

Peoples perception of pet illness – is it still disenfranchised?

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Abstract

Aims: the aim of this study was to investigate whether people's reactions to another person's pet illness is viewed as appropriate by presenting two groups of participants with two vignettes, one where the pet owner is annoyed at their pet being unwell and one where they are upset at their pet being unwell. By investigating the responses of participants via an appropriateness scale we can then assess to see if pet illness and loss is still socially acceptable grief or if it is still disenfranchised grief.

Method: an online questionnaire was distributed to participants (n=191). Participants were recruited through convenience sampling. The questionnaire consisted of demographic information, two vignettes, with all participants seeing one of the two vignettes, modified Witnessing of Disenfranchised Grief (WDG) questionnaire and the Toronto Empathy Questionnaire (TEQ).

Results: the results of this study indicated that pet grief is not a form of disenfranchised grief and that being upset is an appropriate response to pet grief. With regard to gender, males and females do not significantly differ on empathy levels. This result indicates that those with higher levels of empathy towards their own pet have higher levels of negative affect in relation to a pet owners' reaction to their own pet being unwell.

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Introduction

“Not the least hard thing to bear when they go from us, these quiet friends, is that they carry away with them so many years of our own lives.” – John Galsworthy

Grief can be defined as “the anguish experienced after a significant loss, usually the death of a person which can often include psychological distress..” (American Psychological Association, 2022). Disenfranchised grief, a term which was coined by Dr. Kenneth J. Doka in 1989, can be defined as grief which “cannot be openly acknowledged, socially validated, or publicly observed” (Doka K., 1989).

Pet loss is one of many examples of disenfranchised grief (Cordaro, 2012). While grieving the loss of a human life is accepted and accommodated, research has suggested that grieving the loss of a pet is inappropriate and often not acknowledged (Whipple, 2021). The loss of a pet can be a painful reality for most pet owners and the anguish a person can feel upon losing their pet can sometimes be unsupported and invalidated by their friends, family, and acquaintances (Kemp et al., 2016). Disenfranchised grief can sometimes intensify grief reactions and cause a person to feel ashamed of their grief and embarrassed about their feelings. This can result in a pet owner wondering, who would be that upset about a dog/cat? The death of a pet can sometimes produce effects similar to those caused by the loss of a spouse or a child (Uccheddu et al., 2019). This can be because of the strong emotional connections pet owners form with their pets.

The human-animal bond, which is a relationship between pet owners and their pet, is a mutually beneficial and dynamic relationship. This bond can often be influenced by behaviours and is essential to the health and wellbeing of both pet owners and their pets. The human-animal bond is a powerful emotional reaction which in some instances can elevate a pet to the status of a family member (Whipple, 2021). The bond between pet owners and their pets can sometimes equal or surpass the emotional attachment that is had with humans (Donohue, 2005). Pet owners' relationship with their pets can sometimes provide the same level, if not more, of comfort than that

of a human relationship. Pets can provide a great degree of comfort and security, and reliable affection (Pirrone et al., 2015). The period of grief following the loss of a pet can, in some instances, be even longer than the grief experienced when a human dies (Uccheddu et al., 2019). Attachment theory is relevant when considering any type of human bond. Attachment theory, which was developed by John Bowlby in the 1960s, suggests that throughout our lives, attachment and bonding is present (Bowlby, 1969). Three theories have been proposed as to why humans become attached to animals; anthropomorphism (i.e., the attribution of human behaviour to an animal), allelomimetic behaviours (i.e., human behaviours which are often mimicked by animals), neoteny (i.e., retention of juvenile features in adult animals). All of these can increase the strengthening of the human-animal bond (Lagoni et al., 1994).

Another form of grief which is sometimes experienced prior to the loss of a pet is anticipatory grief. This form of grief is a natural reaction which can occur before the loss of a pet. It is an unconscious form of coping which can help prepare a pet owner emotionally for the coming loss. Similar to pet loss, anticipatory grief can also be disenfranchised (Cox, 2017). Anticipatory grief can often be overlooked.

(Doka K., 2008) suggests that society's grieving norms defines the legitimacy of grieving losses and relationships and when a loss does not accommodate the guidelines, the grief then remains unrecognised and undervalued which results in a person feeling that their "right to grieve" has been denied and by depriving a person the acknowledgement and support they need during the time of grief and loss, additional grief and pain occurs which may also be disenfranchised.

(Doka K., 1989) identified three forms of disenfranchisement: firstly, when the relationship is not acknowledged, for example a non-traditional relationship, e.g., a same sex relationship or extra-marital, secondly, the loss is not acknowledged, e.g., death of a companion animal, and lastly, the griever is not acknowledged, e.g., the person is viewed as incapable of grieving e.g., young children, the elderly. (Doka K., 2002) later added on two further categories: circumstances of death, e.g.,

suicides, death from AIDS or other stigmatised diseases and, ways in which individuals grieve, e.g., when griever fails to show strong effective response to loss.

Grief will always occur within a particular social or cultural context. Conceptually, disenfranchised grief recognises that in multiple spoken and unspoken ways that social and cultural communities may often deny recognition and legitimisation, or in some cases, support the grief which is experienced by individuals, families, or groups of people (Attig, 2004). It is important to note that any griever can choose to remain silent or choose not to disclose their grief to others however, that does not mean that the grief is disenfranchised. Society might be fully prepared to support, recognise, and legitimise the grief that the griever is choosing to keep private. The concept of disenfranchised grief goes far beyond the situation of unawareness of grief (Corr, 1999).

Support within a social context has a strong protective effect, especially when going through the process of grieving and loss. Without this support, the griever is unable to openly acknowledge, mourn or express their grief (Cesur-Soysal & Ari, 2022).

(Kauffman, 2002) proposed the concept of self-disenfranchisement which can occur when an individual has difficulty acknowledging their own grief as being legitimate. An associated emotion of this type of situation is guilt.

Since animals' lifespans are significantly shorter than those of humans, pet owners will likely go through several disenfranchised losses through their lives which can potentially impact their mental health as well as their feelings of social contentedness (Westgarth, et al., 2013). As most pet owners have multiple pets over a lifetime, their pet's illness or death may not be considered an appropriate justification for death and not validated (Doka, 2008).

Pet ownership

Throughout history, both agricultural and companion animals have played a significant role in society. It is common across nearly all cultures for companion animals to share living quarters with people (Scoresby et al., 2021). According to the 2021 Pulse Survey results, over half of respondents (52%) said they had a pet in their household, 28% of respondents having a dog(s) and 12% having a

cat(s). One in five (20%) of those who have a pet acquired the pet since the start of the Covid-19 pandemic (Central Statistics Office, 2021). Prior to the 2021 Pulse Survey, no questions related to pets in the home were included on the Irish Pulse Survey.

In the US, EU, Brazil, and China it is estimated that family pet ownership accounts for over half a billion dogs and cats with more than half the world estimated to have a pet at home (FEDIAF, 2021). Globally, pet ownership is rising, particularly in households of millennials who tend to have smaller families, work from home, or hybrid work, have a higher level of income and education, and have children later in their lives (statista, 2022).

The Covid-19 pandemic has resulted in an increase in pet ownership due to the increase in time now being spent at home and the availability of working from home or hybrid work as well as increased social isolation and boredom (Vincent et al., 2020). With household restrictions having been lifted, the majority of these pets still remain in their homes (Hoffman et al., 2021).

In Spain, a new law has been passed to make pets officially parts of the family. As of January 5th 2022, dogs and other animals will no longer be seen as 'objects' but rather 'living, sentient beings'. Family courts must now factor in the animal's welfare when deciding who looks after the pets after a break-up or divorce, often ending in shared custody (World Animal Protection, 2022).

Studies have continually shown that pet ownership leads to improved health such as increased emotional support, decreased blood pressure and a stronger sense of physical and psychological wellbeing (Martin et al., 2015). Pets can provide the same, if not more, level of comfort and security as a human relationship (Wrobel & Dye, 2003).

Animal interaction has been shown to decrease levels of the stress-related hormone, cortisol, as well as lower blood pressure. A study carried out on behalf of the Human Animal Bond Research Institute (HABRI) evaluated the effect of pet ownership on blood pressure response to mental stress using two identical groups of people (stockbrokers). Results indicated that the presence of pets provided a form of non-evaluate social support which is critical in buffering psychological responses to stress (Allen et al, 2018). Similar studies have been carried out to look at

the effect of pet ownership on anxiety, depression, Post-traumatic Stress Disorder (PTSD) and trauma and have all yielded similar results (Kline et al, 2019; Mims & Waddell, 2016; Rodriguez et al, 2018).

Many people view their pets as family members, so it is not surprising that the loss of a pet or recent diagnosis of an illness is accompanied by a significant amount of grief (Phillips Cohen, 2002). Typically, when a human family member dies, surviving friends and families arrange traditional funerals and rituals to include meeting with funeral directors, clergymen, choosing burial sites, arranging funeral and memorial services, and writing obituaries (Adams et al, 1999).

On the contrary, when a pet dies, there is typically not the same processes and procedures which allow a human to express this grief. Oftentimes the griever does not receive the same emotional support and services that they would receive if it were a human that died (Chur-Hansen, 2010). Grieving the loss of a pet may sometimes be inhibited due to lack of validation or acknowledgement from friends and family. Losses that are deemed as unworthy of grief result in silent and private grieving. In order to heal from a loss, it is essential that it be recognised and validated.

(Doka K., 2016) has suggested that rituals are powerful and valuable and validate grief and allow for catharsis. The process allows the griever to remember, mourn and continue and perhaps even grow as you journey with grief. Rituals help bridge participants spiritual/humanistic beliefs and the grievers culture which spoke to different needs at different stages of their grief journey.

While psychologists and clinicians might be well informed on the different responses people have to grief, the grieving pet owner feels like they must carry this burden alone. Psychologists have learned a plethora of useful information about grief over the years, information that can be helpful about grief and how it unfolds. Many myths around grief such as pet loss devaluing human life or that pet loss is significantly less painful than human loss, can be damaging to people's mental and physical wellbeing. Misconceptions around grief have led to more than one million people to seek out chemical solutions either through alcohol or recreational drugs (Doka, 2016).

Empathetic failure

The loss of a pet can result in a wide range of emotions such as anxiety, stress, shame, and guilt along with intense psychological distress (Compitus, 2019).

Empathetic failure can occur during pet loss which is the lack of understanding from others of your feelings, perceptions, and thoughts. In the case of pet grief, some people simply do not understand the attachment that can exist between a person and their pet. Disenfranchised grievers frequently suffer in silence, receiving little support or recognition and it is vital to recognise your grief, not only to acknowledge that the grief exists but also to help better cope with the losses in life and in some cases, grow from them (Cesur-Soysal & Ari, 2022). It has been suggested that disenfranchised grief is a serious social failure in many respects (Doka K., 2008).

Gender and empathy

Empathy is an inherent and important human quality however, the ability to recognise as well as communicate it can vary among people (Strekalova et al, 2019). Having empathy can allow us to tune into how another person is feeling and also helps us understand what the intentions of others are. Empathy essentially allows us to effectively interact socially in the world (Baron-Cohen & Wheelright, 2004). As we age, research has found that there are hormone differences between males and females. Females are found to have significantly more oxytocin than men do. Oxytocin is positive to emotional empathy while testosterone, which male have more of, is negatively related to cognitive empathy (Chen et al, 2014).

There is evidence which suggests that women are more empathetic than men (Kamas & Preston, 2021). Both stereotypically and research supported, there is often an assumption that women have a significantly greater level of interpersonal sensitivity. (Derntl et al., 2010) found that in a self-reported study, women perceived themselves as having significantly more empathy than men.

With all of the above research considered, why are there so few support services available for people who are grieving their pet and why is pet grief and loss still not seen as an acceptable

form of grief? There are currently limited resources available for pet owners who are grieving a pet either through anticipatory grief or through the loss of a pet (Spain et al, 2019). Few counselling services exist which specifically work on pet loss and pet grief. By further researching disenfranchised grief, we can remove the possible stigma that surrounds it and help prevent the possible implications of this “complicated” grief.

Rationale and Hypothesis

Previous research in the area of disenfranchised grief around pet illness and pet loss has mainly focussed on the relationship between pet owners and their pets i.e., the investigations of grief reactions following a pet illness diagnosis or the loss of a pet.

For the purpose of this study, we will be working with Doka's second form of disenfranchised grief: the loss is not acknowledged, e.g., death of a companion animal, by investigating the perception of those witnessing a person who is going through the loss of a pet through terminal illness as opposed to death.

The aim of this study was to investigate whether people's reactions to another person's pet illness is viewed as appropriate by presenting two groups of participants with two vignettes, one where the pet owner is annoyed at their pet being unwell and one where they are upset at their pet being unwell. By investigating the responses of participants via an appropriateness scale we can then assess to see if pet illness and loss is still socially acceptable grief or if it is still disenfranchised grief.

For this study there are three objectives:

Objectives 1: To investigate whether there is a difference between levels of appropriateness based on two opposing vignettes.

Objective 2: To investigate whether there are differences in levels of empathy between the genders.

Objective 3: To investigate whether or not gender, single vs multi-pet and pet empathy levels predict levels of negative affect in relation to pet illness.

Methodology

Participants

The research sample consisted of 191 participants. G*Power Statistical Power Analysis (Buchner et al., 2007) was used to determine sample size which indicated the recommended total sample size to be 176. All participants were recruited through convenience sampling using the researchers Facebook, Instagram, and LinkedIn. Participants were required to be 18 and above in order to align with ethical considerations and guidelines. Participants were required to provide informed consent prior to completing the questionnaire. No incentives were used to recruit participants for the study and participation in the study was voluntary.

The final sample comprised of 191 participants (47 males, 137 females, 4 non-binary/third gender and 2 prefer not to say).

Design

The current study used a quantitative, cross-sectional design. All of the data for this study was collected at one specific point.

IBM SPSS 28 Mac version was used to analyse the data in the current study. Descriptive statistics were obtained in order to obtain the range, mean, median, frequencies and SD.

For objective 1 and 2, an independent sample t-test was conducted in order to compare the appropriateness scores (CV) for groups upset and annoyed (PV) and the empathy scores (CV) for males and females (PV).

For objective 3, a standard multiple regression was performed. The predictor variables (PV) for objective 3 included negative affect and the criterion variable (CV) was single/multi-pet and gender. A bivariate correlation was ran prior to conducting the multiple regression.

Measures

Participants were asked demographic questions pertaining to gender and age followed by pet ownership questions.

Witnessing of Disenfranchised Grief (WDG) developed by (St Clair, 2009) assesses witnessing of disenfranchised grief and measures the degree of which one who is grieving perceives their loss to be witnessed. The 22 items are rated on a 5-point Likert scale ranging from *strongly disagree* to *strongly agree*. Reverse scoring was used for one of the two questions regarding appropriateness, upset. Appropriateness scores were then added up to create a scale.

In order to create a pet empathy scale, eight 10-point Likert scale questions ranging from 0 being *low negative affect* to 10 being *high negative affect*, four questions from each Vignette were totalled in order to create a pet empathy subscale. For the scale results, 40 and below was low negative affect and above 40 was high negative affect.

In order to create a negative affect scale, ten 10-point Likert scale questions ranging from 0 being *no emotion* and 10 being *strong emotion*, five questions from each Vignette were totalled in order to create negative affect scale. For the scale results, 40 and below was low negative affect and above 40 was high negative affect.

The Cronbach's Alpha was calculated for this scale and the value ($\alpha=.94$) was found; this indicates a high level of internal consistency with the current sample.

Note: the scale was modified, and a portion of the questions were excluded due to data not relevant to the study being collected.

Note: Non-binary/third gender and prefer not to say were excluded from the t-test for gender and the multiple regression using gender as a CV. The reason for this exclusion was that the sample size was only 6 and too small for suitable analysis.

The Toronto Empathy Questionnaire (TEQ) developed by (Spreng et al., 2009) is a 16-item, 5-point Likert type scale ranging from *never* to *often*, which measures a person's emotional ability to understand and respond to others. TEQ represents empathy as a primarily emotional process and contains an equal number of positively and negatively worded items. Items 2, 7, 10, 12 and 15 address the assessment of emotional states in others. The remainder of the statements focus on emotional contagion, emotion comprehension, sympathetic physiological arousal, and con-specific

altruism. Scoring ranges from 0= *never* to 4= *always*. Items 2, 4, 7, 10, 11, 12, 14 and 15 are reverse scored. Higher scores indicate high levels of self-reported empathy.

The Cronbach's Alpha was calculated for this scale and the value ($\alpha=.81$) was found; this indicates a high level of internal consistency with the current sample.

Procedure

The survey was piloted to five individuals to ensure no errors were encountered and to assess approximate survey duration time. Minor issues were discovered which allowed participants to proceed past the consent form without selecting the box which resulted in consent now been recorded. This error was corrected, and all piloted participants were excluded from the questionnaire. The average time of completion for the questionnaire was identified as approximately 7 minutes.

The survey was published and posted on the researchers own Facebook, Instagram, and LinkedIn along with a brief description of the study, the eligibility criteria for the study and an anonymous link inviting participants to take part. Some participants were recruited via friends whereby the anonymous link was sent and shared on their Twitter. A note to say pet ownership was not required was also included. Data was collected through an online Qualtrics survey.

The first page of the study was an information sheet with an overview of the study, any risks to taking part in the study, and the benefits of the study. The researcher's information along with the supervisors contact details (Appendix 1) were included on this page. Following this, participants were directed to a consent form (Appendix 2) where they were required to select a box for having read and agreed with all of the previous information. Participants were also required to select a box to provide informed consent. Participants were unable to proceed without having agreed to both. Participants were informed that they can choose to withdraw from the study at any point during the questionnaire, without penalty. Due to the anonymity of the study, withdrawal after submission of the questionnaire was not possible.

Participants were required to answer demographic questions pertaining to gender and age (Appendix 3). Participants were asked if they currently own a pet and whether or not they had ever owned a pet. Qualtrics display logic was used when these questions were answered, if participants selected “yes” to either question, they were directed to a question asking what type of pet where they were, then required to type what type of pet(s). If participants selected no to both questions, they bypassed the question on what type of pet and proceeded to the next part of the questionnaire.

Qualtrics choice randomisation was used for the next part of the study which allowed every second person to be presented with one of two vignettes (Appendix 4), one where a pet owner was annoyed that their pet was unwell and another where they were upset that their pet was unwell. Participants were then shown the modified version of the Witnessing of Disenfranchised Grief (Appendix 5) followed by the Toronto Empathy Questionnaire (Appendix 6). Upon finishing the survey, participants were thanked for their involvement in the study.

Ethical considerations

The study was granted approval by the National College of Ireland’s (NCI) Ethics Committee and is in line with The Psychological Society of Ireland Code of Professional Ethics (2010) and the NCI Ethical Guidelines and Procedures for Research involving Human Participants. All data which was collected for this study was collected in accordance with NCI’s guidelines and were stored on an encrypted USB device and were accessed on a secure laptop only with up-to-date virus protection. Risks and benefits of participation were outlined on the study information sheet and the informed consent sheet. Participants were informed that all data collected was unrecognisable and the only person with access to this was the research conductor. Contact details were provided should participants have any concern. Helpline information for services such as Irish Hospice Foundation Bereavement and Blue Cross Pet Bereavement Support Service were provided on the debriefing sheet.

Results

Descriptive statistics

The current data is taken from a sample of 191 participants (n=191). From this sample, 24.6% were male (n=47), 72.3% were female (n=138), 2.1% were non-binary / third gender (n=4) and, 1% prefer not to say (n=2). Descriptive statistics were also run for age and pet owners, as seen below in Table 1.

Table 1

Table for frequencies for the current sample on each variable (N=193)

Variable	Frequency	Valid %
Gender		
Male	47	24.6
Female	138	72.3
Non-binary / third gender	4	2.1
Prefer not to say	2	1
Age		
18-24	12	6.3
25-34	97	50.8
35-44	46	24.1
45-54	23	12
55-70	13	6.8
Pet Owners		
Single	115	60.2
Multi	68	35.6

Preliminary analysis was conducted including inspection of histogram. The majority of the continuous variables in the current sample approximated normality however, appropriateness was positively skewed. Descriptive statistics were also performed for continuous variables empathy and negative affect presented below in Table 2.

Table 2

Descriptive statistics for continuous variables

Variable	Mean [95% CI]	SD	Range
Empathy	47.2	6.1	34
Negative affect	35.4	13.1	58

Inferential statistics

An independent sample t-test was conducted to compare levels of appropriateness between the two groups, annoyed and upset. As shown below in Table 3, results revealed no significant difference between appropriateness ($t(189) = -5.55, p < .001$) and annoyed ($M=1.8, SD=1.0$) and upset ($M=1.9, SD=1.1$). The magnitude of the differences in the means (mean difference = -0.88 , 95% CI: $.225 - .401$) was small (Cohen's $d = -0.81$). Mean levels for appropriateness for the two vignettes indicated that on average, group 1 have high levels of appropriateness to annoyed and group 2 have high levels appropriateness to upset.

An independent sample t-test was conducted to compare levels of empathy between males and females. There was no significant difference in empathy scores ($t(183) = -3.99, p < .001$) between males ($M=44.5, SD =6.0$) and females ($M=48.4, SD=5.6$). The magnitude of the differences in the means (mean difference = -3.89 , 95% CI: $-1.88 - -5.19$) was small (Cohen's $d = -6.73$).

Table 3.*Independent sample t-test*

Variable	Group	N	M	SD	t	d
Appropriateness	Annoyed	87	1.8	1.0	-5.54	-0.81
	Upset	104	1.9	1.1		
Empathy	Male	47	44.5	6.0	-3.98	-.673
	Female	138	48.4	5.6		

Note. d=Cohen's d and Statistical Significance: *p < 0.5

Bivariate correlation

Prior to conducting the standard multiple regression analysis, bivariate correlations were conducted to determine the relationships between all of the predictor variables (PV) and the criterion variable (CV) negative affect, as well as the relationship between all of the predictor variables: single/multi-pet owners, gender, and pet empathy. Results are presented in Table 4.

With regard to the third objective of the study, the correlations between the PVs single/multi-pet, gender, and pet empathy, were correlated with negative affect. There is no evidence of violation of assumption of multicollinearity when examining the results.

Table 4.*Pearson's correlation results between all variables.*

Variable	1.	2.	3.	4.
1. Negative Affect	1.0			
2. Single/Multi-pet	.11*	1.0		
3. Gender	.19*	-.01	1.0	
4. Pet Empathy	.77*	.09	.17*	1.0

Note: statistical significance: *p<.05; **p<.001

Multiple regression

One standard multiple regression was performed in order to investigate whether or not gender, single vs multi-pet and pet empathy levels predict levels of negative affect in relation to pet illness. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity and homoscedasticity. Tests for multicollinearity indicated that all Tolerance and VIF values did not violate the assumptions of multicollinearity. The model explained 61.1% in negative affect ($F(3,190) = 98.06, p < .001$). Pet Empathy scores were most strongly associated with the predictor variable negative affect ($\beta=.76$). Following that, single/multi-pet ($\beta=.04$) and gender ($\beta=.06$) were also positively associated. All coefficients are presented below in Table 5.

Table 5.

Standard linear regression

Variable	R ²	B	SE	β	<i>t</i>	<i>p</i>
Model	61.1					
Single/Multi-pet		1.29	1.42	.04	.90	.365
Gender		1.50	1.17	.06	1.2	.201
Pet Empathy		20.5	1.25	.76	16.4	.001

Note. R² = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$

Discussion

Caring for a companion animal can provide a person with a sense of worth and responsibility. Animal companions have been found to be developmentally beneficial during childhood as it has been associated with increased autonomy, self-esteem as well as increased levels of empathy (Barker & Wolen, 2008). The process of supporting a pet who is going through an illness and the eventual loss of said pet can be a traumatic experience which can alter your perspective of life.

The current studies aim was to investigate whether people's perception of another person's pet illness is viewed as an appropriate form of grief by presenting two groups of participants with two vignettes, one where the pet owner is annoyed at their pet being unwell and one where the pet owner is upset at their pet being unwell, in the context of disenfranchised grief. Evidence from previous literature regarding disenfranchised grief has identified that pet loss has been disenfranchised and is often not validated or acknowledged (Packman et al, 2014). Previous research has indicated that society as a whole tends to undervalue the significant of an animal companion, therefore resulting in the loss being unacknowledged or in some cases pathologized (Cordaro, 2012). This can result in the pet owner becoming socially withdrawn as they perceive their grief as socially unacceptable and not as an appropriate form of grief (Packman et al., 2014).

The first objective of this study aimed to investigate whether there is a difference between levels of appropriateness based on two opposing vignettes. This was explored by using an Independent Samples t-test. In support of the first objective, results from the test indicated that there were no significant differences between the two groups in this sample: upset and annoyed. The results from this would indicate that in this instance, the grief is not a form of disenfranchised grief. While this is a surprising result, it does indicate that from this sample size, it is viewed as an appropriate reaction to be upset when your pet is unwell, and it is an inappropriate reaction to be annoyed when your pet is unwell. The results for this were unexpected. Previous research has

indicated that grieving the loss of a pet is socially inappropriate which results in pet owners grieving in silence (Cordaro, 2012).

The second objective aimed to investigate whether there are differences in levels of empathy between the genders. Again, this was explored using an independent samples t-test. Surprisingly the results were not statistically significant. This contradicts previous research carried out which has indicated that there is a difference in empathy levels between males and females. Previous studies have investigated the idea that empathy is more prevalent in females than it is in males (Christov-Moore et al., 2014).

Lastly, the third and final objective aimed to investigate whether or not gender, single vs multi-pet and pet empathy levels predict levels of negative affect in relation to perception of a pet owners' reaction to pet illness. A standard multiple regression analysis was employed to explore this objective. In this instance, gender and single/multi-pet did not predict levels of negative affect in relation to perception of a pet owners' reaction to pet illness however, pet empathy was found to make a significant contribution towards explaining negative affect. This result indicates that those with higher levels of empathy towards their own pet have higher levels of negative affect in relation to a pet owners' reaction to their own pet being unwell. This would be consistent with previous studies. Research has found that those who have high levels of empathy towards their own pet have higher levels of empathy towards others and other animals (Gómez-Leal et al., 2021). The results regarding gender and single/multi-pet were surprising. As mentioned above, gender and empathy has previously been investigated and females have been found to be more empathetic than males. With regard to single/multi-pet owners, given that there is research which suggests those who have pet owners are more empathetic to others and their pets, it would be appropriate to assume those with multiple pets would be similar.

Limitations and future research

One of the strengths of this study is that it attempts to expand on the current literature that is available surrounding pet illness and loss. It also adds to the limited research that is currently available from the perspective of another person perceiving pet illness as opposed to from the pet owner.

With regard to limitations of this study, firstly, study is limited in that 72% of participants who took part in the study currently owned a pet and 86% of participants had previously owned a pet. As this study is about perception from someone witnessing a pet owners' reaction to pet loss, there may be bias as the majority of pet owners or past owners who took part may have previously gone through something similar. A repeat distribution with a request for non-pet owners only to take part may be helpful or a study which excludes pet owners and past pet owners may help get a more accurate perceptions of pet loss and pet illness. Non-pet owners may not have experienced pet illness or pet loss previously and may have limited information regarding the disenfranchisement that can occur.

The uneven sample size ratio in gender is another limitation, almost 72% of participants in the study were female. This made it difficult to obtain accurate results for the second and third objective in the study and resulted in an uneven sample size being used for the independent samples t-test and the standard multiple regression. Although no mention of a gender requirement was published, a repeat distribution of the survey with requests for males may be beneficial and result in a larger sample size.

Furthermore, using quantitative data may be a limitation as it can be difficult to capture the complex nature of pet attached and perception of pet loss. Research which combines both qualitative and quantitative may prove beneficial as it allows for the collection of detailed accounts of pet loss, experiences with pet loss and personal perceptions of people going through pet loss. The data collected for this study was achieved through self-reported questionnaires which might be subject to bias.

The Witnessing of Disenfranchised Grief scale was not used in its entirety for this study and a high portion of the data collected was not relevant to the aims and objectives of this study. Using the entire scale would allow for further investigation into the area of disenfranchised grief and the perception of people witnessing a pet owner going through pet illness or pet loss.

Lastly, while age groups were collected for this study, they were not used. The majority of participants who took part in this study were in the 25-34 age bracket. Another study with a significantly larger sample size as well as an increased number of participants in the other age brackets would provide a breakdown of appropriateness scores for different ages and investigate whether there is a significant difference between the age groups. As mentioned previously, repeat distribution might be required in order to obtain an even sample of ages.

Recent studies regarding pet loss or anticipatory grief with regard to disenfranchised grief are limited. The majority of the studies that are available are qualitative and are from the perspective of the pet owner as opposed to another's perception of pet loss.

Studies on the subject of disenfranchised grief both from pet owners and from the view of others are limited. Further research in the area of disenfranchised grief and a repeat of this study with the limitations as noted above addressed is recommended. The increase in pet ownership over the years while positive in that pets can benefit your overall physical and mental wellbeing, it will in the future result in a larger number of pet owners going through pet loss and in some instances, pet illness. By openly sharing and discussing the grief that can occur during this period, grief that was once disenfranchised, this can prevent pet owners going through the grieving process silently for fear of being seen as inappropriately grieving.

Improvements in areas such as the workplace could be made in an attempt to better support those who are going through grief, similarly to those who are going through the loss of a human. This support would provide for better awareness around pet loss and disenfranchised grief and will help reduce the possible mental health implications which can come with pet loss and disenfranchised grief.

Lastly, disenfranchised grief, along with all forms of grief, being taught in a school setting, and from an early age, would help educate children on the different types of grief which exist and allow them to understand that grieving a pet loss, or any grief which is currently disenfranchised, is an acceptable and appropriate reaction to a loss. This could prevent self-disenfranchisement occurring.

Conclusion

The results from this study indicate that the grief that was witnessed and the way in which the grief was handled was a) inappropriate for the pet owner to be annoyed and b) it was appropriate for the pet owner to be upset. That would show that in this sample, the grief was not disenfranchised, however pet empathy and negative affect in relation to pet illness is the strongest predictor model variable. This result for the third objective indicates that those with higher levels of empathy towards their own pet have higher levels of negative affect in relation to a pet owners' reaction to their own pet being unwell.

While this result was surprising, it serves as a good starting point to help improve how pet grief is handled both personally and socially.

This study aimed to expand on the current knowledge of disenfranchised grief. While the results of the study, bar pet empathy, does not align with current research in the area of disenfranchised grief, it provides relevant information which can help benefit those who are grieving the loss of an unwell pet.

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Appendices

Appendix 1 – Study information

Study Information

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

What is this study about?

I am a final year student in the BA in Psychology programme at National College of Ireland. I am conducting an independent research project as part of my final year thesis. The aim of the study is to see if people's opinions on pet grief and loss is still a form of disenfranchised grief. With the increase in pet ownership and more people seeing their pets as part of the family and not just an object they own, is pet grief now seen as similar to that of losing a spouse or child.

The project is being supervised by Dr Brendan Cullen.

What will taking part in the study involve?

If you decide to take part in this research, you will be asked to read a short story. After reading the story you will be asked to complete a 3 online questionnaires – a general questionnaire, a questionnaire relating to the story you read, and a scale on empathy.

Who can take part?

Participants must be over the age of 18 to take part. Both pet owners and non-pet owners will be able to take part.

Do I have to take part?

Participation in this study is completely voluntary and you have the right to refuse to participate. If at any stage during the study you feel uncomfortable you can withdraw from the study without consequence by exiting the browser.

Once you have submitted your questionnaire, it will not be possible to withdraw your data from the study as the questionnaire is anonymous and individual responses cannot be identified.

This questionnaire includes items asking about pet grief and pet loss. There is a risk that some of the questions may cause individuals distress. If you feel that these questions may cause you to experience an undue level of distress, you should not take part in the study.

What are the possible risks and benefits of taking part?

There may be no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to understand peoples perception of pet grief and pet loss. There is a small risk that some of the questions contained within this survey may cause minor distress for some participants. If you experience this, you are free to discontinue participation and exit the questionnaire.

Contact information for relevant support services are listed below.

Irish Hospice Foundation Bereavement
Support Line: 1800 80 70 77

Blue Cross Pet Bereavement Support Service (PBSS)
Phone: 0800 096 6606
Email: pbss@bluecross.org.uk

Rainbow Bridge Pet Loss Grief Center
www.rainbowbridge.com

Will taking part be confidential and what will happen to my data?

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire.

All data collected for the study will be treated in the strictest confidence and stored in line with NCIs data retention policy.

What will happen to the results of the study?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

Who should you contact for further information?

If you would like further information on this study, please contact:

Jennifer Kelly
Undergraduate Researcher
x17103177@student.ncirl.ie

Dr Brendan Cullen
Research Supervisor
brendan.cullen@ncirl.ie

Appendix 2 – Consent form

Consent Form

In agreeing to participate in this research I understand the following: The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data. If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser. I understand that once my participation has ended, that I cannot withdraw my data as it will be fully anonymised. I have been informed as to the general nature of the study and agree voluntarily to participate. All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data may be archived on an online data repository and may be used for secondary data analysis. No participants data will be identifiable at any point. At the conclusion of my participation, any questions or concerns I have will be fully addressed.

Please select this box if you have read, and agree with all of the above information.

Please select this box to indicate that you are providing informed consent to participate in this study.

Appendix 3 – Demographic information

What is your gender?

Male

Female

Non-binary / third gender

Prefer not to say

What is your age?

18-24

25-34

35-44

45-54

55-70

Above 70

Do you currently own a pet?

Yes

No

Have you previously owned a pet?

Yes

No

If yes, what type of pet?

Please enter:

Appendix 4 – Vignettes

You will be presented with a short story. Once fully read, please proceed to the next page. You will be presented with a general questionnaire followed by a series of questions requiring you to answer on a scale of 1 to 5. Please answer these questions honestly. **Your answers are anonymous.**

Annoyed

Sophie is a 30 year old who lives alone with her 3 year old cat, Penny. On Saturday, Penny became unwell and Sophie brought her to the vet. Upon further investigation it is discovered that Penny has a terminal heart condition. Sophie is told that Penny will need daily medication and will be able to return home to live out her final weeks. Sophie rushes home, she has a night out with her friends tonight. She is irritated that she is now late and has had to spend a considerable sum of money at the vets.

Upset

Sophie is a 30 year old who lives alone with her 3 year old cat, Penny. On Saturday, Penny became unwell and Sophie brought her to the vet. Upon further investigation it is discovered that Penny has a terminal heart condition. Sophie is told that Penny will need daily medication and will be able to return home to live out her final weeks. Sophie becomes extremely upset and is consoled by the vet. She returns home and texts her friends to cancel her plans tonight. Sophie spends the next few days unable to eat or sleep. She feels very alone and depressed and ignores texts and calls from friends and family. She has emailed her manager to ask for the week off work.

Appendix 5 – Witnessing of Disenfranchised Grief

On a scale of 1 to 5, 1 being strongly disagree and 5 being strongly agree, do you think Sophie's reaction was appropriate?

Strongly disagree

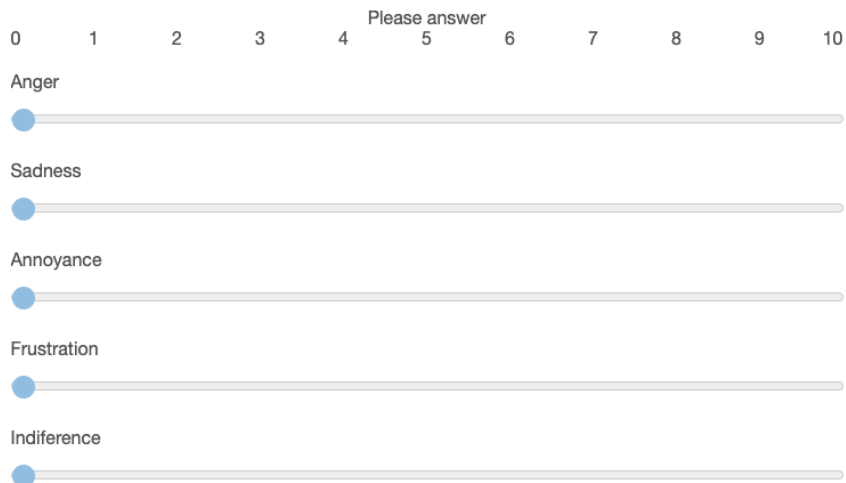
Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

Did Sophie's reaction invoke any of the below emotions:
(0 being no emotion and 10 being strong emotion)



If you were in this situation, what feelings might this invoke for you?
 (0 being no emotion and 10 being strong emotion)

Please answer

0 1 2 3 4 5 6 7 8 9 10

Sadness 

Anxiety 

Irritability 

Guilt 

Disruption in functioning 

Mental/physical problems 

Appendix 6 – Toronto Empathy Questionnaire (TEQ)

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

	Never	Rarely	Sometimes	Often	Always
1. When someone else is feeling excited, I tend to get excited too.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Other people's misfortunes do not disturb me a great deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It upsets me to see someone being treated disrespectfully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I remain unaffected when someone close to me is happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy making other people feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have tender, concerned feelings for people less fortunate than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When a friend starts to talk about his\her problems, I try to steer the conversation towards something else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can tell when others are sad even when they do not say anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I find that I am "in tune" with other people's moods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I do not feel sympathy for people who cause their own serious illnesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I become irritated when someone cries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am not really interested in how other people feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I get a strong urge to help when I see someone who is upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I see someone being treated unfairly, I do not feel very much pity for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I find it silly for people to cry out of happiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When I see someone being taken advantage of, I feel kind of protective towards him\her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

