

A Qualitative Study of Companion Animal Loss and Grief Resolution

by


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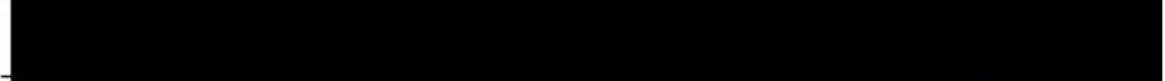
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### ABSTRACT

The purpose of this study was to gain knowledge about the grief resolution process of bereaved pet owners. Most studies on the grieving process have outlined the stages through which the bereaved goes until the final stage of letting go of the attachment to the deceased and reinvesting that energy in new relationships. Studies regarding pet loss bereavement have been focused on the similarities of grief over the loss of a person and grief over the loss of a pet. These studies have been based on the model of grief espoused by the positivist view of stages of grief and the concept of working through to resolution. This study has taken a postpositivist perspective, and looks at bereaved pet owners' journeys through the grief experience and questions whether or not resolution has to mean letting go of the relationship attachment to the deceased. The method employed in this study was a qualitative, heuristic, descriptive model. Interviews were conducted with five childless women who had experienced the loss of a pet one year or more prior to the study. From the transcripts, an individual summary was written for each participant. An analysis was then done of the factors that influenced the grieving process. The results showed that three main factors influenced the grief experience of these participants: the quality of the relationship with the deceased pet, the support network available to the bereaved, and the way the companion animal died. Further exploration of the transcripts revealed the variety of ways the bereaved tried to work with their grief. These were: executing rituals as leave taking, writing of the experience, seeking information and knowledge about the death, regaining routines disrupted by illness and death, new pet acquisition, and sharing the experience with

others. The final analysis uncovered what remains with the participants of this death experience: the traumatic quality of the death, the lack of social support, insights into the meaning of life, continued mourning as a way of maintaining attachment, and integration of the deceased pet as a continuing bond. The results indicate that the stages of grief for bereaved pet owners are similar to those outlined by other theorists in regard to grief over the loss of a person, as are the activities the bereaved engages in. The results also suggest, as Klass, Silverman, and Nickman (1996) have said, that the relationship to the deceased does not end; it influences the bereaved, and the bond continues. This is of significance to counsellors when working with individuals who have suffered the loss of a companion animal. This study helps further to identify a population of people that may be at risk of stressful bereavement and the factors that might be helpful in the identification process.

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If not for the participants of this study this research would not have been done. I thank you for your openness and honesty in sharing your stories and for the opportunity to connect with other bereaved pet owners. I would like you to know that the story of each of your deceased pets now lives on in me. I am honored to know them.

## Dedication

This thesis is dedicated to the memory of the five companion animals who have forever left their mark on their stewards in life and now in death.

... where after the beginning there is no end ...

In honor of:

Alex, Bo, Eubie, Rachel and Tutie

## Chapter 1

### Introduction

Research on pet loss bereavement over the last 2 decades has focused almost exclusively on determining whether or not pet loss elicits a grief response in humans. The research has concluded that bereaved pet owners do experience grief responses and stages of grief similar to those experienced by people having lost a significant person. Noted most frequently in the research is the lack of recognition and social support given to the bereaved pet owner. It is suggested that these two factors complicate the grieving process for this population of people (Archer & Winchester, 1994; Cowles, 1985; Fitzgerald, 1994; Gerwolls & Labott, 1994; Quackenbush & Graveline, 1985; Rajaram et al., 1993).

The research in this study is focused on the grief resolution experience of bereaved pet owners. In light of the lack of social support and social recognition of pet loss as a form of bereavement, and the possible exacerbation of grief as a result, this study is focused on exploring how bereaved pet owners come to a resolution of their grief.

How does the individual who has experienced the death of a companion animal resolve his or her grief? In understanding the needs of bereaved owners, through exploring their grieving process, how can professional counsellors make use of this information to encourage social support and therapeutic interactions for these people? This study adds to the current knowledge by exploring further the bereaved pet owners' needs, so that further support can be given to enable them to explore their healing process.

The study was designed to address the grief resolution process of bereaved pet owners. It was an exploratory search, conducted by interviewing five participants to discover their experiences. A heuristic, descriptive, qualitative methodological approach was employed throughout the study from conception to analysis and reporting of results.

### Personal Reflections

"The saddest sound in the universe ... is the last heart beat ..."

(<http://www.microserve.net/~dave/bereave.html>)

I have lost many pets in my life time, yet none have touched me as deeply as the loss of my 20-year-old cat. In the 3 years since her death I have spent many hours wondering why this experience has been so profound. Why was this loss so different from the others? When my companion cat died I felt a shift in my personal world view; a shift in my view of myself. Somehow I was different. Being a single woman in my late thirties, who never had children, I wondered if I was mourning the loss of my personal image of motherhood. Did I hold my pet in my life as a mother holds a child? Nowhere in the literature was I able to find information that paralleled my feelings about the grief resolution process of women like me. I felt an intense need to hear other women's stories, to understand their process of grief. I wanted to know what they did, and how they are dealing with this experience now.

The literature suggests that pet loss has a grieving period varying from 2 weeks to 1 year. Moving beyond this point suggests the possibility of complicated grieving. I found this to be unsettling and questioned whether I was experiencing some sort of pathological grieving experience. Even though

I am surrounded by supportive family and friends, I chose to keep my continued "mourning" a private experience. On some level even I believed I should be over this loss by now, yet my private experience told me otherwise. I wondered, is there something I'm not doing, allowing, or resolving? What have others done that I am not doing? Or, are there women out there who are having the same experience?

I have wondered about the term 'resolution'. Webster's dictionary defines resolution as: "the quality of not allowing difficulties or opposition to affect one's purpose" (Webster's, 1987, p. 847). I questioned; is my feeling a difficulty that is affecting my sense of purpose? No, it is not a difficulty, and yes, it does affect my sense of purpose. It is not a difficulty in that I am functioning happily and moving forward in my life. Still, I hold a place of mourning inside me that is moved and triggered by life's events. This place is a cocoon that gives life to the experience of losing my cherished pet.

My question is, what is grief resolution? When I think of resolving this grief I feel that the word 'resolution' is a harmful word in that it implies letting go and no longer being affected. I want to feel the affect of this experience always. It is rich in feeling and has brought me much in awareness and self-understanding. My companion's death initiated me into a new world I cannot turn from, a world that carries the bittersweetness of grief and a deeper understanding of the self.

In researching this area of study I encountered a definition of grief resolution by Rubin as quoted in Klass, Silverman, and Nickman (1996) which resonated with my feelings of the experience.

Resolution is the process that supplements and continues on beyond adaptation and/or coping with loss. The connections to the representations of the deceased and to the memories of the

relationship to the deceased continue on across the life cycle. The process does not end, but in different ways bereavement affects the mourner for the rest of his or her life. People are changed by the experience; they do not get over it, and part of the change is a transformed but continuing relationship with the deceased. (Klass et al., 1996, p.352).

My purpose in this study was to discover whether or not this concept held true for other bereaved pet owners. If this concept represents the feelings of bereaved pet owners, the hope of this researcher is that this study will legitimize these feelings for the bereaved and enlighten society further regarding the effects of pet loss.

## Chapter 2

### Literature Review

#### The Role of Pets

Pets have a long history of being in relationships with humans. Many changes in family structure came with the age of industrialization: the extended family shrank to the nuclear family and, in our present era, to single-parent families or people simply living alone. With these changes in the family structure came a change in the family support system, often leaving several roles unfulfilled. This has created an environment in which pets have come to be seen as substitute or surrogate family members, offering companionship, acceptance, and emotional support (Keddie, 1977).

Research has shown that most pet owners consider their pet to be a family member. The loss of a pet causes the disruption of family functioning and the established social system (Carmack, 1985; Quackenbush, 1982). The family pet "is an interacting member in the social relationships of the family system" (Quackenbush, 1982, p. 334). The relationship with a pet is a constant that endures as events, such as marriages, divorces, deaths in the family, moves or jobs, change around the individual (Barker, 1993). Carmack (1986) stated that the death of this constant companion can be very intense since the pet, like any family member, provides consistent attention, love and companionship. She further stated that "pets are treated like children because they provide continual access to the kind of uncomplicated affection that parents exchange with young children" (Carmack, 1985, p. 151). Baker (1993) found that 90% of her subjects considered their pet a family member, and Katcher and Rosenberg (1979) found 93% of their subjects saw their pet as a

family member, with the majority referring to the pet as a child. This point of view is shared by veterinarians. James Harris, as quoted in Anderson, Hart and Hart (1984), stated that "probably all veterinarians are really family practitioners. We serve family units" (p. 264).

Someone living with a pet is living with a family. The person is greeted at the door when he returns at night; he has someone to sit on the couch with and share the television. There is someone he must shop for, feed, care for and thus give to his own life the paced, circular rhythm of family life. (Becker & Katcher, 1983, p. 59).

### Psychosocial Bonding Theories of Pet Attachment

There are several theories that have tried to explain the psychosocial bond between humans and animals.

Attachment theory states the necessity of having close affectional bonds with others across our whole life-span (Sable, 1995). A pet can satisfy this need for attachment. Rynearson (1978) saw the bond between humans and animals as a biological need, a shared and complementary drive for attachment. Brickel (1982) looked at attachment to pets from a behavior learning perspective. As a person experiences a satisfying relationship with a pet, he or she receives positive reinforcement. This in turn creates further approach behavior, which yields more positive reinforcement and a bond is formed. Voith (1981) felt pet attachment was a substitute when other human attachments were not available.

Social role theory states that "A role can be defined as any set of behaviors that has some socially agreed-upon function and for which there exists an accepted code of norms" (Netting, F. E., Wilson, C. C., New, J. C., 1987, p. 61). One of these accepted roles is that of pet owner. For children, pet

ownership can be seen as a means of creating responsibility in the growing child, who must care for the pet's needs. The pet also takes on the role of a confidant, as well as a play-mate for the child. For an adult, being a pet owner could be a way of replacing a role that has been lost, such as parenting. When roles with other people are less available, as is the case with the isolated elderly or disabled, being a pet owner can supply a companion of great significance to the individual (Netting et al., 1987).

These role changes are especially true for the elderly. A spouse may have died, children may be at a distance; the elderly person may have retired, or undergone changes in physical and psychological ability. Along with these changes in social roles can come the permanent change of a social support network which could be one reason for the attachment behavior of pet owners towards their pets. The pet, with its "unconditional and nonevaluative nature ... enables the maintenance of a stable object relationship" (Rajaram et al., 1993, p. 8). The presence of a pet can offer a stimulus for maintaining a daily routine and may enhance a sense of consistent contact with reality for the owner (Cowles, 1985). "Pets provide structure, organization, steadiness, and a sense of purpose for many people, particularly those living alone who do not have a regular schedule or source of other relationships" (Weisman, 1990-91, p. 246).

Another theory that has sought to explain the roles and relationships between pet owners and pets is exchange theory. This theory purports that individuals engage in relationships only as long as some benefit is derived from them. That is, the benefits outweigh the costs (Netting et al., 1987). One potential benefit is that pets make no judgments on owners and give much more in devotion, love and loyalty than their needs of sleep, food, exercise and attention. The relationship with an animal is one of unambivalence,

unqualified acceptance and unconditional love in which the pet cannot interrupt, contradict or betray the owner (Quackenbush & Graveline, 1985; Weisman, 1990-91). Relationships with pets lack the elements of surprise and conflict that often accompany human relationships. This can be especially important for the elderly who may be using the pet as an effective attachment substitute. The unique aspect of a pet is its constant proximity compared to other forms of social support which is often sporadic (Sable, 1995). Essentially we have the power to train a pet to suit our needs. To a large extent the relationship is predictable because owners usually have the ability to control their pets' actions and reactions.

Other benefits of the human pet bond have been seen in therapeutic settings with children, shut-ins, the elderly and the disabled. Pets can serve as companions, and offer tactile stimulation, safety and nonjudgmental emotional support. The presence of a pet can increase feelings of well-being, security and self-worth while reducing feelings of loneliness and isolation (Sable, 1995). They have also been used as conversation links or a stimuli to promote interaction between clients in group settings; they help to minimize anxiety, loneliness and awkwardness and they provide what Corson (1976) calls "a social lubricant" (Netting et al. 1987, p. 61).

A third theoretical perspective that can be used to explain pet attachment is the life-span developmental theory. This theory operates under the premise that each individual progresses through life's stages in a unique and individual way. Thus, no two people have the same personal history since each person's experiences and perceptions are unique. In relation to pet ownership and bonding, this theory contends that the interactions and relationships one has had earlier in life may affect later attitudes regarding companion animals. This being the case, each individual

will respond uniquely to a pet; individual responses cover the range of the emotional spectrum, from delight to fear. Some may even develop substitute relationships with their pets in which the pet may serve as the longed-for child a couple or individual never had, or as the spouse who has died (Netting et al., 1987).

Considering the degrees of attachment and bonding that a person is capable of having with a pet, what then happens when this bond is severed? Is the experience similar to the grief people feel when they have lost someone close to them? The dictionary definition of grief is: "intense emotional suffering caused by loss, disaster, misfortune etc.; acute sorrow; deep sadness" (Fitzgerald, 1994, p. 30). What about the expression of that grief? What actions need to be taken to resolve this pain? The dictionary defines this expression of grief as "mourning: the actions or feelings of someone who mourns; specifically, the expression of grief at someone's death" (Fitzgerald, 1994, p. 37).

### Theories of Grief

The subject of human mourning and grief has been explored extensively over the last couple of decades, with Kubler-Ross (1969) being the first to outline five stages of grief: denial, anger, bargaining, depression and acceptance. Parkes (1972, 1985) and Shuchter (1986) as quoted in Archer and Winchester (1994), compiled a list of reactions that they found to make up the grief process:

1. Numbness and disbelief (initial reaction).
2. Preoccupation with the loss or the lost object.
3. Anger, irritability or self-blame.
4. An urge to search for what was lost.

5. Mitigating and avoiding grief.
6. A feeling of loss of self.
7. Anxiety and distress.
8. Feelings of hopelessness and depression (p. 261).

Others have also described the process, such as J. William Worden (1982) who outlined four tasks of mourning. "To accept the reality of loss, to experience the pain of grief, to adjust to an environment in which the deceased is missing, to withdraw emotional energy and reinvest it in another relationship" (Fitzgerald, 1994, p. 39). Similarly Therese Rando (1993) purported the 6 R's of mourning:

1. Recognize the loss.
2. React to the separation.
3. Recollect and re-experience the deceased and the relationship.
4. Relinquish the old attachments to the deceased and the old assumptive world.
5. Readjust to move adaptively into the new world without forgetting the old.
6. Reinvest (Fitzgerald, 1994, p. 40).

Rando (1984) further explored the grieving process by looking at the factors that influence the grief reaction. She identifies three main factors: the psychological, the social and the physiological. The psychological factors are:

- the nature and strength of the attachment,
- the role and function the deceased played in the bereaved's life,
- the individual's coping behaviors, personality, mental health, level of maturity, intelligence, age and gender,
- the individual's past experiences with loss,
- the individual's perception of the deceased's fulfillment in life,

- the amount of unfinished business between the deceased and the bereaved,
- the immediate circumstances surrounding the death, such as location, type, reason, whether expected or sudden, and length of possible illness,
- timeliness of death,
- the individual's perception of preventability,
- the number and type of secondary losses, such as change in environment or loss of status,
- the number and type of concurrent stresses and crises (p. 43-53).

The social factors associated with an individual's ability to resolve grief issues are whether or not an accepting and supportive social network is available and appropriate funeral rites are executed. The individual is also influenced by the socio-cultural, ethnic, religious and philosophical background of the social support system with which he or she interacts. Educational, economic and occupational status can also be influencing variables (p. 54-55).

The physiological factors are apparent in the individual's lack of appetite, restlessness and inability to sleep; these accompany physical disturbances ranging from minor headaches to severe arthritis. Many of the feelings of aggression, tension, anxiety and depression that accompany grief can be alleviated by regular exercise (p. 56-57).

Contemporary western society has adopted a modernist point of view toward grief. The emphasis is on goal-directedness, efficiency and rationality. The ideal is to "work through" grief as quickly and efficiently as possible. This entails severing the bond with the deceased so that new attachments can be formed. If this bond is not broken and reinvested in another relationship,

the grieving process is considered complicated and pathological (Bowlby, 1980; Freud, 1957).

During the Romantic Age, "to grieve was to signal the significance of the relationship, and the depth of one's own spirit. In Romanticism valor was found in sustaining these bonds, despite a broken heart" (Stroebe, Gergen, Gergen, & Stroebe, 1992, p.1208). Even with the predominance of the modernist view in the 20th century, many individuals are experiencing something more akin to the description of the Romantics' view of grief, which is one giving full rein to the feeling of grief, of not breaking the bond, and of experiencing the deceased as a continuing part of their lives (Klass et al., 1996; Stroebe et al., 1992).

Research conducted by Klass (1992-93, 1993) with bereaved parents showed that the parents frequently mentioned a continuing attachment with their deceased child. Similarly, Hogan and DeSantis (1992) found that bereaved adolescents maintained an attachment to their deceased sibling. Silverman, Nickman, and Worden (1992) also found that bereaved children sustained an attachment and relationship with their deceased parent that would change and grow as the child developed. Tyson-Rawson (1993) noted that college women who had lost their fathers continued an attachment to the deceased parent; more than half the participants expressed a sense of the presence of the deceased parent that brought comfort. Instead of finding stages of grief ending in resolution, these researchers found that people were altering their perception of the relationship with the deceased and continuing with this relationship in a "new" way.

Rubin's (1985) study noted a direct link between the bereaved's ability to relate to the deceased in an inner relationship and the bereaved's ability to cope with loss. Shuchter (1986) found that, in the first few years after a

spouse's death, widowed people maintained a relationship with the deceased through dreams, conversations, a feeling of being watched over and a sense of the deceased's presence. Shapiro (1994) saw grief as a family process. He suggested that families allow the deceased's image and presence to become a part of the evolving family support system. This is confirmed in Rosenblatt and Elde's (1990) study with bereaved families. If families maintain a connection to the deceased as a unit and as individuals, the resulting support of the family system and the shared relationship with the deceased eased the burden of loss.

Rosenblatt did a study in 1983 in which he researched the grief experience through analyzing 19th century U.S. and Canadian diaries. His purpose in this study was to explore the grief experience of people before "20th century psychology added notions of grief work and ego defenses to the culture" (Klass et al., 1996). He concluded that "grief is probably not continuous beyond the first few days or weeks, even after a major loss ... research indicates that strong feelings of grief for major losses will recur over a lifetime" (Klass et al.). Rosenblatt and Burns conducted a study in 1986 of perinatal loss. The results of this study indicated that the continued grieving process is not of the deep intensity initially felt, but it is a sustained sadness which many said they will carry for life. They found that extended grief was not just the loss of the child, but also the loss of what might have been, the loss of parenthood, or the loss of support in a time of need. They concluded that extended grieving can be caused by secondary losses that continue to occur because of the initial loss (Klass et al.).

Even though Freud was a supporter of the positivist modern view on grief resolution, he is quoted in a letter written to a friend who had lost his son several years after Freud had experienced the loss of his daughter.

Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish. (Freud, 1957, p. 239).

In light of the research discussed above, it is more difficult to accept bereavement as a state of being that comes to an end and from which one recovers. Rather than coming to a place of resolution, the emphasis should be on change and transformation of the meaning of the loss over time.

While the death is permanent and unchanging, the process is not. The process does not end, but in different ways bereavement affects the mourner for the rest of his or her life. People are changed by the experience; they do not get over it, and part of the change is a transformed but continuing relationship with the deceased. (Klass et al., 1996, p.53).

Klass et al., 1996 referred to this continued grieving experience as recurrent grief. Often people challenged by grief are not able to work through various parts of the experience until events in life trigger a memory or feeling related to the deceased. This process can take a lifetime. Many people have mixed feelings about working through grief: it is as if they were killing the deceased again, or being disloyal, or saying the deceased was not cared about, or had no value or importance. "People may often welcome grief recurrence, and even if there is a sad and bitter side to it, there may also be a sweet, affirming, and to-be-cherished side" (Klass et al., p. 55). "It is possible to be bereft and not bereft simultaneously, to have a sense of continuity and yet to know that nothing will ever be the same" (Klass, et al., p. 351).

### Perspectives on and Experiences of Pet Loss and Bereavement

In reviewing the grief experience the question still remains: how is pet loss accepted and experienced by the individual and the society in which the individual resides? "The topic of companion animal grief is often greeted with a smile, as if there is a tacit consensus that the bereavement following animal death is only a displacement from a serious prior loss to a more trivial and transient current episode" (Weisman, 1990-91, p. 241). Keddie (1977) felt that allowing an intense attachment to a pet perpetuated an overdependence on the pet that could expose the owner to potential risk, from a mental health perspective, when the animal dies.

Professionals are becoming more aware of the needs of grieving pet owners. There is a greater understanding by counsellors, medical centers and veterinarians that, as with human loss, the pet owner's grief intensity is proportionate to the relationship he or she may have had with the companion animal and it is not necessarily a pathological grief (Cowles, 1985; Doka, 1989; Fitzgerald, 1994; Gerwolls & Labott, 1994; Rajaram et al., 1993). "Where there is loss there is grief" (Doka, 1989, p. 9). Alton Hopkins, as quoted in Anderson, Hart and Hart (1984), commented that the responses of the griever cannot be turned on or off at will and that the object of our grief may change but the process remains the same.

The acceptance of pet loss as a legitimate grief issue is not widespread in our culture.

Each society defines who has a legitimate right to grieve and these definitions of right correspond to relationships, primarily familial, that are socially recognized and sanctioned. In any given society these grieving rules may not correspond to the nature of attachments, the sense of loss, or the feelings of survivors. (Doka, 1989, p. 4).

"Doka (1989) classified pet loss as a form of 'disenfranchised' grief, along with the other cases where either the relationship or the loss of the grieving person is not recognized by others" (Archer & Winchester, 1994, p. 269). Doka defined disenfranchised grief as a circumstance "in which a person experiences a sense of loss but does not have a socially recognized right, role or capacity to grieve" (Doka, 1989, p. 3). In this disenfranchised state the owner is not supported through the necessary processes to resolve grief, such as rituals, ceremonies or condolences. The bereaved's lack of acknowledgement and recognition through these social conventions can engender shame and repression of the individual's feelings, and these in turn can exacerbate psychological and physical stress (Archer & Winchester, 1994; Doka, 1989).

The grief reaction to pet loss is similar to the grief reaction to human loss; it is the mourning process that is different. Research shows that in human loss, mourning procedures such as funerals and social support, are essential to the healing process, yet these are rare for the pet owner experiencing loss (Gerwolls & Labott, 1994). "The lack of universal social mechanisms for dealing with grief for an animal probably impairs the resolution of grief and isolates the grieving owner" (Katcher & Rosenberg, 1979, p. 890).

There is no set of standard rituals established for when a pet dies - no social sensitivity, no cards, no leave of absence from work. Pet owners often feel helpless and hopeless since their loss is not a recognized sense of loss. Quackenbush and Graveline (1985) found that their clients often felt misunderstood and many wondered if others felt the same way. Without social validation pet owners often hide their grief, fearing it is abnormal or pathological (Baker, 1993). Pet loss grief is not usually acknowledged as

legitimate; people often receive subtle societal cues that such a strong attachment is not approved of, and consequently the pet owner often hides his or her anguish and grief (Quackenbush & Graveline, 1985; Rajaram et al., 1993). Since pet loss bereavement is not socially acceptable there is a general sense of reluctance on the part of pet owners to express bereavement to others because of fear of criticism, condescension, or callous suggestions such as "just get another one" (Quackenbush & Graveline, 1985). Often the veterinarian is the only outsider that sees the client's grief and as a professional he is unlikely to have been trained to deal with the client's grief reaction (Anderson, Hart, & Hart, 1984). In Quackenbush's opinion veterinarians "don't always understand that a companion animal is really an extension of the person who cares for it" (Carmack, 1986, p. 312).

One reason people may find it difficult to acknowledge the bereavement of a pet is that it "might imply that the animal had human characteristics and attributes, such as feelings, wishes and fears, pain and pleasure, or even a soul" (Weisman, 1990-91, p. 247). In the case of a human death, the bereaved is surrounded with others who are experiencing similar feelings and an opportunity to express and share his or her sense of loss is available. Pet owners usually have no such support. "Both Katcher and Rosenberg (1979) and Rynearson (1978) specifically noted that pet owners might be especially vulnerable because of a reluctance to express their feelings due to perceived negative societal attitudes toward human/pet attachment" (Cowles, 1985, p. 140).

Rando (1985) placed great significance on the power of rituals to help the bereaved in the mourning process. She defined ritual as "a specific behavior or activity which gives symbolic expression to certain feelings and thoughts of the actor(s) individually or as a group. It may be a habitually

repetitive behavior or a one-time occurrence.” (Rando, 1985, p. 236). She further stated that ritual can help strengthen the support group surrounding the bereaved and other relationships that affect the person experiencing the loss. Rituals help create a structure in which to recall the deceased, they help the mourner make a statement about his or her feelings and they help create a new relationship with the deceased by allowing the memories to continue while the presence is acknowledged as gone (Rando, 1985).

For pet owners it is important to experience some form of leave-taking to work with the grief. It is important for owners to follow their feelings when choosing a memorial or ritual, since it will be a memory they will live with that will be part of the grieving process and help the owner cope with the loss. Part of a mourning ritual may be to collect items such as a bowl or a blanket associated with the pet and put them in a special place. This process of collecting and storing can bring up both painful and pleasant memories all of which are a part of the healing; it is an opportunity to remember or talk about all the special moments and the pain of the loss (Quackenbush & Graveline, 1985). Mourning rituals help to “acknowledge that the death occurred, accept its finality through palpable and visible actions; pay respect to your pet's memory and ultimately resolve your grief” (Quackenbush & Graveline, 1985, p. 161). According to Nieburg, “it is through repetitive sharing of memories that energy bound to the pet can be released so that owners may invest in new objects and attachments” (Cowles, 1985, p. 141).

The pet owner experiences stages of grief similar to those of people experiencing human loss. For the bereaved pet owner these intense feelings can often be compounded by the inability to express and share the feelings of pain and loss with others (Cowles, 1985). Some of the more common responses to pet loss are guilt, anger and denial. Guilt is particularly noted in

cases of euthanasia. The owner feels responsible for the well-being of his or her pet and may question the previous care of their pet and wonder whether or not everything he or she could have done had been done. It is a huge responsibility to have the power of life and death over a living being. The owner may wonder if he or she decided on euthanizing the pet too soon, or waited too long (Carmack, 1986; Colwes, 1985; Quackenbush & Graveline; 1985).

Anger often overwhelms the pet owner, out of frustration at being unable to control the circumstances. Anger is often a coping mechanism to lessen pain, and is usually directed at the most available person, such as the veterinarian. Children may direct their anger at the parent for not protecting the pet and for deciding on euthanasia (Cowles, 1985). Anger may also be directed inward on the self because of one's carelessness, as in accidentally running over ones own pet or losing the pet. When a pet is accidentally lost the owner may experience intense guilt and anger, leaving the owner with a sense of ambivalence as the pet caretaker. The animal is lost yet the owner is still responsible for the pet. In these cases it is especially difficult to resolve the grief of a lost pet since there is no proof of a death. Owners experience these same feelings when they are forced to give their pets away, as when the elderly are institutionalized (Quackenbush & Graveline, 1985; Sable, 1995).

Denial is yet another symptom of pet loss. This may serve as a delaying tactic and may show up in the form of forgetfulness, almost as if the pet will come back. Many owners experience a preoccupation with memories of the pet, often mistaking shadows and sounds for the lost pet (Weisman, 1990-91).

The pet owner usually experiences a wide range of symptoms associated with loss. Common symptoms are: loss of appetite, pining, loneliness, pangs, flashbacks, emptiness, sadness, searching behavior, sleep

disturbances and dreams of the pet (Carmack, 1985; Cowles, 1985). In losing a pet within a family each member reacts in a unique way, since each has a different and individual relationship with the pet. How the family operates as a system will also influence the form of grieving the family expresses as a unit and the process the individuals will undergo as members of that unit (Carmack, 1985; Quackenbush & Graveline, 1985). "For many young people, their first experience with death is that of a pet." (Brown, B. H., Richards, H. C., Wilson, C. A., 1996, p. 505). How they express and resolve this experience builds a precedent for how these children will view pet loss later in their lives. Thus, they may perpetuate the cycle of acceptance or nonacceptance of the significance of this loss.

#### Research on the Effects of Pet Loss

Research on the effects of pet loss in the human bereavement experience have been conducted as early as 1977 by Keddie, and as recently as 1996 by Planchon and Templer. Initially, qualitative studies were carried out on case-history reports or anecdotal stories (Carmack, 1985, 1986; Cowles, 1985; Keddie, 1977; Netting et al., 1987; Quackenbush & Graveline, 1985; Quackenbush & Glickman, 1984; Weisman, 1990-91). More recently, studies have been conducted using measurement scales in order to find possible correlates of grief after pet loss and relationships between human loss grief and pet loss grief (Albert & Bulcroft, 1988; Archer & Winchester, 1994; Brown et al., 1996; Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Planchon & Templer, 1996; Poresky, R. H., Hendrix, C., Mosier, J. E. & Samuelson, M. L., 1987; Rajaram et al., 1993).

Most studies, with the exception of Keddie's (1977), which interpreted pet loss grief as psychopathological, have found parallels between grief over

human loss and grief over pet loss. "Overall, these findings show that a pattern of thoughts, impulses and feelings that together constitute grief reaction occurs frequently in a sample of people who have experienced the death of their pets" (Archer & Winchester, 1994, p. 267).

Gerwolls & Labott's (1994) study used the "Grief Experience Inventory" (p. 173) to compare grief reactions at 2 weeks, 8 weeks, and 26 weeks between pet loss and human loss, showing that the reaction to the loss of a pet or a human significant other is not experienced differently, although it is more abbreviated. Other studies have concluded that the experience is similar except for the duration of the grieving process, which has been estimated from 2 weeks to 6 months or as long as a year (Archer & Winchester, 1994; Brown, et al., 1996; Carmack, 1985; Doka, 1989; Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Katcher & Rosenberg, 1979; Quackenbush & Graveline, 1985; Quackenbush & Glickman, 1984; Weisman, 1990-91).

Several studies have looked at the grief reaction to pet loss and attachment to the animal. Gosse & Barnes (1994) found that a stable predictor of the grief response over pet loss was the owner's degree of attachment to the pet. Archer & Winchester (1994) also found similar results in a correlation study in which affective attachment to a pet showed the highest correlation to the grief response. The Brown et al. (1996) study of adolescent responses to pet bonding and pet loss bereavement showed that higher degrees of bonding resulted in a more intense grieving process. As well, Gerwolls & Labott (1994) found that higher relationship maintenance and higher degrees of intimacy were associated with higher reports of grief and more physical symptoms. Doka (1989) is noted as saying "as a general rule the overall intensity of the grief reaction will depend directly on the magnitude of psychological wellbeing that had been provided by the lost object" (p. 276).

Other researchers have looked at attachment and demographic profiles. Holcomb, Williams and Richards (1985) found that owners without children had higher levels of attachment than those with children, and that females had significantly higher levels of attachment than males. They concluded that larger families had weaker attachments to pets because they enjoyed more opportunities for physical and emotional attention with a larger support network. Bulcroft and Albert (1987) found that the level of attachment to a pet was higher in a group of child-absent participants. Eighty percent of the newlyweds in the sample indicated that they perceived their pet as a child substitute. They also found that wives were more likely to be the pet's caretaker and therefore had higher levels of attachment than other family members. Bloom (1986) conducted a demographic profile study of people at risk of stressful bereavement over the loss of a pet. His findings indicated that the risk factors were: being single, being female, small family size, absence of children, and length and quality of relationship. Albert and Bulcroft (1988) examined the psychological and emotional roles of pets in urban areas. They found that out of 12 items on a factor analysis related to loving relationships, nine of those were identified as pet attachment relationships. They found this attachment to be most significant to the owners during transition times in life when one may feel like an outcast from society. Other relationships may be affected but the pet relationship remains constant and intact. Those most affected were the divorced, the never married, the widowed, childless couples, newlyweds and empty-nesters. These results were also found by Quackenbush in a review of his practice as a social worker in a veterinarian hospital (Anderson, Hart & Hart, 1984). Carmack (1986) found that clients with the greatest difficulty in dealing with the death of their pet had high degrees of attachment; described the

relationship as unusually special; had experienced intense, daily nursing of the pet; and appeared to develop a dependency on being needed.

Other basic responses to grief noted by Carmack (1985), Quackenbush and Glickman (1984), and Rajaram et al. (1993), were disruption in daily routine and changes in eating and sleeping patterns. Quackenbush and Glickman (1984) also found a 70% decrease in social activity, as well as isolative behaviors, talking less and ruminating more about the deceased animal. Along with these findings, they also discovered that 45% of the bereaved missed one to 3 days of work, and that crying was almost universal in the initial stages and continued intermittently for several weeks without apparent stimulus.

The lack of social support for pet loss bereavement was a common finding in many of the research studies. Archer and Winchester (1994) found that those living alone had higher degrees of grief, but they did not have higher degrees of attachment. This suggests that the lack of social support may have been the contributing factor to their elevated sense of grief. Gerwolls and Labott (1994) found a relationship between family size and physical symptoms. They discovered that the larger the family size the lower the reports were on experiences of anger, social isolation, loss of control, depersonalization, somatization, rumination and grief. They also found differences on guilt and despair between those living alone and those married or living with others. Those living alone had a higher incidence of guilt and despair, once again suggesting that the lack of a social support system could be a contributing factor. Gosse and Barns (1994) reported a significant difference was found in social isolation; the grief response was higher for those living with one other adult or living alone in comparison to those living with more than one other adult and/or with a child or children. Quackenbush and

Glickman (1983), as quoted in Gosse and Barnes (1994), "found that those who received a social work service after the death of a pet were more likely to either live by themselves or with a spouse; and nonbereaved owners were more likely to live as a couple with at least one child or in an extended family unit" (p.106).

Gosse and Barnes (1994) and Gerwolls and Labott (1994) found that owners of a single pet did not grieve more or have more intense grief than multiple pet owners. That is, other pets in the home played no significant role in the adjustment to the loss of a deceased pet. Both studies also found no significant difference in the grief responses to sudden or anticipated death or to the length of ownership of the pet. Planchon and Templer (1996) found correlates to grief with living alone, gender and age and found no correlation to length of ownership, type of pet or how the pet died, as did Archer and Winchester, (1994). Gosse and Barnes (1994) also found no significant difference, in relation to grief, in how the body was disposed.

Many owners do not replace the lost pet, fearing the painful loss experience again, but Stewart (1983), as quoted in Gerwolls and Labott (1994), found in children that all the unresolved bereavement cases were in families where the parent was unwilling to acquire another pet. This suggests that new pet acquisition facilitates the grieving process. Gerwolls and Labott (1994) found in their research that those with high intimacy with the deceased pet were less likely to acquire a new pet during the 6 months following the death. They did find a positive mood adjustment at 26 weeks for those who did acquire a new pet and a negative result for those who did not. Cowles (1985) cautioned against a quick replacement of the deceased pet, saying, "if acquisition of a new pet occurs in an attempt to avoid grieving the lost

animal, grief may be repressed or it may be channeled into other negative responses" (p.144).

### Research on Therapeutic Interventions for Bereaved Pet Owners

Some researchers have looked at the reason for and outcomes of counselling as a therapeutic intervention for grief work of the bereaved pet owner. Quackenbush and Glickman (1984) found that owners sought counselling when faced with the decision of euthanasia, when there was an extreme immediate reaction to the death or when the grief was prolonged. In their study, owners were in contact with a social worker or counsellor two to three times for an average of 3 or 4 hours of total contact. In a follow-up assessment 4 weeks later they found that 53% reported satisfactory resolution of grief, 28% reached some degree of resolution, 10% had made a slight improvement and 3% had worsened. In another study conducted by Quackenbush as quoted in Anderson, Hart and Hart (1984), it was found that after social work services of counselling bereaved pet owners, 79% of the elderly improved after 4 weeks and 84% of the non-elderly improved after 4 weeks.

Weisman (1990-91) found that brief counselling either individually or in groups reduced the mourning symptoms. "In some clients, the bereavement became manageable after a single interview, which combined catharsis with education about the normality of their grief" (Weisman, 1990-91, p.245). Baker (1993) also found that bereaved pet owner's need for support, validation and education could be achieved in one or two counselling sessions. Gerwolls and Labott (1994) found that, through a program of essay writing, meant as a means of operationalizing confiding behavior, the bereaved had less death anxiety, but no effect was found in psychological

mood or other aspects of grieving. The researchers questioned whether or not a greater effect would have been produced had the confiding condition been more frequent than three times over a 26 week period.

In a study conducted by Pennebaker and Susman (1988), on the physical effects of not discussing traumatic events, they found that the more subjects talked about the death of a spouse the fewer health problems they had the following year; the more they talked about the death the less they ruminated about it; and the more they ruminated, the more health problems they had. They concluded that the "data supported that confiding about traumatic experiences, although depressing in the short run, appears to have positive physical and psychological effects in the long run" (p. 330). A related study by Pennebaker and O'Heeron (1984) found that "over time the physiological work of not confiding (i.e., behavioral inhibition) and of ruminating place cumulative stress on the body - thus increasing the long-term probability of stress-related disease" (p. 476). They found that talking about a traumatic experience had other beneficial effects. The individual was able to socially compare the information they shared, revealing that others may also have similar feelings and problems. Confiding in others helped to bring organization, structure and meaning to the experience. The individual experienced the opportunity to discover various coping aids from others they shared their story with. The researchers concluded that confiding appears to play a central role in the coping and health process of the individual who has experienced a trauma.

"One cannot avoid bereavement, ..., one must go through it. An accommodating environment in which bereaved owners have the opportunity to grieve and mourn appears to minimize the possibilities of long-term, psychosocial dysfunction." (Quackenbush, 1982, p. 336).

### Summary and Purpose of Study

In reviewing the literature, most studies have tried to either verify that pet loss is relevant and has the same effects as the loss of a person, or they have tried to identify the correlates to pet loss and bereavement. Most studies have looked at the result of pet loss on the human grief experience. The studies appear to confirm that pet loss bereavement is indeed similar to human loss bereavement with some variables being more pronounced, such as more guilt in pet owners, and others less pronounced, such as duration of grief. The general consensus is that pet loss bereavement is an emotional event that owners experience and it is not merely a psychopathological displacement of some previous, unresolved human loss. Several studies have addressed what the needs of the bereaved pet owners may be, such as social support. What my study proposes is to look more closely at the resolution of this grief. Are the grief experiences of pet owners similar to what Klauss et al. (1996) have suggested? Does this bond continue? If so, what does this look like for the bereaved pet owner? What interventions may be of help to the grieving pet owner in understanding and living with his or her grief? More specifically, I propose to hear the voices of those who have experienced this grief, to hear the knowledge and awareness of their needs, and then to analyze and present this information with the intent of bringing further societal and professional awareness to the needs of the bereaved pet owner.

This study is of importance to the understanding of pet loss bereavement in that it may show that there is a need for therapeutic interactions in living with grief of this nature. At present most people dealing with this issue are not aware of or encouraged to seek external

support. This study may legitimize the need and desire for bereaved pet owners to seek professional counselling as a way of understanding and living with their grief. Sharkin and Bahrck (1990) also have recognized the need for this type of research: "As counsellors become more directly involved in helping people cope with pet loss, research efforts should be made to assess the efficacy of various counselling interventions" (p. 308).

## Chapter 3

### Methodology

#### Philosophical Underpinnings in the Search for Knowledge

The basic philosophical premise on which this study is formulated is a postpositivist perspective. Within postpositivism there is an objection to the belief that the construction of knowledge can be obtained only through one true objective reality. The postpositivist view is that “the conception of knowledge as a mirror of reality is replaced by a conception of the social construction of reality, where the focus is on the interpretation and negotiation of the meaning of the social world” (Kvale, 1996, p. 41). From this view point the qualitative interview is a “construction site of knowledge” (Kvale, p. 42). The knowledge acquired through interviews is related to postpositivist knowledge in five ways: knowledge as conversation, knowledge as narrative, knowledge as language, knowledge as context and knowledge as interrelational (Kvale).

The concept of knowledge as conversation is based on the fact that an interview is a conversation between two people about a topic of mutual interest. The emphasis on analysis of discourse is an approach focused on the “constructive nature of questioning, transcribing, and analyzing in interview research” (Kvale, 1996, p. 43). “With the loss of faith in an objective reality that could be mirrored and mapped in scientific models, there is a move toward discourse and negotiation about the meaning of the lived world” (Kvale, p. 42).

In an exploratory interview people tell the story of their experience. This storytelling is the knowledge of narrative. With a skepticism toward global systems of thought there is a return to the stories; to the narratives of a

culture; to the people who explain and reinforce the values of the community (Kvale, 1996).

Knowledge as language is rich in the interview process. It is the very medium and tool of the interview. "Language constitutes reality, each language constructing reality in its own way. The focus on language shifts attention away from the notion of an objective reality, as well as away from the individual subject" (Kvale, 1996, p. 43).

Knowledge as context is represented in the interview as an interpersonal context in which the meaning of the interview statements are dependent on the context. The meaning of similar statements in different contexts can be vastly divergent. As well, there are the subtle changes that can appear in the translation from oral discourse to transcriptions (Kvale, 1996).

Knowledge is interrelational. The interview is "literally an inter view, an inter change of views between two persons conversing about a common theme" (Kvale, 1996, p. 44). The knowledge gained in an interview is interrelational: "constructionism replaces the individual with the relationship as the locus of knowledge" (Kvale, p. 45). The knowledge is neither inside the person nor outside in the world; it exists in the relationship between the individual and his or her world (Kvale).

### Conceptual Framework of Heuristic Research

"In its purest form, heuristics is a passionate and discerning personal involvement in problem solving, an effort to know the essence of some aspect of life through the internal pathways of the self" (Douglass & Moustakas, 1985, p. 39). The heuristic researcher embarks on a subjective journey of self reflection, exploring, sifting and elucidating the phenomenon under investigation with the purpose of casting light on the issue. To be a

heuristic researcher is to achieve the essence of the word 'eureka' itself, which is the familiar term derived from the Greek word, 'heuretikos', meaning 'I find' (Douglass & Moustakas, 1985, p. 40). "Self-experience is the single most important guideline in pursuing heuristic research" (Douglass & Moustakas, 1985, p. 46).

Once the process of living the question internally, recording hunches, ideas, and the essence of the meaning emerges, the researcher seeks others to consult regarding the phenomenon. It is "through exhaustive self-search, dialogues with others, and creative depictions of experience, that a comprehensive knowledge is generated, beginning as a series of subjective musings and developing into a systematic and definitive exposition" (Douglass & Moustakas, 1985, p. 40).

### Method

The methodological design for this study is of a qualitative, descriptive, heuristic style. I followed the first five stages suggested by Clark Moustakas (1990) for heuristic research as a way of connecting with the process of the research, and a qualitative, descriptive approach in engaging with the participants and the analysis of their experience as a way of explicating this to the professional community.

The first phase of the five stages of heuristic research is the initial engagement with the topic under investigation. This requires an inner quest and an internal dialogue to discover what is of intense interest to the researcher and what questions arise out of this search. "Embracing the subjective in this way clears the path for personal knowing, tapping into the nuance and variation of experience, crawling inside the self and eventually making contact with the tacit dimension, the basis for all possible knowledge"

(Douglass & Moustakas, 1985, p. 44). Once the area is discovered, one then defines and clarifies the terms that explicate the subject (Moustakas, 1990).

Phase two involves immersion with the question. At this stage “anything connected with the question becomes raw material for immersion, for staying with, and for maintaining a sustained focus and concentration” (Moustakas, 1990, p. 28) with the topic. This is more a way of being than a method. By staying with the topic and wandering through the nuances that present themselves, the researcher is able to say what is experienced and yet may not be able to discern all the constituents. The researcher must remain persistent, constantly self-searching and reflecting to better see the themes that are relevant and how a slight shift may reveal further the components of the inquiry (Douglass & Moustakas, 1985).

The third phase requires incubation, in which one withdraws from the intense focusing on the question and allows “the inner tacit dimension to reach its full possibilities” (Moustakas, 1990, p. 28). It is during this phase that new understanding and knowledge are clarified and expanded “on levels outside the immediate awareness” (Moustakas, p. 29).

Once one has allowed the incubation of the question, a natural flow occurs into the fourth phase of illumination. At this phase there is a “breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question” (Moustakas, 1990, p. 30). It is at this point that the time is ripe for data collection. In acquiring data during a heuristic investigation the researcher remains mindful of the intersubjective nature of the exchange. “When we know a thing from our own experience, its meaning can be recognized in others, without the typical accountings and explanations” (Douglass & Moustakas, 1985, p. 51).

The fifth phase is that of explication. Here one is able to bring into conscious awareness the many levels and meanings unique to the question under focus. It is at this phase that the “major components of the phenomenon, in detail [are] now ready to [be] put together into a whole experience” (Moustakas, 1990, p. 31).

The qualitative, descriptive approach utilized in this study is referred to by Guba (1978) as “emergent design.” Each individual psychological phenomenon elicits individual responses and evokes a particular method specific to the situation. This approach allows for flexibility and change as the process unfolds.

#### Personal Presuppositions

Qualitative research involves the researcher in the process and does not consider this bias as error. As Giorgi (1975) has said, the aim “is presuppositionless description, but since this is not possible in an absolute sense, a further guarantee is to admit as explicitly as possible the presuppositions that do exist” (p. 101).

The presuppositions of the researcher in this study were that:

1. Themes would become apparent which would be useful to understand as a counsellor working with bereaved pet owners.
2. Bereaved pet owners are the experts of their own experience.
3. Grief resolution does not mean an end to the grieving process.
4. Participants would benefit from the interview process through the expression of their insights, awareness and emotions.
5. What participants report on their experience is an accurate reflection of their grieving process.
6. A qualitative research methodology is the most appropriate way to uncover the subtleties of this experience.

### Data Collection

The data collection took the form of extended interviews with participants. The interviews were dialogues in which a spontaneous exchange of experiences and information flowed naturally between the participant and the researcher. "At the heart of heuristics lies an emphasis on disclosing the self as a way of facilitating disclosure from others - a response to the tacit dimension within one's self sparks a similar call from others" (Moustakas, 1990, p. 17). There was no time structure to the interview process, thus allowing for the full expansion and expression of the individuals' awareness of their experience.

The participants sought for the study were female, between the ages of 27 and 47 who have never had children. The participants experienced the loss of a companion animal to which they felt they were bonded, and the period since the pet's death was one year or greater. Previous research has concluded that the average length of time for mourning the loss of a companion animal is 2 weeks to 1 year. (Archer & Winchester, 1994; Brown, et al., 1996; Gerwolls & Labott, 1994; Gosse & Barnes, 1994; Quackenbush & Graveline, 1985; Quackenbush & Glickman, 1984; Weisman, 1990-91) The stipulation of the time since the loss of the companion animal was relevant since my study attempted to discover what the experience of resolution is for this type of grief. The parameters of the population under study are based on the conceptual ideology of this form of research. "In heuristic research the investigator must have a direct personal encounter with the phenomenon being investigated" (Moustakas, 1990, p. 14). My intention was to include my experience of this phenomenon in the investigation and to draw conclusions specific to this population of bereaved pet owners.

Five participants were selected based on recommendations from associates familiar with the research design and criteria.

Three of the participants were chosen based on suggestions from associates who were familiar with the study, one was a personal acquaintance of the researcher and one was the researcher. Three of the interviews were conducted in the researcher's home and two were conducted in the participants' homes. The researcher enlisted a colleague to conduct an interview with the researcher in the same manner as the other participants were interviewed. All participants were contacted initially by telephone and appointments were made to conduct the interviews. Before the interview each participant was given a copy of the initial contact letter and a consent form to sign.

#### Questions Explored in Interviews

1. What was the experience of mourning the loss of a pet?
2. What did you do to help yourself through the grieving process?
3. What, if anything, still remains unresolved?
4. If there are unresolved issues and feelings how do these manifest?
5. How does this unresolved grief influence your life?
6. What happens to trigger this grief?
7. When is the grief triggered?
8. Do you ever expect and or want it to go away?
9. Do you want to change how it remains with you?
10. What did you need then and what do you need now?

### Interview Format

In keeping with the heuristic methodology, these questions were used as a general guideline within an open dialogue with the participant and the researcher as the participant told her story. I used "the *General Interview Guide* that outlines a set of issues or topics to be explored that might be shared with co-researchers as the interview unfolds, thus focusing on common information to be sought from all co-researchers" (Moustakas, 1990, p. 47).

The purpose of the interviews was to uncover the experiences of the participants and then to interpret the phenomena described. The interviews were not an everyday conversation but instead a careful listening and questioning approach which "alternate[d] between focusing on the personal interaction and on the knowledge constructed through the interaction" (Kvale, 1996, p. 16). The style inherent in the interviews was Rogerian in nature, that is, one of following the participants' stories with empathy, genuineness and acceptance (Corsini & Wedding, 1995).

Complementary to heuristic methodology is the client-centered approach touted by Rogers.

In person-centered therapy, the therapist facilitates the client's discoveries of the meanings of his or her own current inner experiencing. The person-centered therapist presents him- or herself as honestly and transparently as possible and attempts to establish a relationship in which he or she is authentically caring and listening (Corsini & Wedding, 1995, p. 131).

The interview process was not intentionally therapeutic in nature yet yielded therapeutic benefit to the participants. The interviewer is there as the

facilitator of the participants' experience and in essence is the instrument of the method (Kvale, 1996).

Kvale (1996) outlined 12 aspects of the qualitative research interview that are foundational to this study. It was from these perspectives that the interviews for this study were conducted. The first aspect that Kvale presented is the topic of the interview, which "is the everyday lived world of the interviewee and his or her relation to it" (Kvale, p. 30). Second is the interpretation of the participants' lived world, that is, the search for meaning of the central themes. Next he addressed the qualitative nature of the interview. "Precision in description and stringency in meaning interpretation correspond in qualitative interviews to exactness in quantitative measurements" (Kvale, 1996, p. 32). Within the precision of description comes the relevant material from which interpretations are drawn. The detailed description of the interview is the fourth aspect Kvale presented. With this is also specificity, the fifth point, in that the interviewer seeks to unfold specific descriptions of situations and actions in the lived world of the participant (Kvale).

Next is the awareness that throughout the interview it is important for the interviewer to remain deliberately naive. The interviewer needs to remain mindful of his or her own presuppositions and attempts to obtain descriptions from the interviewee free of interviewer bias. Kvale's seventh point is that it is the interviewer's responsibility to contain the interview within the topic area and yet to remain nondirective. It is "up to the subjects to bring forth the dimensions they find important within the focus area" (Kvale, 1996, p. 34). The eighth aspect Kvale suggested is watchfulness for ambiguity in a participant's statements. It is up to the interviewer to clarify

such statements. Are these failures in communication or are they genuine reflections of inconsistencies and contradictions in the participant?

Another aspect is an awareness for both the interviewer and the interviewee that the interview process may elicit change in the participant's descriptions of the experience and his or her sense of the themes inherent in his or her lived world. Kvale also pointed out that for the interviewer there exists a tension between having knowledge of the research topic and a sensitivity to the information while remaining presuppositionless. The eleventh aspect of the interview is that it is an interpersonal situation in which "the interviewer and the subject act in relation to each other and reciprocally influence each other" (Kvale, 1996, p. 35). The interviewer needs to remain mindful of the dynamics within the interaction during the interview and later in the analysis. The outcome of the interview, and the twelfth point, is that the interview can be a positive experience for the interviewee. The interviewee is given the opportunity to tell his or her story to an empathetic, sensitive listener, who is seeking to understand the experience, and in seeking understanding often elicits a positive response from the story teller.

Several types of questions were used during the interviews to facilitate the participants experience and to allow the fullness of the their experience to manifest, while monitoring for clarity. There were the introductory questions, such as "Can you tell me more about...?", or "Could you describe for me...?". Encouragements used were either a simple nod or a pause to indicate to the participant to continue, or a repeating of significant words to lead to further elaboration. Probing questions were employed, such as "Could you say more about...?". Also used were specifying questions, such as "What did you do when...?". Later in the interview, once the spontaneous

descriptions were explored, direct questions were used, such as "Have you ever...?". Sometimes indirect questions were used to find another way to the subject's attitude, such as "How do you believe others view this...?".

Sometimes it was requisite to keep the participant on the track of the theme of the interview; thus it was necessary to use a directive such as, "I would like to go back to your previous statement about...". Silence was also employed as a form of questioning, thus allowing the participant to reflect and make associations and connections to the questions. Interpretive questions were a major component of the interviews in order to get clarity and validate the participant's experience and her understanding of it, as well as to satisfy a test for validity in the study. An interpretive question would be, "You then mean that...?", or a more speculative form would be, "Do you see any connection between...?" (Kvale 1996, pp. 133-135).

### Data Analysis

Immediately after each interview notes were made on thoughts, themes and senses that arose. Each participant was asked if there were any personal documents that she would like to contribute to the data, such as diaries, journals, poetry or art which might offer additional depth and meaning to the experience being explored. This satisfied a component of validity through triangulation. The interviews were also transcribed verbatim.

I then followed the second and third stages of immersion and incubation with each participant's information. At this point I listened to the tapes while reading the verbatim transcripts, taking notes for themes and patterns and extracting quotations and descriptions. During this exercise I

also recorded various paralinguistic and behavioral cues remembered from the initial interviews.

Each interview was read several times, during which comments, themes and patterns were noted in the margins. Themes and patterns were sought that reflected information associated with the interview questions. The transcripts were then colour-coded by drawing coloured lines through each page of the transcripts, with each participant having a different colour. Each interview statement that had a notation of theme, pattern or comment was recorded with the page number from which it was taken. The interview transcripts were then cut into sections, separating each statement that was noted as having a theme, pattern or comment. Colour-coding and page numbers on each strip of paper were used as a way of tracking the participants and the larger context of the statement.

Once all the relevant statements were separated from the main dialogue the strips of paper were then sorted according to themes and patterns. The initial sort yielded approximately 20 categories which were then re-sorted in an effort to condense the information further. Out of this sorting process three main influencing factors became apparent. The sorting continued, revealing further the processes the participants engaged in during their grief, as well as what has remained of this experience for each individual.

Throughout the sorting process it was necessary to return to the original interviews to comprehend the full context of a statement and to assess whether or not anything was missed in the initial stage of extracting themes. The colour-coding was a way of keeping track of which participants fell into which categories.

Once the information was dissected, I reconstructed each person's information into a portrait of her experience. I allowed the participants to read this reconstruction of their information and asked for feedback on the accuracy of my understanding. Once again this was a check for validity.

The next stage was to describe the three main influencing factors and include each person's statements as verification. The penultimate section, which extrapolates the process of working with grief, is an abstraction from the focus on individuals, to assessing at a group level. In this section, individuals are grouped and noted according to the frequency and number responding in specific ways to the grief experience. The last section explores what remains with the individuals from this experience, and is also an abstraction of the individual.

At various levels the "Ad Hoc Meaning Generation" suggested by Kvale (1996) was used. He notes 12 ways of making meaning in a free interplay of techniques. "1) noting patterns and themes, 2) seeing plausibility, 3) clustering, 4) making metaphors, 5) counting, 6) making contrasts/comparisons, 7) partitioning variables, 8) subsuming particulars under the general, 9) factoring, 10) noting relations between variables, 11) finding intervening variables, 12) making conceptual/theoretical coherence" (Kvale, p. 201).

As a final check of validity, the abstracted sections were given to each participant to review and to note which sections applied to them. The researcher then took this information back to the original documents which retained the colour-coded information, in order to track which participant belonged to which category. The final check was to compare the research findings with the participants' view of themselves in the abstractions. Corrections were made according to participant feedback.

### Validity

The broad concept of validity “pertains to the degree that a method investigates what it is intended to investigate, to the extent to which our observations indeed reflect the phenomena or variables of interest to us” (Kvale, 1996, p. 238). From a postpositivist perspective the statement of facts is not the focus; the interpretation of meaning is the criterion for the validity of a study. In this regard, to validate is to check the findings not only at the end as a final product of control, but throughout the research process. Checking of validity was used in the initial stages during the theoretical derivations and the formulation of the research question: Does this study benefit knowledge and the human situation?

Checking for validity is especially important during the data collection stage, which was the interview stage in this study. As the researcher I was diligent in questioning and perception checking to be sure to fully grasp the participants’ meaning.

Transcriptions must also be checked for validity. Are they verbatim accounts of the participants’ expressions? The challenge was to record as many paralinguistic and behavioral cues as could be remembered. What use was made of *prosody*, that is, the use of pacing of speech and the length of silence? As well, I had to note the proxemic account of the use of interpersonal space to communicate attitude and the kinesic account of body movements and posture.

During the analyzing stage, validity must be checked by asking whether the questions asked in the interview text are valid. In reviewing the final report the researcher must ask, “Is this a valid account of the main findings in the study?” The final check of validity was to allow the research participants

to review the final synthesis of the data for verification of the meaning of their statements (Kvale, 1995, 1996; Poland, 1995).

## Chapter 4

### Results

The purpose of this research was to assess the grief resolution process of bereaved pet owners, the basic question being, 'For bereaved pet owners, what is grief resolution and how is it achieved?' In reviewing the data, I found that the resolution process was intertwined with, and affected by, the quality of the relationship with the pet, the support system around the bereaved person, and the type of death of the companion animal.

I will first describe and unfold the variables that influence the resolution process for the participants. Then I will connect these to the resulting end process of resolution, along with comments from the participants regarding what they need to help them deal with their loss.

These are the stories of five women. They range in age from 27 to 47. None of these women has had children, some by choice, while some have not yet made the decision. Each of these women is involved in a relationship with a significant other. I would like you to meet and explore with me the inner sanctum of bereavement of Alexis, Anne, Daniella, Rebecca and Sue, where after the beginning, there is no end.

#### Interview Summaries

##### Alexis

Rachel became Alexis's companion animal in 1978 when she was a very small puppy. At the time Alexis was 27 years old and in a relationship that was not satisfying. She explains her feelings about why she acquired Rachel.

I think now that one of the reasons that I so desperately wanted a puppy was to give me a focus and success experience outside the relationship. I had known from the time I was a little girl that I would never be a mother. When I got into my late 20s I came to a point where I just desperately wanted a puppy, and in retrospect, and I think even at the time I recognized it as a need to nurture and be part of the formation of life. My pets are my family. Not my children, emphatically not my children.

Alexis offered her insights into her feelings of bonding with an animal.

My pets are my dependents. In fact, my dependents in ways more than a child would be; they're dependent upon me not just for food and shelter, but for education, for security, for even such basic things as the opportunity to evacuate the bladder and bowels, you know, so in many ways it's a very dependent relationship, and one of the things that I missed very much when Rachel died was that sense of being responsible for another living creature. Non-humans are tremendously accepting of the world. They don't harbour resentment. They don't judge. It's just the way things are. And they go with it.

Alexis took her job as Rachel's caretaker very seriously, and spoke of the bond between them.

Practically as soon as I brought her home I began or recognized what a huge responsibility I'd taken on. I was a little daunted about the size of it or the importance of it, my responsibility for another life. Taking on that challenge and fulfilling that responsibility is a very important thing to me. Rachel and I were very close companions because we lived alone together. She'd come up on my lap and if I asked her, she'd give me a hug; she was very affectionate.

Rachel died in a tragic accident on June 21, 1990, at the age of 12. As Alexis shared her story with me she struggled to say the words that would tell the story of that sad day. Alexis was at a family gathering that day and decided to go off for a bicycle ride, leaving Rachel in the capable care of her family. These are Alexis's words of that day:

I took off on my bike and I'd only got maybe a mile, and this is the part I don't tell people about, when Pat came up in his truck,

pulled ahead of me and stopped and got out. And I didn't know what it was about, but I greeted him with a smile and ... (long pause) I have to write this, I can't say it.

She took a deep breath and continued after a minute: "He said, 'Alexis, I've killed Rachel' and he put his arms around me." In her sobbing Alexis says "even to say those words today." She then describes her reaction. "I screamed, NO! ... I spent, I don't know, 25 seconds in shock and then got busy doing, fixing, taking care of it." She used the word 'horror' to describe her feelings about the accident.

Alexis has much experience as a crisis line counsellor and had lost her father 4 years prior. She felt equipped to deal with the tragedy at hand.

I'd had the experience of going through a major loss, but the big difference in this one was that it was a traumatic loss. I had some sense of what I was facing. The sense I had that day was, OK, I'm facing this, the only way out is through, ... just get on, go through it. And so that's what I did.

In the next few hours, Alexis dug Rachel's grave and buried her on her family's property. She was surrounded with the love and support of a caring family as they all said their farewell to Rachel. She describes the experience.

Rachel was a family member and she wasn't just my family, she was my whole family's family. Everybody knew what a loss it was to me, she was really accepted and acknowledged and her importance to me, ... there was a great deal of respect for my mourning when I needed to go away and cry at different times.

Alexis describes the farewell.

Pretty much everybody participated in one way or another. I tried to sing, 'Don't They Know It's the End of the World, it Ended When You Said Goodbye'. I sort of struggled through but I couldn't do it, 'cause it was the end of the world, the world as I knew it was over, there was no more Rachel. The same old me in a different world.

Alexis described her mourning for Rachel as violent. Even though it carried a deep intensity she felt no fear of her emotions and allowed the process to unfold.

I allowed myself to do what I needed to do, in between. It was like I was living two lives at the time. One part was the life that was grieving for Rachel, and the other part was the life that I just had to carry on. So I carried on with my activities and when I needed to, I took the private time for myself to enter the other life, the grieving life.

She comments on the intensity.

That period of crying at night went on for a long time and it was still there when Robert came back and he mentioned much, much later that he was really quite frightened by the violence of it. I wasn't frightened by it, I was interested by it in a way, because it went on at that intensity for so long, but I guess what I was doing was what somebody else might have spread out over a long period, I was doing more or less all at once. I was fully participating in my grief, and that was the most effective thing for me.

What remains with Alexis still today is the horror.

The one thing that I didn't do, still have not done, and don't know if I ever will do, is deal with the horror of it. That's the one thing that is not resolved, is the horror; there's a door in my mind that has that moment behind it.

Alexis is one of the founders of a Pet Loss Support Line and comments that it is somewhat of a memorial to Rachel. In training members for this support line she often shares her story of Rachel and the pain that is a part of that loss.

It's like a welcomed feeling, I can still feel my pain, I can still feel my joy. And Rachel still lives in me. So in a sense I've never had to lose her and this is true of any of the important losses. One of the things that I recognized in my dad's death was that the tears that I shed for him were an indication of caring for him. I don't see tears and sadness as ... being bad.

Alexis addresses the idea of counselling.

Where I think that counselling might still be helpful to me is in dealing with what's behind that shut door. The main point now I recognize I have more understanding, more knowledge about ... process ... because after all this is the same area that I worked in, ... what I can offer to others I can offer to myself, which was my key learning. It's been one of the most useful things to me, is self-acceptance and self-support.

## Anne

Anne is a 40-year-old woman who lost her companion cat almost 3 years ago. Tutie was 8 years old when she came into Anne's life. Anne described the feeling of going to get Tutie from her former owner as one of "an expectant mother." Throughout their relationship she referred to herself as Tutie's mommy. Relationships would come and go but Tutie was always there, constant and consistent. She explained that she knew she loved Tutie dearly, but it wasn't until Tutie's old age that she understood the depth of that relationship.

I know that I was always attached to her. I remember going to Mexico for 3 weeks and I worried about her constantly. It was when she started to age and her need for me was greater that I became more attached to her. It was like her need for me gave me a reason to need her. I needed to be needed. Tending and caring for her at such a level reminded me of what I've seen mothers do with their babies. I remember thinking to myself that it's the personal care that strengthens the bond.

Tutie was euthanized in Anne's home at the age of 21. She described the process leading up to the decision of euthanasia as gradual. She was constantly aware of the changes in Tutie's condition yet says,

There's a part of me that believes I didn't really let it come into the front of my mind until the week she died. I just couldn't let it be real. ... I could notice the changes from one week to the next, changes that I knew meant it was getting close to the end of the line. Knowing she would never be able to jump up on her chair

again. Those moments were marks in time for me. They were sad moments. I would wonder, how many days do we have left together?

There was a sense of disbelief in the experience for Anne. "It was like looking at a raggy old teddy bear I'd had as a kid; you never expect that it will wear out so much that it will cease to exist."

Anne's feeling at the moment of death was one of bittersweetness:

It felt like I'd lost my child. Literally that was it. After she died I got down on the floor and held her in my arms, rocking her, and I kept saying 'my baby, my baby, she's gone'. I just couldn't believe it. It was like coming full circle. I'm imagining what it's like to give birth and a mother feels she has gone through a point of initiation, some transformation in her life and that she holds this new born baby in her arms and she sees the product of herself and she touches it in every way. I did the same thing. I held her in my arms and I remember feeling in myself this sense of transformation and change. I've moved to a different place. I will never be the same again; from this moment on I am a different person. I looked at every part of her. I held her face, hugged her, kissed her. I looked at her paws, I touched all her toes and pads. It was that fine line of bittersweet. It hurt so much I thought I was going to die inside and yet there was such a richness. This other part of me that was separate from it and watching myself. There was this part of knowing, that in the midst of all this pain was also this intense amount of love I had for this little being. It was so mixed I couldn't separate them. All I could think was bittersweet.

The mourning period after the death was intense and deep. Anne said that she had a constant need to talk about Tutie yet felt that people really didn't want to hear about the death or the life of Tutie. She said that she was able to "put it in a box" when she was around people but had no control when she was alone.

It was constantly on my mind. I used to wonder at times if I looked different. I sure felt different. I spent hours crying alone. Every morning, every evening, at those special times I spent with her. This went on for months.

Three months after the death Anne wrote a poem about the experience and felt that it was the release she needed. The release came from writing the poem and from sharing the poem. "I couldn't just talk about her death, so when I gave people the poem to read and they would cry. I'd feel such relief; somebody understands, they get it, now someone knows what I've been feeling."

This is Anne's poem of her experience.

The Passing

What time is it?

It's 2 o'clock

My stomach turns.

I look at her lying on the floor , her eyes a glazed trance.

I choke back a sob

What time is it?

It's 2:15

I get down on the floor and put my face into the fur on her stomach and breathe deeply. She murmurs with effort. I break into deep racking sobs.

What time is it?

It's 2:30

My mind spins. I can't wait till he comes and I'm horrified I asked him to.

Just a little while longer princess. I promise it will be better.

What time is it?

3:00 o'clock

I can't stop the sobbing now. She barely moves, her breathing is shallow and laboured. I promise to make it better, I promise. I've sent for relief.

What time is it?

3:25

The panic rushes to my throat and I feel like I am blind with all-knowing and deafened with my internal screams. Smell her , touch her, feel her, look into her eyes, see into her soul, reach her one last time.

I hear a voice.

Choke.

It's OK honey, he's here.

I sit on her chair watching them, with their tray; their instruments.

I put her on a fresh towel, hold her little head in my hands and kiss her good-bye.

I fear I may wither away, the moment is freeze framed.  
They shave her leg, she struggles and my stomach seizes, my body curls and I die just a little bit more in my heart. I look away, unable to bear the leaving.

I look back and she is gone.  
Lying there is the peaceful body.  
I swoon, I howl, I wail. My baby, my baby, she's gone.  
I sit on the floor and I hold her in my arms.  
I hold her in my arms and feel the circle of life.  
My initiation, her passing.  
What time is it?  
3:36

Anne said that over time the frequency of her mourning has subsided but the intensity has not. Events in life that are points of transition and change often trigger a grief response for her. At those times the intensity of the grief is as sharp as it was the day Tutie died. She says it is a reminder of having to make the decision to euthanize Tutie.

Hers was the most significant decision I've had to make in my life, as to the choice of life or death, the choice of when. ... Whenever there was change in my life, anything that threatened my safety or security I could go to Tutie for soothing. She was my confidante. She was always there. So now when I'm fearful or anxious or sad, I'm immediately pulled into my grief over her loss. She's not here to soothe me anymore. She was kind of like my Linus security blanket.

Anne says that Tutie will always be a part of her life, her strength and her memories.

Because of Tutie I know the depth of my emotions, both love and pain. I was confronted with the most difficult experience of my life when she died and I survived. Having gone through that I know that I have the strength to go through anything. She will always be a part of me, she's my reminder of what I'm capable of.

Anne comments that she welcomes the sadness she feels when she thinks of her loss. "It reminds me how much I loved her; it's a sacred feeling of honouring how important she was. I never want to lose that feeling, it keeps her alive."

### Daniella

Daniella first met Bo when she moved in with her partner and his family which included his two children and Bo, the family dog. Bo was 6 years old, Daniella was 31. She says that the relationship with Bo was an immediate attachment. "I thought, this is perfect, along with getting a man and two children, I've got this wonderful little creature." Daniella explains that since the children were young teenagers they really didn't spend a lot of time with Bo any more, and that Daniella quickly took on the responsibility of caring for her.

I was just infatuated with her because I really needed that, I really needed a little being to totally need me. And she became quite a comfort to me too because we went through some ups and downs at the beginning. So when there was no one else in the group that I could kind of be sure of, I could always be sure of her.

Daniella explains the role Bo played in her life as Bo began to age and required more constant care.

It was like taking care of a baby. I would say my little baby girl, my sweet baby girl. And I think that was why my mourning has been so hard for me because I really did consider her my child ... I really did consider her my child.

At the end of Bo's life, Daniella lived in a remote area on the water, many miles from a town and veterinarian help. At 17 years of age Bo had been slowly failing in health yet seemed not to be at a serious juncture. She was merely old. Daniella recalls the week of Bo's death. "I had a

premonition dream of Bo's death one night and woke to hear the owl call, I knew, the portent of death. I mean I was in denial even though the dream had totally told me." That day Bo began to vomit, and throughout the next few days she slowly left life. Daniella was torn between allowing the natural process of death to take place and the extreme need to intervene with anything that would prolong Bo's life.

I kept saying, Wayne, you've got to get something for her, we've got to do something and Wayne was the one ... looked at me, he said, 'Daniella, I saw earlier in what she brought up that there were parasites and worms which, if animals have any of those and it's their time to go, they will bring those up.' and he said, 'She's dying.' And so I realized that he was right, but still there was that part of me that thought, we have to try to do everything, we have to try everything.

Daniella kept vigil at Bo's side for 48 hours night and day, tending to her every need until she died.

Daniella explains the spiritual component of Bo's passing. We were both just keeping an eye on her because I think we both internally said to ourselves we'll know when it's coming close. And then, we both saw this shift. We looked at her and we both saw this shift in her and I saw that, I said, This is it she's leaving her body, I could see her spirit leaving her body and Wayne said, I know. Like we could both see it. And as she finally passed, she opened her jaw really wide and just let out this high pitched squeak. And then she passed. Then she was gone. And, just like in the dream, the Mother Nature Spirit, at that point, I saw her appear and she picked Bo up in her arms and carried her off.

Much of Daniella's grief has been centered around her feelings of guilt. She questions her quality of care-taking, and wonders whether she really did all she could for Bo.

It was all that night that I was up with her vomiting. This is where I feel badly because I felt like I was so brisk, you know. I didn't want her to lie in her vomit, so every time she'd vomit I would so briskly wipe her face. I run that through my head a zillion times. And then I think as each day passed, the hardest part was I was still blaming myself for her, this was just grating

away at me. It still comes up with me every now and then, but it's not as bad as it was, but for a long, long time it was really bad. For the first 2 weeks it was dreadful. I was totally convinced that I could have saved her and that, if only Wayne would have gone to the doctor I could have saved her. I really had that in me.

These feelings stayed with Daniella for the first year after Bo's death, and even though she was slowly able to come to terms with the guilt she says she was still obsessed. "But I was still obsessed by: what did she actually die from? What was really wrong with her? I was obsessed with this. I needed to know it was a normal death."

It was the 2-year anniversary of Bo's death the month we did the interview.

We're coming up to the anniversary of 2 years and still she comes into my thoughts every day. They're not painful like they were. Now I try and make them happy thoughts, but this last week I did go through a little crying spell. Re-running, what more could I have done? Re-running, did she have to go then? Re-running all those things.

She speaks of her grief and says,

It comes back as intensely but not as frequently, and I get through it quicker. I feel at this point I wish I wouldn't go through it, at a certain point I needed to feel it but at this point I feel like I wish I wouldn't go through it because I feel like I'm beating myself up really. Because it always comes back to that, Oh I didn't do enough, I wasn't sensitive enough. I think that I could have cleanly grieved, if that's the way to put it, and let it go a lot sooner had I felt assured in myself that I'd done enough and that I did right in her life and in her death. I think holding on to the grieving comes from the guilt, most of it.

This was Daniella's wish:

I want it to go. I want to feel good. I'm going to say that, I want to feel good about what I did for that animal, and that I love her and that I'll always love her and I want to think of her and I want to think of her with love and sweetness. I don't want to think of her and have this knife come in that stabs me with my

cruelty. That's the word that comes up, that I was cruel. And I really, I know I wasn't, but ...

This is how Daniella feels Bo's death has affected her:

It makes me far more serious than I want to be because I feel this hardness between my heart and my solar plexus that sits there. It's like this thing, like I said about I want to let go, I don't want to blame, I want to forgive myself.

Daniella spoke of the support she received from friends and family during this experience. She found people to be very sensitive and empathetic regarding her loss. Although she did comment on how it just never seemed like enough. "It was fine, but it was just like I was telling people but no matter what they said it wasn't going to soothe me. They were all extremely empathetic and supportive and the whole deal, but it didn't seem to matter." She comments on her own reticence to express her feelings about this too often for too long. Daniella found the interview process to be therapeutic in letting go of her guilt.

I actually have a good feeling about it, now that we've done all this. I think that I, I feel lighter already about it. I think because you've given me permission, I feel you've given me an endless time period here to talk about this and so I'm able to get all the way through it. Whereas I think before when I talked about it, I didn't give myself permission, I always have this in my being: oh I don't want to take up too much of other people's energy, so I don't want to go on too long about this and so I have like a limit, a meter I put on myself.

Several weeks after the interview I received a letter in the mail from Daniella, with a poem about Bo. She wrote:

When I returned home and went to her resting place on the day of her death anniversary it was a relieving feeling. After my talk with you, where you most generously allowed me to express my feelings without interruption ... I was then able to talk with Wayne once again about my feelings of guilt over her death ... He was very supportive and just having him listen to me once

more after you listened to me seemed to create a completion.  
My feelings of remorse are now gone!

Ode to Bo

You'll always be  
inside of me  
sweet princess.  
Lost down a dark tunnel  
I sit down.  
The rain drizzles outside.  
I wait for you ...  
your warm spirit  
finds me ...  
I rest my heart  
in your furry thoughts.  
They're simple thoughts,  
but comforting.  
You tell me all is well.  
I see you as a puppy  
white and fluffy ...  
you're in a happy place  
and it does me good  
to know that.  
Your soul has whisked  
around me ...  
I am fine now.  
The dark tunnel  
has disappeared  
and I own my body  
once again.  
Thank you friend.  
You are eternal ...  
And life is safe now ...  
just knowing you were once  
my companion.

## Rebecca

Alex entered Rebecca's life as a kitten when her sister received him for her sixteenth birthday. At the time Rebecca was attached to the family cat Missy. When Rebecca was in Grade 11 Missy died a tragic death and thus began the relationship of Alex and Rebecca. She speaks of Missy's death and the effect it had on both her and Alex.

Then he became the baby, he just, he needed so much attention because she was always there, we had her first, so he grew up with her. It was like she was his mother, I think. I remember him becoming really affectionate and he was always there after that, and really needy. I think, really, I was probably needy too.

Rebecca describes the family dynamic and her growing relationship with Alex.

I guess I was home a lot and my sister was out a lot and my parents would be out working, my parents were workaholics and so I was often home with him and he was kind of like my buddy.

When Alex was 8 years old, Rebecca's sister moved out and Rebecca claimed Alex as her own. In that same year Alex became ill and was hospitalized. She speaks of this time and recalls,

I think that was really when I realized how important he was. I just remember him, I think my mom had moved out by that point too, it was just my dad and I, that night going to the hospital he had to stay overnight in, seeing if I could find a window or something and noticing no one was there and really being worried. Here he is, he could die and no one's there.

Alex's illness triggered a watchful caretaker in Rebecca. "So from that time on I took him every year to get his shots and get him checked out." Several years later Rebecca moved out on her own and took Alex with her. She had a great concern for him and his adjustment to his new home. To give him a sense of something familiar, Rebecca brought Alex's scratching

post with her. This may not seem unusual except that Alex's scratching post was a post on the outside deck of the family home. She says:

We sawed it off and brought it with us. He loved scratching his post and I used to go, 'Scratch a post' and then he'd sniff it and he'd scratch and he'd do it when he was really feeling proud when something happened or if he embarrassed himself, he'd run and scratch his post.

At 13 Alex became seriously ill with little hope of recovery. Rebecca speaks of Alex's last few months and how that affected her attachment level with him. "Those last few months, I mean I was really attached to him before that, there was no question, but I'm grateful for knowing, for having that 5 months of knowing that I was going to lose him." Alex required very specific constant attention in the last few months of his life. Rebecca says:

For me, I think about it like it's like having a disabled child. You just do what you need to do. If it was a child, people would do it, so why wouldn't [taped conversation was inaudible] your pet? It was like it was a way of others knowing just how much I loved him, how much I was willing to do for him. Like it was, like I was proud of it in some ways. I'd sell my car if I had to if it was what needs to be done. He's a family member, what's the value of his life? There was no question.

Alex was euthanized in Rebecca's home on Boxing Day at the age of 13. Rebecca was 27. Rebecca speaks of the experience.

I knew part of it was for me and part of it was for him I think, I couldn't watch him get any sicker. It was awful waiting for her to come and not knowing, watching the clock, she was coming at one and watching and watching. It was just almost unreal, like I just couldn't believe and I was mad 'cause he was only 13. He was on the pillow where he always slept and she came and she gave him the needle. I laid there and Fraser laid there with him, and it was almost like a moment of panic, I remember it so well and I was laying there just wanting him to know I was there and just hugging him and Fraser's like, 'Look in his eyes, look in his eyes' and I couldn't, and Fraser turned his head to me and I kinda looked and I hugged him and he started to twitch a little bit and then she had to give him another needle. And then she

curled him up and I kissed him, but I knew I'd done the right thing, he looked peaceful.

After Alex's death, Rebecca felt she should get away yet was indecisive about what to do. She speaks about the situation that arose.

I kept changing my mind. I didn't know what to do and that's when that blizzard started, it was that night. It was almost like it was for him, it was for Alex 'cause he was white. It was like a tribute to him. I was so thankful because then it continued to snow and the whole city shut down and I wouldn't have been able to get a vet in here if I hadn't put him down.

Instead of getting away Rebecca found herself trapped in the city. She describes that experience.

The snow was amazing, we were trapped here for a week and no one was phoning and it was perfect because we just, it was the perfect way to grieve, we were just alone with nothing to do and we'd go out walking and we'd come home and it was like just a week at home with nothing to do but really sit and think about him and so it was perfect, it couldn't have been any better.

Rebecca spent time that week doing activities that are suggestive of mourning rituals.

I spent a lot of time that week making up his photo album and this a 'baby book' I'd never really started, but I filled it all out and that really was helpful for me, I think. Pretty much that week I put all his stuff away, slowly.

Rebecca says she is surprised at how well she did after Alex was gone. She would cry every night at first and sometimes during the day.

I didn't wash his pillow for 6 weeks, I didn't want to clean the house. I didn't vacuum, I didn't want to clean up his cat hairs. He died on the 26th and we went out on New Years and I was really quite happy and I knew that life was going to get better. I knew that 'cause that was my biggest fear was losing him so knowing that if I survived that, I can survive anything.

Rebecca contemplated getting another cat within about 4 months of Alex's death. She struggled with this, feeling that she was betraying Alex.

When she finally did allow another cat into her life she was pleased with the result. "Having her was just a joy because it helped me remember him. It was really wonderful because she would do things so different from him it would help me remember him." Rebecca commented that after Alex's death many of her friends did not want to talk about Rebecca's experience, yet when the new cat came into their lives it opened up that communication. "I was kinda angry because it was like I wanted to talk about him and I wanted to tell stories of things he's done and it was like no one wanted to hear it." Then after getting the new cat: "Fraser and I, it helped us talk about it. Other people would come over and they'd compare her to Alex so it was like we could talk about him, it's safer because here we have another cat."

Rebecca comments on what she learned about herself through this experience and what remains for her. "I don't think I'd ever realized how much I could give for someone that I loved, it was really good learning for me." She speaks about the desire to remember Alex.

I feel really bad; sometimes I'll look at his pictures and I don't cry and I think, Oh, I should. Does that mean I didn't love him enough? So that's why when you phoned and left the message I said, Oh, I want to do this so bad, it's something for him. After I talked to you the other day, I started to cry right after we got off the phone. I'm glad because I want to cry for him. I don't want to forget. I don't want to lose that. I mean, when I cried after talking to you I was so happy to be so sad because it's like, I guess it's a way of knowing that the alive feelings won't go away. I imagine there'll be a time when I have gone 5 years, 10 years without crying over him and that I may never cry over him again, but that doesn't mean that the grief is gone. There may be newer grief's that come up instead, but that's still there.

### Sue

Eubie and Marley came into Sue's life as kittens in 1983, when Sue was 23 years old. Sue grew up understanding the bond between humans and

animals and, as a young adult, knew that relationship needed to be a part of her life once again. She comments on the impact having two kittens had on her relationship with her partner.

These two little grey heads poked out and our lives changed from that moment on. We just looked at each other and there was this kind of like, I think Rick actually said something, 'You know, I think I love you even more because of them.' I really try never to relate pet ownership to children; you know that they're a substitute 'cause I think it's totally different, but I've heard parents say that when they have a baby that it makes their love for each other stronger. I think this might have been a bit of a parallel. I think, having had a past strong relationship as a child with a cat, the whole idea of the pet being a child substitute just wasn't relevant because that's not the way a child thinks of their pet.

At 4 years old Eubie developed a rare liver illness which had a survival rate of about 20%. The choices they were faced with were either to euthanize Eubie immediately or fight the battle in hopes of survival, or at the very least, some extra time with her. Sue and her partner chose to fight the battle. She comments on the 3 months they spent nurturing and caring for Eubie during her struggle for survival.

Right away we promised ourselves that we would make all decisions based on her quality of life, you know, not so much what *we* wanted, because we wanted her to live but, was she happy, was she in pain, was she able to enjoy life? And that we would keep going until we thought that wasn't happening any more.

Sue and her partner spent the next 3 months providing complete nursing care. Sue took on permanent night shifts and her partner worked during the day so that someone was always home to take care of Eubie.

She completely lost her appetite so we had to feed her with a syringe, and you know, special food and diet and medication and water, basically every 2 hours we would have to give her either food or water and medication around the clock. We deliberately made choices to kind of build in a few little ... sort of mental

health breaks for ourselves because it was very stressful. Everything narrows down to one day at a time and that's what it was like for us and because Rick and I didn't see much of each other, we left little notes for each other, like we had a schedule of when she needed food and water and medicine every 2 hours and checked it off and we'd leave little notes for each other in passing like, 'played for 5 minutes today', with a smiley face. We never gave up hope.

Sue spent much of her time in those 3 months processing her anticipatory grief.

It made me really frightened. I mean I'd always, every time I went to sleep the first thing when I woke up I'd look to check to see if she was still alive. I would spend hours, you know, watching her breathe.

She comments on the final decision.

We didn't even talk about it. We knew it was time, and so we took her in. It became clear that she just wasn't happy and she wasn't really interested in life anymore. I guess we kind of felt like she had given up.

Eubie was euthanized on May 6th, 1987. She says of that final decision:

It was just like recognizing something that was already there or just taking the last step of a really long staircase. It wasn't a big step, it was just the last step.

Sue talks of the feelings she experienced after the death.

There was just this big emptiness, to have your whole focus, the whole focus of our lives for the last 3 months, was suddenly gone. And the loss of her little personality, her little soul and suddenly that her physical presence anyway was gone. But also a sense of relief, that it was over, like we could finally sleep. We had a lot of catching up to do in terms of things that we had put off in our lives, like self-care and sleep. It kind of, I don't know if it balanced, but it offset the sadness and emptiness, the loss. I just remember ... it was like running a marathon and then it's over, you know, and you just collapse. You're just kinda in a daze for a while. Afterwards, I thought how did we ever do that? how did we cope with that strain? but we did and I think in some ways we're stronger for it, for having been through that experience.

Sue's support during and after this experience came mostly from her partner.

I think it was just Rick and I relied on each other because there aren't, I'd never heard of any pet bereavement support groups 10 years ago, umm, and I don't know if I would have gone if there'd been one available or not. I might have, you know, because even talking about it today and sharing the story with you has been really valuable for me. If anything that I have that's unresolved still is a sort of lack of societal recognition for this sort of experience. It's like I know that the few people that I did reach out to, like co-workers, when this was happening said, 'Well, put her down and get another one,' so obviously I did not try again. I guess if I could change anything about the experience, it would have been nice to have not got so isolated during it, and to maybe have more support. We didn't have any kind, like care relief, like someone who could come in and give us a half day off.

Sue spoke extensively about the effect Eubie's life and death have had on her and her partner's lives.

Her death wasn't really so much of an event as a process, and I think it's a process that's still going on. From an intellectual point of view, I use my experience to help me relate to families and patients, I mean not that I say, 'Yeah, I know how you feel, I had a cat that died,' 'cause that would not go over well, but I find I say things like 'Boy, this must just feel like a roller coaster ride,' 'cause I know that's what it felt like to me, like the highs and lows of hope and despair. Rick put it quite well one time: he just said that he learned so much from her about being brave and coping with illness. It certainly has carried through into our relationship with the ones we have now. And our dog and people too, because you learn to value those that you love and you know, you realize that life is unpredictable and time is short and just to enjoy them while you can.

Sue comments on the feelings she has about the memories fading.

We've integrated her into our lives at a deeper level and that we probably don't need those memories to keep her alive; for us, she's literally changed the way we look at the world, so how can we ever forget that? We know that our experience with her affects the way we look at a lot of things in our current beliefs and the way we live our lives and the priority we place on our

pets and so, even if the memories fade, she's become a part of us, ... enough that that'll always be there. I guess maybe I feel like we'll always grieve for her, I mean I don't think that's something that ever stops, we'll always miss her and we'll always have that sort of missing piece. It's a mixture of joy and sadness every time I think of her and I don't know if that'll ever change.

It's been eleven years since Eubie's death and still today the sadness is there for Sue and her partner. Three months before this interview Rick wrote a poem. Sue describes the experience of hearing it for the first time. "He couldn't get past the part where her name is so we had to stop for a little while and both have a little cry and then he read the rest to me."

This is Rick's poem:

I ask of God and speak of love  
 I think of you and all that we share  
 The sun shines, the dog smiles, together yet apart  
 After 20 years trying to find the words  
 not easier, harder  
 But when I listen and hear the beat of my heart, it's yours  
 What path to walk at your side  
 Leading, following, staying the pace  
 Knowing the differences matter less is clear  
 Four pets, one past, no words for the loss we carry  
 Eubie  
 Yet joy in every form informed by pain  
 Full with awe infects my soul  
 And who am I, are you that lovers caught now and then  
 As perhaps shall always be together forever in love.

## Chapter 5

### Analysis

#### Factors That Influence the Grieving Process and Resolution

There were three influencing factors that became apparent during the analysis of the data: the relationship with the pet, the support system available to the bereaved, as well as social responses to the bereaved's grief and the type of death.

#### Relationship With Companion Animal

Each of the participants commented on the special bond she felt with her companion animal. Different circumstances influenced the development of this bond for each participant. No one circumstance was more prominent than another, and each participant exhibited varying degrees of most of the circumstances. The diverse circumstances that influenced the bonding were: living alone, realizing the need to nurture, feeling needy, being needed, and feeling unconditional acceptance and love for and from the pet.

The general theme expressed was that the companion animal held the position of a family member. Three of the participants referred to the companion animal as though it was their child. The other two participants stated very clearly that they did not view their pet as their child but recognized the special place that the pet held in the family dynamic. Two of the three participants, who nursed their failing companion animal for 3 months or longer, commented that the constant nursing care seemed to have been instrumental in the development of an even closer bond than the owners had felt previous to the pet's deterioration.

Anne says of her companion animal:

She was my baby, and the more she needed me, the more I needed her. It was in those last few months that I really came to realize how much she meant to me. I think it was the constant care and worry I had for her well-being. Knowing she was leaving me gave me this feeling of needing to spend every moment with her. I needed to absorb as much of her as I could; I needed to love her as much as I could before she was gone. I used to remind myself that now was the time to live life with intensity. I appreciated every minute we had together, right to the end.

Sue says:

My clearest memories of her are of those last 3 months ... our whole relationship with her just changed so much in those last 3 months. There was a depth and a specialness to our relationship with her that would have never happened had she not become ill. She became the whole total focus of our lives and we just invested all of our energy in her and spent all our time with her and got to know her even when she was sick, you know we got to know her as an ill little cat.

Sue comments on her life-long attachment to companion animals: "I always was used to having a very close relationship with a pet." She said that her companion animals have been her main support and best friend, and remarks that "it took me a while to realize that other people didn't feel that way about their pets." She says of the role her pets have played:

I think having had a past strong relationship as a child with a cat, the whole idea of the pet being a child substitute just wasn't relevant because that's not the way a child thinks of their pet, even though there are times when my relationship to my pets helps me understand sometimes what parents might be going through.

Rebecca explains the first intense bonding with her companion animal after the death of an older pet:

Then he became the baby, he needed so much attention because she was always there, we had her first, so he grew up with her. It was like she was his mother, I think. I remember him becoming really affectionate and he was always there after that, and really needy, and I was probably needy too, you know?

It wasn't until her pet had his first illness that she became aware of the special place he held in her life. Later, when he developed a fatal disease, his importance became even more pronounced:

He was the baby. Those last few months, I mean I was really attached to him before that, there was no question, but I'm so grateful for knowing, for having that 5 months of knowing that I was going to lose him and appreciating him so much. I would spend so much time just with him, you know, I spent so much time laying with him and talking to him and petting him.

For Alexis, her companion animal was not just a member of her own sense of family, but also was recognized by her larger extended family as a member of that group. "Rachel was a family member and she wasn't just my family she was my whole family's family." Alexis was very clear about not seeing her pet as a child or child substitute. She recognized that having a pet in her life gave her the opportunity to nurture and that was what she needed. She says of first acquiring her companion animal: "I recognized it as a need to nurture and be a part of the formation of a life." On the nature of the relationship she says: "[it] was very, very different than it would be with a child. Your dogs never disappoint you the way your child does, your dog never grows up to become a ..." "They're a forever companion, ... sharing my life, not sharing all aspects or understanding of it but being there, being a part of it." Alexis did not anthropomorphize her pet, and says that she and Rachel were very close companions because they lived alone together. Her affection for her animal is clear: "I always called her my little girl and I still call her my little girl."

Daniella says of her companion animal:

We took to each other right away. I was just infatuated with her because I really needed that, I really needed a little being to totally need me. That daily comfort of knowing she was there. I could pick her up and cuddle with her, she'd sit with me

evenings, she'd get up on the bed with me and she was just such an affectionate dog.

She expresses the role that her pet played in her life. "I would call her, I would say my little baby girl, my sweet baby girl. And I think that was why my mourning has been so hard for me because I really did consider her my child."

### Support System and Social Response

Each of the participants felt that her immediate family and support network were empathetic, understanding and accepting of her process of grief. Occasionally, for two of the participants, situations arose with immediate support people when they were not what the participants felt was supportive. Daniella shares her mother's response to Bo's death:

I told my mother that Bo had passed away. I really needed and really wanted her to get in there with me and say, Oh I'm so sorry, and all she said was, Well, at least you still have Dee. And that's what she said, and then she was onto another topic.

Rebecca shares what a friend said of Alex's death and her thoughts about the comment: "[He said] it's probably a relief, and I think it was more a relief for *him* that Alex died 'cause he got to see us more."

Three of the participants commented that even though they were surrounded by a supportive family network, each of them felt there was a limit to the amount of grief she could show and the duration of grief that was acceptable. Anne says: "It just didn't seem right after a couple of weeks that I get teary eyed or want to talk about it. It didn't seem that anyone wanted to be a part of it any more." Daniella says: "I'm sure no one wanted to hear me blathering on about Bo any more, so I just kept it to myself." Rebecca commented that when her friends with pets would come over after Alex had died, they would avoid talking about him. She expressed anger about this

since she had a deep need to tell stories about Alex. The situation changed drastically when Rebecca and her partner adopted another cat. She says: "Other people would come over and they'd compare her to Alex, so it was like we could talk about him."

The general feeling from the participants was that people outside their social group did not exhibit much understanding of their situation. Two of the participants cancelled major travel plans to stay with their ill pets. Both commented that there was little understanding of why they cancelled their vacations. Sue says:

People were saying, you're not going to cancel your vacation just because of your cat, are you? Even our vet said, well you can't cancel your vacation. And we said, well, it's not even really a question, like obviously she's more important, but people were surprised, and again I think it was not having insight into the type of relationship that we had.

Anne remembers what it was like to tell acquaintances she went to school with about her pet's death:

I would tell people my cat died last week, and they'd look at me like I'd told them I took out the garbage, sort of like , ya, so what? When I think about it now though, I think they just didn't know what to say, not that they were purposefully being insensitive.

Sue spoke of needing support while her pet was sick:

We didn't have any kind of, like care relief, like anyone who could come in and give us a day off. When you have a sick pet there isn't a lot of support, I mean people just don't know what it's, I can't say they don't know what it's like, I think it gets back to differing relationships with pets, maybe people just aren't capable of seeing an animal in that way, so don't know what it's like.

Alexis commented on work policies, "You don't get compassionate leave for the death of a dog." Anne spoke of the academic policies:

At the University, if a student has a personal trauma such as a family emergency, illness, death, or probably even a relationship breakup, you can get special permission from the department, recommended by a counsellor, to be either exempt from the course commitments or arrange alternative times to complete the requirements. I was aware of this policy, so before Tutie died I asked a counsellor about this regarding pet death, he laughed at me. He didn't know I was asking for myself. I'm sure he wouldn't have laughed in my face, but it really told me what the general opinion was. The day Tutie was euthanized I had to write an exam in the morning. If I could have done it any other way I would have, but I couldn't; when the end came, it came fast and I didn't really have a choice. I remember feeling very angry at the world, it felt like such an injustice.

Understanding and support were available to all the participants in the early stages of their mourning. Several of the participants expressed a need to explore their grief process beyond the socially acceptable time frame, which to them seemed to be a couple of weeks. Rebecca felt a driving need to tell stories about Alex but didn't have the opportunity until 6 months after the death, when she acquired another pet that seemed to work as a "social lubricant" (Netting et al., 1987, p. 61) for Alex's story. Daniella struggled with profound guilt about Bo's death for the first year, and felt she should not be tiring her friends and especially her partner by repeatedly telling the same stories. The first year Anne spent many hours crying alone reading and re-reading the short story she had written about Tutie's life. She says:

I kept thinking that people probably think I'm OK now, so I'd better not let them know how truly troubled I am about this, surely they'll think I'm obsessing over her death. Maybe I was, but I couldn't deny what I was feeling.

### Type of Death

Three of the participants nursed their failing pet for 3 to 5 months prior to the death. All commented that they were grateful to know of the impending death, since it gave them an opportunity to appreciate and

connect with their pet in a way that they had not done before. All three experienced anticipatory grieving. Although there was fore-knowledge of the death to come, each participant still felt the shock when the moment was at hand. Rebecca says of the moment of death: "It was almost like a moment of panic for me." Anne says: "I thought I was ready, but I felt hysterical when they actually put the needle in her." Sue talks about a moment 2 weeks before Eubie's death:

She had a seizure and I was home alone, and I thought she was dying! And I just remember holding her and just screaming, 'don't die, don't die, don't die!' I realized that even though I had known from the beginning that her chances weren't good, that somehow I wasn't ready for her to die. And it really surprised me, because I thought that I was working through a lot of stuff.

These three participants expressed a feeling of relief once it was over mixed with disbelief in the actual moment of death. Rebecca says: "I knew I'd done the right thing, he looked peaceful." Sue mentions her sadness and adds: "But also a sense of relief, that it was over." Anne says: "I ached inside and out. I was exhausted, and with that exhaustion was relief it was finally over, for both of us, she was at peace."

Daniella's dog, Bo, died of old age. The decline was rapid and she died within 48 hours of the onset of her system shutting down. Daniella's reaction was intense since she felt a responsibility for Bo's death. Even though she intellectually realized that Bo was very old and near her death, Daniella struggled with the circumstance of living in a remote area and being unable to obtain veterinary assistance to prolong Bo's life:

The worst thing for me ... helplessness ... not being able to do anything, not being able to change this, not being able to reverse this. I kept saying, Wayne, you've got to get something for her, we've got to do something. There was that part of me that thought, we have to try everything, we have to try everything.

Daniella felt guilt after the death because she felt she might have done more to save her pet's life.

Alexis's companion animal, Rachel, died in an accident. The death was unexpected and swift. Alexis described her feeling at the moment of hearing of Rachel's death as one of "horror." The impact of that moment remains with Alexis today. She speaks of it as a closed door of which she can look only occasionally through the peephole. Intellectually she understands that moment and realizes there is nothing new there, yet emotionally the horror of that moment remains behind that closed door:

The one thing that I didn't do, still have not done and don't know if I ever will do, is deal with the horror of it. That's the one thing that is not resolved, is the horror; there's a door in my mind that has that moment behind it.

#### Events That Influenced the Resolution Process

All of the participants did a variety of things to deal with the death of their companion animal. Some of these activities were concluded soon after the death and some continue. The most common thematic response to the death was the ritualizing of some behavior related to the deceased pet. This was done initially as a funeral or farewell ceremony to mark the significance of the pet's passing, and as a way of saying goodbye. Of the five participants, one did not have a funeral/farewell ceremony. Instead, she spent the time immediately following the death collecting photos and arranging a special photo album documenting her deceased pet's life. This behaviour extended into the week following the death. She did a variety of things, such as documenting her pet's life in written form in a special pet book that would be equivalent to a baby book. She placed special pictures of her pet in various places in her home, as well as collect her pet's belongings and store them in a

special place. Throughout that week she found it difficult to clean the house because it contained tufts of fur or a piece of claw or whiskers. By the end of the week she was more able to clean; she saved all the tiny particles that her pet had shed and stored them away as well.

Another activity that was utilized by participants in working with their grief was writing. Immediately following the death, one participant wrote a farewell poem to her deceased pet which was buried with the pet. This same participant continued to write poetry regarding the death and her feelings about the experience. She also wrote frequently in a personal journal about her process around the death. A second participant wrote a short story about the life and death of the pet, which she started several months before and finished after the death. This participant also frequently uses a personal journal to work with her feelings of grief. As a way of releasing some of her need to share her story, she wrote a poem about the moment of the death several months after the event. Another participant wrote a song for her pet. In an attempt to deal with the illness of her pet, a fourth participant methodically and diligently wrote progress notes on the pet's health throughout its illness. The participant has a medical background and she was familiar with this way of dealing with trauma and crisis. Notes on the daily progress were written and passed between the participant and her partner in order to keep each other up-to-date on what was happening. She commented that she realized this was her way of coping with the finality of the illness.

One participant found that on the day following the death she was most able to cope with her loss by nurturing her remaining pet. Since the death, having the remaining pet to take care of eased some of the grief while at the same time compounding it. She commented that there have been

times when she felt guilty for the sensitive attention she gives her current pet, and wonders if she treated her deceased pet in such a caring way.

Two participants mentioned that getting on with one's routine was a necessary and comforting way of dealing with the aftermath of the death. One participant said she needed to meet her commitments in life and therefore continued with her job, yet allowed herself to break out of the routine and have quiet moments given over to her sadness. The other participant was relieved to be able to move back into a routine that had been abandoned because of the constant nursing care prior to the pet's death. She commented on the complete fatigue that became apparent after the death, and found that moving back into a more normal routine helped to buffer some of the grief.

One participant found that she felt unsettled about the death of her pet because she didn't understand the actual cause of death. Her remedy for this was to search through libraries looking for any information on animal diseases for which the symptoms resembled those exhibited by her pet. She needed to assure herself that her pet's death was "normal."

Three participants found that acquiring a new pet made a significant difference in their grieving. Within 4 months one participant was beginning to contemplate the idea. She struggled with her feelings of guilt about replacing her deceased pet. When she acquired a new pet, approximately 6 months after the death, she said that she was slightly resistant to allowing herself to become fully attached to it. She realized that her resistance was based on her fear of the new pet becoming ill and dying. Within a short time she found she was able to bond to the new pet. Another participant was keenly aware of her desire for a new companion, yet was wary of wanting to substitute the new pet for the deceased pet. She realized she needed to

experience and mourn all the one-year anniversaries associated with her dead pet, before she could be free to care genuinely for another pet. Once these dates passed she was able to adopt a new pet without having the shadow of the deceased pet overlay the relationship with the new one. The third participant waited 2 1/2 years before acquiring a new pet; even though she would often feel an intense desire for another pet, she was still mourning her loss and was unable to imagine caring for another pet. She did not purposely seek a new pet. A stray cat adopted her and she found she was easily and readily able to allow herself to become bonded to the new animal. Two of these participants said that acquiring the new pet relieved many of their feelings of grief.

All the participants found that being able to talk about their feelings about the death experience lessened their feelings of grief. All found opportunities to speak of it during the period immediately following the death. Three commented that there was a need to continue sharing their feelings and insights well after the death but did not feel they had an appropriate outlet for it. All participants commented that doing the interview was a welcome opportunity to revisit the feelings associated with the experience and that it was beneficial to their well-being and perspective on the death.

#### What Remains From the Experience

The participants expressed a variety of thoughts and feelings that have remained since the death of their companion animal.

Four of the participants spoke of the guilt they feel when they reflect on specific incidents in their pet's life. These situations involved the owner's response to certain behaviours for which the owner now feels remorse.

Three of the participants spoke of times when they felt they treated their pet harshly. One woman spoke of a specific moment when she felt her pet was really insignificant in comparison to the new-born child she was holding. She still holds the guilt of diminishing the love she had for her pet. One of the participants has carried guilt regarding the death of her pet, feeling that she could have done something to save it.

Two of the participants spoke of frequently dwelling on the pet. The pets of both of them have been deceased just over 2 years. The frequency of these thoughts would range from every day to every week, and would vary from mournful to reminiscent in nature. Both said that the thoughts would often bring sadness to the degree of crying and that visiting the grave of the deceased animal would often be a comforting experience.

One participant has been unable to resolve the trauma of her pet's death. She says she was unable to face the horror of the accident at the time of death, and has found 9 years later that she is still unable to deal with it. She wondered if she would ever be able to deal with it. Speaking of this aspect of the death triggers an intense grief response in the participant and moves her to deep crying. During the interview she struggled with this part of the story and commented that she didn't know if she could actually say the words, she might have to write them.

One participant commented that the isolating experience of not having social support during her pet's illness and throughout the grieving time has remained with her to the extent that she has become part of a social circle that is predominantly bonded pet owners. She wondered if the effect of that experience is influencing her social choices today or if it has been just by chance that now she is surrounded by a pet-sensitive group of people.

Another participant described how her deceased pet remains a family member. She likened it to other deceased family members, such as grandparents. As children and other people join the family they come to know those members even though they are not physically present. She refers to her deceased pet as her new pet's "big brother," allowing the deceased pet to continue to hold a position in the family.

One participant spoke of the impact her deceased pet's life, illness and death continued to have on other relationships. She describes it as a process that is still evolving. The experience has influenced how she relates to her remaining pets and how she relates to her partner; it has strengthened the bonds in her present relationships and she refers to the glue of that bond as "shared pain." This participant's partner wrote a poem from which an extract poignantly describes this feeling:

"Four pets, one past, no words for the loss we carry, Eubie,  
Yet joy in every form informed by pain."

Two participants spoke of holding on to their sense of mourning for fear of losing connection with the deceased pet. One participant was thankful to be moved to tears about the death of her pet, feeling that it rekindled her love for her pet and in a sense "kept him alive." The other participant revealed that she frequently has dreams of her deceased pet in which she is persistently searching for and often finding her. She finds these dreams comforting even though they often elicit a mourning response of tears. She comments that she never wants to end the search if it would mean losing the feeling of "aliveness" that it gives to her memories of her deceased pet. She says that if she can feel the pain, she knows the love is still there.

Three of the participants commented on the continuing process of learning, insight and understanding they are gaining about themselves and

their lives because of the experience of their pet's death. These participants spoke of realizing their vast capacity to love and have connected that to the experience with the deceased pet, feeling that their sense of devotion during the pet's illness and their sense of loss at the death, has opened an awareness of the "self" and of their ability to love endlessly. They also looked at the experience as a life transformation which has left them stronger, with a greater ability to cope with life's challenges and an altered view of the world. The general sense is one of having shifted priorities in life and of learning to value those they love in the moment, because life, like death, is unpredictable.

Four of the participants felt they had integrated the experience of their pet's life and death into their lives at a level deeper than mere memory. This is a special place where special feelings for the deceased pet reside within the individual, and perhaps could even be considered to be a shrine. In this space is a sense of bittersweetness, in which the feeling of sadness brings with it the memory of happiness. The participants felt that these intermingled feelings of love and grief would exist within them forever. This place in the individual is exclusive to the deceased pet, and each participant stated that it could never be replaced by anything or anyone else. The pet forever exists as a part of the individual.

## Chapter 6

### Discussion

This study sought to explore the grief resolution process of bereaved pet owners. The study examined the grief experience of five women, who live either alone or with a partner, are childless, and had the experience of pet loss one year or longer before the interview. According to Holcomb, Williams and Richards (1985), Bulcroft and Albert (1987), and Bloom (1986), women who live alone or with one other person and are childless tend to have higher degrees of attachment to their companion animals and experience more intense levels of grieving when the pet dies than individuals in relationships and or with children. Gosse and Barnes (1994), Archer and Winchester (1994), Brown et. al. (1996), Gerwolls and Labott (1994) and Doka (1989), related higher levels of attachment to a more extreme grief reaction. Archer & Winchester (1994), Brown et al. (1996), Carmack (1985), Doka (1989), Gerwolls & Labott (1994), Gosse & Barns (1994), Katcher & Rosenberg (1979), Quackenbush & Graveline (1985), Quackenbush & Glickman (1984) and Weisman (1990-91) noted that the duration of grieving associated with pet loss ranged from 2 weeks to 1 year. It is not clear whether the grieving process referred to implies processing to a point of resolution.

Given that individuals with these qualities of being female, living alone and being childless are known to have a more intense grief response, this study sought to more fully understand a group at greater risk of stressful bereavement, and to determine what factors might be relevant in supporting this group through the process. The study also sought to understand the definition of resolution for this specific group.

The significance of this study is its exploration of a group at risk of complicated grieving and how this information may be used by professionals working with such people. This study also has significance in that it can bring further awareness and sensitivity to society regarding the impact of pet loss on owners and consequently help the bereaved in their process.

In order to assess the needs of this group of people, the study explored what influenced the grieving process, what the individuals did to work with their grief and what the remaining outcome of this experience was.

### Influences

This study revealed three factors that influenced the grief resolution process: attachment level to the pet, type of death and the social support available to the bereaved.

All members of the study expressed a deep attachment to their pet and referred to the pet as a family member or a symbolic child. This is supported by Quackenbush (1982), Carmack (1986), Baker (1993), Katcher & Rosenberg (1979) and Becker & Katcher (1983) in their findings that pet owners often see their pet as a family member or a child; with this type of attachment there is also more intense grieving when the pet dies. Three of the participants commented that the extended nursing care created a sense of greater bonding with the pet. This was also noted by Carmack (1986), who found that the experience of daily nursing resulted in stronger attachment and greater difficulty dealing with the death.

Although Gosse & Barnes (1994), Gerwolls and Labott (1994), Planchon and Templer (1996) and Archer and Winchester (1994) found no significant difference in grief responses in relation to how the pet died, this study did note such differences. Those who nursed a pet at length prior to the death

experienced sadness as well as relief. Each of these participants spoke of feeling thankful for the foreknowledge of the pet's death, saying that it gave her time to enjoy the pet and deal with some of her grief before the pet actually died. Two of the participants felt it helped in their grieving process. One participant was traumatized by guilt over her inability to do anything to save her pet's life, which has prolonged the anguish of her grief past the 2-year mark. Another participant is still traumatized 9 years after the accidental death of her pet. That aspect of the death still elicits a deep grief response.

For all participants in this study, social support played a large part in their grieving process. The general message that participants felt they received from society was that the loss of their pet was less significant than the loss of a person, and that their grief was not completely acceptable, which inhibited participants from sharing their grief. All participants felt acknowledged by their inner social network as to the importance of their loss, yet three participants felt there was a time limit and a limit to the degree to which they could display their grief. This affected their grieving process by forcing the participants to hide their experience, and possibly extended their grief. As reported by Pennebaker and Susman (1988) and Pennebaker and O'Heeron (1984), the inability to discuss events after a traumatic experience can prolong the grief response. As well, Rando (1984), Archer and Winchester (1994), Gerwolls and Labott (1994), Gosse and Barnes (1994), and Quackenbush and Glickman (1983) found that the lack of a supportive social network resulted in more intense grief.

### Working With the Grief

Two areas were predominant among the participants of this study as they dealt with their grieving process. All participants performed a ritual of

leave taking when the pet died and each of them found it necessary to talk about the experience of the death in order to process her grief. Rando (1985) has emphasized the importance of rituals in the resolution of grief, and both Pennebaker and Susman (1988) and Pennebaker and O'Heeron (1984) have advocated the need to discuss trauma events.

Journal writing and creative writing were other means employed by three of the participants in working with their grief. Gerwolls and Labott (1994) used journal writing as a means of operationalizing confiding behavior, and found some success in alleviating death anxiety, but found no difference in psychological mood. The participants in this study found that writing was one way of giving meaning to the bereavement experience. It also was used as a way of sharing their experience with others in the form of stories and poetry. This aspect of the writing was seen as a substitute for social interaction and support around the death. All three of these participants felt that writing eased their grief and allowed them to continue engaging with the deceased pet even while they continued to process their experience.

Three participants found that adopting a new pet had a major impact on their grieving process. Acquiring the new pet eased some of the pain of their grief, it did not lessen their attachment or the position that the deceased pet had in the individual's life. The participants have not relinquished the deceased pet and moved on; they have found the capacity to love again while retaining their love for the deceased pet. Gerwolls and Labott (1994) found that new pet acquisition assisted the grieving process although they did not comment on how the deceased pet was viewed after a new pet was acquired. Klass, Silverman and Nickman (1996) referred to the ability to allow a new relationship to form along with the previous relationship as a "continuing bond" (Klass, Silverman & Nickman, 1996).

Two of the participants who spent several months providing daily nursing care to their terminally-ill pets felt that the ability and opportunity to resume a normal routine once the pet had died was instrumental in working with their grief. The shift back to a normal routine was distracting enough to buffer some of the exhaustion and anguish that accompanied daily nursing and the eventual death.

One participant found that nurturing her remaining pet gave her comfort and eased the grieving response. Another participant found that acceptance of the death was easier once she was able to research the symptoms of her pet's illness in an attempt to make meaning of the death. Knowledge cushioned the grief experience.

#### What Remains Because of the Experience

In this study the shortest time period since the loss of a pet was one and a half years and the longest was eleven years. Several feelings and behaviours have remained for the participants since the death of their pet and new understandings have been achieved because of the death. For three of the participants, guilt associated with the pet and its death was still a part of the individual's experience. Two of the participants found they still ruminated about the pet on a regular basis. One of the participants still has a deep grief response to the traumatic nature of her pet's death. Two participants still feel the effects of insufficient social support during their pet's illness and after the death, during their grieving experience. One of these participants has actively cultivated a social circle that is pet-sensitive, and the other has remained reclusive and silent about her need for support beyond the initial few weeks of grieving. One participant has allowed a space for the deceased pet to remain as a family member, just as a deceased grandparent

would be known to other family and friends even after the grandparent's death. Two of the participants have nurtured their mourning response and feel it allows them to get in touch with their feelings of love for the deceased pet and to retain a sense of the "aliveness" of the pet. Three of the participants spoke of the continued effect of the death experience by its ability to reawaken in the individual the value of life and her own capacity to love so deeply. Three participants spoke of the transformational quality of the death experience in that it has provided clearer insights into their ability to cope with the challenges of life and the preciousness of being in the moment. All the participants spoke of the remaining bittersweet feeling that resides within them. There is the feeling of sadness that each has said will be with her forever, as well as the joy that comes because their love for the pet hasn't left them. The participants felt they could never truly resolve their pet's death if it meant relinquishing their attachment to the deceased pet. Each felt that the remaining attachment was now an essential part of her individual makeup. This attitude corresponds with the research findings of Klass (1992, 1993), Hogan and De Santis (1992), Silverman, Nickman and Worden (1992), Tyson-Rawson (1993), Rubins (1985), Shuchter (1986), Shapiro (1994) and Elde and Rosenblatt (1990) that the attachment remains and the relationship continues in a new way. The participants of this study felt they would feel the grief of their loss and remain attached to the deceased pet throughout their lifetime. Rosenblatt (1983) and Rosenblatt and Burns (1986) also found that the grief experience from major losses, as well as a sustained sadness, will recur over a lifetime. Klass, Silverman and Nickman (1996) found that processing the meaning of the loss can continue over a lifetime since events trigger memories or feelings related to the deceased, thus allowing further exploration into the meaning of the loss and how it affects the individual.

### Participant Feedback on What Is or Was Needed

Two of the participants expressed the desire to further explore creative avenues such as art and poetry to help release their feelings of grief and to help retain the memories of the deceased pet.

Four of the participants spoke of the need they had after the death that is still unfulfilled, which was to have a support system in which they could feel free to speak of the experience when the need arose. One felt she was left alone with her experience and another felt isolated with the experience. All the participants felt the interview process was beneficial and satisfying in that it fulfilled the need to have an unlimited amount of time to process their experience with a receptive listener. Two of the participants felt that further counselling could be of benefit in dealing with the guilt associated with the death and the lingering trauma of the cause of the pet's death.

### Implications for Counsellors

The implication this study has for counsellors is to bring to their awareness how vital it is to assess their clients for potential extreme grief responses, due to the death of a pet, by inquiring into the level of attachment, type of death and the bereaved owner's support network. This study also informs counsellors that the grief experience of bereaved pet owners can extend past the current standard of one year maximum. It is through this awareness that counsellors can teach their clients and society that the grieving process to some degree remains with the individual and that the bond with the deceased pet continues and permanently influences the individual's life. Bringing this awareness to society will help to alleviate some of the difficulties grieving pet owners have experienced by offering them a more

complete support network. Social awareness, acceptance of pet bereavement as a legitimate form of grief, and the realization that the bond continues can help to create a healthier grieving process for bereaved pet owners.

### Limitations

One limitation of this study is that the results reflect the opinions and attitudes of women within a specific age bracket in Western society and therefore the findings can not be generalized beyond these parameters. Another limitation on this study is the minimal use of triangulation. Further insight may have been obtained through the use of quantitative measurement using attachment scales and grief inventory scales.

### Recommendations for Further Research

Based on these findings, I would recommend a study of comparison between women with children and women without children, to further target groups with potential difficulties. This study could be extended to include multiple risk groups, such as the elderly, the disabled, persons confined, and street people; further study could also compare the grief experiences of men and women. There is a need to understand how and if different populations are at greater risk. Studies of this sort could be conducted both quantitatively, using attachment scales and grief inventories, and qualitatively. Other areas of research that could be explored are the benefits of specific counselling techniques for bereaved pet owners and the impact of counselling support groups on the experience of the bereaved.

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## Appendix A

CONSENT FORM FOR PARTICIPATION IN THE STUDY ENTITLED,  
 "A QUALITATIVE STUDY OF COMPANION ANIMAL LOSS AND GRIEF  
 RESOLUTION"

This research project is studying the grief resolution experience of woman, without children, between the ages of 27 and 47, who have lost a companion animal to which they felt attached. You will be asked to recall specific episodes or events in your life in which you experienced the phenomenon I am investigating. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you; your thoughts, feelings, and behaviors, as well as situations, events, places, and people connected with your experience. You may also wish to share personal logs or journals with me or other ways in which you have recorded your experience, for example, in letters, poems or artwork. The research model I am using is of a qualitative nature in which an interview will be conducted based on the heuristic approach of an open dialogue between the participant and the researcher. Your participation should require about 3 hours of your time. The results will be used in the completion of a MA thesis.

Your participation is completely voluntary and you can withdraw from the study at any time, without explanation. You have the right to refuse to answer any questions you do not wish to answer.

Any data collected in the study will remain confidential; interview results will be kept in a locked filing cabinet in my home. Only the researcher, Faye Stefan, will have access to the data. Your name will not be attached to any published results, and your anonymity will be protected by using code numbers to identify results obtained from individual participants.

With your permission the interview will be audiotaped and transcribed. The audiotapes will be destroyed once the research is completed.

Whether you participate or choose not to participate will have no bearing on your grade/employment status/academic standing/job/services received.

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher: Faye Stefan

Phone: 250-595-2399

Supervisor: Dr. Honore France

Phone: 250-721-7858

## Appendix B

Date October 26, 1998

Dear Participant,

Thank you for your interest in my thesis research on the experience of companion animal loss and grief resolution. I value the unique contribution that you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to reiterate some of the things you have discussed with our mutual acquaintance and to secure your signature on the participation-release form which you will find attached.

The research model I am using is a qualitative one through which I am seeking comprehensive depiction's or descriptions of your experience. In this way I hope to illuminate or answer my question: What is the grief resolution experience of the bereaved pet loss owner?

Through your aid as a participant, I hope to understand the essence of the phenomenon as it reveals itself in your experience. You will be asked to recall specific episodes or events in your life in which you experienced the phenomenon I are investigating. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you; your thoughts, feelings, and behaviors, as well as situations, events, places, and people connected with your experience. You may also wish to share personal logs or journals with me or other ways in which you have recorded your experience, for example, in letters, poems, or artwork.

I value your participation and thank you for the commitment of time, energy, and effort. If you have any further questions before signing the release form or if there is a problem with the date and time of our meeting, I can be reached at 595-2399 or my supervisor , Dr. Honore France, can be contacted at 721-7858.

Sincerely,

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Title of Thesis:

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