



THE DEATH OF A PET: IMPLICATIONS FOR LOSS AND BEREAVEMENT ACROSS THE LIFESPAN

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Companion animals play a distinct role in our lives and for many, they are a part of the family and not simply just a pet. Today, in the United States, there is an increasing emphasis placed on the relationships that we build with our pets. A healthy relationship with our pets also tends to translate into a healthier lifestyle. However, we usually learn at a fairly young age that these beloved creatures do not live as long as we do. The loss of a pet in childhood is frequently our first face-to-face encounter with death and often affects how we will grieve as adults. Particularly within the field of psychology, the way we mourn our animal friends has gained increasing importance. This article looks at the literature concerning bereavement across the adult lifespan and focuses on the similarities between the way we grieve for our loved ones, both human and animal. We address some of the controversies associated with euthanasia and the treatment and support available to those in mourning. Finally, recommendations are offered to address some of the methodological problems in current bereavement research along with suggestions for further work in this area.

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Introduction

Overview

Americans currently spend over \$17 billion a year on the care of their pets and own over 63 million cats and 54 million dogs (Klein, 1995). These companion animals obviously play a significant role in our lives as well as budgets. As the concept of a "traditional" family becomes more and more difficult to describe, it is increasingly evident that companion animals are playing a larger role than ever before in the dynamics of our family systems.

Companion animals have, since the beginning of civilization, had a unique relationship with human beings (Ross-Barton & Baron-Sorensen, 1998). Arkow (1987) commented on the discovery of a 14,000-year-old skeleton found with its hands wrapped around a dog skeleton. Although companion animals are often referred to as "pets," Jamie Quackenbush (1984), a leading researcher on bereavement, suggested that the death of a pet is similar to losing a family member or spouse. "If older pet owners have only their pets as household companions and social affiliates, an owner's emotional and/or physical health may be compromised when the pet dies" (Quackenbush, 1984, p. 183).

Eventually, however, we must face the fact that these beloved creatures will not live as long as we do. At some point, most pet owners will have to grieve the loss or death of a pet, and in many situations, the pet owner will be directly responsible for deciding whether or not to end their pet's life via euthanasia.

Many of us first experience the loss of a pet when we are children. This often serves as our first face-to-face encounter with death, and it may even form the basis of how we later handle grief as adults. This article focuses on pet bereavement and its implications: How is this type of grief like human bereavement? How does pet loss impact our lives across the adult lifespan?

The Developmental Processes in "Normal" Grief and Bereavement

To determine answers for these questions, this article will first focus on exploring the developmental processes that occur throughout the adult lifespan when we must face the loss of a loved one. We will look at the various theoretical models that explain both the

processes and typical experiences, whether the loss is that of a human family member or a companion animal.

There is limited empirical research available that can address the question, "Is the grief process significantly different when mourning pets?" In fact, there appear to be more questions than answers when surveying the empirical research concerning human bereavement. How are the measures developed, and what defines grief? What is the validity and reliability of the research on this topic? Can generalizations be made about bereavement behaviors across different periods in the lifespan and between a variety of cultures? These important questions are raised in this article. They also are truly difficult to answer. However, the theoretical models of human bereavement can serve as guidelines to understanding the normal response to loss. These models will be reviewed throughout this discussion.

A key theoretical question that guides this review is: Does attachment play a significant role within most explanations of bereavement? If so, how do we conceptualize attachment within the various theoretical models of bereavement for both pets and humans? Before discussing the various models of bereavement, we will define normal grief. First, we must look at *grief* as the emotional response experienced in the early phases of bereavement. *Bereavement* is a loss due to the death of someone to whom one feels close, and the process of adjustment to that loss. Additionally, behavior of the bereaved and the community after a death, including culturally accepted customs and rituals is referred to as *mourning* (Papalia & Wendkos-Olds, 1998). These terms will help the reader better understand the discussion on death and bereavement.

The Clinical Dimensions of Bereavement

In attempting to determine the normal processes of coping with loss, there must be indicators for what may be considered abnormal or maladaptive behaviors in the grieving process. In general, an individual's bereavement can be considered pathological when it is exaggerated, prolonged, or impairing their occupational or social functioning (Nieburg & Fischer, 1982). However, the ways people grieve can be quite diverse and this must be taken into consideration along with personality traits and developmental con-

cerns (Papalia & Wendkos-Olds, 1998). This article will elaborate on key theoretical positions dealing with pathological grief, such as those of Freud (1917) and Bowlby (1980), and stress current progress in determining what may contribute to an individual having a complicated grief reaction.

Assisting in the distinction between normal and complicated grief reactions, two case examples of individuals coping with pet loss are presented. Nieburg and Fischer (1982) provide the following case examples in their book on pet loss with the first considered as an appropriate response and the second considered as an abnormal grief reaction:

My husband and I lost our pet cat to euthanasia two and a half months ago after a prolonged illness due to kidney failure. My husband is handling it well with only occasional loss feelings. I don't feel I am handling it as well. I even feel some resentment at the ease of my husband's transition. We have no intention of finding a replacement for our lost pet. Clinically we know that there was nothing more that could humanly be done and he was buried in a dignified manner. Yet, I feel periods of extreme guilt, grief, physical loss and from time to time suffer nightmares.

I have my most difficult periods when the events of his death replay in my mind and in handling the knowledge of his physical decomposition. I would be most appreciative for the reassurance that this hurt will lessen in time, as it seems only marginally improved after two and a half months.

—Sara R. (p. 21)

I am a middle-aged teacher who never recovered from the death of Apricot, a seventeen-year-old poodle who had to be put asleep. This happened four years ago and I was sedated for days. Two weeks later I acquired a baby cocker spaniel. He slipped his collar one night while I was walking him. He ran into the road and was killed instantly by a drunken driver. I was out of school for two weeks. However, the day after the accident my husband insisted we buy another cocker, a little girl. She is now two and I am a nervous wreck, lest something happen to her. She is beautiful, spoiled, but very quiet and well-behaved. My vacations have to be in motels that allow little pups. She is first in everything. My husband is fond of her, but not like myself. I still get upset on the other two dogs' birthdays and anniversaries of their deaths. Dog lovers understand; others think I am a nut.

—Maris S. (p. 22)

It is clear from these two case examples that pet loss can be as difficult to cope with as human loss, however, with pets we are more often faced with a difficult decision of whether to euthanize a pet that is chronically ill, overly aggressive, or seriously injured.

The Euthanasia Controversy: Business as Usual for Pets?

As mentioned earlier, the life span for companion animals is significantly less than that of humans. Dogs typically have a life span of 12–15 years, with cats expected to live for 18–20 years (Cusack, 1988). As a result, pet owners are inevitably faced with losing a pet, and the grief resulting from that loss is acutely painful. Complications in that mourning process may also occur because of a unique aspect in the relationship with the pet. At least for the time being, the accepted practice of euthanasia on animals distinguishes animal death from human death and can significantly affect how a pet's passing is mourned.

Euthanasia is the process of actively terminating the life of an animal (American Veterinary Medical Association [AVMA], 1993). It is also commonly referred to as "good death" or "mercy killing." There are a number of reasons euthanasia is used. However, what complicates this process is the fact that the pet owner, not the pet, is required to make the determination of whether the life is worth continuing (Cusack, 1988). Clearly, the concept of euthanasia is specifically for owners of animals and not for the animal itself.

McKhann (1999) stated, "man is the only animal that can contemplate its own mortality" (p. 134). Therefore, it then be may construed that this ability can affect the unique psychological and social consequences that inevitably follow the euthanization of a pet. According to Cusack (1988), approximately 1 out of every 50 contacts that a pet owner makes with a veterinarian results in euthanasia. Clearly, this is a significant statistic, possibly indicating that the process of euthanasia among companion animals happens frequently, but with little public awareness among pet owners. This also tells us that our society fails to identify and understand the magnitude of animal euthanasia and how it impacts the pet owner and the bereavement process.

The Pathological Consequences of Choosing Euthanasia

While euthanasia has been mentioned as both a unique and controversial practice with regard to pets, playing an active role in the

termination of a pet's life may cause distress, guilt, and depression in the pet owner. According to Sife (1998), the decision to euthanize a pet involves and crosses three major areas: psychological, practical, and ethical. Ostensibly, all three elements can be viewed separately. However, they inevitably are interrelated and interdependent. Psychologically, the pet owner is faced with guilt, frustration, fear, and feelings of selfishness. From a practical perspective, in opting for euthanasia, the emotional stress of caring for a terminally ill pet with a degenerating quality of life is relieved (Sife, 1998).

Unfortunately, little empirical research exists regarding the process of euthanasia and its impact on pet owners, especially longitudinally. Nevertheless, anecdotal reports and clinical examples seem to suggest that the euthanization of a pet, is, and will continue to be, a decision that produces great discomfort in pet owners.

It appears inevitable that the therapist will be confronted with a patient who must make a decision about euthanizing their pet. As a therapist, it is imperative that one's bias does not enter into the client's decision-making process. According to Ross-Barton and Baron-Sorensen (1998),

Not all clients who seek euthanasia are happy with the decision. When clients seek your support in making this decision, you must remember that they are seeing you at a time when they are confused and upset. They may be unable to think clearly and rationally. They may require a great deal of support in working through their issues in order to achieve an acceptable solution. (p. 35)

Sable (1995) suggested that the therapist should encourage the client to talk about his or her pet. "Showing interest in the animal allows for a discussion of issues like euthanasia or the loss of a pet that may arise during treatment or may actually be a precipitating reason for seeking help" (p. 338). Perhaps another important clinical aspect of the therapist's role is in educating the patient/pet owner about the process and techniques used in euthanasia. A 1993 report by the AVMA on euthanasia indicates that a pet owner's emotional distress can be reduced simply by educating and assuring the owner that the technique used to induce death is relatively painless for the animal (AVMA, 1993).

Literature Review

Euthanasia in the Literature

For the purpose of this article, euthanasia is defined as inducing humane death in an animal (AVMA, 1993). The practice of euthanasia has been in existence for centuries, although has historically been given little attention. While there has been no empirical research on the process of euthanization of pets and its subsequent impact on human emotionality, the literature is replete with case examples and anecdotal reports.

As previously noted, Cusack (1988) reported that 1 out of every 50 contacts a pet owner makes with a veterinarian results in the euthanization of a companion animal. Additionally, Kale (1992) noted that pets can produce social, physical, and psychological benefits in their owners, leading one to believe that the reverse may occur when a decision is made to euthanize the pet.

"Normal" Grief and Bereavement

While, empirical research in the study of grief and loss may be lacking, there are however, various theoretical models that outline a "normal" process of bereavement that human's experience when faced with death and loss. Westberg (1962) outlined the various experiences of grief with which individuals struggle during bereavement. These experiences, according to Westberg, range from normal to dysfunctional, but are not atypical when grieving.

Freeman and Ward (1998) examined Bowlby's (1980) attachment theory and discussed how it provides a useful framework for understanding the grief response. In 1969 Elisabeth Kubler-Ross outlined a Stage Model Theory of Death and Dying, which for many years, has been accepted as the model for understanding bereavement, as well as identifying how we come to terms with our own death when terminally ill. Another widely known stage model theory is the Three Stage Pattern of Grief (Brown & Stoudemire, 1983). These stage models suggest a specific path to grief, and although the paths may vary, they follow a predictable pattern of working through grief.

There are two models that define the human grief response to the loss of a pet. Quackenbush (1984) and Rosenberg (1984) formulated perspectives of grieving for animals. Both theorists were clinicians who fashioned their ideas closely to that of Kubler-Ross' Stage Model Theory. Their discussion is useful in understanding the similarities between grieving the loss of a pet and grieving the loss of a person. Finally, discussion of bereavement must include the Fluid and Non-linear Models written by Cowles and Rodgers (1991) and most recently the Dual Process Model by Stroebe and Schut (1999). Both theories discuss the dynamics of the grief response and incorporate many earlier ideas of attachment theory. However, each model additionally looks at the process that many individuals struggle with during bereavement. The various theoretical models of what is considered to be normal grieving are compared and contrasted in this article. Also, it briefly discusses one empirical study on the similarities of human and pet bereavement by Archer and Winchester (1994).

Freeman and Ward (1998) describe Westberg's (1962) 10 common experiences for people in grief. They are: shock, emotional release, depression, physical symptoms, anxiety, hostility, guilt, fear, healing through memories, and acceptance. These 10 experiences of grief, according to Westberg, are on a continuum of behaviors for the grieving person. Whether normal or abnormal, one may expect to see grieving individuals experience many of the above symptoms (Westberg, 1962). The experience of grief is an important component to understanding the "normal" process of grief. Westberg's work on identifying these experiences has helped many theorists better understand the grieving process.

Bowlby's (1977) attachment theory provided a significant framework for understanding the grief process. His ideas on loss and grieving are intertwined with the knowledge that the closer one is to another individual, the more likely they will experience grief. "Attachment behaviors are instinctual and have as their goal maintaining contact with another individual. It is the purpose of attachment behavior to maintain an affectional bond. Situations that threaten this bond give rise to certain very specific behaviors" (Freeman & Ward, 1998, p. 2). Ultimately, Bowlby suggested that the greater the potential for loss, the more intense the behavioral response.

In 1980, Bowlby proposed that humans enter several phases of grief. After losing someone to death there is a disruption of the attachment bond a person has with a significant other in his or her environment. As such, the system must reorganize to a different level and that process generally follows in four phases. Bowlby outlined the phases as:

Phase I: Emotional numbing and initial disbelief;

Phase II: A search or yearning for the person deceased (an attempt to recapture the attachment bond);

Phase III: The experience of disorganization and despair; and

Phase IV: The reorganization of one's life, establishing new social relationships, new roles, and new responsibilities as the individual moves on with life (Freeman & Ward, 1998).

Bowlby did not intend to suggest that these phases occur in an orderly manner. In fact, he recognized that there is great deal of movement among and within these stages.

Both human and pet bereavement specialists have identified important stages in their models of grief. Table 1 provides a synopsis of the stages of four of those models. Two are specific to humans and two are specific to pets. These models of bereavement provide an additional framework from which to examine an individual's grieving process.

Elisabeth Kubler-Ross (1969) believes that there are five main stages through which individuals need to proceed to experience the

TABLE 1 Stage Models of Human and Pet Bereavement

Models about human bereavement		Models about pet bereavement	
Stage model	3-Stage pattern	Stage model	Stage model
Kubler-Ross (1969)	Brown & Stoudemier (1983)	Quackenbush (1985)	Rosenberg (1984)
Denial	Shock and disbelief	Guilt	Denial
Anger	Preoccupation	Anger	Anger
Bargaining	Resolution	Denial	Acceptance
Depression		Depression	Guilt
Acceptance			

grieving process. She based her Stage Model Theory on hundreds of interviews with individuals suffering from terminal illnesses. The model looks at grief in a succinct manner within which individuals can grieve "normally" by passing through and struggling with each of the five stages. This tends to minimize the importance of the dynamics of the individual, the environment, and any previous experiences with death that the bereaved may have had.

The Three-Stage Pattern of Grief (Brown & Stoudemire, 1983) proposes that people experience grief in three stages as identified in Table 1. This, too, is a simplified look at the grieving process, which may mislead the clinician when attempting to help the bereaved.

Quackenbush (1985) and Rosenberg (1984) parallel several other stage model theories. Both theorists observe people passing through various stages of grief, and both include guilt as a common emotion following the death of a pet. An apparent explanation for this guilt reaction seems to be the guilt experienced when having to euthanize a pet. Additionally, financial concerns are a common cause of guilt because the pet owner cannot afford to save the pet's life.

Although we see similar processes in the literature for the grieving process for humans and for humans grieving the loss of their pet, there are some criticisms to be noted when looking at these various stage models. The main criticism center on the fact that not all people experience each stage or follow the order of the stages presented in the discussed models. A stage theory overlooks the social, spiritual, familial, and physical domains of the experience; it disregards an individual's personal experience.

A clinician may benefit from an overview of what might be expected during bereavement and the stage models provide such an overview. However, there needs to be an evaluation of the many variables that one may experience after a significant loss. Other criticisms include: imprecise definition; failure to represent the dynamic processing that is characteristic of grieving; and the lack of empirical evidence and validation, across cultures and historical periods.

Cowles and Rodgers (1991) discuss a more fluid and nonlinear model focusing on the phenomenon of loss. They suggest that the nature of grief is affected by the subjective degree of significance,

the kind of attachment and relationship, the age of the lost person, and the conditions around the loss. They look more at the particular dynamics involved with the bereaved and incorporate much of Bowlby's (1980) ideas on attachment. Understanding the individual variables of the loss is crucial to understanding how normal the grief process is for that particular individual. Unlike the stage models, Cowles and Rogers' (1991) nonlinear approach takes into account the unique, individual aspects of the situation, which can increase our understanding of the grief process.

Stroebe and Schut (1999) outline bereavement using a Dual Process Model, which further addresses the many aspects of the grief process. Within the Dual Process Model, Stroebe and Schut identify two types of stressors experienced by most individuals: (1) a loss and restoration and (2) a regulatory coping process of oscillation. The model proposes that adaptive coping is composed of confrontation and avoidance of loss and restoration stressors. It argues the need for a "dosage of grieving," that is, the need to take respite from dealing with either of these stressors as an integral part of adaptive coping with the loss.

The central component of the Dual Process Model is oscillation. According to the authors, individuals must face the loss of attachment to the deceased (Stroebe & Schut, 1999.) However, for normal bereavement to occur, the individual must also take some respite in the grieving process. Focus on the loss orientation is similar to working toward Bowlby's (1980) "reorganization," an important aspect of all bereavement. Restoration focuses on the specifics of what needs to be dealt with (e.g., avoiding loneliness, addressing financial issues, establishing new social and familial roles). When one is faced with so many separate issues to address at the loss of another individual, it seems reasonable to expect that there needs to be some self-regulation and self-care in the process.

Stroebe and Schut (1999) refer to "dosage of grieving" as an essential part of how individuals normally grieve as well as take care of themselves, and address the numerous intrapersonal dynamics that many of the stage model theories neglect. Not all individuals will pass through these stages of bereavement. Further study should include more focus on intrapersonal aspects of bereavement. This can prove useful when working with clients who have just experienced a significant loss.

Pathological Grief

There are several individuals who have examined the effect of loss on an individual and the contribution that loss made to the development of psychopathology. All of these individuals elaborate on a general belief that is summarized by Worden's (1991) definition of complicated bereavement, which is the intensification of grief to a level such that the person feels overwhelmed, resorts to maladaptive behavior, or remains interminably in a state of grief without progression of the mourning process toward completion. Normal and complicated mourning are on a continuum, with extremes of effect, intensity, and time scale determining pathology, rather than the presence of any one particular symptom (Worden, 1991). The major theories of Freud (1917) and Bowlby (1980) concerning complicated bereavement are based on this general belief.

Freud's (1917) main proposition regarding pathological mourning is that much of psychiatric illness is an expression of pathological mourning, or that pathological mourning includes cases of anxiety, depression and mania, and more than one kind of personality disorder. Clearly, Freud believed the loss of a significant person in one's life plays a major role in the development of psychopathology. He suggested that in normal mourning, the loss of a significant other is a conscious concern of the mourners who are aware of their own feelings, of what the lost person means to them, and how the loss may change their lives. He further considered complicated bereavement as "neurotic depression," which operates at an unconscious level because mourners are not aware of the true loss. The loss is symbolic and strikes at their ego and the most common reaction to such a loss is a loss of their own self-esteem. Additionally, Freud suggested that people suffering from depression show a failure to consciously recall and express memories about the lost person in an attempt to undo the loss.

From the theory presented by Freud (1917), Bowlby (1980) developed a theory regarding pathological grief. Similar to Freud, Bowlby targeted the depressive disorders as a point of major concern when discussing loss. He determined that loss had three roles in contributing to depressive disorders. These include acting as:

1. provoking agent which increases the risk of a disorder developing and determines the time at which it does;
2. vulnerability factor which increases an individual's sensitivity to loss events; and
3. factor that influences both the severity and the form of any depressive disorder (Bowlby, 1980, p. 258).

Bowlby (1980) further theorized about pathological grief using his Attachment Theory, in which he stated that a loss is believed, consciously or unconsciously, to be reversible with the mourner believing there is hope that the individual is not actually lost. Additionally, he identified two disordered variants of mourning, chronic and prolonged. Chronic mourning is described as an unusually intense or prolonged emotional response to loss with cases of anger and self-reproach dominating and sorrow notably absent. Prolonged absence of grieving is described as the bereaved's life being organized as it was before the loss, however in therapy, these individuals present ill-defined symptoms or interpersonal difficulties, which are found to be derivatives of normal mourning although they are disconnected from the loss that led to them.

While these theories are based mainly on case studies and clinical experience of each provides a sound base from which to approach psychopathology in general and signs of complicated bereavement in particular. More recently, Worden (1991) proposed four headings under which complicated grief reactions can be categorized:

1. chronic grief reactions, in which normal grief reactions continue for an excessive period of time;
2. delayed grief reactions, in which the reaction occurs some period of time after the death;
3. exaggerated grief reactions, in which the person is so overwhelmed by the symptoms of grief that they develop psychopathology; and
4. masked grief reactions, in which the person experiences physical symptoms that may not at first appear to be related to the loss.

In fact, Marwit (1996) used these four categories to determine whether the *Diagnostic and Statistical Manual of Mental Disorders* (4th

edition) (DSM-IV) might be enhanced by including a more detailed section on bereavement.

Marwit (1996) had 40 experienced mental health providers diagnose four case histories, each having an aspect of difficult grief embedded in psychopathology. Half of the clinicians used the *Diagnostic and Statistical Manual of Mental Disorders* (3rd edition, revised) (DSM-III-R). The other half used a forced choice format of anxiety, mood, adjustment, or personality disorder to diagnose the case history. Additionally, for each case, participants were assigned one of the four grief labels from Worden (1991) or the label uncomplicated bereavement from the DSM-III-R. Marwit found that the inter-rater agreement was low using the DSM-III-R, regardless of the format, whereas, the inter-rater agreement was high using Worden's categories of complicated grief reactions (Marwit, 1996). Marwit concluded that future editions of the DSM should include diagnostic categories of complicated grief reactions to address this lack of diagnostic information concerning bereavement.

While these theories regarding pathological grief concern the mourning process after human loss, it should be evident that any significant loss, including the loss of a pet could trigger similar reactions in the grieving process. The case studies presented earlier on Sara R. and Maris S. indicate that people form very close attachments to pets, which includes intense emotional involvement. Therefore, it is not unreasonable to believe that an individual may develop a pathological grief reaction to the loss of a pet; one may assume that this may be more likely since society in general does not acknowledge the loss of a pet as being as significant as the loss of a human. Again, however, this remains to be examined in future research.

Archer and Winchester (1994) attempted to compare bereavement for the loss of a pet with that of human bereavement. They gave a 40-item questionnaire to individuals who had recently (within one year) had a pet die. The questionnaire was based on Westberg's (1962) grief responses seen in human bereavement in an attempt to make a comparison. The results of the study found a parallel reaction in mourning a pet to that of human bereavement, but with a lower frequency of affective distress.

Despite Archer and Winchester's (1994) contribution, their con-

clusions should be interpreted cautiously for several reasons. The researchers used a small sample size. There were a total of 88 respondents used to gather data. The respondents were residents of a small town in the area of Kirkham, Lancashire who were contacted through four veterinary clinics, a hairdresser, and a social service department. There is a very low representation of the total population of those individuals with pets. Cultural, spiritual, and familial variables were not taken into account.

Nieburg & Fischer (1982) identified concerns for pet attachment at different stages of life that may contribute to difficult grief reactions. First, for childless couples, the pet becomes symbolic of the child they do not have. Some of these couples tend to invest the pet with childlike needs and fears, feeling more comfortable when the pet joins them wherever they go, which can be unhealthy if it interferes with daily functioning. Nieburg and Fischer suggest that these couples can expect to experience the same types of painful separation and grief responses that a parent goes through with the loss of a child. Second, individuals who live alone often rely on pets to ward off loneliness and the pet becomes someone to love and care for, responding with attention and affection when there is no one else to give it. Finally, older adults can become very attached to their pets and may find some purpose in life through caring for their pets. Caring for a pet allows the owner to feel productive and to establish a strong emotional tie, which, for older adults, is an essential ingredient of self-respect. These are a few of the individuals who may be more vulnerable to complicated grief reactions due to the strength of the attachments to their pets, however, all pet owners may experience some form of grief when a pet dies.

Treatment-Related Studies

While some anecdotal and case-specific information about treating pet loss can be located in the literature, empirical studies related to treatment interventions are almost nonexistent. Even most of the available information that could be considered empirical is really little more than a recitation of the short-term results of individual case studies and the treatment interventions utilized.

However, at least one study found that most pet owners do recover from the loss of their pet. About 15% of all pet owners indicated that they chose not to own another pet because the pain of the loss was so great (Hopkins, 1984). Conversely, 85% of the individuals surveyed not only survived the loss, but also went on to bring another pet into their lives. Nevertheless, Quackenbush and Graveline (1985) have suggested that replacing a pet is not only recommended, but rather essential to maintaining homeostasis of the family experiencing the loss.

Consequently, the notion of replacing the deceased animal as a way of dealing with the loss has been a rather controversial area. Even Jamie Quackenbush, the guru of pet bereavement, has published conflicting information within his own work about how quickly a pet should be replaced (Quackenbush & Graveline, 1985; Quackenbush, 1984). At this point, though, there appears to be general agreement that a deceased pet should not be replaced too soon. Adequate opportunity to grieve the loss must occur or the bereaved owner may not be ready to move on (Quackenbush & Graveline, 1985).

As noted previously, there are a few studies within the literature about replacing deceased pets with new pets (Spencer, 1983). Perhaps an attempt at replacement may be more acceptable with certain disenfranchised losses, for example, when the loss is not recognized (Lenhardt, 1997). While it would be inappropriate to tell a new widow to find another husband, urging a bereaved pet owner to get a new pet immediately is almost commonplace. However, this also occurs with some frequency in other disenfranchised losses as well (e.g., women who have miscarriages are often told that they are doing just fine and can get pregnant again soon) (Lenhardt, 1997).

While no comparative statistical information could be located on human bereavement, Messent (1984) noted that an inverse relationship occurred with the time lapse from the death of a pet to the acquisition of a new animal. Typically, the longer the period between the death of a pet and the selection of a new pet, the lower the likelihood that the new pet will be similar to the first. How very interesting it might be if we were to look at the human relationships that we establish post-bereavement in a similar manner.

Clinical Implications of the Literature Review

Applicability in the Assessment Process

It is unclear whether the grieving process after human loss is similar to the grieving process after pet loss. Nevertheless there is compelling evidence from case histories and clinical experience suggesting that any loss can trigger grief reactions; therefore, it is imperative that clinicians become sensitive to a patient's issues regarding loss. Often, the loss of a pet is an individual's first experience with death and the grieving process. Because prolonged bereavement can become pathological, the clinician should be aware of the individual's normal process of grieving without following the stage theories too rigidly. This will allow for the whole person to be evaluated and treated.

As witnessed in the case of Sara R., the loss of a pet can be a difficult experience, and the bereavement period can be similar to the loss of a person who is significant in one's life. Additionally, the issue of euthanasia in this case presents a unique dimension for people coping with pet loss: They are forced to make a life or death decision that may create within themselves feelings of guilt and resentment. In the case of Maris S., the decision to euthanize led her to symptoms of depression and a grieving process that has become complicated. It is evident that people become very attached to their pets and often consider them family members. In particular, childless couples, people who live alone, and older adults may be more susceptible to complicated grief reactions when their pets die (Nieburg & Fischer, 1982). When treating an individual who has lost a pet, the clinician needs to be as sensitive as they would be to an individual who has lost a family member. Society generally does not acknowledge pet loss as a significant loss, which alienates those who grieve. Clinicians must not fall into the same category.

Finally, Marwit's (1996) study indicates that clinicians would benefit by having distinct categories of complicated grief reactions to help them distinguish complicated from normal grief reactions and for treatment concerns. The *DSM-IV* includes minimal information about bereavement or its distinction from other disorders, which would be a large oversight if Freud's contention that loss

plays a significant role in psychopathology holds true. In addition to the *DSM-IV*, there are few tests to assess an individual's grief experience. Concerning pet loss, there is one questionnaire done by Archer and Winchester (1994) that appears to be reliable and with which they found a parallel reaction in pet loss and human loss, but people experiencing pet loss had a lower frequency of affective distress. There continues to be a tremendous need for reliable and valid assessment tools to assess grief experience, both for human loss and pet loss.

Applicability in the Treatment and Intervention Process

As mentioned in the literature section, it appears that one can be fairly optimistic about working through bereavement, whether the loved one is a person or a pet. For the most part, the grief that accompanies a loss, though often very painful, is one of the most natural processes we experience throughout the lifespan. Regardless of the difficulties that grief brings, it is that very sense of loss that reminds us of the fact that something or someone, very meaningful to us, has been a part of our lives.

Treating Bereavement-Related Losses

When one discusses treatment, support, or interventions to help overcome overwhelming grief, the methods used are often a bit different than those employed in traditional psychotherapy. While psychotherapy is an option, there are also other practices that can be used prior to, or in conjunction with, counseling. These would be considered more natural and "non-clinical" ways of addressing the loss. The whole concept of "self-care" during mourning follows Stroebe and Schut's (1999) previously noted Dual Process Model. Sife (1998) also notes many items of self-care, and incorporates them into practical suggestions for resolving the pain of losing a pet.

Grief Therapy

In the mid-1980s four pet bereavement centers opened in this country. By 1997, that number had grown to 25 (Sife, 1998). The Veterinary School of the Hospital of the University of Pennsylva-

nia (VHUP) has been at the cutting edge of treatment to bereaved pet owners. Therapists who staff this center usually provided grief therapy for human losses prior to joining the pet bereavement center. The treatment approach for pet loss basically mirrors grief work done with human loss (Perloff, 1997).

Some paradigm shifts have begun within the practice of grief therapy as evidence builds toward a new understanding of grief. To this point, therapeutic interventions typically have been geared toward resolving grief by helping the bereaved disengage from the deceased. Newer approaches have paid closer attention to the bereaved individual's comments. Rather than just working with the bereaved to get them over it, there is an increasing recognition that close relationships do not terminate with death.

Relationships with the deceased not only persist, but also change and evolve in ways that reflect developmental change and one's life circumstances (Cook & Oltjenbruns, 1998). It has been suggested that resolving grief does not involve ending relationships, but rather alters the relationships in a way that acknowledges that the loved one has died (Silverman & Klass, 1996). This method of reframing creates a different perception that may prove to be more effective in assisting clients toward accepting the loss, while preserving needed remembrances of the relationship.

Theoretical Frameworks and Treatment Techniques

As stated earlier in the literature review, there is a dearth of empirical information related to grief and bereavement studies, whether the focus is on losing human loved ones or a pet. Numerous case studies, however, have demonstrated successfully treated pathological or traumatic grief in both pet and human bereavement. It should be noted that a variety of different theoretical orientations have provided the framework for grief-related counseling. At least anecdotal information is available in the literature for psychodynamic, gestalt, cognitive-behavioral, and existential approaches. Within each of these theoretical models, however, a variety of treatment techniques have been employed to address the client's needs.

Generally speaking, those techniques that employ story telling or psychodrama appear to be the most frequently occurring in the

current literature. Cognitive behavioral therapy, with a focus on reframing the relationship with the deceased and the pain involved in the grief experience, appears more frequently in the most recent case studies published.

Treatment Approaches Across the Lifespan

While this article is intended to focus on grief and bereavement across the adult lifespan, a disproportionate focus has been placed on treatment at the extreme ends of the lifespan. Information about death, loss, and bereavement seems to concentrate on how children react to, and resolve, loss and treating elderly individuals who get stuck in complicated or traumatic grief. Particularly with pet loss, a respectable amount of material is available for children and adolescents. Parents, too, can find a number of resources to help them discuss a pet's death as well as to help the child grieve the loss.

There is also more information about treating the elderly individual who has had difficulty coping with loss. In this case the losses identified have primarily been human, but elderly individuals who lose a pet are at a higher risk for developing a complicated mourning (Holcomb, Williams & Richards, 1985).

The Role of Rituals

While they can be quite controversial, rituals are also the most normal mechanisms that mark the finality of death and prescribe socially supported mourning behaviors. They may take a variety of forms and can also be treatment related. In this country there is a great diversity among rituals practiced during bereavement. There are also no nationally prescribed mourning rituals (despite two national holidays to mourn war dead) and significant differences exist among religious and spiritual practices.

Over the last 25 years, we have also minimized and deritualized our bereavement practices. For many people, this has deteriorated the meaning of the bereavement rituals and their value to our society. As a result, it has been suspected that the lack of meaningful ritual has led to insufficient grieving and inadequate resolution of grief (Romanoff & Terenzio, 1998).

Rituals as Treatment

According to Romanoff and Terenzio (1998), rituals can be tailored to meet the client's needs in a treatment program if two central issues are incorporated. First, the rituals should deal with the experience of the mourner and, second, the use of the bereavement rituals should be expansive and comprehensive enough to include all phases of the bereavement process.

Romanoff and Terenzio (1998) also postulate that addressing three important environments facilitate the effectiveness of bereavement process. The environments are: 1) the intrapsychic, 2) the psychosocial, and 3) the communal. Within each of these environments lies the griefwork areas of: 1) transformation, 2) transition, and 3) connection, respectively.

When focused on the intrapsychic environment, a mourner's sense of self transforms as a result of the loss. In the psychosocial dimension, a transition occurs between the mourner's pre-death and post-death social status, and in the communal dimension, a connection with the deceased is continued in a healthy manner.

Transformation

During transformation, the bereaved uses rituals as symbolic acts to unite and mold the significance of the deceased within their life. While the attachment bonds can't be relinquished, they can be reworked to transform the deceased into an inner representation based on memory or meaning or an emotional connection.

Examples of transformation rituals might include planting a tree, establishing a memorial fund, or collecting a memory box. These tributes often assist in easing the client's pain and help them move on to the next step. The normal grief experience of pet loss for Sara R. is one in which these types of rituals could prove to be very effective (Sife, 1998).

Transition

In transition, where the mourner moves from one social status to another as a result of the loss, rituals serve several functions. First, they allow the individual to detach in the initial phase of the separation. In the next phase, the marginal phase, the mourner is between statuses and can try new identities and roles. In the last

part of transition, the mourner rejoins their group or community in their new status.

Funerals (and funeral like rituals) are perhaps our most obvious transition process, as they serve to commit the deceased to their hereafter and move the bereaved toward closure. Within the treatment setting, these types of rituals often play a prominent role in transition (Rando, 1993). Mourners are encouraged to renew and recollect their relationship with the deceased and recognize that they must let go. Eventually they learn to say goodbye through a leave-taking ceremony, where symbolic objects are burned, buried, or given away. In the finalization phase, a cleansing ritual is used to mark the end of the transition and reunion ritual. Even for pet bereavement, this cleansing ritual exists as part of the bereavement process (Harris, 1997).

Connection

In the third and final process of grief work, rituals are connections that call for ongoing enactment. Religious practices can offer that connection (like a Catholic anniversary mass) and support groups often serve as a source of solace in the social context. Often this religious and secular combination provides the right mix for the bereaved in a culturally competent manner.

Natural Supports and Non-Clinical Interventions

Pet Loss Support

While the number of pet loss groups available today is unknown, the level of interest is continually growing. Most veterinary schools today have some level of pet loss counseling and support groups included in their services. As one of the initial clinic sites, VHUP offers pet loss support groups every two weeks and typically draws 8–12 people per session. In other parts of the country local animal shelters, humane societies, and sometimes even individual veterinarian's offices provide pet loss support groups (Wong, 1996).

The quality of support groups for both types of bereavement (pet and people) may vary greatly from group to group. While some groups operate similarly to a 12 Step model, others are run by a therapist and may espouse a particular model of treatment.

Goals of the Support Group

In becoming part of a group, a member typically finds supportive individuals who legitimize their bereavement, by acknowledging and understanding that it is acceptable to mourn the loss of a pet. Given the pressure of disenfranchised grief, just being able to talk about the loss is immediately helpful to many individuals (Doka, 1989).

Group members also learn measures that can lessen their pain and they can learn from others who are further along in the bereavement process. Participants learn to be grateful, not for the death, but for having had the pleasure of the companion animal in their lives and the enrichment that presence once brought, regardless of the age of the pet at the time of the loss. Finally, participants learn to let go of the pain of their own grief and come to terms with the death of their pet. Many are also able to give back and assist newer group members with their grieving, as someone once did for them.

Cultural, Religious, and Spiritual Influences

The "Souls" of Our Pets

Regardless of the context within which one discusses death, it is nearly impossible not to mention cultural, spiritual, and religious influences. This is no exception when focusing on pet bereavement, and many pet owners look to their faith and spiritual beliefs in overcoming their loss.

Ironically, companion animals, while not overlooked, play little role in cultural or religious practice. The word and concept of "pet" is unknown and not mentioned in either the Old or New Testaments. While the sanctity of all life and the humane treatment of animals is part of the Judeo-Christian belief systems, there is no organized Western religion that acknowledges an afterlife for pets (Sife, 1998). The question has been posed more frequently in the last several years, and religion has, at best, chosen to ignore this evolving problem.

Eastern philosophy and religions, however, tend to offer more enriched perspectives about the loss of a pet and predictions of an afterlife. It is these religions and cultural practices that offer a grieving pet owner more comfort and hope.

Euthanasia and Religion

Even if we were to ignore the concept of an afterlife for a pet, it is still difficult to deal with the loss of someone or something we love. The grief alone is difficult enough, let alone adding in the self-imposed guilt that occurs when one becomes responsible for euthanizing a cherished pet. The religious and spiritual harmony within an individual easily can be upset with the decision to euthanize, even if the animal is suffering and in pain.

While the heated debate concerning euthanasia has garnered greater attention in the legal and medical press, primarily due to Dr. Jack Kevorkian's assisted suicide practice, there is little doubt that the practice of euthanizing animals holds significant difficulties for many pet owners for a number of different reasons. Taking an active role in the termination of a pet's life may cause distress, guilt, and depression in the pet owner (Albright & Hazler, 1995). The question as to whether or not pet owners have the right to decide whether a pet lives or dies cannot really be answered.

When a pet owner with religious and spiritual beliefs must counterweigh the pet's struggle with pain against "thou shall not kill" in an euthanasia decision, it is understandable that an internal struggle may begin. Depending upon the circumstances, it would also not be unusual for that person to seek professional treatment or spiritual help to resolve the resulting emotional conflicts.

Discussion

Successful Treatment

After all the information about bereavement in this article, perhaps the most important question about treatment is "How does one know that grief work is successful?" The following have been identified as signs that the client is coming to terms with the loss:

1. They begin to look happier.
2. They begin to become interested in starting new relationships.
3. They begin to enjoy doing things they liked to do before the loss.
4. They stop feeling guilty for having "good days."

5. They allow happy memories to come back along with the sad ones.
6. They realize and accept the reality that the loss did happen, the feelings are a part of that loss, their life will never be the same again, and that they are a different person than they were before (Sife, 1998).

Tips for Clinicians

In order to provide a high quality of counseling for a client caught in bereavement problems, there are several things that a therapist should keep in mind. First of all, the counselor should be sensitive to the issue of pet loss. Regardless of their feelings about companion animals, the counselor must recognize that the client's issues must be respected. The counselor must also pay attention to the circumstances surrounding the death. Did the client witness the pet's death (e.g., see it run over by a car)? Do the circumstances require that the therapist consider treating for the trauma or post-traumatic stress disorder?

Client Participation

The counselor should be aware of the concepts involved in treating grief issues, the nature of complicated mourning, and the impact of trauma in pet bereavement. However, one should also look to the client's strengths and supports and not just the current negativity and difficulties. Prior to designing any interventions, it is important to know the client's pre-death functioning as well as their current status. The therapist should not design interventions without the client's full participation and input, nor should they be locked into only one treatment technique. It is critical to be flexible and prepared to engage the client in a variety of ways until one meets the client's needs. It is also important to remember that grief is multidimensional. A holistic approach should be used to ensure all aspects of the situation are addressed (need for nursing attention, pastoral involvement, etc.).

Implications of the Pet's Death

Therapists also need to be cognizant of all the implications of the pet's death for the individual. Sife (1998) cites a case example

where a young wife and mother of two small children purchased a German Shepherd puppy as part of her dying husband's last wishes. She knew nothing about dogs or their training at the time, but her husband wanted the dog to be the family's protector when he was gone. As the pup grew to be a large dog, the family loved it dearly; it became a symbol of replacement for the deceased father. Less than two years later, the dog was gone after the children were careless about keeping a gate closed. In addition to feeling all the usual problems of losing a pet, unexpected complications arose. In addition to the grief over the dog, their loss was magnified as an unexpected and renewed bereavement of the deceased father. The family became completely overwhelmed. Had the counselor treated the loss as purely that of a pet, much of what was really happening to the family would have gone unattended.

Addressing Concerns About Euthanasia

It is believed that by discussing the euthanasia procedure with a client, the level of discomfort following death will be less severe (American Veterinary Medical Association, 1993). Perhaps the educational process about euthanasia will lead to greater emotional adjustment for humans who are faced with such a death (Ross-Barton & Baron-Sorensen, 1998). Fox (1984) provides these brief guidelines that can assist in the client's decision making process: 1) Is the pet in pain and requiring medication to function? 2) Does the maintenance of the companion animal induce financial hardship for the family? Although these questions cannot be answered with simple yes or no responses, they can serve as a guide when contemplating euthanasia of a companion animal.

Summary

Review of Topics

A fairly large number of questions related to pet bereavement across the lifespan and how dealing with the loss of a pet mirrors

the loss of a human loved one have been raised in this article. We looked at euthanasia—a critical factor in pet bereavement and undoubtedly the largest area of controversy. While assisted suicide, a euthanasia-like process for humans has been mentioned, we opted not to contrast the two positions, as that process alone could fill volumes, while lacking any empirical data. Instead, we reviewed the practice of euthanasia from several aspects: as a normal process in pet care, as the breeding ground for pathological grief, as an issue to be addressed in treatment, and as a factor in the spiritual and religious practices that are part of bereavement.

In reviewing pet bereavement, we identified the typical developmental aspects associated with grief across the lifespan as well as the pathology that can come into play for a variety of reasons and circumstances. The nomothetic and idiopathic were both discussed with regard to theory, case study and empirical review of the available literature. Wherever possible, links were made between pet and human bereavement to compare, synthesize, and contrast information. A broad application of the term *treatment* was used to review the theoretical and empirical literature available, as well as to compare the commonalties between losing pets and people. Finally, information was offered about professional treatment and natural supports.

Methodological Concerns and Recommendations

To this point, a multitude of information has been provided on loss and bereavement. We now offer the methodological concerns that were raised during the course of our exploration. Where appropriate, recommendations have been offered to address these concerns.

Lack of Prevention Programming and Education

While death is one of most natural and frequently occurring life processes we encounter, we receive relatively little preparation to handle it. Our schools should proactively develop curricula that address death and coping with loss throughout the lifespan. Even for professionals, funding for bereavement-related training has not been a priority and this needs to be changed. The lack of attention

in this area almost makes it appear that we should automatically be able to address loss and bereavement issues, which obviously is not the case.

Lack of Empirical Studies

Everyone has some type of anecdotal story or information about the death of a pet or the death of a loved one. If we can make the parallels between pet loss and human loss, we need to make a concerted effort in recognizing the need for better research on what is, and is not, helpful in coming to terms with grief, loss, and bereavement. While all our current instinctual knowledge may be correct, we must make every attempt to quantify the information. Taking a more scientific approach will also resolve the problem of determining appropriate control groups when researching this area.

Developing Holistic Approaches

It has become apparent that grief following the loss of a pet requires a treatment plan that is both multifaceted and patient centered. Pet loss, as with any type of loss, may elicit a myriad of physical, social, emotional, and spiritual changes; therefore, treatment should occur on a variety of levels. To date, there has been a paucity of empirical research addressing such changes, which, if empirically examined, may lead to more effective, holistic treatment modalities.

Stress Responsible Pet Ownership

Given the statistical information presented about euthanasia, more focused efforts need to be made in stressing responsible pet ownership. While euthanasia may be an appropriate and kind way to assist a dying pet in pain, euthanizing pets simply because owners are careless or irresponsible is unconscionable.

Focus Studies More Consistently Across the Lifespan

Beyond the dearth of empirical information, the anecdotal and case-specific information that does exist tends to focus on children

or the elderly. We need to expand our knowledge base and cover the entire lifespan.

Address Disenfranchised Grief

Helping individuals to discuss the kinds of grief that are typically not recognized (such as pet loss) should be a routine task for every treatment professional. One should always “ask the question” about losses the client has experienced and be prepared to work with them to resolve their grief.

Review of Internet Resources

While the Internet offers opportunities that were never before available to the grief-stricken, some of them are inappropriate, unethical, and even illegal. Some review procedure needs to take place to prevent charlatans from taking advantage of individuals who are in a period of great need and high vulnerability. While the American Psychological Association has ignored Internet-related trade to this point, they may need to become involved in the near future.

Conclusion

The relationships that are developed with our pets often become expansive ones. They can determine the way we lead our lives and even define the quality of our lives. We make individual choices about what we want our pets to be and the kind of relationship bond we have with them. In making them an intimate part of our lives, we open ourselves up in a way that does not occur with others. In short, this relationship is a unique one. When the time comes for us to let go of these beloved creatures, we are usually not prepared for the onset of emotion and sense of loss that accompanies their passing. While there is no doubt that our bereavement to losing a pet is similar to mourning the loss of a dear human friend or family member, there are differences. It is reassuring to know that more resources, both professional and informal, are

becoming available to assist in addressing bereavement losses, especially the loss of our pets.

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Appendix

Resources for Professionals

Books

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2. Cusack, O. (1988). *Pets and mental health*. New York: Hawthorne.
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10. Sife, W. (1998). *The loss of a pet (Rev. ed.)*. New York: Howell Book House.

Resources for Clients

Books

1. Anderson, M. (1996). *Coping with sorrow on the loss of your pet*. (2nd ed.). Loveland, CO: Alpine.
2. Bronson, H. (1994). *Dog gone: Coping with the loss of a pet*. Boston, MA: Bestsell.
3. Coleman, J. (1993). *Forever friends: Resolving grief after the loss of a beloved animal*. Las Vegas, NV: J. C. Tara Enterprises.

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5. Hunt, L. (1998). *Angel pawprints*. Pasadena, CA: Darrowby Press.
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13. Sife, W. (1998). *The loss of a pet* (Rev. ed.). New York: Howell Book House.

Books Especially for Children

1. Grollman, E. (1995). *Bereaved children & teens: A support guide for parents & professionals*. New York: Beacon.
2. Moorhead, D. (1996). *A special place for Charles: A child's companion through pet loss*. Broomfield, CO: Partners in Publishing.
3. Rogers, F. (1988). *When a pet dies*. New York: G. P. Putnam's Sons.

Articles

1. Grief as healing (1997). *MidLife Woman*, 6, 1-5.
2. Laskas, J. M. (1997). When the nine lives are over. *Health*, 11, 56-59.
3. McElroy, S. C. (1998). The gift of grief. *Vegetarian Times*, 254, 128-129.
4. Sofka, C. J. (1997). Social support "internetworks," caskets for sale and more: Thanatology and the information superhighway. *Death Studies*, 21, 553-576.

World Wide Web Sites

(Please note all sites listed below are direct links)

<http://www.asPCA.org>

<http://www.inch.com/~dogs/grief.html>

<http://www.netvet.wustl.edu/vet.htm>

<http://www.superdog.com/petloss.htm>

<http://www.waltham.com>

<http://www.avma.org/care4pets>

<http://www.miningco.com>

<http://www.petloss.com>

<http://www.therapyanimals.org>

<http://www.web.vet.cornell.edu/public/petloss>

Internet Newsgroups

Alt.support.grief.pet-loss

(open forum to assist and support grieving owners of dead, dying, sick and missing/lost pets)

Audiotape

Journey through Pet Loss, by Deborah Antinori, M.A.

(Two 90 minute cassettes with PetLoss Resource booklet)

Email: petlossaudio@worldnet.att.net or

<http://www.petlossaudio.com/>

Pet Bereavement Counselors

<http://www.aplb.org/counsel.htm> or email: aplb@aplb.org to get the most recent listing of individuals who have registered with the Association for Pet Loss & Bereavement

Similar lists are also available through the Delta Society, P.O. Box 1080, Renton, WA 99057-9906, (phone 206-226-7357).

Support Hotlines and Groups

1-215-898-4525: Provided by the University of Pennsylvania School of Veterinary Medicine

1-800-404-PETS (or 609 667-1717 in southern New Jersey): Pet-Friends, Inc. Moorestown, NJ

1-888-478-7574: Provided by Iowa State University.

Wong, M. (1996). *The 1995 national directory of bereavement support groups and services*. Forest Hills, New York ADM Publishing.

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