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Running head: COMPANION ANIMAL LOSS IN A CLINICAL VETERINARY PRACTICE
SETTING

Companion Animal Loss in a Clinical Veterinary Practice Medical Setting

MSW Clinical Research Paper
Submitted by Robin A. Lambert
May 2013

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Abstract

The majority of American households own a pet; however, despite the widespread popularity of companion animal ownership, modern society does not regard companion animal loss as “socially significant” loss, making this a form of disenfranchised grief. The purpose of this study was to gain a better understanding of how veterinarian interactions with companion animal owners at the time of their companion animal’s death impacted their grief process. Using a qualitative design, five bereaved companion animal owners were interviewed about their experience of companion animal loss in a clinical veterinary setting and the ways in which their veterinarian impacted their experience. The data was analyzed and coded using an inductive grounded method, and emerging themes and categories were identified. Themes were categorized as pre-loss experiences, time of loss experiences, and post-loss experiences. Key findings from the themes included the significant and unique relationship experienced between owner and animal, the powerful impact of veterinarian communication, and how the intensity level of owner caregiving demands prior to loss impacted the bereaved’s post loss adjustment period. These findings highlight the importance for social workers to widen their scope of practice to include companion animal losses.

Keywords: Companion animal loss, disenfranchised grief, disenfranchised loss, veterinarian-client interactions

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According to the American Pet Products Association’s (2012) most recent survey on pet ownership nationwide, the anonymous line “A house is not a home without a pet” seems most accurate in depicting the majority of Americans’ beliefs regarding pets, with 62% of households (72.9 million homes) reporting they own at least one pet. Given their widespread ownership

amongst Americans, it is easy to see that pets play an integral role in the lives of their owners. This has even been reflected in recent vernacular trends with the term “pet” no longer considered as the most accurate descriptor for one’s beloved animal, preferring instead the term “companion animal,” as companionship is often the primary reason cited for owning a pet (Turner, 2003).

The high percentage of households reporting pet ownership, paired with the much shorter lifespan of animals (meaning pet owners are highly likely to experience the loss of at least one, if not several, pets in their lives), indicates there are a significant number of people affected by pet loss in some way (Sharkin & Knox, 2003). Despite the space allowed for pets in the composition of the majority of Americans’ households, the space allowed to grieve the loss of a pet is virtually non-existent, with no widely socially accepted grieving rituals or customs for mourning this type of loss (Stern & Cropper, 1998). Modern society does not regard companion animal loss as “socially significant,” resulting in a great deal of social stigma surrounding this type of loss (Durkin, 2009).

This stigma often results in the bereaved companion animal owner hiding their grief, often refusing to reach out for help when they are struggling to cope with this loss (Durkin, 2009). Doka (2002) refers to this as “disenfranchised grief,” defined as: “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (p. 40). The inability of companion animal owners to share their grief is problematic as it inhibits the grief process, putting one at an elevated risk for complicated mourning (Worden, 2009).

Veterinarians often find themselves in the unique position of being the first (and sometimes only) person to witness the often intense immediate reactions following the death of a companion animal (Turner, 2003). Given what we know about the stigma (real or anticipated) associated with grieving companion animal loss, it is of obvious importance that veterinarians

respond to the issue of companion animal loss in a very careful way, especially when the majority of pet owners identify veterinarians to be their primary source of support following companion animal loss (Turner, 2003). The manner in which veterinarians convey difficult news (i.e., terminal illness or need for euthanasia) to their client (i.e., companion animal owner) is so significant that it has the power to greatly influence their client's ability to successfully process their pain (Weirich, 1988). Unfortunately, veterinarians typically receive little (if any) training in these areas (Edney, 1988; Pilgram, 2009; Sharkin & Knox, 2003; Turner, 2003; Weirich, 1988), often reporting they feel incompetent in utilizing the skills they have received training in.

It is interesting to note then that the American Veterinary Medical Association's (AVMA) code of ethics identifies the veterinarian-client-patient-relationship (VCPR) as "the basis for interaction among veterinarians, their clients (i.e., human owners) and their patients (i.e., the animal)" (AVMA, 2008); yet, virtually the entire basis of a veterinarian's educational training is focused solely on patient interactions. This can pose especially problematic for veterinarians when they are faced with situations in which their client is so disturbed by either a poor prognosis of their pet's health or the actual death of their pet, that they become suicidal.

The limited amount of training veterinarians receive, and their reported perceived lack of competence in effectively addressing companion animal bereavement following the loss of one's pet, is an area social workers should be particularly concerned with. Unlike the majority of veterinarians, social workers possess the necessary training and skills to effectively address complicated grief reactions following companion animal loss. The widespread popularity of companion animal ownership (and subsequent bereaved owner population) establishes the high likelihood of a social worker to encounter clients who are impacted by this type of loss, whether experienced in the past or present (Durkin, 2009). Due to the disenfranchising nature of

companion animal loss, clients facing this type of loss may not be inclined to share concerns they may have for fear of their therapist's response (Turner, 2003). Therefore, when social workers fail to investigate the possibility of companion animal loss as a potential problem area, one could argue that they may inadvertently be contributing to the further disenfranchisement of their client's grief. It then becomes important for social workers to have a basic understanding of this type of loss in order to assess the possibility of complicated grief.

A very limited body of research exists (much of it from over two decades ago) on grief experienced when a companion animal owner loses their pet. However, there has been no research to date that has specifically investigated the bereaved owner's perceptions of how the veterinarian's actions during this time may have impacted their grief process. The purpose of this study is to help social workers gain insight and awareness in relation to how veterinarians' actions may impact their client's grief experience. This information serves to increase social workers' awareness and improve their skill set in working with the frequently disenfranchised bereaved companion animal owner population.

Literature Review

In order to better understand the significant impact companion animal loss has on the bereaved owner, it is essential to have a basic understanding of the human-animal bond and to understand the significance of the role companion animals play in their owners' lives. In order to better understand the experiences of grief faced by companion animal owners following the loss of their pet, it is necessary to have a basic understanding of what is considered to be the "normal" grieving process. The literature review will start with these topics and then move on to identify the grief reactions experienced by companion animal owners and the subsequent societal reactions to grieving this loss. The literature review will conclude by highlighting the

veterinarian's role in their client's experience of companion animal loss and how this is relevant to social work. It should be noted that for the purposes of this study, the terms "companion animal" and "pet" are used interchangeably and are viewed as having the same meaning.

Benefits of the Human-Animal Bond

There has been much research in recent years on the power of the human-animal bond and how it benefits the animal's owner physically, emotionally, and socially. There is a large body of evidence demonstrating companion animals have significant positive effects on their owner's bio-psycho-social functioning, such as increased self-esteem, reduced effects of social isolation, and reduced effects of loneliness (Sharkey & Knox, 2003). Companion animal owners are also at a reduced risk of coronary heart disease, have reduced blood pressure, and have fewer physician visits, thereby reducing susceptibility to disease and suicide (Morley & Fook, 2005).

A study comparing the impact of pet ownership between pet owning and non-pet owning veterans who were receiving care at a Hospital Based Home Care Program in a Veteran's Affairs Medical Center between October 1980 and May 1982, found a significant association between living with a pet and better morale (Robb, 1983). The study additionally found a non-significant positive association in the pet population for having a better mental and physical status, greater social resources, and having a more internal locus of control (Robb, 1983).

Friedmann, Katcher, Thomas, and Lynch (1984) also demonstrated the physiological benefits of pet ownership in their study on the health consequences of pet ownership. They conducted a study on the one year survival rate of 92 Caucasian patients who had been admitted to the hospital for coronary heart disease and found that of the 53 pet owners, only 3 died during this period. The non-pet owners saw significantly higher mortality rates with 11 of the 39 non-pet owning patients passing away. They went on to point out seven functions that pets provide to decrease morbidity and increase longevity in people as follows: companionship, something to

care for, something to keep one busy, something to touch, a relaxing focus of attention, safety, and exercise.

Katcher, Friedmann, Beck, and Lynch (1983) wanted to isolate the effect of verbal and tactile interaction with the companion animal from the effect of just the animal's presence. They asked neighborhood children to come to the researcher's house and sit quietly while having their blood pressure taken. After their initial blood pressure was taken, they were then asked to read aloud from a book while their blood pressure and heart rate continued to be monitored. Half of the participants were greeted by a dog and the experimenter when they entered the house. After the first set of readings were gathered the dog was escorted out. The other half of the participants were instead met by only the experimenter. After the first set of recordings were taken the dog entered the room and the participant was asked to continue reading. Neither group of participants was allowed to have tactile interactions with the dog. They found merely the presence of the dog significantly lowered blood pressure in both groups of children.

In addition to physical benefits, companion animals have also been found to provide physical safety to their owner and create a sense of security, decrease the occurrence of depression, reduce anxiety, and provide their owners with a sense of unconditional love and acceptance (Moorley & Fook, 2007). Some of these benefits are attributed to companion animals providing a daily routine, a sense of being needed, and a reason for exercise for their owners (Sharkin & Knox, 2003). The socio-emotional support that companion animals provide their owners with when they are feeling lonely, depressed, uncomfortable, or vulnerable promotes recovery, coping, and resilience in their owners by providing a source of security, comfort, and affection (Walsh, 2009b). Research has also found that in addition to talking to one's spouse, talking to dogs is correlated with greater marital and life satisfaction as well as better physical and emotional health (Allen, 1995 as cited in Walsh, 2009b).

Companion animals have also been found to increase their owner's social network. In Messent's (1983) study on the social facilitation of contact with other people by pet dogs, he found that the presence of a dog significantly increased the probability of social interaction between the research subject and a stranger. His study compared two groups of people walking, observing one group of walkers with a dog and one group of walkers without a dog and observed their walks in three different settings (parks only, street only, and subway only). He found that the presence of a dog, even when in a new location, significantly raised the chances of contact between a stranger and the subject on their walk. The second part of his study consisted of observing dog walkers on their normal walking route without their dog. Even when walkers didn't have their dog, they were still observed to have significant social interaction as they were observed stopping to talk to people they knew along the route. This implies that the walkers had formed friendships with other dog walkers along the way. Dog walkers were also observed to have walked for longer than single walkers providing further support for increased health benefits of pets.

Given the multitude of benefits one receives from having a companion animal, it is not surprising to discover that owners identify their companion animals to be a significant part of their lives.

Significance of Companion Animals

Companion animals play central roles in their owner's construct of family, with most owners (87%) reporting they refer to pets as family (Walsh, 2009a). There are more children in the U.S. who live in a household with a pet (about 75% of children), than there are who live with two parents (Walsh, 2009b). With statistics like this, it is of no surprise that companion animals are frequently integrated into family rituals such as being included in the photo on the family holiday card, having birthday parties thrown for them, and receiving presents from family

members as well as “giving” presents to family members (Walsh, 2009b). Some pets even have their own Facebook page, not to mention the number of countless photos of pets displayed on the Facebook pages of their owners.

Dr. Wallace Sife (1998), founder of the Association for Pet Loss and Bereavement, explains the significance of the role companion animals play in their owner’s life:

This relationship has a dimension that transcends even the ties between people, as wonderful as they can be. We open up completely to pets, and we receive in return. It has often been noted that pets can be truer friends than people. Because they are never critical, and therefore allow us to blossom emotionally in ways that would not be possible with fellow humans, who tend to be competitive and judgmental. We make our pets our secret sharers, allowing them greater trust than what is often given to friends, families or even spouses. (p.6).

Companion animals commonly play a central role in the complex inner workings of family systems, typically “the thread” that holds the family together by increasing family cohesion (Walsh, 2009b). In times of increased tension in the family (such as spousal or sibling conflicts), it is not uncommon to see pets demand their family’s attention by jumping on a family member’s lap, “acting cute,” or misbehaving in order to divert their attention and restore the peace (Cain, 1988). Companion animals also embody a wide variety of roles in their family, often representing unique roles for each person in the family; this makes it important to note that the loss of a companion animal may be qualitatively experienced in very different ways across family systems (Turner, 2003). This depends on each individual family member’s perception of which roles (i.e. roles of protector, best friend, or therapist) are being lost and how replaceable these roles are (Turner, 2003).

Such different experiences of grief, even amongst members of the same family system a pet has previously been a part of, illustrates how important it is for social workers to have a basic understanding of the “normal” or “typical” grief process someone experiences after facing a human loss. Having this knowledge will help them to identify when a bereaved companion animal owner is in need of help so that they may help facilitate the healing process (Durkin, 2009).

Grief, Bereavement, and Mourning

In order to understand the grieving process it is important to understand the differences between *grief*, *bereavement*, and *mourning*, as each term describes different components of the grief and loss process.

Grief. Worden (2009) states that grief (also known as uncomplicated or normal grief) “encompasses a broad range of feelings and behaviors that are common after a loss.” (p. 17). This is the person’s experience of the loss. Although each person’s grief is a unique and personal experience, research has found similar patterns or characteristics of frequently experienced behaviors (“normal grief” behaviors) following a loss. Worden categorizes these normal grief behaviors into four broad categories: feelings, physical sensations, cognitions, and behaviors.

Feelings. The most common feelings identified by those experiencing grief are sadness, anger, numbness, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, and relief. It is important to note that these feelings all manifest in very different ways in people. For example, experiencing the feeling of “sadness” following a loss does not automatically mean the grieving individual will cry.

Physical Sensations. The most common physical sensations include hollowness in the stomach, tightness in chest and/or throat, muscle weakness, dry mouth, lack of energy, shortness

of breath, hypersensitivity to noise, and the sensation of depersonalization, often described as “nothing feels real, including me.” It is not uncommon for grieving individuals to show up at their physician’s office thinking there is something wrong with them.

Cognitions. Thought patterns frequently experienced in the early phases of grieving include disbelief (“it didn’t happen,”) confusion, preoccupation (obsessive thoughts of the deceased), sense of presence (“I can feel them watching me from heaven,”) and hallucinations (auditory and visual types). Typically these thoughts reduce gradually after a short period of time.

Behaviors. Commonly reported behaviors associated with normal grief include the following: sleep disturbances (difficulties falling asleep or waking up in the morning), disturbances in appetite (under eating or over eating), absentminded behavior, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out (“Please come back to me!” sometimes experienced internally), sighing, restless hyperactivity, crying, visiting places or carrying objects that remind the survivor of the deceased, and treasuring objects that belonged to the deceased. These behaviors occur over a wide continuum and usually decrease over time.

Bereavement. Worden (2009) defines bereavement as “the loss to which the person is trying to adapt.” (p.17).

Mourning. Worden (2009) identifies mourning as “The process that occurs after a loss.” (p. 37). Although many theorists have explained this process in a variety of ways over the years (phases, stages, and tasks), for the purposes of this research, the mourning process will be operationalized through Worden’s (2009) four tasks. These tasks assist the social worker in identifying normal and complicated grief responses after the loss of a companion animal.

Worden (2009) identifies four tasks of mourning, the bereaved need to master in order to successfully adapt to the loss as follows:

- I. Accept the reality of the loss
- II. Process the pain of grief
- III. Adjust to a world without the deceased
- IV. Find an enduring connection with the deceased in the midst of embarking on a new life

These tasks are not listed in a fixed order and multiple tasks can be worked on at the same time. The bereaved may find they need to go back and rework through tasks multiple times.

Task I: Accept the reality of the loss. The first task involves understanding the facts surrounding the loss, searching for the meaning in it, and accepting its irreversibility. If you are unable to accept that the loss has actually happened, you will not be able to move on to the second task of processing the subsequent pain of the grief; this would be manifested in some form of denial, whether it be denial that the loss has taken place or denial of the meaning of the loss.

Task II: Process the pain of grief. This means acknowledging and working through the emotional and behavioral pain related to the loss. The intensity of pain is relative to the strength of attachment; however, the mourner may not feel comfortable expressing its intensity as society is often not comfortable with this. People can get stuck in this task if they do not allow themselves to fully feel their grief and process these feelings.

Task III: Adjust to a world without the deceased. The bereaved needs to make external adjustments, internal adjustments, and spiritual adjustments (also known as “assumptive world” adjustments). Making external adjustments includes learning to live daily without the person (living in an empty house, paying the bills by yourself, making dinner for one instead of two).

Internal adjustments mean adjusting to the loss of roles the bereaved may have previously played (i.e., wife, mother, sister) in addition to figuring out who they are now. Spiritual or “assumptive world” adjustments involve finding a meaning in the loss and getting back some of the control in your life (as death challenges our core values and beliefs about life).

Task IV: To find enduring connection with the deceased in the midst of embarking on a new life. The fourth and final task involves creating continuing bonds with the deceased. The mourner will never forget the place the deceased had in their life and therefore will never give this relationship up completely; however, it is necessary for the mourner to find a new place for the deceased in their life so that they may go on living (when death happens the mourner often stops their life too).

Mourning can become complicated when there is a distortion, compromise, or failure to complete one or more of the tasks of mourning. This can be manifested when symptoms interfere with normal functioning such as, extended length of time of symptoms (chronic grief); suppressed, or inhibited reactions (delayed grief reactions); excessive and disabling reactions (exaggerated grief reactions), or unexpressed feelings that become expressed in another way (i.e., physical symptoms or maladaptive behaviors).

Owner Reactions to Companion Animal Loss

When a companion animal dies, owners are frequently shocked by the intensity of their grief because they often do not realize the irrational periods and intense feelings they are experiencing are actually common symptoms of intense mourning (Sife, 1998). Field, Orsini, Gavish, and Packman’s (2009) study on the role attachment plays in regards to grief responses following the loss of a pet, demonstrated the psychological impacts of losing a pet are similar to those experienced when the loss of a human occurs. Their study also suggests that the strength of attachment to the companion animal prior to the loss, paired with the mourner’s attachment

style, are predictors of grief severity: the degree of pre-loss attachment is indicative of the intensity of grief post-loss (Field et al., 2009). The process of grieving companion animal loss is likely similar to the bereavement one experiences following the loss of a significant other or family member (Archer & Winchester, 1994; Field et al., 2009; Podrazik, Shackford, Becker & Heckert, 1999). These findings provide useful information for both social workers and veterinarians when working with grieving companion animal owners, as it provides a frame of reference for understanding why a client may or may not have an intense grief reaction following the loss of their companion animal.

In attempting to identify how the death of an animal compares to the bereavement for a human, Steward (1983) found some of her subjects described experiencing bereavement similar to what would be seen in human bereavement, reporting they experienced numbness and disbelief; searching or imagining the presence of the deceased; loss of interest in surroundings; guilt; anger; depression; difficulties speaking, hearing, eating, and sleeping.

Similarly, Quackenbush and Glickman (1984) found that 93% of their 76 subjects experienced some form of disruption to their daily routine, including changes in their sleeping and waking patterns and disruptions in their eating patterns. They additionally found that 51% of subjects significantly reduced social activities and 45% experienced job related difficulties, such as missing work (for 1-3 days) or becoming upset by coworkers' insensitive responses to their bereavement. In a study exploring the personal meaning of one's pet in relation to the grief experienced following their death, Archer and Winchester (1994) found that over half of their 88 subjects reported numbness and disbelief and one half to four-fifths of subjects identified experiencing preoccupation with thoughts about their pet or the circumstances of the loss.

Using the context of perceived messages from their social support network and broader social structure (including the veterinarian) Adams, Bonnet, and Meek (1999) found that even

though the grief reactions varied amongst bereaved companion animal owners, their experience was characterized by attempting to determine both how and what to feel (i.e., sadness, anger, guilt, relief, nothing) within the societal context of an animal's role and value (in society) and the behaviors deemed acceptable post companion animal death. An area of particular struggle for participants was the incongruence between the feelings they experienced following their pet's death and the perceived lack of support from their social supports (as well as society as a whole). This contradiction resulted in the bereaved coping with this by both minimizing and invalidating their feelings (thus disenfranchising their grief) or by processing these feelings with supportive people (including veterinarians).

Societal Responses to Companion Animal Loss

Despite the high number of people who own companion animals, the significance they play in their owner's life, and the nearly identical grieving process for mourning human and animal losses, grieving the loss of a companion animal is not socially acceptable, making it a form of disenfranchised grief (Durkan, 2009). Morley and Fook (2005) suggest society has a tendency to trivialize the grief of bereaved companion animal owners due to its inability to differentiate human/animal relationships from human/human relationships, instead viewing the animal's role in the relationship in terms of human companionship, thus minimizing the significance of this type of loss. In King and Werner's (2011) study investigating the relationship between attachment patterns, social support, and grief reactions specific to the death of a companion animal, they found social support to be negatively associated with grief-related symptoms following companion animal loss. This further demonstrates how social support has a significant impact on the lives of bereaved companion animal owners.

As previously mentioned, much research has found that those mourning the loss of a companion animal experience reactions similar to those considered "normal" when considered in

the context of human loss: shock/disbelief, sadness, anger, numbness, guilt, and depression (Quackenbush & Glickman, 1983; Sharkin & Knox, 2003). Although the grief reactions of bereaved pet owners are similar to the reactions of one grieving the loss of a human, grief reactions of a human loss are socially recognized and validated, thereby ensuring their normalcy (Sharkin & Knox, 2003). Unfortunately, the same does not hold true for those mourning the loss of their companion animal, as those grieving a significant human loss are typically not concerned that openly expressing their grief will result in responses from their friends and family such as being ignored, ridiculed, or laughed at; having their loss trivialized; or being pathologized as “crazy” for even having a grief reaction—let alone a strong reaction (Durkin, 2009).

Due to the lack of socially accepted standards for mourning companion animal loss, the aforementioned reactions (or fear of them) from social supports are considered commonplace, leaving the bereaved owners alone in their grief and hesitant to disclose their true feelings or reach out for help (Durkin, 2009). In King and Werner’s (2011) study investigating the relationship between attachment patterns, social support, and grief reactions specific to the death of a companion animal, they found social support to be negatively associated with grief-related symptoms following companion animal loss. This further demonstrates the impact social supports play in a bereaved companion animal’s life.

The social stigma surrounding this type of loss is so deeply engrained in our society that it frequently results in the bereaved left feeling ashamed and confused over the intensity and duration of their feelings, resulting in an even further disenfranchising effect on those grieving this type of loss (Durkin, 2009; Strand, 2012). Bereaved companion animal owners often feel they do not have the right to grieve the loss of their pet because they view this loss as inappropriate and insignificant (Cordaro, 2012). Veterinary social worker Dr. Elizabeth Strand

explains the conflicted feelings bereaved owners often experience after the death of their companion animal in a podcast interview:

There is a way in which the relationship with companion animals at least is simple.

There is not as much complexity between, for example, me and my relationship with my companion animal and me and my relationship between my mother or any of our family members where we may have conflicted feelings maybe about the relationship. With a pet it's usually pretty simple and so we hear people say often "I'm crying more over the loss of Buffy than I am over my mom," and then there is incredible guilt about that so normalizing it for people is really, really important. (Strand, 2012).

As Strand (2012) points out, validating the bereaved owner's reaction to loss is essential for their grieving process. Failure to do this could lead to complicated grief reactions such as intense feelings of sadness or anger (Cordaro, 2012). The complicated grief reactions resulting from this type of loss further emphasizes the need for more social workers to gain a better understanding of how bereaved pet owners cope with grief. Social workers should additionally be concerned with the limited research available regarding companion animal loss, as currently there are no standards of professional practice in the area of companion animal loss and very few who work with this population have had any sort of training on this topic (Durkin, 2009). It is important for social workers to obtain training in this area as the disenfranchising nature of companion animal loss often leads to complicated grief (Sharkin & Knox, 2003).

Risk Factors for Complicated Grief

In addition to the social stigma surrounding companion animal loss, there are several other complicated grief risk factors unique to companion animal loss that become important for social workers to be aware of (Donahue, 2000). Risk factors include the following: euthanasia, members of at risk populations (children, childless couples, the elderly, and those who live

alone), accidental death, forced separation, ambiguous loss, and symbolic representation of previous significant losses.

Euthanasia. This makes the loss of a companion animal even more difficult since pet owners are forced into the unwanted position of “playing God,” making a life and death decision for their animal who cannot communicate their position for themselves. This becomes even more difficult in instances where family members do not all agree on euthanasia or when financial restrictions result in the decision to euthanize (Sharkin & Knox, 2003). Making the decision to euthanize a pet frequently leaves owners feeling as if they have betrayed their animal, often feeling as if the animal’s death could have been prevented had they done things differently or that they should have done more to save them (Durkin, 2009). After a pet has been euthanized owners commonly experience intense feelings of guilt, regret, anger, sorrow, and anguish following the decision to euthanize (Morley & Fook, 2005).

Members of at risk populations. Children, childless couples, the elderly, and those who live alone are at a higher risk for a complicated grief reaction.

Children. Today’s children are believed to be spending more time with companion animals than ever before since most families today are smaller in size and both parents are frequently found working outside of the home (Sharkin & Knox, 2003). Children may also be at risk for complicated grief reactions when their parents use confusing language (such as “put to sleep” which implies sleeping results in death) or when parents don’t tell children the whole story surrounding the death (Durkan, 2009).

Childless couples. Many couples choose to raise pets together in order to get a taste of what future parenthood together might look like or have companion animals in place of having children, making the loss of a companion animal especially devastating (Walsh, 2009b).

Nieburg and Fischer (as cited in Podrazik et al., 1999) suggest that the types of grief reactions

experienced by childless couples following the loss of their companion animal are the same as those experienced by a parent who loses their child.

Elderly. This population is considered to be especially susceptible to deep feelings of grief following a companion animal's death. Those in the end stages of their life may already be struggling with their impending mortality and these feelings may be multiplied when a pet dies, often conjuring up memories of past losses and increasing feelings of loneliness (Sharkin & Knox, 2003). In addition to companionship, companion animals often provide the elderly opportunity for social interaction, a sense of daily routine, a sense of being needed, a sense of security, and tactile affection (Durkin, 2009). An additional secondary loss faced by this population is the loss of ability to own another companion animal in the future due to factors of age, ailing health, limitations imposed by living situations, and financial limitations (Durkin, 2009).

Those who live alone. Companion animals often help those living alone combat feelings of loneliness, additionally providing love, affection, and a sense of being needed (Podrazik, Shackford, Becker & Heckert, 1999; Archer, 1999). Those who live alone may also have a more difficult time adjusting to the loss of their companion animal (Sharkin & Knox, 2003).

Accidental death. Owners are often left feeling guilty when their animal is accidentally killed, such as when an animal is run over by a car or ingests something poisonous. Self-forgiveness is an area of focus for working with these types of clients (Walsh, 2009b).

Forced separation. This may occur as a result of natural disasters (such as Hurricane Katrina where many displaced people stayed in emergency housing that did not allow pets), when someone leaves a domestic abuse situation, economic crisis resulting in the owner losing their home, or when an owner is forced to move into assisted living or a nursing home and are

not allowed to bring their pet with them. (Walsh, 2009b) This often leaves owners feelings as though they have abandoned their pet.

Ambiguous loss. This form of loss occurs in situations where companion animals have gone missing. This type of loss can trigger intense feelings of guilt, as the owner may question if there was anything they could have done differently to prevent the animal's disappearance (Clements, Benasutti, & Carmone, 2003). Ambiguous companion animal loss can also cause conflict among family members when some accept the loss and others hold out hope for their pet's return (Walsh, 2009b).

Symbolic representation of previous significant loss. Grief over a companion animal can be magnified when the pet carries a symbolic representation of a previous major loss (Donahue, 2000). Veterinary social worker Dr. Elizabeth Strand explains this in a podcast interview:

Animals often demarcate life stages in a person's history and so when an animal dies very often the person grieves the animal but also grieves the life phase the animal was with them through. So, for instance, someone who is grieving the loss of a dog that was given to her by her husband and now the husband and her are divorced grieves the loss of the dog, but very often the grief over the ending of the marriage becomes inextricably linked from the grief of the pet. So it is a way of treating human loss through a different ending point. So we might have someone arrive in therapy talk about the loss of her marriage and that's good. And when the dog dies there's also another way to help that person process and talk about the loss of both the dog and the husband. (Strand, 2012).

Lagoni (1997) also calls attention to this, adding that it is especially important to keep this in mind when working with the elderly, as they typically have faced the most death in their

lives in comparison to other age groups; their companion animal's death may trigger feelings of unresolved grief or anxiety about their own mortality.

The Role of the Veterinarian in Companion Animal Loss

When faced with the difficult reality of companion animal loss, bereaved owners often initially look to their veterinarians for support or assistance in coping with this loss, often identifying them as the only person they feel they can talk with about this type of grief (Turner, 2003). This often puts the veterinarian in a difficult position, as they often lack the necessary training and time needed to address their emotional needs. In addition, veterinarians are frequently the only witness to their client's emotional reactions and responses following the death of their companion animal, thus throwing them into the role of "counselor" (Sharkin & Knox, 2003). Being that veterinarians are not licensed therapists or counselors, they are not bound by or held accountable to an ethical code of best practice in delivering therapeutic services or interventions. This can become especially problematic when clients have initial reactions of severe depression and/or suicidal ideations; unlike clinical social workers, veterinarians are not trained in clinical assessment or awareness of high risk behaviors/factors to be cognizant of when dealing with emotionally distraught clients (Turner, 2003).

In addition to the lack of standardized training provided for veterinarians on topics such as companion animal loss, communication, and grief, the veterinary profession lacks a standardized model for addressing end of life with their clients (Adams, et al., 1999). The lack of standardized practice, paired with the paradoxical roles veterinarians are often required to play (promoting health and terminating life), can result in inadequate and confusing information regarding death rituals (such as inviting the client to stay for euthanasia, cremation, and burial service options) thus leaving the client to feel uninformed, angry, and/or suspicious (Adams, et al., 1999). Lagoni (1997) reports it is considered compassionate and in the best interest of the

veterinarian's business practice to reach out to bereaved clients through sending a card or calling them on the telephone, explaining that often bereaved owners find it too difficult to face the people who were present and the location of the building where their pet was last alive.

Extending a concerned follow up post-companion animal death, can help clients become aware that their veterinarian is a source of supports and understands the difficult time they are going through.

This can have a widespread impact when considering how many people may be affected by this loss. McCulloch and Bustad (1983) investigated the incidence of euthanasia and euthanasia alternatives in veterinary practice in which they tracked the total number of inpatient and outpatient contacts made and the total number of euthanasias performed (with reason for euthanasia) over a four week period in a sample of 23 veterinarians across 10 veterinary practices. They found that approximately 3% of veterinarian patient contacts were specifically related to euthanasia or euthanasia alternatives. When this percentage is applied to the annual number of human contacts in the veterinarian profession (100 million), it means there are about three million contacts by humans for euthanasia services each year; this number does not even take into account those who experience companion animal loss in a veterinary setting that is not euthanasia related (i.e., accidents, complications during routine surgeries/procedures).

McCulloch and Bustad (1983) further point out that even if only a small percentage of these clients are experiencing difficulties coping with euthanasia, the actions of a veterinarian are marked.

Steward's (1983) study on reactions to companion animal death shed some light on the impact a veterinarian's actions can have on those facing companion animal loss. She found that while some participants were comforted by the way the veterinarian handled the situation ($n=16$), nearly the same amount of participants ($n=14$) were upset or distressed by the way the

veterinarian handled the situation, with two participants actually left feeling as though the death was the veterinarian's fault. Furthermore, the study found that very few ($n=3$) reported being comforted by anyone besides their veterinarian.

Given Steward's (1983) aforementioned findings, it is of no surprise that McCutcheon and Fleming (2002) found bereaved pet owners who had lost their animal in the past 1 to 6 months were significantly more socially isolated than those whose pets had been deceased from 6 months to 1 year or longer. They suggest that the social support received by the bereaved companion animal owner during the first months of loss (including friends, family, and veterinary staff) may help them battle feelings of social isolation at that time. They advise future research to look into the frequency, duration, and accessibility of social support following companion animal loss. They also suggest that future research investigate the role veterinary social support plays in protecting the bereaved from social isolation while helping them to work through their grief. This further demonstrates the importance of investigating how veterinarians interact with their clients during the time of a companion animal's death.

In order to gain a better understanding of the role veterinarians play in offering social support, Pilgram (2009) interviewed veterinarians about the ways in which they communicate social support when delivering bad news to clients, how they learn to communicate this support, and whether they adjust their style of delivering social support based on how bonded they perceive the client to be with their pet. Results suggested that veterinarians learn how to communicate social support based on personal experience or on the job training. The results demonstrated that veterinarians communicate support through offering emotional (i.e., positive reappraisal and/or acknowledging and expressing emotions), informational (i.e., providing information about the pet's prognosis and subsequent treatment recommendations), or through

instrumental support (i.e., scheduling a euthanasia during a less busy time of day, making house calls, or having a “grief room” for clients to go into).

Pilgram (2009) points out there is no actual evidence that demonstrates the impact of any of the identified styles of support being used, suggesting veterinarians use strategies based on what they perceive to be the most beneficial and effective when faced with the subject of companion animal loss. This demonstrates the need for research investigating the bereaved companion animal owners’ perceptions of how their veterinarian’s interactions during the time of companion animal death and shortly after death (i.e., follow up approach, if any) impacted their grief process.

Implications for Future Research

An extensive review of the literature demonstrates the level of significance a companion animal has in the life of their owner and highlights the multitude of benefits associated with companion animal ownership. The literature shows despite the similarities in the grief process when faced with a human loss and a companion animal loss, the grief resulting from the loss of a companion animal is not recognized or accepted, resulting in the bereaved owner’s grief to become disenfranchised. Finally, the literature identifies a missing body of information regarding how bereaved companion animal owners perceive their veterinarian’s interactions with them during the death process and how it impacts their grief process. This research will strive to gain a better understanding of the unique and shared experiences of losing one’s companion animal in a clinical veterinary setting, in addition to the ways in which the veterinarian’s interactions with a bereaved owner at the time of loss impacts their grief process.

Conceptual Framework

When faced with the death of a companion animal the environmental changes are often painfully obvious and adjusting to these environmental changes is an aspect of a healthy grieving

process. Therefore, it seems most appropriate to view companion animal loss through the framework of an ecosystems perspective. The ecosystems perspective is a social work paradigm based on the key ideas and assumptions found in both ecological theory and systems theory; both the capabilities and limitations of the individual person and of the relevant environment are viewed with equal importance (Forte, 2007). Ecosystems framework considers the unique characteristics of the person individually, their unique environment individually, and also considers the ways in which these individual entities interact with each other, suggesting that the person can have an impact on their environment and vice versa. A metaphor which helps to conceptualize this interdependent relationship is that of the flower and the bee, both of them depending on each other to get their needs met.

When trying to understand the difficulties a client may be experiencing following the loss of their companion animal through the ecosystems perspective, it would be important for the social worker to identify all the ways in which the companion animal impacted their environment. This would help the social worker identify environmental influences that could be impacting the bereaved's ability to work through Worden's (2009) tasks of mourning.

Consider how the ecosystems perspective could be applied to Joe Yonan, an editor at The Washington Post, who published an article chronicling his experience of companion animal loss after "Red," his beloved Doberman passed away. The following is an excerpt from Yonan's (2012) article:

It's true that I spent so much time taking care of Red, and Gromit before him, that when each one died it didn't merely leave a hole in my single-person household; it was as if someone had rearranged my life, excising without my permission many of the rituals that had governed it. Over the course of 13 years, for instance, the same thing would happen with Gromit every morning. I would sit on my bed to put on my shoes, and he would

drape himself across my lap. I would scratch his butt and he would reward me with a big sloppy kiss. Recently, I did the math: Accounting for the times I was traveling without him, this interaction happened more than 4,000 times. So it made sense that when he died, it was months before I could touch my shoelaces without expecting to also touch him. And I had no idea what to do with my mornings without my pooch to require that small gesture of me. (para. 8-10).

The above example demonstrates just one aspect—the simple task of waking up and getting out of bed—of the multiple environmental changes Joe is most likely facing. Applying an ecosystems perspective to the above example, the social worker would assist Joe in creating a new morning routine. Joe was accustomed to putting his shoes on in the place every day (his bed) at the same time (in the morning). Each time he did this his dog would fall onto his lap, demanding attention and give affection in return. Joe no longer has this physical and emotional interaction.

In Joe's case he does not identify having any particular problems with his self-worth; however, pretend this was not the case. What if Joe was depressed and his only source of daily affection and attention was from his dog? Taking it the next step further, let's speculate that Joe also hates his job and struggles to get out of bed. His dog was there every morning to wake him up as it was dependent on him to be let out to go to the bathroom, fed, and watered every morning. Additionally, the "sloppy kisses" Red would give him and the funny things Red would do for attention every morning were the only thing that put him in a good enough mood to bare his dreaded work day. Finally, the simple act of Red lying on Joe's lap, demanding attention and thus interrupting him from trying to put his shoes on and make it to work took time. Over the course of 13 years, it is likely that Joe had to get up a little earlier to ensure he had time for this. Now Joe has an extra fifteen minutes every morning before he goes to work.

Although the second half of this example was pure speculation and not in any way intended to be an actual representation of the real Joe's experiences, it is easy to see just how significant the impact of this seemingly insignificant daily interaction between a man and his dog can have on his environment. This daily interaction with Red impacted not only his immediate physical environment, but also his work environment.

Turner's (2003) Social Work Model for Pet Loss

Although there are many models for implementing services for those in bereavement, Turner (2003) points out that the current literature lacks a contemporary model specific to implementing services for those who have lost a companion animal and proposes her own social work model for providing services for bereaved companion animal owners based on an ecosystems framework. She proposes the following three step model for providing services specific to bereaved companion animal owners:

1. **Normalize the experience of grieving a companion animal.** As previously mentioned companion animal loss is surrounded by social stigma and those grieving this loss are often pathologized as "crazy" for having normal grief reactions to the loss. Acknowledging and normalizing this type of loss will assist them in accepting the reality of this loss and processing its pain (Worden's [2009] first and second tasks).
2. **Allow the client to talk about the loss.** This may seem obvious; however, those grieving the loss of their companion animal are often not able to verbalize their emotions and simply talk about what they are going through since their social supports often fail to understand what they are going through and are often not willing to listen.
3. **Assist the client in problem solving and decision-making.** There are often many decisions to be made following the loss of a companion animal. Social workers can help bereaved pet owners decide how to tell their children, whether or not to euthanize, what

to do with the animal's remains, and if/when they are going to get another pet. Turner points out social workers need to make a point of educating themselves on veterinary issues (such as burial and cremation options for animals, common animal illnesses and treatments, and average life spans for various animal breeds and species) in order to assist the client in making informed decisions regarding pet loss.

Methods

Research Design

The aim of this study was to gain a better understanding of the unique and shared experiences of losing one's companion animal in a veterinary setting. As a part of this goal, this research sought to gain a better understanding of the ways in which a veterinarian's interactions with a bereaved owner at the time of loss may impact the owner's grief process. In doing so, this researcher hoped to identify specific interactions bereaved companion animal owners identified as being helpful and/or detrimental during the difficult time of companion animal loss.

Due to the existing gaps in the already limited and often dated research regarding companion animal loss, this research study was exploratory in nature; therefore, a qualitative research design was used and there was no research hypothesis. Something so personal such as the thoughts, feelings, and challenges encountered in the experience of companion animal loss is not something that is easily quantifiable. Breaking these experiences down to a simple set of numbers does not do justice to capturing the whole picture of these experiences; therefore, the researcher believed a qualitative design best served the purpose of this research.

Sample

The sampling procedure used in this study was a snowball sample. The researcher's committee members agreed to identify potential participants to recruit that met the study's eligibility criteria. Once identified, the recruiter provided the potential participant with a copy of

the research flyer (Appendix A) while informing them of the study's details and how to proceed if interested using the "Introductory Script" (Appendix B) provided by the researcher. All potential participants were provided with extra copies of the research flyer and asked to share it with anyone they may know who they believed would fit the eligibility criteria and possibly be interested in participating.

Another form of recruitment was through the use of social media. The researcher used her Facebook account in order to generate potential participants by creating a post explaining the details of the research on her personal Facebook page (Appendix C). This information was re-posted on a weekly basis until the recruitment period ended. Interested individuals were asked to contact the researcher via email, at which time they had the opportunity to ask any questions they may have had about the study. Questions were responded to and a copy of the research flyer was emailed to them, along with a brief description of what the study would be asking them to do and instructed them to reply via email or telephone if interested in participating so that the researcher could ensure they met the eligibility requirements and determine an interview time and location.

The target population for this study included adult companion animal owners of any age who had experienced the loss of their companion animal in a clinical veterinary setting a minimum of six months prior to the interview. Those intentionally excluded from this study were: a) those who were not in a veterinary clinic setting at the time of their loss experience such as their animal died at home, went missing, or forced separation from animal; b) anyone under the age of 18, as children are typically not in charge of making decisions about care for their pet (i.e., decision of euthanasia would not be determined by a minor); c) those who have experienced the loss of an animal not considered to have been a "companion animal," (i.e., wildlife, livestock, or a friend's pet), as one does not have the same type of bond or emotional attachment and/or is generally not providing the same level of care for these animals as compared to animals that are

considered one's companion; and d) those whose companion animals loss occurred in a timeframe less than six months prior to the interview date as this study as they are likely still in the midst of their grieving process. Also, these losses might have been too painful or psychologically distressing to discuss in detail that soon.

Protection of Human Subjects

Prior to initiating the data collection process, this research study was approved by the University of St. Thomas Internal Review Board (IRB), where this researcher is enrolled. All subjects' participation were completely voluntary and confidential. Prior to starting the interview, the subject was given a consent form approved by the IRB (Appendix D) that addressed issues of confidentiality and provided detailed information about the research as well as contact information for both the researcher and the University of St. Thomas. The interviews took place at convenient locations for subjects, no identifying information was used in this study, and data was destroyed after research completion.

Prior to starting the interview the subject was informed of the following things: a) participation was completely voluntary, b) they could choose not to answer any questions they were not comfortable answering, and c) they had the choice to end the interview at any time, and that ending the interview would not have any effect on their relationship with the University of St. Thomas, St. Catherine's University, or the researcher.

Measurement and Data Collection

Instrument

The instrument used for this study was a semi-structured, face-to-face interview. Demographic information was collected by administering a demographic information survey (Appendix E) to participants prior to the start of the interview. The researcher used a list of eight open-ended interview questions (Appendix F) to collect data. The interview questions were

formed upon completing a review of the literature and specifically focused on the respondent's perception of their veterinarian's approach to handling companion animal loss, in addition to how this may have impacted their grief process. The interview questions were intentionally ordered so that they began with simple questions (such as demographic information) and gained complexity as they progressed in order to allow the researcher to build a level of rapport with the respondent before more important or sensitive questions were asked (Berg, 2009). The interview questions were reviewed by the committee to increase validity and reduce researcher bias.

Data Collection

Informed consent was reviewed and signed with each participant prior to the start of the interview. Participants were asked to complete the demographic information survey prior to the interview. Participants were then asked to engage in an interview regarding their experience of companion animal loss in a clinical veterinary setting. Face-to-face, semi-structured interviews were conducted by the researcher. Interviews were audio-taped for transcription and data analysis.

Debriefing took place following each interview in order to assess whether the participant was experiencing any psychological distress as a result of the interview and to answer any further questions they may have had (Appendix G). Participants were offered the Crisis Contact Information for Emotional Distress handout (Appendix H) which provided a list of mental health crisis hotline numbers in the event that they experienced emotional distress at that time or in the future.

Data Analysis

Recorded interviews were transcribed by the researcher for data analysis purposes. Content analysis, a qualitative coding strategy, was used to analyze the findings. Content analysis refers to the process of transforming unsystematic qualitative data (symbolic content

such as words or images) into a systematic and quantitative form through the identification of codes and themes (Monette, Sullivan & Dejong, 2011). The interview transcript was reviewed extensively to identify codes (patterns of data), themes (two or more of the same code identified in the data), and categories (overarching themes that emerge from groups of individual themes that are similar to one another). An inductive grounded theory method was used to produce codes and themes by moving from the explicit information (raw data) to the more general (themes derived from the codes). Open coding, a way of initially analyzing (coding) the data line by line for similarities first and then differences for literal (not interpreted) meanings, was used to analyze the transcription (Berg, 2009). After all of the codes were identified in the transcript, they were reviewed in order to identify themes.

Findings

For this study a theme was defined as an idea that was recurrently discussed by at least two of the participants. A total of twelve themes were identified by the researcher. The identified themes are listed as follows: significant and unique relationship; intensity of owner caregiving demands pre-loss; impact of supportive interactions prior to the loss; impact of unsupportive interactions prior to the loss; relationship history; influential veterinary interactions during the time of loss; post-loss veterinary support; grief reactions; environmental impact; societal reactions; and helpful coping strategies.

First the sample used for this study will be presented, followed by the identified themes. Several quotes will be presented throughout the findings to provide examples of each theme. Prior to presenting the findings, it should be made clear that references to the term “loss” in regards to “companion animal loss” or “the companion animal loss experience,” the term loss refers to death (i.e., companion animal death or the experience of companion animal death). It should also be noted that in the context of this study, the following terms are interchangeable

with each other: vet(s)/veterinarian(s); veterinary clinic staff/vet clinic staff/clinic staff; and veterinary clinic/vet clinic/clinic.

Sample

The sample for this study consisted of five bereaved companion animal owners. The researcher was contacted by 13 interested individuals who were sent follow up information about the study and received a response rate of five. Interviews were conducted over a series of six weeks. Two participants were interviewed about the loss of their cat and three participants were interviewed about the loss of their dog. It should be noted that one participant discussed the experience of losing two dogs within a nine month period of time, for a total of six companion animal losses discussed. All five of the participants were females. One participant identified being in the 26-39 year old age range, three participants identified being in the 40-59 year old age range, and one participant identified being in the 60+ age range. Two of the participants were married, two participants were divorced, and one participant was single and had never been married. Four participants self-identified as Caucasian and one participant self-identified as Asian.

When describing the type of clinical veterinary setting in which the companion animal's death took place in two participants reported a privately owned veterinary practice, two participants reported an emergency veterinarian, and one participant reported two of her companion animal loss experiences took place in a corporate veterinary setting. None of the participants' euthanasia experiences took place in the same veterinary practice setting. The companion animal's age at time of death ranged from 3 years to 17 years old. The length of companion animal relationships discussed ranged from 1.5 years to 17 years.

Significant and Unique Relationship

The theme significant and unique relationship encompasses the shared belief of the participants that the relationship experienced between a human and their companion animal is both significant and unique. This theme was represented by all five participants. Participants spoke of the significance and uniqueness of this relationship in a variety of ways. The following responses from participants represent this theme:

In discussing the significance of the relationship with her dog, one participant reported that the relationship shared with this particular dog was especially significant to her because he was the first dog she herself owned (versus having a “family dog”) and viewed him as her son:

Yeah it was kinda fate. We did EVERYTHING together when I got him. Because at that time [husband] had just started his overnight job. We had just moved, we were just married, so I didn't see a lot of my friends for a while. So every day we would spend at least an hour or two outside in the woods just roaming around and stuff...um...you we did everything together. I took him to the dog park...I took him on car rides, all this stuff. So you so he was really special because of that. So he was like MY first dog that was mine. So...he was kinda like “my little son.” Well...he was my son...

Another participant discussed the significance of the role her cat played in her life, identifying him as her best friend. She also explained how the relationship she shared with this particular cat was unique as compared to the relationships shared with companion animals she had owned before him:

He played a huge role in my life, simply because he was my best friend. I'm not married and so he was always there for me and I just felt like when I was stressed or anything,

there's my pet. Unconditional love I think kinda describes him. Got him from [rescue agency] when he was just old enough to be adopted, 3 months old and unfortunately he only lived to be 11 years old. I think I always was close to him but I think through this disease that he got, I was so connected to him that it was even a little bit harder to let go that it was—I love all the cats equally, but my first kitty didn't have health issues and so when he was put to sleep, yes, I grieved horribly and I loved him just as much but I was so connected to [her cat] giving him insulin shots twice a day because he got diabetes from the steroids he was on and then this chemotherapy.

One participant described the relationship she shared with her dog as having been significant and unique to any other relationship she had. The following conversation that took place between the participant and her husband on their way home from the veterinary clinic after euthanizing their dog of 14 years:

And still my tears are running down and I'm crying on the way back [from euthanizing their dog] and my husband said "I hope you feel this bad when I die." And I said "Well, you know if you come to me and you're excited every time I come home, and you eat whatever I give you, and you just listen and you don't judge—yeah I'll be, I'll be sad [laughter]."

Another participant discussed the uniqueness of the emotional connection one has with a dog compared to the type of emotional connection typically experienced between humans:

They [dogs] really have very selfless love. You know, they're there—you can tell them all sorts of stuff and they're like "Well that is TERRIBLE!" [laughter] "Ohhhh, that's a shame!" and they're just SO excited to see you so you could really have a bad day or a bad time or something like that and they're just—they're very non-judgmental.

The variety of personal meanings ascribed to each particular companion animal and each particular relationship with said companion animal among the participants' responses, demonstrates how each of the relationships experienced between the participants and their companion animals were significant and unique to them. There were no differences identified in these responses across animal species with responses from cat owners and dog owners both demonstrating this theme.

Intensity of Owner Caregiving Demands Pre-loss

This theme encompasses the shared and differential experiences of providing care for one's companion animal's health prior to the experience of companion animal loss. This theme was represented by all five respondents across all six loss experiences. Four respondents (representing four of the six losses) reported providing care for their companion animal's terminal illnesses. Two respondents talked about caring for their animal's health as it deteriorated with age (these participants identified their animal had chronic health conditions; however, did not report them to be terminal). The following quotations illustrate the experiences of those respondents who reported providing care for their animals who were terminally ill:

Actually my life centered around him, my work schedule did. I would made out a chart when I would give him, because my work schedule varies a lot and I'm a manager at [store name] so sometimes I work mornings, sometimes nights, so I made, I typed up an

actual form and did all that and so anyplace I would go I would think, “Say I have to get home and do his meds...”

He’d been kinda slow and picky about what he wanted to eat and he was on a special diet by this time –he was on a prescription diet. He wanted to eat the other cats’ food and all this kinda good stuff so what I used to do is just take him into the bathroom and I would just sit there with him and talk to him and stuff and wait for him to eat his food. Because he’d eat a little and he’d want to go out and play or whatever, sleep, and I just talked to him and we’d stay there and he’d eat a little more. Well gradually he’d eat.

Another participant described closely monitoring and regulating her dog’s food and water intake:

Yeah, but then it’s always you’re regulating and more or less and trying to figure out, you know how much to give her [medications] because her values can’t be too high this way or too low that or whatever...[Researcher: So a lot of time?] OHHH!! My gosh! We had to time how long it took for her to eat her meals for like a month and we had to measure like to the ounce how much water she drank every day to see if she was eating slower or drinking. It’s insane!

The following quotation represents the experiences of participants who reported caring for their animal’s healthcare needs as they aged:

So probably the last three or four years of her life her health was declining. She started having arthritis. We were having to give her Rimadayl. She was having more trouble

just kind of getting up and walking you know where you notice that...we were feeling bad about that. Then she started having lumps, which, you know isn't uncommon for her breed but I was concerned when I felt a few big ones. We brought her to the vet then. We thought "Oh dear," but it ended up being lymphomas¹ which are fatty tumors which are not uncommon for golden retrievers too. So we just knew that there were more and more troubles.

Respondents who provided intensive care for their animal's health described centering and/or altering their personal schedules around providing for their animal's healthcare needs. Post-companion animal death, these respondents reported difficulties adjusting to their new schedules and described not knowing what to do with their new found free time. Participants who indicated their companion animal's healthcare required non-intensive management reported administering medications and monitoring physical symptoms associated with aging.

Impact of Supportive Veterinary Interactions Prior to the Loss

This theme identified interactions participants experienced with their veterinarian prior to the loss of their companion animal which they identified as being having been supportive. This theme was represented by four of the five respondents. Examples of these supportive interactions are discussed below.

Participants identified the time their veterinarian spent researching and/or trying to figure out what was causing their companion animal's health problems as supportive. The following quotation is an example of this type of support:

She [veterinarian] did everything. She did soo much research on trying to find out what was wrong and it was just like a real mystery. They rule out many many things. [...]

¹ Although participant stated her dog had "lymphomas," it is likely that she meant "lipomas," as lymphoma is a form of terminal cancer while lipomas are fatty tumors.

When they had exhausted everything she [veterinarian] said “I think we need to refer him to [veterinary hospital’s name]. So she [veterinarian] set up the appointment and we went to [veterinary hospital’s name] and immediately they diagnosed him with Myelodysplasia, which is like cancer of the blood. No cure for it but so then they [diagnosing veterinary hospital] worked with [her veterinarian] with meds and all that and that went on for probably a year and a half—going back and forth they would refer, they would say which drugs and meds and I would go in with him [cat] and have everything done.

All four participants identified feeling supported by their veterinarian when their vet conveyed the message that participants could contact them with any questions or concerns. The following were responses from participants that reported feeling as though they could reach out to their veterinarian:

And she’s [veterinarian] like “Here’s my cell phone number you can call me at any time of the day or night and let me know if you have problems or if you have a question or whatever. Just call me.” And I thought “Wow,” I mean that was her personal cell phone number—just call me.

And because they had told us if something more happens this weekend or if it gets worse and you need more help—I mean they were really great—“We are here 24 hours a day.”

Participants reported that their veterinarian provided a thorough explanation and understanding of their companion animal’s health condition(s), listened to their concerns, and explained all of the possible treatment options. The following were responses from participants that described this type of supportive interaction from their veterinarian:

I wanted to understand what was going on—like actually going on. So they kinda explained it all to me which was really good. Then they kinda told me “Well you’ve got basically two options: you can either just let him live out his time, do Prednisone or do chemo. And they explained kinda how the chemo would be.

One participant discussed how much it meant to her that the veterinarian spent so much time with her during the initial consultation visit:

“And then they pretty much just went from there. She spent three hours with me. Just talking to me. You know, telling me the benefits of this and that.”

Another participant discussed how she appreciated that the veterinary staff not only informed her of her dog’s medical diagnosis, but also spent time explaining the possible treatment options and how her dog might respond to the various treatment options:

So we took her in thinking it would be something simple. And they [emergency vet] “Ohhhh. She’s had a paralysis of some part of her chords in her throat which can come with age.” And I had never heard of that but they said “especially in larger dogs.” They gave us the treatment options. [...] But they said “She could go on to aspirate when she’s eating or drinking and more than that, close her airway. That’s why she’s coughing it’s a compensatory thing to keep her airway open.” So they said “Let’s see what happens in the next couple of days.”

Three participants described how their veterinarian provided emotional support prior the loss of their companion animal. The following were responses from participants who described receiving emotional support from their veterinarian prior to the loss of their companion animal:

The second time I had went in there [vet's office] he had gotten worse and I started crying in the vet's office. They were really cool about it. I mean she was like really understanding. She didn't coddle me or baby me because you know, that's not what people want. But you know she like stepped out of the room and was looking at [her dog] and she's like [in sympathetic voice] "You're making your mom cry! Why can't you just get better? She was like actually interacting with me, you know, sympathizing with me. You know, trying to feel what I was feeling.

Another participant reported how upon coming to the realization that her dog of 17 years was nearing the last few days of his life, she became extremely emotionally distraught and was unable to calm herself down. She explained calling her vet to find out what she should do and reported that her vet was able to calm her down:

He was just beat. He was just tired you know and I remember I called my vet on a Thursday night and I said "You know, I think he's close to the end. What do I do?" [...] She said "You'll just know. If you want I'll come over to the house—if you call me at the office I'll come over to the house—I'll whatever you want. I'll take care of it for you." I said "Okay." She calmed me down because I was just a mess. A bawling, screaming, crying mess.

Participants identified interactions with their veterinarian prior to the loss of their animal which they found to be supportive included the following: the amount of time and effort veterinarians spent trying to diagnose and treat their companion animal's illness (versus immediately referring out to a specialist); feeling as though they could contact their veterinarian with questions or concerns; veterinarians taking the time to listen to a respondent's concerns; providing a thorough explanation and understanding of the companion animal's health condition,

in addition to explaining all of the treatment options; and when the veterinarian provided them with emotional support.

Impact of Unsupportive Veterinary Interactions Prior to the Loss

This theme identified veterinary interactions with participants prior to the loss of their companion animals, in which participants identified their veterinarian's interactions with them as having been unsupportive. This theme was represented by two of the five participants (representing two of the four companion animal losses). Both participants identified the manner in which they were informed of their companion animal's terminal illness was unsupportive.

One participant explained that the vet who diagnosed her cat's kidney disease did not provide much information on the disease:

I don't remember that they gave me a great deal of information. Certainly not like [her current vet clinic] does. I mean I have a cat that has chronic colitis issues and she's much better now [...] but anyways, the first time [her current veterinarian] saw her she sent me home with all kinds of articles that she ran off while I was here. I mean not just stuff she pulled out of a file but stuff she had just read so "Here's some information." But I don't recall getting anything like that. At some point I know I went to the internet and I did print out some things so that I thought I understood it better. I just never noticed this business about four stages of kidney disease and I didn't get from my vet: "He's in stage one, now we're in stage two, this is stage three [says her own name]," you know? Nothing like that. Nothing.

This participant explained following her cat's kidney disease diagnosis she had switched veterinary clinics and veterinarians. She explained that this vet provided treatment for her cat's kidney disease for a few years and reported that this veterinarian also did not provide an

explanation of the progression of kidney disease in cats. The following response describes how this participant found out her cat was in end stage kidney disease:

But when I took him in for one of his last check-ups the vet said “Well yeah if he’s in stage 4—and that was the first time that I had heard there were any stages to it. [...] I hadn’t researched about it. I was at that point—I was talking with my vet about it. [...] Well his levels were a little bit more off so, but, I understood it was progressive, I understood that eventually it was, it was kind of, you know, would overcome him and that would be the end of his life. [...] My understanding was not a smooth transition. I don’t know what my vet knew. [...] I knew I had a cat with kidney disease but I didn’t know that he was practically in kidney failure.

Another participant reported that when she first noticed that her dog had lumps under his neck as well as swollen lymph nodes, she brought him to her regular veterinarian to get checked out right away. The vet informed her that they would take a biopsy, send it out to the lab, and contact her with the results. This participant reported that she didn’t hear anything for about two weeks, explaining that in the mean time she was “freaking out” wondering what could be wrong with her dog’s health. She explained that eventually she called the veterinarian’s office to find out what was going on. The following quotation from this participant captures her experience of being informed of her dog’s terminal illness:

Then they called me—well I called them and I said “I need to know what’s going on, no one’s called me.” You know it’s just like they forgot about me or something and I’m like, that’s not cool. So I called them and they called me back and they’re like “Oh yeah,

we got your results back and it looks like it's probably lymphoma." And I'm like "Are you [expletive] kidding me? Because that's cancerous..." [...] and they basically acted like they just didn't really care. Like I was just...indispensable. [Participant explains this news was delivered in a non-chalant manner and that the clinic did not ask her to come in to discuss this with her]. And I was in the middle of walking [her dog]. I literally fell on the ground outside and started bawling. And I called all of my family members—and this is like, in the middle of the road mind you—I'm sitting in the road, bawling on the phone screaming. [...] I was shocked. I was appalled at how little they cared. [...] They're like "You have to go to [hospital name]. Bye." And they like hung up on me. They didn't even like help me. [...] They didn't tell me anything. They just told me I had to go see the oncologist.

Participants identified unsupportive interactions to include: not providing comprehensive explanation of companion animal's health problem and treatment diagnosis; providing treatment for companion animal's illness, yet not explaining the full progression of the illness to the client; delivering terminal illness diagnosis via telephone without in an uncaring and uncompassionate manner; and simply making referrals to a specialist without asking companion animal owner if they have any questions or need any help with anything.

Relationship History

This theme addressed the impact of the relationship history with the euthanizing veterinarian, clinic staff, and vet clinic on the companion animal loss experience. This theme was represented by all five respondents and in all six companion animal losses. Of the six euthanasia's discussed in the interviews, only two were performed by the companion animal's regular veterinarian; one of these two participants identified their vet as having been helpful or

supportive during the loss experience and the other participant identifying their vet as having been so unsupportive and unhelpful during the loss experience that she changed both veterinarians and veterinary clinics following this experience.

One participant, who reported her regular veterinarian performed her dog's euthanasia and identified her vet as having been supportive during this experience, described the impact of her veterinarian's open expression of grief over the loss of her dog:

You know and we'd been through all this medical hell with her [dog] and then this other weird thing happens you know? So my vet was just like—I mean I just said...I looked at her and said, "You know, what the [expletive]? And she goes "Yeah, no [expletive]. What the [expletive]?" And we just bawled together, and it was, I mean she was just—she was just the best. She's like "I'm so sorry."

This participant explained that she felt as though her veterinarian truly understood the pain she was experiencing over this loss and was feeling this pain with her, explaining that she had been seeing this vet for a number of years on a regular basis to manage her dog's intensive medical condition. The participant described developing a personal relationship with her vet over the years and several times throughout the interview stated that she loves her vet and feels lucky to have her as a veterinarian.

Another participant who reported her regular veterinarian performed her companion animal's euthanasia reported perceiving the interactions with her veterinarian at the time of companion animal loss as having been unsupportive. She reported having a four year history with her veterinarian prior to her cat's death and that she regularly saw this vet as a circumstance of the volunteer work she did for an animal rescue organization.

Of the four participants who reported their regular veterinarian was not their animal's euthanizing veterinarian, two participants reported having a pre-existing relationship with the vet clinic and two participants reported having no pre-existing relationship with the vet clinic. Both participants who reported no pre-existing relationship with the vet clinic reported that the euthanasia took place at an emergency veterinary clinic. The responses listed below represent the experiences of the participants whose regular veterinarians were not present at the time of companion animal loss to perform the euthanasia.

Although she would have preferred if her regular veterinarian could have been present for her cat's euthanasia, one participant reported that ultimately it was not important to her who performed the euthanasia as long, as long as it was done quickly and that it was done by someone she could trust to properly take care of her cat in the last moments of his life. The following quote represents this participant's experience:

My goal that day was just to get it done as quickly as possible—take the first appointment. You know because when we made the decision [...] it didn't matter to me who did it as long as I knew them. I would have gone to [name of specialty vet clinic] if I had to. It doesn't matter if I was at the [specialty vet clinic] as long as it's somebody that I trust. [...] And it didn't matter to me even if I didn't know the vet—as long as I know he's taken care of right. My goal that day was to get it done as quickly as possible so...

One participant, whose dog was euthanized at an emergency vet clinic, explained that although she and her husband would have preferred to have had their dog's euthanasia performed by their regular veterinarian, her dog's health was deteriorating too rapidly to wait another day

for her regular vet clinic to be open. This participant described how impressed she was by how compassionate the clinic staff were towards her and her husband despite having just met them.

The following quote represents her experience:

And even though our regular vet who we had a very good relationship with wasn't open, I just knew we couldn't wait until Monday. We just couldn't have another night. [...]. I think I was most impressed that they hardly knew us... and yet I felt they were very compassionate. And they had people sitting out in the waiting area—you know it's an emergency thing. And they didn't make us feel guilty about our decision. You know they didn't push us either. [...]. I mean they were just very nice [...] they also told us "We will let your regular vet know what has occurred this weekend."

Another participant identified having a positive experience with the euthanizing vet; however, described how difficult it was for her to go through this experience without her regular vet:

And we were able to, yeah they just were like...and of course my vet who I loved was off that day and out of town. So that part was really hard because it was a vet who, I mean, I'd seen maybe one other time but it was always, always, went to the same, our same doctor, Dr. [vet's name] who we love. And so that was kinda, that was really hard.

Participants also discussed their relationship history with the veterinary clinic staff. Of the four participants who reported their companion animal loss experience took place at their

regular veterinary clinic, all four participants reported having positive relationships with the veterinary clinic staff:

They were all very nice. They got me right into that room so I could wait in that room so I didn't have to be in the waiting room with other people. [...] Anyway, I sat in that room and I knew all the girls [clinic staff] so well there too. [...] One of them [clinic staff] came in afterwards and asked if I wanted a pop and all that. And they hug and they're just so sad with you, which helps too.

Another participant described the emotional reaction of the clinic's receptionist upon discovering the participant's dog was going to be euthanized:

Oh my gosh, the receptionist, when we called and said we were bringing [dog] in, she said between that time and like two hours later when we finally showed up, she had had to leave the reception desk three times because she'd been starting to cry and would have to go in the back. [...] Well but we [the vet clinic staff and her] had forged a real relationship with them you know? We'd been through so much with them so they knew.

The majority of the participants identified having positive relationships with their regular veterinarians; however, only two of the six euthanasias discussed reported having their regular veterinarian present for their pet's euthanasia. Of the two participants who reported their regular veterinarian performed the euthanasia, one reported a positive experience and one reported a negative experience. Of the four loss experiences discussed in which the pet's regular veterinarian did not perform the euthanasia, only one participant reported a negative experience.

The three participants who reported wishing that their regular veterinarian would have been able to perform the euthanasia, additionally reported that they had an overall positive euthanasia experience. These participants all reported that the quality of their animals' lives were more important to them during at the time of their loss than who was actually euthanizing.

Influential Veterinary Interactions During Time of Loss

This theme encompasses veterinary interactions that took place during the time of companion animal loss that participants identified as having influenced their overall loss experience. Veterinary interactions include interactions that took place between the participant and the veterinarian, the clinic staff, and/or the veterinary clinic. Participants reported veterinary interactions influenced their experience of companion animal loss in both positive and negative ways. The majority of the participants reported the veterinary interactions experienced during the time of loss influenced their loss experience in an overall positive way. Two participants (representing two of the six losses) primarily identified veterinary interactions as having been negatively influential; however, even these participants were able to identify interactions they found to be positive.

All participants reported their veterinarian's ability to communicate what was happening during the loss experience had a powerful influence on their experience of companion animal loss. Two participants mentioned how their veterinarian had trouble administering the tranquilizer injection often given prior to the lethal injection to help relax the animal. One participant described how her veterinarian was apologetic for having to attempt to administer this shot multiple times. This participant reported that her veterinarian kept her informed as to what was going and explained why she was having difficulty administering the shot. This participant identified having an overall positive experience of companion animal loss. The following response from the participant describes this interaction with her veterinarian:

She [veterinarian] was totally awesome about it but because [her dog's] body was shutting down her veins were collapsing so they were really having trouble finding a way to put the IV in to give her the solution for the euthanasia. So my poor vet. It took her...like about 20 minutes of like trying in the room and then going back in the back and trying and then coming back in and trying and she kept saying "I'm so sorry. I'm so sorry." And I'm like "You know, you can't do anything about it."

The following response is from the other participant who reported her veterinarian had a difficult time administering the tranquilizing injection; however, unlike the aforementioned participant's experience, this participant explained how her veterinarian did not inform her of what was going on. This participant identified her overall loss experience as having been negative, largely attributing this to her veterinarian's poor communication skills:

They went to give [her cat] his first shot and I was standing at the exam table with him, just kind of like, with everything all bundled up and I was down like, with my head down by him and I couldn't bear to watch what they were doing and I was whispering to him and stuff and all these minutes when by and all of a sudden I hear them talking to one another, the tech and the vet, and they're saying something about like "Well that didn't work, couldn't get the vein."

The participant goes on to explain what was going on in her mind during this experience:

I'm standing there thinking they've got this needle and they're trying to jab it in some place. [...] I think the worse of it was the image I had in my head because I wasn't watching them. I was literally standing over this table like this with my face in his fur and they were standing off over here...and...I mean, I put down two cats; I knew the process, I couldn't figure out you know...were they going to stay? You know, were they going to leave?

The participant went on to describe her overall frustration with how the veterinarian and clinic staff's poor communication during the time of her cat's loss:

I know I said this before but after he was gone I mean...we're all in the room after they had given him the last shot and she [veterinarian] kept checking to find out if he was actually, you know, if his heart had stopped beating. I just don't know...I thought that was just so screwed up from the get go. First they can't find the vein, then they don't know how long it takes for something to work [how long for tranquilizer to take effect], and then you know when I knew he was gone and I just kinda let him go and I sat down. But they said "Well would you—would you like more time with him?" And I think that's when I said "Please just take him because I can't stand to see him this way."

A different participant who identified having an overall negative time of loss experience explained that even though her veterinarian communicated with her in an empathetic way, she did not find this to be helpful because it did not appear to be genuine:

And they were compassionate and stuff but it didn't seem like they...they kinda were just...you know... "Yeah I'm just doing this because I have to," sort of a thing. It was just like...they felt sorry...just as much as like the natural human empathy that most people have...but other than that it was really nothing.

The following participant explained how important it was that the euthanizing veterinarian allowed her and her husband to have enough time to make decisions regarding various aspects of the euthanasia process and that they did not feel rushed:

I mean so they asked—well they really explained kinda what they would be doing. They said "Do you want to be in the room or not—you can decide what you want." We wanted to be with her. They—they didn't force us. You didn't feel like this is an emergency thing. We didn't feel like we had to be rushed like let's get her done in a half an hour. And what they said was "Well we're going to get some things ready and such so why don't you spend some time with her." And so they put her in a private room and put her on a soft bed on the floor. And we could be with her. And the vet came in and "do you have any more questions and such?" And the vet and the tech came in and you know they put the stuff in her veins and it was a very peaceful death. And then they let us stay in there for a while longer. They said "You know—really, when you're done."

One participant explained that the euthanizing veterinarian catered to her personal request to have the other dog she owned at the time be on the exam table with her dog that was being euthanized. The following quote describes how this influenced her experience of companion animal loss:

I also had another dog, [dog's name], at the same time and um, we asked can we bring [dog] along? And they said absolutely, so [dog] was on the table with him [dog being euthanized] when...throughout the whole thing [euthanasia process]. And I think that really helped because then she knew what was going on and what had happened and that was...that was—I was so glad we did that...that was good...that was a good thing.

Participants reported that they appreciated the veterinary clinic accommodating to their time schedule and spoke of how this as an influential interaction that contributed to an overall positive loss experience:

And they [vet staff] said, “Just come in whenever you're comfortable. We can set up a time or you can wait until later and we'll have a room all ready for you so you can just come straight in—you don't have to wait around or anything with him.

Participants how even the way they were escorted in and out of the building during the loss experience influenced their overall experience. The following response from one participant describes how she was glad she did not have to sit in the waiting room with other people while waiting to have her dog euthanized:

I called the E-vet [emergency veterinarian] and told them I was coming in. And then we came in, they—they were really good about this, because they knew I was coming. And as soon as I walked in the door they shoved me right in the room so it was like I didn't have to sit there with all those people.

Another participant mentioned how she liked being able to leave the clinic after the euthanasia from a side door so that she did not have to walk through the lobby area with other people:

So the girls [clinic staff] were soo soo supportive and then they just kinda bring you out the side door and kind of go out with you whenever you're ready and they bring you Kleenexes.

One of the participants who identified having an overall negative experience during the time of loss explained how much the veterinary setting's environment influenced her overall experience in a negative way:

I would say the environment was huge. I would have really preferred it if it were a nicer environment because it just seemed like such a sterile, stoic, place that was just— everything was just cut and dry really. [...] It was just a regular room. I don't think it was "a euthanasia room," I think it was just one of their rooms. [...] Just regular...bench, you know and silver vet table and that's it.

This participant went on to explain how the veterinary setting's environment contributed to her overall negative experience of loss long after the loss itself took place:

Yeah that's definitely huge because then I read about people who did in home euthanasia, which I thought God I really should have paid for that and that was another part of my

whole guilt spree was like I made him die in this horrible vets office and the last thing he saw was this nasty...vet's office. That really affected me for a while. I thought "God I should have just had him come here [her home]." [...] That was the one thing I would have changed—because, you know I could really care less to be honest with you how "bad" the vet feels for me, as long as they provide what I need—which would have been a nicer setting.

This participant went on to explain what she would have liked the euthanizing clinic's environment to have been like:

I mean hospitals...even are a little more inviting I feel. Maybe not such bright lights [fluorescent lights] because that was kind of awful. [...] Because then in the end it was just this like his dead body on this blanket on the floor and it was not a pretty site to look at so that's why I left. I think I would have stayed a while longer and sat with him if it was a nicer room. Even if they went as far as to use like a spa room—you know have a couch...some candles. They did have Kleenex. I don't even think I used it because we brought our own because I like gave everybody who was crying...but you definitely environment was like the number one thing. Because they did give me plenty of time, she wasn't like overly sympathetic—she wasn't, she didn't seem "super genuine" but at least she wasn't rude. And that's fine with me because really I could care less about the vet she's doing what she's supposed to do...you know and she's not a psychologist or a social worker so I don't expect that from them but I do think that they could offer nicer facilities for it.

Overall, participants identified their veterinarian's communication as having been the most influential impact on their overall feelings about the loss. Veterinarian's communication had both negative and positive influences on participants' overall feelings regarding their loss experience.

Logistics of the Loss

Participants spoke of how the logistical aspects of the loss were addressed or not addressed by the veterinary clinic with them following the loss of their companion animal. These topics related to the logistical aspects of dealing with the aftermath of the loss, such as supportive services offered, body disposal, method of returning the remains, payment, and companion animal memorials. This theme encompasses the logistical aspects that were either discussed or not discussed with participants during their companion animal loss experience, as well as the participants' insights regarding how these topics were discussed.

Supportive services. Of the five participants and six companion animal loss experiences, none of the participants reported having someone discuss supportive services (i.e., pet loss support group, grief counseling, mental health services) following the loss of their companion animals. Two participants reported thinking that someone might have either mentioned support services or given them a pamphlet regarding this at some point; however, these participants were unable to remember for certain:

They didn't talk about any grief support right then I don't think. But I think [her vet] or [the specialty clinic] or one of them had mentioned that. Not on that day but that's probably not appropriate on that very day anyway.

Three participants reported upon looking back on their experience of companion animal loss, thinking that a pet loss support group might have been helpful and that it was something they probably should have done to help them cope with the grief:

She [her friend] said, “You know if it [her feelings of grief] gets to that point I think that’s what you should do,” but it never really it never really got worse. I was just sad all the time but I just I guess I didn’t want to go see somebody and talk about...although looking back I probably should have. I probably should have. It would have helped to talk to somebody in a setting of other people that have gone through the same thing or whatever. I know casually you talk to people like that all the time but um just like AA or whatever. I don’t know what they talk about there but if you’re in a group of people that have gone through it all so then you know you’re not alone.

One participant described following the loss of her dog she started to “become an alcoholic” as a means for coping with the painful feelings and also reported having suicidal ideations. This participant explained not being able to understand why she was feeling the way she was feeling and reported it would have been nice if she had been offered some sort of grief support during her companion animal loss experience:

And definitely grief support would have been nice because I ended up having to find that on my own because I was like “I’m going mentally crazy and I don’t know what to do.” So I literally was—I still have them actually bookmarked on my computer, um—tips for dealing with grief and stuff.

Another participant indicated that support services was not something she would have needed at the time of companion animal loss because she had the support of her husband; however, indicated that in her previous experiences from working in the nursing field over the years, she has seen individuals who she thinks could benefit from a pet loss support group:

But you know so it is true though from a nursing side—just as a little side, there are people that go on to have a lot of grief when they've lost pets. I mean some of them have even gotten to behavioral health.

Body disposal. All participants reported having been asked how they would like to dispose of their companion animal's remains. All participants reported they were asked if they would like to have their animal cremated; and if so, whether they wanted their animal's remains (i.e., ashes or "cremains") returned to them. Participants mentioned being asked if they wanted to have their animal cremated with other animals in a mass cremation or if they would like to have their animal cremated individually. One participant reported paying extra money for her dog to be cremated individually:

I mean they asked too "Do you want her cremated?" And let's face it—I don't know if this works or not but I feel better. "Would you like her cremated individually or mass?" And of course I paid for the individual...out of guilt [chuckles].

All participants reported they had their animals cremated following the loss of their companion animal; however, not all participants wanted to have their animals remains returned to them for reasons such as: not wanting to remember their animal in that way, concern that

having the remains would make it difficult to get past the grief, and concern that the animal's remains would also include remains of other animals. The following quotes represent these participants' reasons for not having their animal's remains returned to them:

I just want to remember him the way he was and put his pictures up and I've got pictures up of him still just like that one. So no, I did not do any of the other stuff and I think....it's right for some people to do that. Like this [...] that lived across the street. She had ashes of her husband and she had ashes of her pets. And for her that was the right thing for her to do. For me I don't think I could stand that. I don't think I could ever get over the grieving if I saw that. But everybody is different I have nothing against it.

Another participant reported did not want her dog's ashes returned to her due to the possibility of having the remains of other animals mixed in with the remains of her dog:

I just had him cremated...I didn't want to—and I didn't ask for his ashes back because I'm like it's probably not just his ashes...It's probably just a conglomeration of other dogs ashes and it just didn't seem right to me...and I didn't want to bury him.

Method of returning the remains. Of the three participants who asked to have their animals remains returned to them following the cremation process, two identified this as having been a positive or supportive experience while one reported it was a negative and unsupportive experience. When participants discussed their veterinary clinic's process for having their animal's remains returned to them, the following things were identified as important: the manner in which this process is explained, being provided with an estimated timeframe for the remains to

be returned, the length of time taken for remains to be returned, and the manner in which the remains are packaged.

All participants talked about the length of time it took to have their animal's remains returned to them. The two participants who identified positive experiences reported their veterinary clinic provided them with an expected time frame of when the remains would be returned (both reported this took about a week), at which time both participants reported their veterinary clinic called and informed them the remains were ready to be picked up by them at the clinic. One participant reported even though she knew what to expect because she had gone through her veterinary clinic's process for cremation and for having the remains returned to her with about three or four of her companion animals who had passed away over the years, her vet clinic still explained the expected time line for her dog's remains to be returned to her:

But I'm sure they told me like you know, "You'll probably hear back from us in like a week or so" and I said "Yeah, I know the routine." So yeah, they let me know about that stuff. [...] All my dogs have been cremated so I went back after, you know, they call you in a few days, or a week or so and say that the um...that you know that their ashes are ready.

The participant who identified this as having been a negative experience reported her veterinary clinic did not provide many details about what would actually be happening with her animal and who she could expect the remains to be returned. This participant was not given a tentative timeframe informing her of when she could expect the remains to be returned. The participant also reported her animal's remains were not returned to her in a timely fashion. The following quote from the participant illustrates what this experience was like for her:

They said, “Okay, well they would let me know when his ashes came back,” and I didn’t know what that was about either. But it seemed like it took forever before they contacted me. I didn’t have a clue how long it takes to cremate your pet but it was weeks and weeks and then they called. [...] I didn’t know how long it was going to take for his ashes to come back. I didn’t know where they were sending him to have his ashes, you know? To do the cremation.

All participants also discussed the packaging in which their animal’s remains were returned to them. The participants who identified this as having been a positive experience reported that their animal’s remains were returned to them in some sort of packaging that was either decorated or looked nice:

They always have um...a cute little bag [laughter]. It’s all about the packaging. [...] Well it’s just cute little bags and then little paw prints on them and their little name tied on them and stuff.

They said “Would you like a box? Or what would you do?” And we chose not that because we usually bury them in the back. But I mean it came in a really pretty—even though it was in a cardboard box, it came in a nice little velvet thing...you know.

The participant who identified having her cat’s remains returned to her as a negative experience reported she had been expecting her cat’s remains to be returned in some sort of special packaging; however, when she went to the vet clinic to pick of her animal’s remains, she was handed a plain cardboard box containing her cat’s remains:

Someone who had experience with that clinic told me that when his ashes came back they'd have a little...a...a little heart shaped container for his ashes. And I got a cardboard box. And it's still sitting on the table in my living room [begins to cry].

Payment. All participants reported payment was discussed at the time of companion animal loss; however, one participant reports she does not recall the details of this process, explaining someone else took care of the payment for her before anyone had a chance to discuss it with her so that she would not have to deal with the payment details. Most of the participants reported the clinic staff offered to have billing taken care of prior to the start of the euthanasia process or they were offered to have the bill mailed to them so they would not have to worry about payment details at that time. The following responses are examples of this sub-theme:

We'll send you a bill, you don't have to dink around with a credit card and all that and waiting for the printer and all that stuff right now." They said "We'll mail you a bill you just go home right now.

Another participant stated:

Another thing I liked is they got everything taken care of so when we were done we didn't have to go back out to the desk to pay. That was really clever. They said "Let's take care of this stuff to begin with so when you leave you don't have to deal with those details." I thought that was very smart.

One participant, who had an overall negative experience of losing her cat, explained that one of the only things she could identify as having been positive about her loss experience at this veterinary clinic was the way they handled the billing, and stated: “The one nice thing they did was, they said they would send me the bill so I wouldn’t have to stand there and pay for it.”

Companion animal memorials. The majority of participants were asked if they would like to memorialize their companion animal by having a clay mold of their animal’s paw print made.

One participant reported she opted to not have a paw print made, explaining she did not want to remember her companion animal by his death—she wanted to remember him by the way he was when he was living.

One participant who reported the veterinary clinic did not offer this service to her at the time of companion animal loss had the following response when if her veterinary clinic offered any ways to memorialize her companion animal: “You know what they didn’t do though? Was they didn’t do the paw thing which was really disappointing because they do that at a lot of places.”

Two participants opted to have a clay mold made of their companion animal’s paw print and both identified having the veterinary clinic offer this as a way to memorialize their animal. When asked if they had been offered this service, one participant stated: “Yes—oh they did a paw print...yes! That was really neat...yes. We still have it.”

Post-loss Veterinarian Support

When discussing the companion animal loss experience, all participants talked about the type of support they received from their veterinarian following the loss. The majority of participants identified the manner in which their veterinarian extended post loss support to them was perceived as having been positive. The following responses from the participants are examples of this theme:

And the next two days later I think it was there was a knock at the door, the florist, and Dr. [vet's name] had delivered like THE most beautiful bouquet of flowers to me. I mean the nicest card: “[dog] was just one of a kind. She was just the most special patient ever and I will miss her so much.” I mean it was just...I mean that was just above and beyond I thought.

Another participant expressed how much it meant to her that her regular veterinarian, who had been out of the office at the time of her cat's euthanasia, called her at home to express her condolences and openly cried with her on the phone:

She [regular vet who had not been present for euthanasia] called me that night after she found out we'd had [cat] put to sleep and she was crying on the phone and stuff and it and she sent me a personal card too and she's so sweet and caring. I think it makes—Dr. [euthanizing vet's name] teared up too when he put him to sleep, but I mean Dr. [regular vet's name] openly cries with you and she's very into the animals. He is too, not that h's not, but it's probably a little bit different woman to woman.

One participant described the supportive experience she had when returning to the emergency veterinary clinic to pick up the remains of her dog:

And when we even came to pick him up...you know the remains. I mean they were very nice “How are you doing? I'm sure was hard. I'll bet it's hard...” I mean they were just very nice. They sent a card but they also told us “No we will let your regular vet know

what has occurred this weekend.” So our regular vet even called like on Monday to say “I heard about [dog’s name] this weekend—we’re so sorry.” We got cards from both of them—both the emergency vet and our regular vet.

The majority of participants identified post-loss follow up support from their veterinarian(s) as supportive; however, some post-loss follow up support experiences were identified as negative, unsupportive, or unhelpful. The following response from one participant provides an example of how two different follow up sympathy cards were perceived by the participant; one from the emergency veterinarian/clinic that euthanized her dog, and the other from the holistic vet/clinic that had been working with her to manage her dog’s end of life care needs:

They [euthanizing vet clinic] sent me you know a card afterwards but it seemed like it was just the thing that they do. But the, I emailed, ended up emailing because the whole vet clinic, the holistic one ended up emailing me and saying how is [dog] doing? And I’m like well he died. And they sent me a really nice card that actually meant something to me and I think it was because—It wasn’t really much different from the E-vet card but I think it meant so much more because of the interactions I’d had with them [...].

Because you know the e-vets [emergency vets], they’re just like “We’re really sorry for you loss. Thanks—the e-vet staff.” You know and it’s like okay...garbage. But they [holistic vet/clinic] made a donation to a rescue in his name because he was a rescue dog and all this stuff.

Follow up support was demonstrated by veterinarians in both formal and informal ways. All participants reported receiving a sympathy card from the euthanizing veterinarian/clinic. Some participants reported a variety of ways in which they received follow up support from their

veterinarian such as: receiving a sympathy card, having flowers delivered to them, receiving a personal phone call from their veterinarian, the veterinarian spending time listening to them and allowing them to express their grief, and the veterinarian memorializing the deceased animal in some way.

Grief Reactions

All participants spoke of their grief reactions following the loss of their companion animal. This theme represents the range of grief reactions experienced by participants and the intensity in which these reactions were experienced following the loss of their companion animal. The following quotations demonstrate the range and intensity of grief reactions experienced by participants:

Very sad. I cried for days. I thought I'd never be happy again. I really didn't. I thought I'd never be happy again. But I felt relieved that, you know, in some ways, animals are lucky because they don't have to suffer like people, we can choose to humanely put them to sleep so.

One participant reported that after her cat died she noticed that she became more withdrawn and spent more time at home:

Now you could call me recluse....or a hermit in the winter [laughter] but I probably made more excuses to be home. The other thing is that when I'm under real stress is I don't eat. And people started noticing that I was losing weight and that was happening...you know I just lose interest....

One participant reported experiencing intense feelings of guilt related to not knowing how her dog got cancer:

And it was really hard for me—this is what killed me. Because I had suffered from a serious psychological disorder, I swear, for like a year after...it was awful. I became an alcoholic...and it was bad. I think part of it wasn't just the loss—it was I felt like it was my fault. It was the guilt and the not knowing how he got cancer and then thinking that I did it too early you know all that stuff. That was really what got me.

Participants reported questioning whether there was something wrong with them because of the intensity of their grief. One participant reported being suicidal for a period of time following the loss of her dog:

Yeah I was [starting to think there was something wrong with her or that she was going “crazy”]. I'm like okay I can't get over this and you know I was like...constantly suicidal and all this stuff for a while.

One participant described feeling as though she were unprepared for the intensity of this loss:

I don't think I realized how bad it was going to be. I think mostly it was because it all happened so fast. I had no idea he had cancer, suddenly he had cancer, three months later I had to put him to sleep. It happened so fast that I wasn't really prepared for any of it—so I don't even think I thought about how it was going to affect me but I certainly wouldn't have predicted that it was going to be that rough.

Grief reactions were varied among participants in both type of reaction experienced and in the level of intensity of which these reactions were experienced following the loss of their companion animal. Grief reactions reported by the participants included: feelings of sadness, feelings of guilt, crying, loss of interest, social withdrawal, increased substance use, suicidal ideations, and difficulty sleeping.

Environmental Impact

All participants talked about the environmental impact of the companion animal loss, that is, how the loss impacted the various areas of their daily life. This theme encompassed the ways in which companion animal loss impacted the different aspects of participants' environment. This theme was represented by all of the participants. The following participant responses provide examples of the variety of ways participants' environments were impacted by the loss of their companion animal:

And you know you have those things when they're there. Sometimes you think I'd love to just sleep in in the morning and really? I have to go out in the rain to let them out to the bathroom and stuff. It changed the daily routine because she was really—again as a golden [retriever], a true companion. So if I came home to a house that was empty she was always "Oohhh! Hello! Hello! Hello!" You know there was nobody there.

Another participant talked about how quiet the house was after the last of her dogs passed away:

Oh my god this was the quietest house in world when [her dog]. It was just....awful. It was such a sucky time. So...you...that was...that was awful...it was so quiet. There was just nobody here. It was just so weird.

Participants spoke of the difficulties in adjusting to the missing presence of their animals. The following response from one participant described having to walking around her house again as she was so used to having multiple cats in her house and would always have to watch where she stepped:

There's that thing about when there are multiple cats in the house. Every time I move my feet I look down first because if I don't, somebody's tail is going to get stepped on or somebody's going to hiss or yowl because I got too close. [current cat] does that. She likes to howl when she thinks I'm not paying attention or something. Anyway, so the sense of not having enough...having enough...it's like a presence. Each one has its own presence in the house.

Participants also spoke of having to adjust to a new schedule without their animal. The following quotation represents one participant's challenges in adjusting to all of her new found free time now that she was no longer providing for her cat's intensive healthcare needs:

But then like you said the scheduling change...um I literally did not know what to do with myself when I got home from work. Because at that point I wasn't in school and I didn't really have any life plans at that point because I'm like I don't really know what I want to do so all I did was work and come home and like what do I do? You know because the second I got home I would walk him. We would go for long walks [...] so that was a good portion of my time.

Participants also discussed how difficult it could be just to walk through the front door of their home since their animal was no longer there to greet them:

Um well for sure coming in the door was one of the hardest things. Because he'd always be there—that was for sure the hardest. [...] But it was the stuff for sure. Seeing his empty kennel was really hard...it was just kinda not having him here because I was just used to him being on the couch when I was watching TV...or, you know making a noise when I wasn't paying attention to him or...so there was that.

One participant discussed the difficulties she had in adjusting to going to bed alone at night without her dog. This participant described this as one of the most difficult adjustments she was faced with since right around the time she first got her dog, her husband had started working overnights, and was used to her dog sleeping next to her every night:

I was so used to him sleeping on my bed with me or being in the room with me so that was also really hard. It was kinda like—I mean I don't know what it's like because [her husband] obviously isn't dead. I feel like it was like if [her husband] would have died you know. I mean [her husband is] gone four nights of the week...so it's kind of like...you know so I'm used to not sleeping with [her husband] every night, but I remember back when I did and when he first started working overnights and I just felt really lonely. And it's like I know where he is but it's like this missing void and that's definitely how it was when [her dog] was gone... And so it was like there was definitely something missing...so it was really hard. I couldn't sleep for a while.

The ways in which participants' environments were impacted varied by participant in how the environment was impacted and the intensity of this impact. All participants talked about the time it took for them to adjust to their environment without their companion animal. The most commonly reported environmental adjustments participants reported having to make included walking in the door when they got home and adjusting to their animal not being there to greet them; being away from the home for extended periods of time and not having to worry about rushing home to care for their animal; not knowing what to do with free time that had previously been spent caring for the animal; and an overall adjustment to the animal's missing presence (i.e. not having to wake up early to let the dog out, not having the cat run between your feet anytime you walk somewhere in the house, not being begged for food, etc.).

Societal Reactions

All participants spoke of the types of societal reactions they experienced following the loss. The majority of participants reported the societal reactions they experienced were positive; however, some societal reactions experienced by participants were identified as having been negative. This theme represents the variety of societal reactions participants encountered following the loss of their companion animals.

Participants reported that they most likely would keep the news of their companion animal's loss to themselves if they did not perceive someone to be supportive:

Well I probably wouldn't have shared the news with people I thought probably didn't understand pets much. And I probably—I mean it's not like we necessarily told everybody. We did put it in our Christmas card the next year, I mean we just said that we'd lost our dear family friend [dog]. But for the people that we did share it with I mean they do have dogs and you know so "Oohhhhh that's too bad."

All participants reported that their social networks are made of “animal people,” explaining this to mean that members of their social support network are companion animal owners themselves and therefore understand what they are going through:

Everybody that I’m around is an animal person. My brother is—well he’s kind of. He doesn’t have pets. They live [out of state] so it doesn’t make any difference. But like so many people at work. I’ve never worked around that many people that love animals and understand that animal thing and it really helps to have the support group.

Another participant explained that even those who weren’t “animal people” still “get it” to a certain extent:

Yeah my parents and everybody was super cool about it. They totally get it and I have a lot of friends that are dog people too and that helps hugely, and they get—and even the ones that don’t, they get it to a certain extent, they get it. You know, they got it.

All participants mentioned that they are known within their social circles as being “a dog person” or “a cat person,” and explain this to be part of their identity. Participants explained that because of this identity it was unlikely that people would respond to their loss in an unsupportive way:

People know how strongly I feel about them [companion animals] and I don’t, I don’t...no....I can’t imagine any that [someone making an unsupportive remark such as

“it’s just a dog]...I can’t recall anybody who said anything like that. If they were thinking that or feeling that they didn’t make it aware to me you know, so.

One participant described various experiences in which she did not feel the loss was recognized or which she felt she could not talk about the loss:

“My family-nobody lives in this state even. Most of them are out of state; my mom probably said ‘Oh I’m sorry,’ but...”

This participant explained that she did not tell her coworkers she was calling in sick because she was grieving the loss of her cat:

I took time off of work that time. I think I probably called in one or two days and just said that I was sick. You don’t tell people, I mean what are you going to tell them? Because they don’t get it. The guy I worked for at the time had no pets and couldn’t understand why I did. He was a jerk anyway.

The participant also described feeling as though she could not talk about the loss of her cat with a friend of hers who also identified as “a cat person.” She explained that the news of her cat’s death would be too emotionally distressing for her and that this would have been worse for her than keeping it to herself:

Well there’s a woman that I’ve been close with for a lot of years...um...I guess we were good friends pretty much...um...but I didn’t, I didn’t feel like I could turn to her even

though she was quite the cat person too but I didn't feel like I could really turn to her because she probably would have fallen apart you know? And that's almost worse.

Another participant reported her best friend reacted in a manner perceived as having been so unsupportive and/or unhelpful that it almost ruined their 10 year friendship:

And she decided that she would ask me if my relationship with [dog's name] meant more than her friendship, our friendship. And I was a little intoxicated so I said yes...[laughs] which was not smart. Had I been sober I would not have said that [laughs] [...] She's like, "Well I don't understand, it seems to me like (because she's not a dog person at all) it just seems to me like the ten years of friendship we've had just mean nothing to you." And I'm like "no that's not what I said. I just said that my relationship with [dog's name] was very special—you know it's different. I obviously didn't mean it, meant 'more' to me but something different." It was really special to me. And I value my dogs above any human I know!

The majority of participants reported experiencing societal reactions that were positive or supportive, often reporting people found to be most supportive were fellow companion animal owners. Two participants spoke of experiences in which social reactions that were not positive or supportive which included not recognizing the importance of the loss; not being able to talk about the loss in certain settings or with certain people. Outside of these specific incidences of unsupportive interactions, these participants reported they generally felt supported by people.

Helpful Coping Strategies

Participants spoke of various coping strategies they found to be helpful following the loss of their companion animal. This theme addresses the importance of helpful coping strategies following companion animal loss. Participants most commonly identified the following three things as having been most helpful in dealing with companion animal loss: talking to others who understand, memorializing their animal in some way, and getting another companion animal.

Talking to others who understand. All participants spoke of the importance of talking to people who understand. When talking about the types of people who understood what they were going through, all participants reported this specifically included “animal people,” that is, people who have animals or who have had animals in the past. Participants also talked about letting others know what they were going through instead of holding in their feelings. The following responses provide examples of this coping strategy:

I think just talking to other people. Just, I would remind people how sad I was and so it was like I wanted people to know that I’m sad, you know? And um so I think that was the most helpful.

Another participant reported the following:

Being able to talk to my friend—and you know as I say, we’d have coffee when we could at work, and you know, we’d make time for it. Or we’d talk to each other on the phone on the weekend. I mean, we would, we just, it was the kind of friend that you never run out of things to talk about. And um so talking to him was really good.

One participant commented that one of the most helpful responses she encountered was that of a friend whose dog was unexpectedly ran over by a car and killed. The participant explained that this friend was the only person that did not try to tell her that “everything will get better,” commenting on how interesting it was to her that the most negative thing someone said to her ended up being the most uplifting thing she had heard:

So I reached out to [friend] because her dog got hit by a car and died in her arms. And so she kind of gave it to me straight and she was the most help I had from a friend—even a family member. [...] But everyone—it was still a whole bunch of it’s going to be okay, and it’ll get better, and just give it time and bla bla bla...and you can only hear so much of that before you’re like it’s not helping! But I called up [friend] and she’s like “Oh no it doesn’t get better—trust me. I’m still depressed and it’s been 6 years.” And to be honest that was like the most uplifting thing I heard. Because it was like FINALLY SOMEBODY GETS IT! So that was nice...which was weird. It’s weird that the most negative thing somebody says is the best thing but...

Memorializing. Participants talked about the various ways (other than clay paw prints) in which they memorialized their pets that were identified as having been helpful in coping with the loss:

“I just want to remember him the way he was and put his pictures up and I’ve got pictures up of him still just like that one.”

Another participant reported:

I always ask for a little bit of their fur to cut, to you know bring with me so we got that right away and then they take—oh I can show you, they take a paw print in clay. So then they have the paw print for them.

One participant reported lighting a candle for her dog on an online memorial:

I did go to—I joined a forum when he was still alive. It was a forum for dogs with cancer and that was helpful...pretty helpful. You can post what his condition is, updates, then you can light a candle forever for them or something and they have a little forum hall where the pets who die are posted in there.

Another participant described using Facebook as a way to memorialize the loss of her dogs:

So...so that was another thing that helped. I mean when [first dog] died I just told everybody that he had died and to not...um... I didn't want all that like "Soooo sorry for your loss," you know like that kinda stuff. Because I needed something more uplifting when he died. Because he knew that he was old and it was an inevitable thing you know. So I had told everybody to make up a story about him about how they met and stuff. People were talking about when they were, like "the time I went to Woodstock with [dog]..." and "How much fun we had..." And oh my god it was like 30 different posts that people came up with like "Oh that time when we were fighter pilots..." I mean people just went nuts! And just like...kept getting more and more and more and it was like just SO happy that I decided to do that!

Getting another companion animal. All participants identified getting another companion animal was helpful to them in getting over the loss of their former companion animal:

“And then I think getting, you know, moving on and getting kitties again. You know, um because you know, because in my mind I thought: there’s new kitties that need homes.”

Another participant stated that the following about getting another dog: “She’s totally saved my life.”

Some participants spoke of their apprehensiveness in getting another dog. The following response in one participant’s experience of feeling apprehensive about getting another dog:

And I made sure to get a dog that was—because I had started working for [rescue organization] and I was like “I don’t think I can get another Britany—it’ll be just like [her former dog].” I’m like “I’m going to get something totally different,” and then I found that in [current dog] because he looks nothing like [former dog] and [former dog] was really smart and really particular and [current dog] is really dumb [laughter]—just kind of a gomer and so it was kind of a nice change...it definitely helped.

The amount of time it took participants to move past the pain of the loss varied amongst the participants. Participants spoke of various coping strategies they found to be helpful following the loss of their companion animal. Participants most commonly identified the following three things as having been most helpful in dealing with companion animal loss: talking to others who understand (i.e., “animal people”), memorializing their animal in some

way, and getting another companion animal. No participants reported utilizing pet loss support groups or counseling services.

Discussion

The aim of this study was to gain a better understanding of the unique and shared experiences of losing one's companion animal in a veterinary setting. As a part of this goal, this research sought to gain a better understanding of the ways in which a veterinarian's interactions with a bereaved owner at the time of loss may impact the owner's grief process and in doing so, identify specific interactions bereaved companion animal owners identified as helpful and/or detrimental during the time of companion animal loss. After reviewing the themes that emerged from the interview transcription data, some key findings were apparent about how the themes related to the research question.

Twelve major themes emerged in the findings of this research and after interpretation four of these themes were interpreted as experiences that took place prior to the actual companion animal loss that impacted the companion animal loss experience; four of these themes were interpreted as experiences that occurred during the time of the actual companion animal loss, and four of these themes were interpreted as experiences that occurred after the companion animal loss which impacted the companion animal experience as a whole.

The following themes were identified as pre-loss factors: significant and unique relationship; intensity of owner caregiving demands pre-loss; impact of supportive veterinary interactions prior to the loss; impact of unsupportive veterinary interactions prior to the loss. The following themes were interpreted as part of the companion animal loss experience: relationship history; influential veterinary interactions during the time of loss; logistics of the loss; and post-

loss veterinary support. The following four themes were identified as post-loss experiences: grief reactions; environmental impact; societal reactions; and helpful coping strategies.

Powerful Significance of Companion Animal Relationship

The significant and unique factors of one's companion animal relationship identified in the participants' responses included the role the animal plays in the participant's life (i.e., best friend, child), the emotional attachment related to one's first experience of companion animal ownership, and qualities of the companion animal relationship not consistently found in relationships between humans. Respondents talked about how their grief experience was impacted by the significant and unique aspects of their companion animal relationship. When compared to the literature, the significant and unique aspects of the companion animal relationships, similarities were found.

Respondents attributing the significant and unique aspects of their companion animal relationship as a factor which impacted their companion animal loss experience supports research which suggests the degree of pre-loss attachment is indicative of the intensity of grief post-loss (Field et. al, 2009). This theme is also aligns with Walsh's (2009a) findings that 87% of companion animal owners refer to their pet as family members; all respondents referred to their companion animal as a family member, with responses including: "my baby," "like a marriage," "child slash parent," "my son," and "member of the family." The findings of several other studies suggested that the companion animal relationship is significant and unique (Archer & Winchester, 1994; Morley & Fook, 2007; Podrazk et. al, 1999; Sharkin & Knox, 2003; Sife, 1998)

Although this theme supports the research, there does not appear to be any research related to the impact or significance of first time ownership experiences on one's experience of companion animal loss. This is interesting as two of the five respondents spoke of the

significance and unique relationship with their very first companion animal's owned. Both of these respondents identified having lived through companion animal loss experiences prior to facing the loss of the very first companion animal they owned (one reported experiencing loss of her family dog, while the other reported losing one of her dogs that she obtained after getting her very first dog) and both reported grieving these animals as well; however, it appears that there is something especially unique about one's very first adult experience of companion animal ownership. This may be because the literature has a tendency to attribute a bereaved owner's developmental life stage and various characteristics of one's life stage at time of death (such as whether one is single, married, has children, or lives by themselves) as precursors for grief responses (Durkin, 2009; Nieburg & Fischer [as cited in Podrazik et al., 1999]; Sharkin & Knox, 2003; Walsh, 2009b), instead of considering each companion animal's unique characteristics.

Managing the Transition of Companion Animal Loss

All respondents reported their companion animal had some sort of chronic health condition and/or terminal illness prior to their deaths, consequently resulting in all respondents having to provide some level of caregiving for their companion animal's healthcare needs. The intensity of caregiver demands required by owners in managing their companion animal's health conditions was varied among the respondents.

The literature reviewed identified that companion animals provide a sense of daily routine and being needed (Sharkin & Knox, 2003); the loss experience is impacted by one's perception of the role(s) lost (that were represented by the animal) and how replaceable these role(s) are (Turner, 2003); and that the decision to euthanize can result in owners feeling as

though they should have or if only they had done something different their animal would still be alive, resulting in feelings of regret and guilt.

More research on how being put into the role of intensive healthcare provider for one's companion animal specifically impacts each of the aforementioned findings in the literature. It is likely that these studies already infer that providing intensive care for one's animal will result in a sense of daily routine and being needed, will impact the perception of the role which was lost, and that providing intensive healthcare needs for one's animal would result in a variety of treatment approaches to choose from and therefore would be more likely to be faced with the possibility of thinking as though they should have made another choice about their animal's healthcare.

Although these respondents discussed the time it took to adjust to their new schedule without their animal, the adjustments described were more along the lines of not having to be home at some point to let the dog out, not having their animal greet them when they walked in the door, or being able to sleep in on weekends without being awoken by their animal, versus the respondents who were providing intensive care for their animals, who described not knowing what to do with their free time. One could infer that the voids found in the respondents' schedules post companion animal loss served as a daily reminder of the loss; that this could potentially increase the intensity of one's grief or contribute to the length of time taken to move past the loss.

This is an area social workers may want to pay particular attention to when working with clients who have a companion animal that they provide intensive healthcare for that may be nearing the end. The social worker could start talking with them what they will do with their time once the animal is no longer living and over time help facilitate for the way they can

incorporate these changes into their life as this may help the client adjust easier to their schedules post loss.

Overall Grief Experiences

Grief reactions varied among participants in both type of reaction experienced and in the level of intensity they were experienced. Worden (2009) reports that typical grief reactions can be categorized in four ways (feelings, physical sensations, cognitions, and behaviors). This was represented by the following grief reactions reported by participants: feelings of sadness, feelings of guilt, crying, loss of interest, social withdrawal, increased substance use, suicidal ideations, and difficulty sleeping.

One participant described what Worden (2009) considers an *exaggerated grief reaction*; a form of complicated grief characterized by “the person experiencing the intensification of a normal grief reaction either feels overwhelmed or resorts to maladaptive behavior.” (p. 142). This was represented by one participant’s report of becoming an alcoholic and having frequent suicidal thoughts following the loss of her dog.

Some participants described being confused or surprised about the intensity of their grief reactions. One participant reported she felt as though the significance of the loss and intensity of the grief she experienced following the loss of her dog was comparable to what she would expect to feel like if her husband were to die. Another participant reported following the loss of her cat, her mother (who lived in the home with her and the deceased animal) described the loss as “almost more difficult” than when her husband had passed away some years prior. These reactions were also supported by the literature (Archer & Winchester, 1994; Field et al., 2009; Podrazik, Shackford, Becker & Hecker, 1999).

The amount of time it took participants to move past the pain of the loss varied amongst the participants. Participants spoke of various coping strategies they found to be helpful

following the loss of their companion animal. Participants most commonly identified the following three things as having been most helpful in dealing with companion animal loss: talking to others who understand (i.e., “animal people”), memorializing their animal in some way, and getting another companion animal. No participants reported utilizing pet loss support groups or counseling services. Successful coping strategies were generally not discussed in the literature. Turner (2003) points out social workers lack of a standardized model when it comes to working with bereaved owners. Turner (2003) suggests when working with bereaved owners it is important that grieving this loss is normalized, that they are allowed to talk about the loss, and to provide assistance in problem solving and decision making (i.e., helping the client to figure out how to tell their children or helping them decide if and when they will get another pet).

Impact of Veterinary Interactions

Participants reported veterinary interactions influenced their experience of companion animal loss in both positive and negative ways. The majority of participants described veterinary reactions as having had a positive influence on their overall experience of companion animal loss. This included telling the participant they could come in to the vet clinic for the euthanasia procedure whenever the participant wanted/felt most comfortable; getting participant into a separate room immediately upon arriving at the clinic so that participant would not have to wait in the lobby with other people; the veterinarian’s ability to communicate what was happening during the euthanasia process, allowing the participant to have as much time as they wanted with their animal prior to the euthanasia, not rushing the participant post loss, being walked out a side door following the euthanasia procedure so that participants would not have to be seen by other people; and the veterinarian’s ability to convey empathy.

In contrast, veterinary interactions identified as having been unsupportive during the time of loss included the following: the veterinarian's inability to communicate what was happening during the euthanasia process, the veterinarian and/or clinic staff interacted with the animal in an uncaring manner, the clinic environment, and the manner in which the animal's body was left post-euthanasia.

The researcher found it interesting that the majority of the interactions and experiences identified as having been perceived as unhelpful during the time of loss were interactions and experiences that could be considered exact opposites of what participants previously reported as having been perceived as helpful. A possible explanation for differences in approaches amongst veterinarians could be different educational background and/or training; different personalities; and/or the vet's employing clinic has their own standardized set of ways to address end of life care. The findings of this theme only demonstrate further the need for the veterinarian profession to develop a standardized model of training regarding companion animal loss, communication, and grief (Adams et al., 1999). The findings also support Steward's (1983) findings which point out the how significant of an impact a veterinarians actions at the time of loss can be on the bereaved owner's perception of the loss experience.

Participants' responses indicate veterinarians with an approach that focuses on the needs of both the animal and the owner are perceived as the most supportive. This became clear in the participants' descriptions of ways their animal was interacted with during this time and ways the participant was interacted with. For example, one participant described her vet had difficulties administering the first shot (which relaxes the animal); however, this did not appear to upset the participant as the veterinarian explained why there were difficulties administering the shot (owner is informed of what is happening with their animal versus wondering what could be

going on) and apologized for their inability to quickly administer the shot (which implies the vet cares for the animal and for how the owner could be feeling about this).

An approach which focuses on the needs of the animal and of the owner was also identified in the way respondents described scheduling their euthanasia appointments. The four participants that reported calling ahead to let their veterinarian know they were coming in or who called to find out when the best time to come in would be, all reported that the staff told them to come in whenever they were comfortable and/or worked best for them.

The responses of the participants indicate that not only the veterinarian's interactions are influential but also that the interactions and experiences with the clinic staff and in the clinic setting itself are also influential to one's overall experience of companion animal loss. As previously mentioned, there is no literature to date that specifically addresses the impact of a veterinarian's interactions at the time of loss impact the loss experience. Although the previously mentioned work of Pilgram (2009) identifies ways veterinarians offer support (emotional, informational, and instrumental), the study points out the absence of actual evidence demonstrating the impact of any of the identified styles of support being used. Research is still needed that investigates both the veterinarians approach to interacting with owners during the companion animal loss experience and the owner's perceptions of their veterinarian's approach.

Impact of Veterinarian Relational Experience

Of the six euthanasia's discussed in the interviews, only two were performed by the companion animal's regular veterinarian; one of these two participants identified their vet as having been helpful or supportive during the loss experience and the other participant identifying their vet as having been so unsupportive and unhelpful during the loss experience that she changed both veterinarians and veterinary clinics following this experience.

The participant who reported her regular veterinarian euthanized her companion animal and viewed the interaction with her veterinarian as having been or supportive during her companion animal loss experience described that following her dog's sudden and unexpected euthanasia, everyone was in a state of shock and disbelief. The participant reported her veterinarian openly cried with her and also mirrored her reaction of shock and disbelief. One could conclude that based on this participant's experience emotional support from her veterinarian was especially crucial at this time (Pilgram, 2009). A reason this type of support stood out as having been so supportive to this participant is that this participant described the relationship with her vet as one that had developed over the years and had turned into a personal relationship. This participant mentioned many times throughout the interview about how lucky she felt to have this veterinarian and that she loves her. The literature did not comment on veterinarians who take a more personal approach to their client interactions. As previously mentioned, a possible explanation for this could be the veterinarian profession's lack of standardized model for communication and for end of life issues.

The participant who reported perceiving the interactions with her veterinarian at the time of companion animal loss as having been unhelpful, unsupportive, or negative, reported receiving her veterinary care from her vet on a regular basis for four years prior to her companion animal's death. Although the participant reported having frequent interactions with her veterinarian, she did not describe having a personal relationship with her veterinarian. Again, the literature does not address the impact of a personal relationship with one's veterinarian on their experience of companion animal loss. When comparing the experiences of the only two loss experiences that took place with participants' regular veterinarian and contrasting the differences in their relationship, one might wonder what this participant's

companion animal loss experience might have been like had the relationship between her and her veterinarian been more personal.

Of the four participants who reported their regular veterinarian did not perform their animals' euthanasia, two participants reported having a pre-existing relationship with the vet clinic and two participants reported having no pre-existing relationship with the vet clinic—both reporting these losses took place in an emergency veterinary clinic setting. Three of the four participants who reported their regular veterinarian did not perform their animal's euthanasia indicated that they would have liked if their regular veterinarian could have performed the euthanasia; however, these same three participants identified their euthanizing veterinarians as supportive or helpful during the companion animal loss experience. It should be noted that the participant who did not describe wishing her regular veterinarian could have performed the euthanasia no longer had a regular veterinarian at the time of companion animal loss. This same participant also did not identify her euthanizing vet as having been particularly helpful or supportive during her experience of companion animal loss.

Although most participants described they would have preferred it if their regular veterinarian could have been present for their companion animal's euthanasia, these participants did not report having negative experiences with their euthanizing veterinarians despite having little to no relationship with them and also identified their overall loss experiences as having been positive. A possible explanation for this is that all of these participants reported being more concerned about their companion animal's level of suffering and appears to reduce the overall importance of having had a relationship history with the euthanizing vet at time of loss. An interesting observation of the researcher was that despite the three participants (who would have preferred to have their regular veterinarian present) not viewing their companion animal loss experience with the euthanizing veterinarian as having been negative, when talking about their

interactions with the euthanizing vet, these participants appeared to lack the emotion and energy as compared to the emotion and energy displayed when talking about their regular veterinarian.

These mixed results conclude that although clients typically prefer if their regular veterinarians are present for their companion animal's loss, their vet's absence does not directly result in having a negative loss experience. This is likely a result of owners being more concerned about the state of their animal's suffering and type of care their animal compared to their concern about who performs the euthanasia. More research is needed to determine the impact of a close personal relationship with one's vet on the overall experience of companion animal loss as there could be additional benefits of having a veterinarian with whom one shares this type of relationship with present for this difficult experience.

Impact of Post-Loss Veterinary Procedures

Another finding from this study that the researcher found to be fascinating were the wide variety of experiences participants encountered regarding the "logistics of the loss" and how significant of an impact these interactions could have on one's experience of grief. Participants discussed supportive services offered, body disposal, method of returning the remains, payment, and companion animal memorials. The most significant finding represented in this theme is that no respondents reported having supportive services (i.e., pet loss support group, counseling services, or support hotline) discussed with them or offered to them at the time of their companion animal's loss. This is also identified as a missing area in the literature. This is especially important as many veterinarians report either having little training around providing support to clients following a companion animal loss and/or they report not feeling competent in using the skills they have or skills they have been trained in (Edney, 1988; Pilgram, 2009; Sharkin & Knox, 2003; Turner, 2003; and Weirich, 1988).

Failing to offer supportive services to bereaved owners is an example of a disenfranchising response as the bereaved owner's loss and grief are not recognized. This is not to say the respondent's veterinarians flat out disenfranchised their clients; this is not the case as the majority of losses discussed were responded to by their veterinarians in supportive ways. However, as the literature indicates, due to the disenfranchising nature of companion animal loss, bereaved owners may be less likely to reach out and talk with someone about their grief (Turner, 2003). The veterinarian may not be able to provide ongoing support for these clients which is why providing referral information to bereaved owners is so important.

Another interesting finding of this theme was one participant's overall experience of having her cat's remains cremated. This participant described the clinic did not inform her of how long she should expect for the remains to return and explained the distressing experience of not knowing what happened to her animal's remains, where the remains were, and when she was going to get them back (i.e., ambiguous loss). When this participant went to pick up her animal's remains she was handed a plain cardboard box with her cat's ashes inside. Returning the remains of one's beloved animal in such a way does not recognize the significance of this loss and therefore would be considered this participant's loss being disenfranchised.

Other examples of the bereaved owner's loss and/or grief not being recognized and thus being considered as a disenfranchising response include when participants are asked to choose between mass cremation for their animal (with a large group of animals) or whether they would like to pay more money to have their animal cremated separately and when participants are not offered a way to memorialize their animal (i.e., not asked if they want a clay paw print).

Although the literature discusses the variety of ways veterinarians communicate support (Pilgram, 2009) and addresses the lack of standardized end of life veterinarian practices (Adams et al., 1999), it does not touch on the services formally discussed with their clients. Although all

participants reported having the same services discussed with them, the ways in which they were discussed varied amongst the participants.

How Society Communicates Support

Another interesting finding of this research was that the majority of participants reported experiencing supportive societal reactions when they told others the news of their companion animal's death. Participants specifically identified those who they found to be most supportive were fellow companion animal owners. Two participants spoke of experiences in which social reactions that were not supportive. These unsupportive societal reactions included not recognizing the importance of the loss, not being able to talk about the loss in certain settings, and not being able to talk about the loss with certain people. Outside of these specific incidences of unsupportive interactions, these participants reported they generally felt as though they were supported by people in mourning this type of loss.

This finding does not support the literature. The reviewed literature found that mourning companion animal loss is not socially acceptable (Durkin, 2009); that the loss is not socially viewed as acceptable (Morley & Fook, 2005), and that the social stigma surrounding this loss is so deeply engrained in our society that it frequently results in the bereaved owners feeling ashamed and confused over the intensity and duration of their feelings or over even having feelings of guilt at all, creating an even further disenfranchising effect.

This is likely explained by an observation the researcher noted which became apparent among all the respondents: although all respondents reported feeling that overall they could speak of their companion animal loss and that all participants reported overall feeling they were supported by others during this time, all respondents noted that they were known amongst their social circles as being "a dog person" or "a cat person" and all participants noted that their social

circles (i.e., those who were offering them support during their experience of companion animal loss) primarily consisted of fellow “dog people” or “cat people.”

Not only does this imply that the participants’ entire perceptions of themselves became intertwined with companion animal ownership, it also implies that companion animal owner’s surround themselves with fellow companion animal owners in their social circles. This observation also implies that this theme’s finding, which indicates society is overall supportive of companion animal loss and that bereaved owners feel open and/or comfortable about discussing the nature of this loss, is likely skewed by the participants’ social circles and self-proclaimed identities as “animal people.” More research is needed to identify how one’s identity as “an animal person” impacts the societal reactions observed in companion animal loss.

Implications for Social Work Practice

The findings of this research have implications for social work practice. First and foremost, these findings raise the point of how important it is for social workers to have a basic understanding of the grief process in general. Without this knowledge it is difficult to understand the unique factors that social workers should be aware of when working with bereaved companion animal owners.

It is also important for social workers to widen their scope of practice to include companion animal losses. As suggested by (Donahue, 2000) this means when social workers are performing bio-psycho-social assessments they should ask clients about pet ownership, what the pet’s role in their life is, and if they have experienced any recent companion animal losses. Asking these questions during an initial client assessment is essential since companion animal owners may not openly share this information, putting them at a heightened risk for complicated grief. It is also important for social workers be aware of any companion animal losses in order to develop a treatment plan that will best serve their needs. This also means social workers should

educate themselves on available companion animal loss support services in the area; or at the very least, where this information can be found.

As mentioned in the literature review, there are no current set formal standards for social workers to follow regarding the area of pet bereavement counseling and the majority of those doing grief counseling lack expertise in this specific area of grief and loss (Durkin, 2009). This means social workers need to educate themselves on topics such as the human-animal bond, the role of companion animals in one's life; and how factors occurring prior to, during, or following the loss can impact one's grief. It may be helpful to contact a local veterinarian to ask any questions about medical procedures, common illnesses specific to different breeds of animals, various treatment approaches and success rates, as well as local animal cremation services.

Implications for Policy

This study shows the importance policy can have for both social workers and veterinarians when working with clients who are facing companion animal loss and grief. No participants reported being asked about their need for supportive services or offered any supportive services at the time of loss. Two participants think this might possibly have been mentioned at some point during their companion animal's care; however, they were not certain about this. It is important for veterinary practices to develop and implement a more standardized approach for providing clients with post-loss grief support. Collaborating with veterinarians to help develop and implement an approach to do so is an area which the specialized knowledge and skills possessed by social workers could be beneficial.

When one participant had her dog's preliminary cancer diagnoses confirmed by a specialty hospital, she recalls being handed a large stack of papers and thinks there may have been a pamphlet buried somewhere in the stack of paperwork about grief and loss, raising the importance of the method in which supportive services are delivered. The participant

additionally noted she does not think she would have been very receptive of grief and loss support at that time as she had just found out the emotionally overwhelming and distressing news that her dog was terminally ill. This participant went on to explain how she felt improvements need to be made in regards to 1) services being offered; 2) when these services are offered; and 3) the manner in which these services are delivered.

She suggested that when talking to clients about companion animal loss, that instead of just handing off a brochure about grief and loss when offering clients this information, veterinarians should tell clients something along the lines of “Here is what you can expect you are going to feel or might feel following the loss of your pet,” and also inform them that “even if you don’t feel this way or need these services right now, you might need them later.”

Lastly, the participant suggested instead of just handing someone a name and number of someone to call for companion animal loss support/counseling, spend time talking with the person about the services they are being referred to, and what they can expect these services to be like, help them with, talk to them about. She went on to explain the importance of this as she finds simply being handed a brochure with a name and number make her question who the people that are offering these services, followed by thinking she doesn’t trust them. This could help increase the likelihood that a bereaved owner might access supportive services when they really are in need of them.

Social workers can help by developing a model for talking about supportive services with bereaved owners; this model could be implemented by both veterinarians and social workers whose clients are facing companion animal loss.

Implications for Future Research

In order to gain a more in depth understanding of companion animal loss in a veterinary practice setting, future research should focus on investigating the experiences of both the bereaved

owners and their euthanizing veterinarians. Ideally the researcher would attempt to gather multiple bereaved owner experiences for each participating veterinarian in order to increase the validity of the bereaved owner's responses.

Future research should also focus on the impact of losing one's very first adult companion animal relationship on one's experience of grief, as two of the five participants mentioned how significant the impact of this loss was.

Strengths and Limitations

One area of strength in this study was that it identified specific interactions and experiences with veterinarians, veterinary clinic staff, and veterinary clinics found to be helpful and unhelpful in the companion animal loss experience; it offered insights and explanations as to why these interactions and experiences were found to be helpful and/or unhelpful; it identified how these interactions were experienced across the entire span of the companion animal loss experience (prior to the loss, during the loss, and following the loss). This study also offers insights into areas of techniques and interventions that are in need of modification, such as the lack of information provided to bereaved owners on what to expect when grieving companion animal loss and what supportive services are available for bereaved clients.

By limiting the sample to include only those who faced companion animal loss in a veterinary setting within the timespan of the last five years, this study was able to get a more current look at the companion animal loss experience as a whole. This information is important as much of the available research on companion animal loss is three to four decades old. The face of veterinary medicine has changed significantly in the last 40 years, from the types of technology and treatment available, to the shift in focus on small animal practice, and the rising rate of female veterinarians as this used to be an area of practice dominated by males.

Companion animal loss is a relatively new area of research, the amount of research available is limited and much of it is outdated, therefore a strength of this study is its contribution to the existing body of research. Since there are currently no set standards of practice or training regarding companion animal bereavement counseling, there is a need for more qualitative research in order to deepen the understanding of this type of loss and identify areas of need identify areas of best practice. This study also helps raise social workers' awareness of the disenfranchising nature of companion animal loss and the need for practitioners who are competent in this area of grief and loss.

Some limitations of this study are that due to its small sample size and qualitative nature these results cannot be generalized to a larger population. Due to time constraints, this study was limited to a small sample size of female adults over the age of 26, the majority of which identified as Caucasian, who had lost their companion animals in a veterinary clinic. This study lacked racial/ethnic diversity and also does not address the experiences of males, children, families, or elderly as a whole (although one participant indicated being 60+, they stated in the interview being in their "early sixties" and therefore this participant would not be considered "elderly"). Respondents' experiences were limited to only those who faced companion animal loss in a veterinary setting and only those whose loss occurred as a result of euthanasia. This excludes those who may have had interactions with veterinarians throughout the timespan of their animal's care (who may have significantly impacted their experience of grief and loss) but whose animal did not die in a veterinary setting; those whose animal unexpectedly died while in a companion animal setting (i.e., animal dies while undergoing surgery); and those who refuse euthanasia, instead choosing a natural death for their pet opted to do in-home euthanasia. The sampling constraints limit our knowledge of possible differences in human-animal relationships,

perceptions of death and loss, and if or how this alters the grief and mourning responses of other populations.

Providing a further limitation is the subjective nature of qualitative research. This researcher has her own personal biases regarding this topic which could impact the data interpretation. The retrospective nature of this study provides further limitations to this study as participants may have a skewed perception of past events. Finally, due to time constraints faced by this researcher, this study was limited to only investigating the bereaved companion animal owners perspective of how their experience with a veterinarian may have impacted their bereavement; ideally, this study would have additionally investigated the veterinarians perspective in order to gain a more in depth understanding of companion animal loss in a veterinarian practice setting.

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Appendix A

Companion Animal Loss Research Study

**Have you experienced the loss of your companion animal within the last 6 months to 5 years?*

**Are you interested in sharing your experiences of companion animal loss by participating in a research study?*

DETAILS: Robin Lambert, graduate student in the Master of Social Work Program at St. Catherine University and University of St. Thomas will be conducting the research study.

PURPOSE: To gain a better understanding of how interactions with one's veterinarian during the time of companion animal loss may impact the bereaved companion animal owner's grief. Furthermore, this study aims to identify interactions with their veterinarian that bereaved companion animal owners identified as helpful and/or unhelpful to them at the time of companion animal loss.

ELIGIBILITY CRITERIA:

- Adults 18 and older
- A companion animal owner who has experienced the loss of their companion animal no less than 6 months ago and no more than 5 years ago
 - To be considered a companion animal owner one must identify the former relationship with the deceased animal as having primarily been for the purposes of "companionship."
 - You must also identify yourself as having been the animals "owner" or "co-owner."
- The loss of your companion animal took place in a clinical veterinary medicine setting

If you answered YES to these questions you may be eligible to participate in a companion animal loss research study.

INTERESTED? Participation in this research is completely voluntary. If you are interested in participating in this research study or would like more information, please contact Robin Lambert at xxx-xxx-xxxx for further details.

Appendix B

Introductory Script

Robin Lambert, a graduate student in the Master of Social Work program at the University of St. Thomas/St. Catherine University, invites you to participate in a study on the experiences of bereaved companion animal owners who have lost their companion in the last 6 months to 5 years. Robin will be exploring ways in which veterinarians interactions with their clients at the time of companion animal death may impact one's grief. If your companion animal has died while in a clinical veterinary medicine practice setting within the past 6 months to 5 years, you may have valuable experience to contribute to this research.

Participation in this study is completely voluntary and confidential. I am no way receiving any direct benefit/compensation for recruiting potential research participants. I will have no way of knowing whether you have participated in this study unless you choose to disclose this information to me. Please read the flyer and contact Robin if you are interested. Thank you.

Appendix C

Have you experienced the loss of your companion animal within the last 6 months to 5 years? If so, did this loss occur in a clinical veterinary practice setting? Are you interested in sharing your experiences of companion animal loss by participating in a research study?

As some of you may know I am currently finishing my last year of graduate school at the University of St. Thomas/St. Catherine University in the Master of Social Work program and in order to graduate my program I am required to complete a research project. I am conducting a research study regarding companion animal loss in a clinical veterinary practice setting and am looking for people who meet the above criteria to participate in my study. Participation is completely voluntary and would require that you be willing to be interviewed about your experience of companion animal loss in person by me. The interview will take about an hour.

If you are interested in participating and/or have any questions regarding this research study please contact me via email at lamb1235@stthomas.edu and I will provide you with the details of what needs to be done in order to participate, and answer any questions you may have at that time.

If you know of anyone who meets the above criteria that may be interested please email me at lamb1235@stthomas.edu and I will provide you with further instructions.

Appendix D

Companion Animal Loss Research Information and Consent Form

Introduction:

I am conducting a study exploring the impact of veterinarian's interactions with bereaved companion animal owners at the time of their companion animal's death. This study is being conducted by Robin Lambert, graduate student in the Master of Social Work Program at University of St. Thomas/St. Catherine University. This research will be supervised by Ande Nesmith, Ph.D., a professor at the school and a committee of two professionals from the community. You were selected as a possible participant for this study because you are an adult who has lost a companion animal recently and you were either referred by someone who had knowledge of this study, in which case you were provided with a flyer which you chose to respond to, or you responded to the Facebook post requesting research participants. Please read this form and ask any questions you may have before agreeing to be in the study.

Background Information:

The purpose of this study is to gain further understanding of how interactions with a veterinarian during the time of companion animal loss may impact the bereaved companion animal owners grief. Furthermore, the purpose of this study is to identify veterinarian interactions that bereaved companion animal owners find helpful and those that are found to be detrimental following the loss of a companion animal.

Procedures:

If you agree to be in this study, you will be asked to participate in a one time face-to-face, semi-structured interview related to your experience of the loss of your companion animal. As part of the interview, I will ask you to complete a demographic information form prior to starting the interview. I will then ask you to answer open-ended questions about your experience with losing your companion animal. The interview will last approximately one hour and will be audio taped and transcribed for data analysis.

I will debrief with you afterward to answer any questions that you may have and to offer resources if you are distressed and as a result of participation in the study.

Risks and Benefits:

You may experience emotional distress in responding to interview questions due to the sensitive nature of the question. While there are no guaranteed benefits of being involved in this study, some people feel emotional release and validation as a result of telling their story and being listened to.

Confidentiality:

The records of this study will be kept confidential. This researcher will not include any information that will make it possible to identify you in any way in any type of report I publish. Your name and other personally identifying information will not be listed or will be removed from the interview transcript and field notes and/or fictitious names will be used. Information will be stored on the principle researchers password protected personal computer and zip drive, or will remain in paper form and will be kept in a locked safe in the home of the principle researcher. The principle researcher is the only person who will have immediate access to the information. The only other person who will have access to raw data will be research advisor Ande Nesmith of the University of St. Thomas.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas, the principle researcher, or any other individual/facility who may have taken part in your recruitment. If you decide to participate, you are free to withdraw at anytime. You are also free to decline answering any questions I may ask during the interview.

Contacts and Questions:

If you have any questions, please feel free to contact me, Robin Lambert, by telephone at xxx-xxx-xxxx or via email at lamb1235@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions.

You will be provided with a copy of this form to keep for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you are at least 18 years of age and that you have read the above information and all questions have been answered to your satisfaction. Your signature additionally indicates your consent to be audiotaped during the interview. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected. You will not be able to opt out of the study after the interview has been conducted, transcribed, and analyzed, as identifying information will be removed and I will not be able to distinguish your data from others.

Signature of Study Participant

Date

Signature of Researcher

Date

Appendix F

Demographic Information

Please circle the answer that best describes you. You are free to skip any questions you prefer not to answer.

Age : 18-25 26-39 40-59 60+

Gender: Male Female Transgender

Race: Caucasian/White African-American/Black Hispanic/Latino

American Indian Asian Multi-Racial

Other _____

Marital Status: Single/Never Married Married/Domestic Partnership

Divorced/Separated

Please answer the following questions in reference to your companion animal that has passed away that you will be talking about with me today.

Type of animal (dog, cat, horse, etc.): _____

Age of animal at time of death: _____

Length of ownership: _____

Please circle the veterinary setting that best describes where your companion animal

passed away. Privately Owned Veterinary Practice

Corporate Owned Veterinary Hospital

University/School Hospital

Emergency Veterinary Hospital

Other (Please describe) _____

Appendix F

Interview Questions

1. Could you please tell me about the relationship you shared with your former companion animal? (including name, age, type/breed of animal)
2. Could you please tell me about your personal experience with companion animal loss in a veterinary practice setting?
 - Circumstances of death? (Expected/Unexpected; were there decisions around euthanasia?)
 - What were your interactions with veterinarian like? (How did they tell you this news? Did you have a pre-existing relationship with this veterinarian? If so, would how would you describe the relationship with your veterinarian? Were you present at time of death? What were your initial reactions to this loss?)
 - In what ways did your veterinarian interact with your animal right before the loss? (How did you feel about the ways in which they were interacting? Did they do any special things at the time of death such as singing or bringing a special toy?)
3. In what ways did your veterinarian offer support during this time, if at all? (In what ways were they effective or ineffective? Was there any specific thing said or done that you found helpful or unhelpful?)
 - What one thing do you wish you could have changed about the way your veterinarian interacted with you before the loss and after the loss?
4. After your companion animal had passed away what topics, if any were discussed? (Were there any services offered to you such as support groups or therapists? Were cremation/burial options discussed? Was the method of returning the body discussed? Was payment discussed at this time?)

5. How did you feel about discussing this loss with others? Did you feel supported? (How did this feel in comparison to when you discussed it with your veterinarian?)
6. How did this loss impact other areas of your life (work, school, social interactions, daily routine, etc.)?
7. Did you engage in any grieving rituals following your companion animal's death? (such as a funeral, memorial, planting a tree in honor of them, memorializing them in a "virtual pet cemetery")
8. What did you find to be most helpful in dealing with the loss of your companion animal?

Appendix G
Interview Debriefing

Thank you for taking time to talk with me today.

Are you experiencing any emotional distress after our interview?

- If you are currently experiencing emotional distress regarding this interview or if you experience emotional distress in the future, please contact the numbers listed below for confidential support free of charge. These resources are accessible 24 hours per day, 7 days per week.
 - Crisis Connection: (651) 379-6363
 - Ramsey County Mental Health Crisis: (651) 266-7900
 - Western Mental Health Center: 1-866-658-2429
 - National Suicide/Crisis Hotline: 1-800-273-8255

Do you have any further questions for me concerning this study?

If needed, the researcher will ask participants to identify other potential participants

Do you know of anyone else that may be interested in participating in this study?

- If so, please provide them my contact information and encourage them to contact me if they are interested in the study. I have created flyers that describe the research study and include my contact information. Please feel to distribute the flyer(s) to anyone that might be interested in participating in the study.

All participants will be given a copy of the agencies/organizations identified above.

Appendix H

Crisis Contact Information for Emotional Distress

If you are currently experiencing emotional distress regarding this interview or if you experience emotional distress in the future, please contact the numbers listed below for confidential support free of charge. These resources are accessible 24 hours per day, 7 days per week.

- Crisis Connection: (651) 379-6363
- Ramsey County Mental Health Crisis: (651) 266-7900
- Western Mental Health Center: 1-866-658-2429
- National Suicide/Crisis Hotline: 1-800-273-8255