel. These rating scales worked well in this survey and could probably be usefully used on future studies of attachment, though perhaps with the benefit of hindsight, subjects should have been directed to always use actual numbers and not expressions like '10++' or 'off the scale.' As indicators of attachment, the four Attachment items also worked very well. Magnitude scaling (Endenburg 1995) might also be used in future studies to determine the depth of attachment. Several items in the questionnaire were not useful. Item 7 was too complicated. In item 19, 'Particular significance and what you did to cope?' did not work as well as hoped, the magnitude of the feeling was unclear and the item 'Out of touch with the world' was ambiguous. Future studies should separate 'Numbness' from 'Shock', 'Disbelief' from 'Unable to accept' and 'Fatigue' from 'Tiredness'. In future 'Searching behaviour' should be added as an item in a table like 19. Item 21 was not successful because people took it to include rather trivial changes. Item 25 often produced 'yes and no' answers because people found it easy to talk to some people but not to others. It would need rewording. Item 27 produced little useful information, as did item 28. Item 31 in fact covered much the same ground as 28 and was better answered. It is clear that item 35c does not need to be included in any future survey in Christchurch. Future studies could ask for more demographic detail, such as educational attainment, to see if there are differences between various groups. Future studies should utilise validated instruments such as the Grief Experience Inventory, the Censhare Pet Attachment Survey-Intimacy Scale, the Schedule of Recent Experience and the Questionnaire for Pet Owners.

Both the postal and the interview methods had advantages and disadvantages. The postal responses were easier to analyse but sometimes the responses were unclear or not useful. The interview subjects tended to move from one section or topic to another making recording more difficult but comments that were unclear could be investigated further. Design of future studies would need to bear these things in mind.

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APPENDIX A.

The information sheet sent with the postal questionnaire.

**University of Canterbury
Department of Social Work**

PET LOSS: A STUDY OF GRIEF AND BEREAVEMENT

The aim of this study is to gain a greater understanding of the effects of anticipated and actual pet loss or death on pet owners. The information obtained will be used to develop services that better meet pet owners needs when loss occurs. Your involvement in the study is greatly appreciated and requires you to complete the detailed, enclosed questionnaire.

Pet owners consider their animal companion to be a part of their family, or in some cases their only family. As our understanding has grown of the importance of the role our pets play in our lives, so too has come a growing awareness of the pain that follows when a pet is dying, dies, or goes out of our lives for some other reason. In society at large there is often little awareness of the distress associated with the loss of an animal companion, and no socially accepted manner for grieving for such a loss. Lacking the sympathy and support that helps sustain us through human grief, pet owners may find it difficult to cope with the sadness and grief that is the natural consequence of losing any loved and valued companion - human or animal.

The research is being carried out by Adrienne Thomas who is a post-graduate student of social work at the University of Canterbury. Adrienne is a mature student with a background in nursing, teaching and social work and with a special interest in grief work. She is being supervised by Associate Professor Ken Daniels.

The results of this project may be published and the data may be used for further studies, but you may be assured of the complete confidentiality of data gathered in this research: the identity of participants will not be made public. To ensure anonymity and confidentiality, your responses will be seen only by Adrienne Thomas and Professor Ken Daniels.

Adrienne can be contacted at home (phone 3889017, fax 3889014 or pager 026 2545542) address: 63C Rockinghorse Road, Christchurch 7. She will be happy to discuss any questions or concerns you may have about participation in the project.

This project has been approved by the University of Canterbury Human Ethics Committee.

APPENDIX B.

The consent form sent with the postal questionnaire.

CONSENT FORM***PET LOSS: A STUDY OF GRIEF AND BEREAVEMENT***

I have read and understood the description of the above named study. On this basis I agree to participate as a subject in the study and I consent to publication of the results of the study with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the study, including withdrawal of any information I have provided.

Signed Date

APPENDIX C.

The postal questionnaire.

This is the final form of the questionnaire. The blank spaces between some items have been decreased in size to save space in this appendix.

PET LOSS INTERVIEW SCHEDULE 1997

- 1) How did you come to get your pet?
- 2) Please tell me about your pet and in what ways she or he was special and things you miss.
- 3) How long ago did the loss occur?
- 4) How old was your pet at the time of loss?
- 5) What did the loss result from?
 - a) chronic illness
 - b) acute illness
 - c) accident or injury
 - d) old age
 - e) inability to keep or care for
 - f) disappearance
 - g) otherPlease explain what happened.
- 6) Did you have your pet put to sleep (euthanized)?
If so, what was the reason?
 - 6a) Please explain how it was handled by the vet and vet nurses, whether you stayed and what you did afterwards.
- 7) What did you do after you lost your pet? Did you have any form of remembrance or service for your pet? If so, please describe, if not do you think in hindsight you may have liked to do this? Was the cost a major factor in your decision regarding burial or cremation?
- 8) Did you do anything or keep anything to remember you pet by?
- 9) Have you ever had any other pets?
If so, was this loss different and in what ways?
- 10) Did you have any other pets at the same time? If so, please describe.

- 11) If you had other pets at the time how did they respond to
 - a) the illness
 - b) the loss
- 12) Did you get another pet after the loss? If so, when?
- 13) If you have not already, will you get another pet? Please explain.
- 14) Do you live with any other people? Please explain.
- 15) How important was your pet to you and in what ways? Please explain.
- 15a) On a scale of one to ten, if the most important thing to you in your life was rated a 10, how would you rate the importance of your pet to you on the scale of one to ten? (you may put a score greater than ten).
- 16) Was the depth of feeling you had for your pet the same, or less, or more than you have had for a person?
Please explain.
- 16a) On a scale of 1 to 10, if the depth of feeling you have or had for the most important person in your life was rated 10, how would you rate your depth of feeling for your pet on the scale of one to ten? (If you had a greater depth of feeling for your pet, you may put a score higher than a ten).
- 17) Have you grieved as much or less, or more for your pet than you have grieved for a person? Please explain.
- 17a) On a scale of 1 to 10, if the greatest amount of grief you have felt for the death of a person was rated 10, how would you rate the amount of grief you felt for your pet on the scale of one to ten? (If you felt more grief for your pet, you may put a score higher than a ten).
- 18) Did your pet fill a gap or need not provided by family or friends? Please explain.
- 18a) If your need for family or friends (whichever is the most important to you) was rated 10, how would you rate your need for your pet on the scale of one to ten? (If your need for your pet was greater, you may put a score higher than a ten).

19) The following lists are things which people describe after the loss of a person. Please indicate which of the following reactions you experienced with the loss of your pet by putting a Yes or No in the Yes/No column. Could you also indicate those that were of particular significance to you and why and what you did to cope and whether or not these things are still happening now?

Feeling	Yes / No	Particular Significance and what you did to cope	Still happening
Numbness and shock			
Out of touch with the world			
Crying			
Relief at ending of suffering			
Disbelief - unable to accept			
Anger			
Guilt			
Deep emotional distress			
Anxiety or worry			
Restlessness			

Pangs of grief (coming and going)			
Feeling	Yes / No	Particular Significance and what you did to cope	Still happening
Depression			
Regret			
Loneliness			
Sleep disturbance			
Sadness			
Irritability			
Fatigue and tiredness			
Reliving events		Which?	
Experiencing presence of pet after the loss		Explain and Describe?	
Dreams		Describe?	

Appetite disturbance		Describe?	
Physical pain eg. chest, heartache, etc.		Where?	
Other			

- 20) Were the feelings of loss greater than you had expected and what was the worst part of it?
- 21) As a result of the loss did you feel that your life changed?
Please explain.
- 22) Did the loss happen at a time when you felt particularly vulnerable for other reasons?
If so, please explain if you feel able.
- 23) Did you feel emotionally supported when your pet was ill? Please explain.
- 24) Did you feel emotionally supported when you lost your pet? Eg. cards, flowers, expressions of sympathy. Please explain.
- 25) Did you find it easy to talk to others about how you were feeling? Please explain.
- 26) Was anyone unsympathetic to you? If so, please describe.
- 27) Can you think of things that happened or were done or said that made the experience worse or that caused you distress other than what you have already described? Please explain.
- 28) Could anything have happened differently to make your loss easier to cope with before, at the time or afterwards?
- a) from vets or vet nurses
 - b) from others
 - c) in any other way
- 29) Did the cost of veterinary care prevent you from:
- a) taking your pet to the vet as soon as you would have liked?

b) keeping your pet alive as long as you would have liked?

30) Do you believe vets and vet nurses need to be more understanding than they already are about pet loss? Please explain.

31) Did you and your pet receive the sort of treatment from your veterinary practice that you would have liked?

32) Do you believe vets and vet nurses should learn about pet loss and the human-animal bond as part of their training?

33) Would you have used a pet loss counselling service if one had been available and there was no monetary cost involved?

34) Do you think there should be a free pet loss counselling service for people who are experiencing pet loss?

35) Would you have liked to do any of the following?

- a) put an advertisement in the newspaper if there was a pet bereavement column?
- b) have someone help or officiate at a memorial service or ceremony for your pet?
- c) have your pet taxidermied?

36) Can you think of anything that helped you to cope at the time of loss and afterwards? Please explain.

37) If you were to make suggestions for supporting people through pet loss what would these be?

38) Please indicate which age range you are in?
< 25, 26-35, 36-45, 46-55, 56-65, 66-75 >75

39) Are you female or male?

40) Please make any other general comments or if you would like please add anything else that you would like me to know here:

Please return questionnaire to: Adrienne Thomas, 63c Rockinghorse Rd, ChCh 7.
Phone 3889017, fax 3889014.

APPENDIX D.

Newspaper articles.

APPENDIX E

The coded results of the Interview and the Postal questionnaires.

The results from the earlier versions of the questionnaire are at the bottom of the list and those from the from the final version are at the top.

APPENDIX F

Pet Owners Stories

Mozart

Having a young cat put to sleep because of illness, is devastating. This happened to me three times in six years, so I am no newcomer to the grief of losing a much loved cat.

I put my name down on a list with a cat breeder for a male chocolate point Siamese after losing my gorgeous "Taloola" and had to wait nearly eighteen months for "Mozart" to be born. On collecting him I noticed he had a sore eye which I was assured would heal with the ointment she gave me. However, it took several months to disappear which I thought at the time a bad sign. He was not at first the usual sweet natured Siamese I was used to, and I found him unpredictable at times, and quite vicious. He gradually became a gentle, trusting and very loving cat, but always I felt he was not quite well.

After eighteen months I noticed him shaking his paws a lot, and on investigating I saw pus in his nail beds. Taking him to the vet she could not understand it, but prescribed foot baths and antibiotics, but it got so bad he was admitted to the vet's hospital where the poor wee lad was subjected to tests including blood and biopsies. I suffered along with him, visiting him each day and it broke my heart to leave him there each time. It was finally decided to amputate his toes. Had I have known then he had an incurable disease I would never had let him go through this discomfort. However, he improved wonderfully for some time after, and could still shin up trees and fences, he was just so loving. Then approximately six months after he developed sore gums and throat. He had been on a small dose of antibiotics since his amputation, but once more trouble occurred he was back onto big doses, imagine my dismay when he developed infection in his paws again. This time I knew I had to end his suffering and the vet reluctantly agreed.

Only those who have cared constantly for an animal and loved them completely will know how this decision affects you. You feel like a murderer, and my grief was mixed with anger at the breeders for allowing kittens to be born with Feline Calici Virus which by then had been diagnosed in him. The virus being on from birth from the queen's placenta.

I cried and cried, the sheer frustration of it all. I cried for the pain my pet had suffered. I cried for the loss of the love we had shared. I cried for the vet - who cried too, as they all loved him at the vets - his second home, and their disappointment in not finding a cure.

Within days I had a homeless Balinese cat of the same age as "Mozart" offered me, it helped with my grief to put my energy into making my new companion feel loved and wanted, but always in my heart a special place remains for my beautiful friend "Mozart".

Bonny

Bonny was a black Labrador/collie cross. She came into my life at the age of six weeks, at a time when my personal safety and that of my two young children was under serious threat because of domestic violence. My then partner had grave personality problems and he was becoming more and more unstable; I knew that if the children and I were to survive emotionally - perhaps even physically - we had to get my partner out of our lives. However, because he was so volatile, I realised it had to be a gradual process, done with as much diplomacy as possible. I thought it would probably take two years to accomplish this, and that there would inevitably be more ill-feeling, no matter how diplomatic I tried to be; it occurred to me that it would make me feel safer when I was eventually "alone", if I had a dog. I resolved to get a pup "for my son" on his birthday, and shortly after this I heard that

Bonny was available.

My son called her Ribbonelda, and that was her “true name, but soon the other child began calling her “Bonella”, and Bonny evolved out of that.

It was indeed approximately two years before I was a fully-fledged solo parent; during this time she became an integral part of the family. Her gentle nature made her the ideal family dog; from the start - despite my partner's wishes - she lived mostly inside, and slept in my son's room at night (though not on his bed). She had little training in the militaristic “heel”, “good dog Rover” tradition - gentle as she was, she was outstandingly quick to understand what was required of her - her intelligence was allowed to flourish and develop, to the extent that her rare disobediences were often discovered later to be fortuitous in some way. For instance, she would consent to being tied up outside at night, and her alert presence in the house was very welcome when my partner arrived unexpectedly one night. As he walked down the side path, she matched his steps from inside, hackles raised, growling and barking, and was waiting at the back door when he knocked.

When the relationship with my partner finally broke up, it was extremely “messy”, with police involved, access battles in court *et cetera*, and I was being constantly bombarded with hostile letters. This was the time when Bonny and I began to form our very deep and precious bond - once the children were safely at school, we would pack a picnic lunch and sketch books and go walking on the Cashmere hills. I don't like to think what might have become of me, had I not had those peaceful times in the fresh air. Feeling as unsafe as I did, I most certainly would not have wanted or dared to roam alone in the quiet places that I was able to, with her protection. (I might say at this point that there was never a time when she came anywhere near threatening anyone else - apart from one incident at Halswell Quarry when a stropky chihuahua barked at my little daughter when she tried to pat it. Bonny was “on the spot” in an instant, stood over the hapless chihuahua and gave it a stiff telling-off, in her loud, authoritative huntaway voice. A comical sight.)

Although a full-time mother, with two young children to care for and no relatives nearby to help, I have always retreated into painting and writing, yoga and meditation when in need of a “recharge”. Perhaps I would say “because” I was a full-time mother - these were and are the things that keep me inwardly nourished and give me a sense of my own direction. They are things that require solitude, and here again Bonny was of priceless value. Her presence ensured that my solitude never descended into abject loneliness; though I had at times to distance myself from human companionship, there was with her there, a continuity of warmth and security that I could never quantify.

Her companionship has been indescribably precious to me because without wanting to wallow in self-pity, I have had many disappointing and sometimes dangerous experiences with my fellow human-beings, starting in childhood with a violent, unhappy and angry father, and a needy, overprotective, anxious mother. It has been a joy and a privilege to have such a companion as Bonny, not only because she gave me so much love, but also because she received the love I gave her, so unreservedly - I was able to confide in her, care for her, love her as much as I pleased, and she took it at face value. Of course there are times when she “did her own thing”, but I always knew that if I needed her, she'd be there. And her ability to accept my affection graciously, meant that with her I never had a painful experience of having my love mistrusted, misunderstood, manipulated, psycho-analysed or rejected. It was so clear and simple - I gave love, I got it back. She knew my heart, knew that even if I was tired or preoccupied, I was still the same person - she trusted me and knew that my preoccupations or illnesses or blindnesses were not a threat to her.

This was why the leading up to her euthanasia, and the event itself, have been and still are so devastating for me. We knew each other, Bonny and I; there was a deep and intelligent communion between us. She was, quite apart from my own biased opinion, an outstanding animal, and I cannot help being haunted at times by the feeling that I've betrayed her. Her innocence, her faith in me, her precious life - all these things meant so very much to me, and I still struggle to accept that I actually arranged with the vet to terminate those things. Dry reason, of course, tells me it was “for the best”, just as well-meaning people do - but I can not express it that way myself; for she was a big, strong dog who wanted to stay. I

do not feel it was “for the best” at all; it was simply the only thing I could do.

During the past year, she had been slowing down; her back legs were becoming more and more paralysed. Her back feet were almost constantly “knuckled under” - I would sometimes find blood on the kitchen floor, from sores that the concrete path had made as she walked with those back feet bent under. As part border collie, she had a very strong need for work and usefulness, and became bored and unhappy if unable to perform the tasks she felt were “hers”, her escorting the children to school; escorting me on my “ruminating rambles”. The last few months became increasingly distressing for us both; she was unable to accompany on the walks that my medical condition makes absolutely imperative. I tried to snatch them when she was asleep, but of course they held no pleasure without her, and she was intelligent enough to know and be distressed by the fact that I needed her and she was unable to “be there” in the way she wanted. To keep her spirits up, I took her everywhere with my in the car, with one of her special hay-beds in the back (an old duvet cover stuffed with fresh straw, nice and soft and warm for her tired old back and legs). It was a great source of pride always, to come shopping with me and she'd stand by me as I packed the groceries into bags and put them in the car. We'd talk about all the wonderful things we'd bought, and her sensitive nose would sniff and a wag of the tail would confirm that, yes indeed, it was “something for the little friend Lolly” (the cat), or “meat for Bonny” or so on. Towards the end she would grin apologetically when I invited her to come and wait outside the shops (and receive the usual compliments as complete strangers came and admired her beautiful face and shining fur). Although still wanting to participate, her body simply refused to co-operate any further.

After two particularly distressing walks, the second of which resulted in her trembling and shaking convulsively with fear and stress, I phoned the vet and arranged for her euthanasia. A grotesque and shocking experience which has left me with deep feelings of rage and disappointment at the dishonesty which causes people to describe euthanasia as “a little prick and then it's all over”. That most certainly was not the case with Bonny, and I deeply regret that her passing was not at all the peaceful release I'd sought for her.

Grieving for her, I feel much alone. I miss her more than I've missed anyone. Because we were together almost constantly for many years, there is hardly anything in my life that carries no reminders of her. I think also that because the communication between us was non-verbal, it goes perhaps deeper than friendships do when they're based largely on talk. As parent alone, and as solitude-loving artist and lover of the outdoors, she filled a role in my life that is so vast it can be hardly described. The sense of emotional security she provided for the whole household has been brought home to me very painfully since her death in various ways, i.e. her “little friend Lolly” has been bullied by neighbouring cats which Bonny had unobtrusively kept at bay until now. And a somewhat self-centred male “friend” of whom Bonny disapproved (she never growled at him, but was simply unresponsive and obviously glad when he left), has been imposing more often - sensing, perhaps, a vulnerability in me that was not there when Bonny was alive. These are the sorts of harsh realities that women alone have to face; they are realities that Bonny cushioned me from. It had been such a gradual process over the years that I hadn't really noticed it happening. During those years she accompanied me as I did all the things that eventually took me out of the pits I was in when she first arrived: accompanied my walks; helped raise the children in a happy, nature-loving household until they left home; waited outside the support groups I attended; snuggled next to me as I read books on assertiveness/ painting/ writing/ spirituality/ alcoholism and domestic violence; sat quietly (without ever being “trained” to) while I sketched; demonstrating subtly (by wagging or not wagging) who was to be trusted. The list is endless. I regret that she's not here to share the pit-free life she helped to create.

In closing, I would like to relate a thought/remembrance that came to me recently as I crossed a busy road, in dense traffic. I remembered how we used to walk down to the park when she was still fit enough to do so. As we'd wait for a gap in the traffic, it became a point of honour with her, that I would not hold her collar to prevent her stepping out into the traffic. If I mistrustingly did so, she'd look up at me with one of her sidelong laconic glances,

as if to say, “you don't need to do that, I'm not stupid, I know I'm not meant to cross the road without you”. In more recent times, it became a point of honour with her that I would at times hold her collar in case of, or because of, her unsteady legs. If her legs felt shaky, she would stop and tilt her head slightly, indicating, “would you just hold it there please”. Once I had a grip on it, she would move on sedately and I would let go when I could see she was OK. From youth to old age, she took it all in her stride; her unfailing good humour and sense of fun-filled duty, a real inspiration for me was the way I should live my own life. The bitterness and pain of her loss cannot adequately be described, especially since there is so little understanding or amongst the human community. The only way I can comfort myself is to be grateful to life for bestowing upon me the immense privilege of her life. The love we shared continues, and continues to educate me day-by-day.

Struggling to find ways to describe my distress to myself, and thereby understand it and remove its terror, I came across this piece of writing in the *Press* memorial column. It was placed by a man grieving for the loss of his wife, but provides comfort for me too (sometimes!).

Where are you? I have been searching for your confirmation in a space that seems finished. I have wanted to believe you still exist somewhere else, somewhere separate, but near to me. I need only to look within. I will find you there, bright and whole, shining and steady at the end of a silver thread of love that will connect us forever to the most powerful truth that ever has been or ever will be.

Since Bonny died I have taken a renewed interest in the whole family of dogs, and have - if that is possible - even more respect for them. Reflecting upon her life has made aware of their tremendous perception and strength of character; our human bias towards the spoken word seems ever more misplaced.

When Otis died - our other pets' reactions.

Dear Adrienne

Re our phone call, I thought you may like to know how my dog's coped as a family unit with death. I had a family of Rottweilers, Dee thirteen years (mum), Brock ten years (dad), Otis eight years (son).

Brock was put to sleep in November last year (1996). Dee didn't seem to miss him, but Otis was lost for a wee while. I noticed that he became very close to Dee. They sat together all the time and slept together in their room. Pippa my wee foxy is an inside dog, so she didn't really show any signs of grief. All was well until Otis started to get sick and Dee would wash his face and ears for him as (he) slowly went down hill. Dee and Pippa would stay by him and keep him company. Finally, because of the cancer we had to have Otis put to sleep. Our vet came to the house and did it. We had soft music and candles burning. Otis was very relaxed and went very peacefully on his rug on the lounge floor. When he left, our vet suggested we let Dee and Pippa see Otis as they were waiting outside and knew something was happening. When they came in Pippa went straight to his face and kept sniffing his mouth, then his body, but went back and sat by his head. Dee, on the other hand, came in and took one look at Otis and refused to go near him. With a bit of coaxing she sat by his feet, but she would not look at him. It was like if she didn't look at him she didn't have to believe he was dead. Nights were the worst, she wouldn't sleep where they normally slept. She would sleep out in the middle of the lawn and she was always so sad. I didn't know how to help her, in the end I thought if I changed the room it wouldn't remind her of Otis. We repainted and put in new carpet, so it wouldn't smell of Otis. She now goes in there to sleep and Pippa is closer to her. She comes inside a lot more as well, but I know she still misses “her wee boy Otis”.

APPENDIX G

A respondent's general comments on the study.

I would simply like to thank you for actually attempting to cover this type of grief, especially at the time when we needed to know that the world out there understood how prevalent the situation is.

It helps to actually realize that we are not alone & that the subject is important enough to be made public. I have no doubt that there are a great many distraught people out there who simply fall into any empty void. I am sure that the end result of all your hard work, will result in bringing this into the light of day. Somewhere in the future, there may be a support system to help others to come through this more easily than we have.

Dogs develop these incredible traits of understanding and responding with so much expression, that somehow you tend to forget they are an animal, & you relate to them as a child. Particularly when they constantly leave toys lying all over the house, & as soon as you pick them up & leave them in one place, they all come back again! Jamie always had a biscuit at 1pm each day, & he had a built in timer! On the odd occasion he'd arrive 5 mins early & I'd say "it's not 1 o'clock yet James - won't be long - soon". So he'd trot off for five mins! As I mentioned to you on the phone Adrienne, although it is comforting to have Jamie near by, I can't cope with the knowledge that he is under the ground. I form this mental block that keeps him just out of sight on the surface!

Although it has been difficult to re-live all of this, it has been a chance to actually express my feelings, & perhaps that in itself will be beneficial.

ACKNOWLEDGEMENTS

Apart from those acknowledged in the body of this work during the development phase, I would like to thank Dr John Livesey for statistical advice and assistance, Victoria Rhiannon for typing the Pet Owner's Stories and Associate Professor Ken Daniels for his ongoing advice and supervision of this study. I would also like to thank my human and animal family for their constant love and support. It has been a privilege to have had the opportunity to listen to so many stories of love and companionship. Without the interest and willing cooperation of the subjects of this study it would not have been possible and I am indebted to them all.