

before his death. As I worked with him, he was able to remember the times his dad had stood up for him, and then he remembered a forgotten, last conversation in the hospice in which he and his dad had been loving and affectionate. This mitigated his feelings of guilt and reassured him about his own worth and ability to be loving.

SELF-HARMING BEHAVIOUR

When counselling young people it is always important to take seriously any indication of possible suicide or self-harming behaviour. In their article 'Youth suicide and bereavement' Silva and Cotgrove³ conclude: 'Although the risk may not be large, bereavements can increase the likelihood of suicide and self-harm in adolescents.' They helpfully outline the risks to young people who have experienced bereavement and the pointers we should be aware of when counselling adolescents.

As with all bereavement counselling, we need to have access to a mental health specialist who can be consulted when we are concerned about a young person. We also need to be clear in advance about the issues which may arise when a young person does not give us permission to involve another professional, as any lack of clarity may place the young person at greater risk. Preventing suicide 'is an ethical imperative which must have a higher priority' than breaching confidentiality⁴.

CONCLUSION

Grief is not an illness, it is a normal process. Young people are resilient and do grow and develop creatively if their experiences are acknowledged, their feelings respected and their questions about death and loss answered. However, with this age group more than any other, the professional has to have the most courage and least anxiety about getting it wrong. No matter how risky or uncomfortable it feels to us, almost any attempt to communicate and involve the young person is better than exclusion and silence. ■

References

1. Fleming SJ, Adolph R. Helping bereaved adolescents: needs and responses. In: Corr CA, McNeil JN. *Adolescence and Death*. New York, UK: Springer, 1986.
2. Department of Social Work, St Christopher's Hospice. *My Book About...* London, UK: St Christopher's Hospice, 1989.
3. Silva E, Cotgrove A. Youth suicide and bereavement. *Bereavement Care* 1999; **18**(1): 5-8.
4. Black D. Editor's Note. *Bereavement Care* 1999; **18**(1): 5.

Mourning the loss of a companion animal

An evaluation of the first six years of a pet loss support service



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The death of an animal can be a source of great sorrow to its owners and give rise to some special difficulties, yet this loss is often discounted. The Society for Companion Animal Studies identified a need for help in those mourning

the loss of a pet and then established a telephone support service. They are now able to use records of calls to analyse their client group, and case notes to help them draw out recurring themes in the bereavement process.

In 1990, a booklet entitled *Death of an Animal Friend*¹ was published by the British-based charity, the Society for Companion Animal Studies (SCAS). The authors, specialists in human and animal medicine, explore the processes of attachment and mourning in this widely 'disenfranchised'² area of grief. The context of pet loss can be unique: for instance, owners have not only to come to terms with the relatively short life of their companion, but also in many cases deal with electing for an active euthanasia. Furthermore, bereavement following animal death lacks a process of clearly established funerary rites and culturally legitimated expressions of grief. Owners are often left with a special sense of guilt and self-reproach and yet lack a cultural familiarity about how it is appropriate to feel or, more pragmatically, how best to dispose of a body. By addressing these special issues and venerating the experience of pet loss, the booklet can help both the bereaved and those caring for them.

Requests, now numbering 7,000, for *Death of an Animal Friend* are often accompanied by a long letter, painfully outlining the life and death of the deceased animal. As these letters accumulated, it became increasingly apparent that more was needed. During the summer of 1993, SCAS organised a conference on 'Pet loss and support for bereaved owners', as a way of co-ordinating the skills and

expertise that were available within the organisation. Then, in the spring of 1994, the SCAS Pet Loss Support Service telephone help-line was established and by February 2000 the service had taken 3,626 calls from bereaved owners.

EDITOR'S NOTE

What is a pet for? The only answer to this must be – to be loved. The rewards of owning a companion animals stem from the pleasure that we gain from our attachment to them. While most attachments to pets are not so strong that their death evokes severe grief, there are exceptions. When the much-loved owner of a pet dies the pet may be 'adopted' as a substitute for the lost person. Pets are more predictable and usually less burdensome than people. For this reason those whose relationships with people have led to painful grief or disappointment sometimes prefer them. Just as our attachment to sick friends and relatives is increased by their need for us, so we may become more than usually close to a sick animal. In all of these cases the death of the pet may give rise to unusually severe grief. If, in addition, pet owners have had to ask for euthanasia it is hardly surprising if they are distressed and need of reassurance and support. In this paper Tania Woods describes the work of a pioneering bereavement service for owners of companion animals. Her work deserves serious consideration, particularly from any of us who find the whole idea amusing.

Clients commonly call the service for reassurance that they are not 'mad' for grieving for an animal and 'to talk to someone who really understands'. This understanding comes from a recognition that both the experience and the process of grief following the death of a companion animal are similar to the loss of a significant human³, but that they may be abbreviated. That is, the period of mourning can be as intense, but may be shorter.

Using a nationwide network of trained volunteer staff, the service aims to provide support for anyone who has been, or expects to be, separated from an animal member of their family. In reality, this separation nearly always involves a death and, in most cases, euthanasia. Following each telephone call, the regional volunteers, or 'befrienders', are encouraged to record some basic demographic data and to document the call in a brief case note summary. A quantitative analysis conducted on six years of volunteer records (comprising 1,475 forms) and a qualitative construct analysis of the available case-notes (554), now provides detailed, but anonymous, research findings. This information strengthens our understanding of the bereavement process following the loss of a companion animal and contributes to the continued development of the service.

WHO CALLS, WHY AND WHEN?

The quantitative demographic data, which provides call, client and animal profiles, shows the service is being used as an immediate source of support by recently bereaved, mainly female (84%) owners of dogs and cats (92%). The majority of calls (39%) are made by women of working age, who live in a shared household. Most commonly the clients' loss concerns the euthanasia (58%), or impending euthanasia (5%), of a dog or a cat that has been owned, usually from an early age, for an average of 11 years. Most clients only make one call. The call typically lasts for 35 minutes and is generally made in the day or week following the loss, although calls also peak on the weekly, monthly and annual anniversary of an animal's death.

FIVE CONSTRUCTS OF GRIEVING

The qualitative data was derived from the volunteer case notes, which document the salient features of the calls, as related by the clients. In amongst the distress and sorrow there emerged particular reoccurring themes. Using a refined subset of these themes, a content analysis revealed the following five primary

constructs: the animal as a special source of support; the client's shock at the intensity of their grief; the importance of funeral rites; the question of acquiring a new animal; the involvement of the veterinarian. These themes are developed below; the case notes were taken by SCAS befrienders.

A 'special' relationship

Mary's cat is lost and she lives alone... Puss was taken in as a very young stray and her husband, who was being nursed at home, encouraged her to keep him as he knew he wasn't going to live much longer – so the cat has a special meaning for the client and of course the grief at losing him has broken that last link. Said she would rather she had died than not know what has happened to him.

Well over a third of all clients calling the helpline described their loss as having occurred within a special relationship, where the caller felt that a unusually strong attachment had developed between themselves and this particular companion animal. The strength of this relationship appeared to increase with the length of ownership and the degree of suffering experienced by the animal during its life. More specifically, many of the attachments were based on the animal as a constant source of solace and strength throughout the course of a stressful or traumatic life event, usually a personal illness or disablement. The animal was often cited by women as being a 'last link', having originally belonged to a deceased loved one, in most cases their husband or mother.

Intensity of the grief

Sally has not experienced the loss of a dog before and is shocked by the physical pain of the loss and the tremendous gap in her life.

A third of all clients who called the helpline expressed surprise and bewilderment at the intensity of their feelings. Being unprepared for the severity, longevity and relentlessness of their grief, they frequently expressed concern that it might be unnatural or abnormal to mourn so intensely for an animal. Some clients felt their grief to be worst than they had experienced following the death of parent or a spouse and many had already sought help, for depression and sleeplessness, from their primary health practitioner.

After death

His body is buried in a little plot... adjacent to the churchyard. She knows animals have souls and asked me to say a little prayer for him.

A third of all clients calling the helpline,

made reference to the importance of the funeral rites of their animal. Regardless of whether the deceased is to be buried, cremated or left at the veterinary surgery, it is of primary importance that they be treated with ritual significance, concern and respect. There were common constituents in what was felt to be a 'good' funeral and burial that appeared to help with the grieving process. Many clients who elected for cremation choose to retain their animal's ashes rather than sprinkle them. Some planned to bury them in the grave of a husband or parent or retained them, eventually to be placed in their own coffin or mixed and scattered with a surviving animal companion. The process of mourning also involved separation from leads, beds and collars – inanimate objects, imbued with emotional significance.

Finally, the disposal of a body ultimately evokes questions about the soul. Many clients stated a belief or, less frequently, sought confirmation that non-human animals are possessed of souls or spirits, and that these essences pass on to an after-life. In relation to this, some clients described their comfort at having seen or felt their animal in the house after its death.

A new animal?

Advised [that]... thinking of another dog... would not be a betrayal, in any way, of the Yorkie. She will always have wonderful memories of her.

For many clients, the death of an animal companion leaves the house less of a home and the family less than complete. Stewart⁴ has observed that whilst an individual animal can never be replaced, it is the dogness of the dog and the catness of the cat which may be replaceable. A quarter of clients who called the service to discuss the death of one animal, also



Squeech had been the beloved companion of two little girls and, older than both of them when he died, a constant and much-missed feature in their lives. Eric Marland designed and carved this memorial slate for them (based on an original design by Jamie Sargeant). Photo by Oliver Riviere

wished to discuss the possibility of acquiring another. Overcoming possible feelings of betrayal or guilt, many clients had already successfully introduced a new animal into the home. Others believed, in retrospect, that they had acquired a new animal too quickly and described their initial difficulties in accepting or loving their new companion.

Veterinarian involvement

The cat had several illnesses but always recovered. Was finally euthanased at the suggestion of the vet. Although the cat was old, the client was not prepared for its death. She felt that the vet had pushed her into it and was upset that she had to sign a form: like disposing of rubbish. The cat cried when it was being put to sleep.

The final construct, representing a third of the case notes, carried some reference to the clients' perception of veterinary treatment, the majority feeling in some way dissatisfied with the reception and treatment they or their animal had received. Most of these clients felt a lingering sense of confusion or muddle surrounding the diagnosis or treatment of their animal prior to its death. Their distress was compounded when euthanasia was involved. The decision to end an animal's life, even when that animal is suffering through a terminal or degenera-

tive condition, is frequently equated with murder and evoke a strong sense of personal responsibility and guilt. Often the distress of electing for euthanasia was exacerbated by a belief that this had been either premature or unnecessary. A further group of clients described their distress after witnessing a euthanasia which was traumatic, violent or prolonged for their animal.

A 'good' death

Mary was distressed at the thought of her dog dying alone and frightened but was reassured by the vet who said that he had sat with him and that Fred had wagged his tail and licked him.

When clients described the veterinary surgery as a 'safe place', and their veterinarian as having done everything possible, the vet was almost always familiar, had communicated clearly and was felt to be approachable. The client's needs, during the period of the illness and the process of euthanasia, clearly centre on: time, familiarity, respect, honesty, clarity of diagnosis and prognosis, a supportive, sympathetic and kind reception and, above all, an explicable, dignified, peaceful and painless death.

THE FUTURE

The testimonies of these clients express the personal importance of companion

animals and the social and emotional impact of their loss. Whilst establishing pet loss as a legitimate source of grief in our society, they also point to the interventions that may smooth the passage of that grief. The data from this analysis has been used in a continual process of reviewing and improving the Pet Loss Service and point to the ways in which animal and human health care professionals can most effectively understand and aid the process of grieving. This work is beginning to be used, directly in training and interventions, to the benefit of both humans and companion animals. **BC**

References

1. Society for Companion Animal Studies. *Death of an Animal Friend*. Glasgow, UK: Straight Line Publishing, 1990.
2. Weisman AS. Bereavement and companion animals. *Omega* 1991; 22(4): 242-248.
3. Gerwolls MK, Labott SM. Adjustment to the death of a companion animal. *Anthrozoos* 1994; 7(3): 172-187.
4. Stewart MF. Loss of a pet - loss of a person: a comparative study of bereavement. In: Katcher AH, Beck AM. *New Perspectives on our Lives with Companion Animals*. Philadelphia, USA: University of Philadelphia Press, 1983, pp 390-406.

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Zimbabwe children's homes project

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The Island Hospice Bereavement Service initiated a project to develop and test an educational and therapeutic programme focusing on losses arising from death, removal from family of origin and own home environment for children and staff living in a children's home in Harare.

All children who are placed in residential care experience loss, of their family home at the very least. For a high proportion, the family of origin has broken down or disappeared and several will also be bereaved of their primary carers. It seemed appropriate to provide training and understanding in loss and grief for all those involved.

The funding for our children's homes project, to be initiated during 1998, was sought and received as part of a proposal

submitted to UNICEF by the hospice. SOS children's village in Harare were asked to be the pilot project for the programme.

THE PROJECT

We felt a comprehensive approach was imperative, in that all workers at the village were considered to be part of the therapeutic community. Training was organised in the following target groups:

A Committee, panel for personnel selection, Board, headmaster of the

attached school;

B1 General staff, ie domestic workers, gardeners, seamstresses, handymen, drivers;

B2 Staff in direct contact with children, ie house mothers, reference persons, youth workers;

C All children.

We drew up aims for each target group to provide a framework for the information to be conveyed, and concentrated throughout on interactive, experiential discussion, encouraging expression of emotions where appropriate. The training consisted of talks, participatory discussion and interaction, videos, role plays, visual aids with comprehensive notes, play, drawing and movement, small group exercises and sharing of experiences and emotions.

For group A, two sessions were held, each of two hours, covering such topics as principles of communication, understanding of grief, interviewing skills with reference to loss, and children and grief. In the various training slots for the staff (B1 and B2) we held talks and discussions on, for example, how loss and pain reveal themselves, particularly in children; what can be done about personal losses;