



Pet Bereavement Care in Practice Mini Series

Session 2: Understanding Pet Bereavement: Loss and Grief

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Companion animal bereavement

To be able to offer safe, ethical pet bereavement support in veterinary practice it is essential to have a basic understanding of human reactions to loss – what is known as “grief.” To understand grief reactions it is necessary to have an understanding of the significance of the relationship that has been lost. The depth of attachment will shape and construct the grief reaction to bereavement.

Understanding grief

A **relationship-centred practice** recognizes the death of a companion animal as a potentially stressful and traumatic time for the animal's family. Recent research has identified that anticipatory grieving for the death of a companion animal begins at either first visible onset of serious illness/degenerative decline or at the time of veterinary terminal prognosis (Dawson, 2006, 2007, 2010).

Veterinary clients in the UK have, however, identified that additional time spent with a familiar, trusted veterinary professional is the preferred option for support rather than on site counselling (Dawson, 2006).

The world of thanatology has its own language. It is important to understand the meaning of some key terms within pet bereavement support. **Bereavement** is the loss of someone or something significant (e.g. a person, a pet or a job); **grief** is the reaction to loss and **mourning** involves socially sanctioned ways of expressing grief e.g. rituals such as memorials and funerals. Pet bereavement is further complicated as the loss is not widely accepted by others in society as significant and there are no recognised socially sanctioned ways to mourn the death of a pet. As such pet bereavement is known as a **disenfranchised loss** and the associated grief is a type of **disenfranchised grief**. There are two main types of loss: **developmental** and **circumstantial**. **Developmental losses are universally experienced by everyone** e.g. the loss of milk teeth, going through puberty, menopause and andropause. Circumstantial losses are NOT experienced by everyone, e.g. miscarriage and abortion, rape, becoming a refugee because of war, redundancy. Not everyone owns a pet/CA so not everyone will experience pet bereavement, is therefore a circumstantial loss.

Grief is the reaction to loss; it can involve emotions and cognitions and impact on behaviour. Grief may involve psychological and physiological reactions. It is not uncommon for pet owners/pet owners to experience **anticipatory grieving** before the actual death/loss e.g. grieving may begin at the time of terminal diagnosis or when we notice that our cat is experiencing mobility difficulties.

Common grief reactions include (Dawson and Campbell, 2005):

Physical: insomnia, waking up in the early hours; crying, sobbing, searching for a deceased pet; diarrhea and/or vomiting; increase in susceptibility to Infections such as colds; lack of appetite/increased appetite; tiredness and lethargy; lack of concentration; irritability/excessive fatigue, headaches and sometimes worsening of pre-existing medical conditions e.g. asthma.

Emotional: feelings of deep sadness and despair; depression i.e. extreme and overwhelming, debilitating sadness; confusion, shock, feeling numb, denial: both at the time of terminal diagnosis and at the time of death; feeling guilty; feelings of doubt regarding euthanasia decision making; feeling unable to cope/devastated; feelings of emptiness, feelings of being abandoned and alone, feeling unable to contemplate owning another pet again; feeling the need to adopt/acquire a new pet as quickly as possible and powerlessness – having no choices (which can sometimes be the case because of lack of finances and inability to access charity support).

Social: loss of identity, temporary increased dependency on other people e.g. parent, friend, withdrawal from contact with other people, feeling isolated and alone, misunderstood by others, may

feel the need to take some time off work, temporary withdrawal from hobbies and interests, avoiding contact with places/people that bring about memories of the pet's/CA's death/loss.

Grief is a process, not an illness or condition. It is a normal and natural human response to loss. Whilst there are typically shared patterns within human grief reactions, these do not occur in neat stages and phases, but happen more chaotically. It is important to remember that everyone is individual and grieves in his or her own way.

Some pet owners prefer not to talk about their loss and may be more action focussed; this is known as **instrumental grieving**, e.g. keeping occupied and busy with other things. Most often this is seen in males, but not always; whilst **affective/intuitive grievers** will be more expressive - openly talking about their feelings and crying, (most often seen in females, but not always). Grief is shaped by our childhood experiences of loss (we learn from how our parents/carers reacted), our culture and faith backgrounds, gender and access to human support networks e.g. family members, friends, supportive work colleagues. **Co-existing and past losses** (e.g. redundancy, miscarriage, human bereavement) will also influence grieving as will the circumstances of the loss (e.g. traumatic death such as in a road traffic accident).

Models of grief

Grief theorists Stroebe and Schut (1995) offer a process model of grief that helps in understanding the shifting moods and behaviours of the bereaved. The dual process model essentially places an emphasis on coping and on the dynamic processes oscillating between **loss orientated** and **recovery orientated** grief reactions. This dual process is embodied in companion animal euthanasia (CAE) related grief - known as **responsibility grief** (Dawson, 2007) as owners struggle to accept and accommodate their personal responsibility for the death of their companion animal by euthanasia.

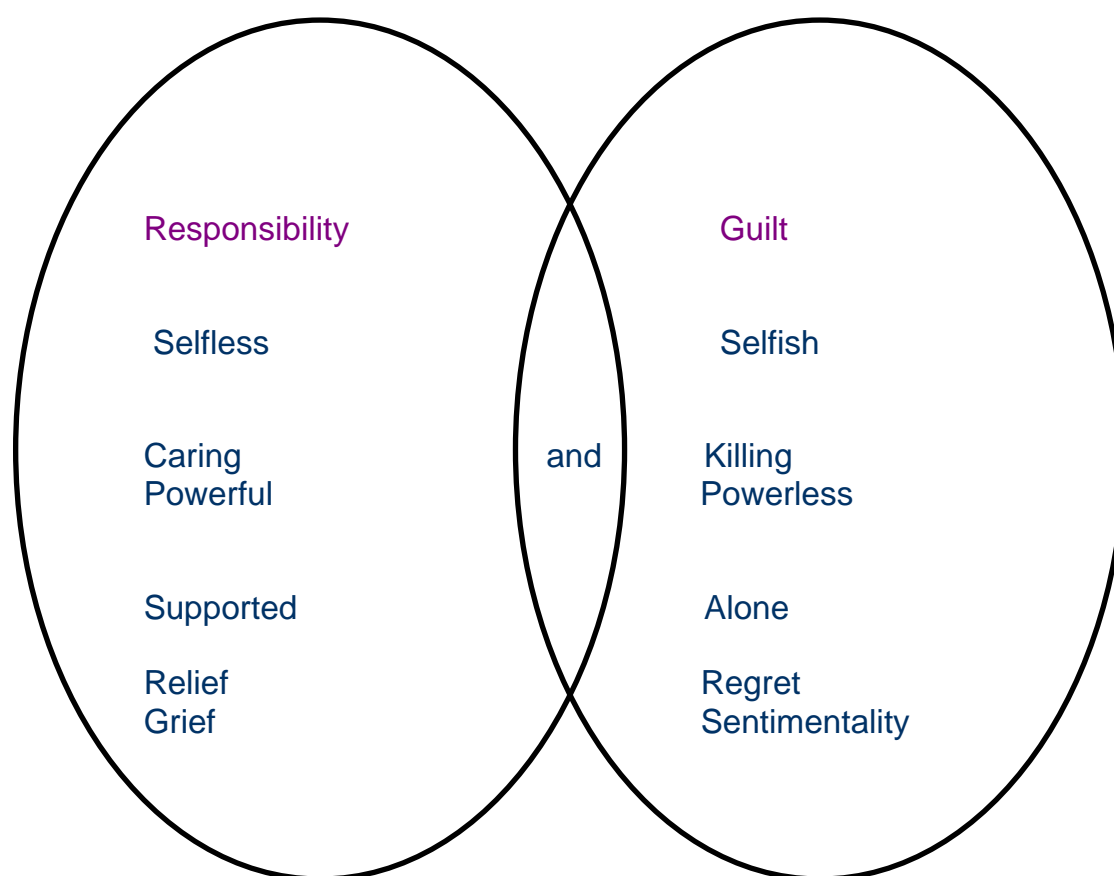


Figure 1.0 the Dialectic of Responsibility Grief (Dawson, 2007: 428)

Figure 1.0 illustrates the resulting dialectic between personally construed opposite thoughts and feelings associated with oscillations between owners' more positive feelings of responsibility and negative self-blaming distortions, associated with feelings of guilt and doubt in relation to CAE. Not everyone experiences **responsibility grief** (Dawson, 2007) as requests for precipitous euthanasia exemplify. Some closely bonded owners may also not experience responsibility grief.

For these bonded owners positive factors associated with this absence include: clear unambiguous diagnosis; having exhausted all possibilities e.g. diagnostic tests/ imaging/ referral/ complementary medicine/surgery etc. as appropriate; having sound knowledge of the anticipated illness trajectory following diagnosis/prognosis; having felt empowered in the palliative care process, feeling involved in quality of life assessment not feeling rushed in euthanasia decision making; euthanasia procedure passing without complication and having veterinary validation of the "rightness" of the euthanasia decision and timing in particular.

Most owners will, despite all these supportive factors being present, still experience **responsibility grief** (Dawson, 2007) as a normal reaction. In some rare instances this may become complicated grief that requires referral for more specialist support e.g. primary health care counsellor, who can be accessed via G.P. referral. Having knowledge of the existence and possible origins of **responsibility grief** (Dawson, 2007) can assist veterinary teams in informing **practical Bond or relationship Centred interventions** for provision of **emotional support**. Central within this is the development of practice protocols to generate a climate of client care.

Veterinary professionals may also experience a type of **professional responsibility grief** (Dawson 2007, 2010) arising from emotions associated with repeated exposure to and responsibility for multiple euthanasia. It is essential within emotional support protocols, pathways for staff to access support are made explicit e.g. employee assistance programmes, buddying systems at work, Vetlife website and telephone helpline, access to private counselling. The characteristics of **professional responsibility grief** include: **rumination** over clinical decision making, past euthanasia procedures; **negative anticipation** of future euthanasia; **anxiety and dread** related to euthanasia decision making; **anxiety and dis-ease** arising from the sense of powerfulness evoked from actively ending life; fear of the potential for abuse of this power; **psycho-ethical dialectic** integral (dialogue with self) within this process involving interchangeable feelings of self-exoneration and self-persecution related to responsibility for multiple deaths by euthanasia; **feelings of disenfranchisement** arising from a sense of having to keep personal emotions hidden and secret for fear of being accused of being unprofessional, incompetent and unstable and of reprisals from this in the workplace.

Having a dedicated time set aside, where possible, for pre-euthanasia discussion consults and on-going palliative and bereavement care can be supportive both of CA owners and veterinary professionals in relation to euthanasia and responsibility grief.