The case for counselling in veterinary medicine



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The emotional value of animals as companions has been well documented, and the important role that pets play in society is gaining increasing recognition[1–3]. Yet, in spite of evidence that strong attachments do exist between people and their pets, the management of euthanasia, which includes the emotional needs of both client and veterinary surgeon, has been largely ignored in virtually every country. This is somewhat surprising as veterinary surgeons daily confront this area of veterinary medicine.

THE ROLE OF A COMPANION ANIMAL

People keep pets for many different reasons. They may, for example, see them as status symbols, playthings, ornaments for the garden, helpers or companions. What distinguishes a companion animal from other pets is the nature of the relationship with the owner[4], the amount of time spent with the animal, and the degrees and type of physical contact[5]. A companion animal, then, may be any animal with which a person has developed a strong attachment.

Very often companion animals are an integral part of the family and, therefore, the deaths of such animals can precipitate the same grief responses that are experienced when a human family member dies[1,6,7]. A person might feel numb, shocked, sad, angry, guilty and, sometimes, depressed, which may occasionally lead to despair[3,8–10].

Relatively little attention has been paid to the long-term effects of the death of a pet on its human companion. However, some recent work suggested that these effects may occasionally be quite profound[11,12]. A study by Nicholson[13] on the ending of the partnership between guide dogs and their owners highlights the considerable grief experienced by owners over their lifetimes through the loss of several guide dogs. It should be noted, as Nicholson stressed, that the relationship between guide dogs and their owners represents an extreme example of the human/animal bond.

EDITOR'S NOTE

While it is rare for family members to become psychiatrically disturbed following the death of a pet, such events are common causes for grief and provide people of all ages with an opportunity to learn from the experience. For children, the loss of a pet is often their first experience of bereavement, and parents can help them by talking or playing games such as 'funerals', which encourage them to express their thoughts and feelings. Veterinary surgeons are in a key position to provide guidance but, as this article shows, their training seldom prepares them adequately for this role.

Coping with the death of a companion animal

When a companion animal dies, the attitude and behaviour of the veterinary surgeon often influences the way in which the client reacts to that loss. This is especially true in the case of euthanasia[3,14–16]. Veterinary surgeons, however, receive little or no formal training to help them deal with the emotional problems that are inevitably associated with the death of a pet. The unfortunate consequences of this situation have been emphasised by Edney[17], who claimed that expertise in the management of euthanasia in domestic animals is usually gained by experience, which is sometimes harrowing for the client, the veterinary surgeon, the patient or all three.

The issues surrounding euthanasia can be both ethically and morally perplexing and give rise to strong feelings of ambivalence in which the interests of the animal and the owner may conflict. In such circumstances, the vet may have to deal not only with the pet's problem but also with the client's emotions.

'PUTTING DOWN' A PET

Deciding whether or not to terminate the life of a much-loved pet (even when the prospects for the animal are poor or non-existent) can be one of the most difficult decisions a pet owner ever has to make. Burt[18] suggested that much of the struggle comes from the basic taboo against killing. The animal is perceived by the owner as the passive victim of an aggressive act. A person often needs time to come to terms with a euthanasia decision.

Pressurising the owner of a pet into taking a decision too quickly can

result in the owner feeling intense anger and resentment towards the veterinary surgeon. Stewart[16] noted:

People may go into a state of disbelief or shock on hearing distressing news, and this is definitely not the time for them to agree to euthanasia on the spot, which could later lead to all sorts of personal guilt and anger at the veterinary surgeon or recriminations from other family members.

Owners of pets need to be asked if they wish to stay for the euthanasia. Some may not know that they are entitled to do so. Sometimes being with a cherished pet in its last few moments of life can actually facilitate the process of grieving[3,14,18].

Maintaining good client/vet communications

When the interests of the animal and the owner do not coincide, the role of the veterinary surgeon changes from that of clinician to educator and counsellor. This is particularly so when it is necessary to deliver bad news about a pet's condition or when euthanasia is being considered. In such cases, the ability to talk to the client becomes more important than technical skills. Good communication is needed because the degree of trust and confidence that any client places in a veterinary surgeon is directly related to the way in which the clinician interacts with the client.

At the same time, the veterinary surgeon him- or herself often has to cope with feelings of anger, frustration and a sense of failure, when a lot of time and effort has been invested in a particular animal, which has then died. Katcher and Rosenberg[1] noted that, when a pet's life is terminated, the veterinary surgeon must treat the human patient rather than the pet. This requires psychological knowledge and skills, but these are not taught in the current veterinary curriculum.

Veterinary surgeons, then, are left to devise their own coping strategies for situations that actually require highly developed interpersonal skills. A consultation that deals with euthanasia, for example, involves listening skills, empathy and facilitation of the client's emotions. In addition, it brings to the fore the clinician's own feeling of comfort about dealing with overt expressions of grief such as crying. If Edney's[17] claim that the acquisition of these skills is left entirely to 'look and learn experiences' is correct, it is no wonder that many veterinary surgeons take to the options observed by Hetts and Lagoni[3]:

. . . with very little formal training to rely on, many practitioners have attempted to spare clients emotional pain by shielding them (as well as themselves) from emotionally painful experiences. This practice is manifest by discouraging clients from being present at a euthanasia or from viewing a body.

In a crisis when the client is in a state of heightened awareness, almost everything the veterinary surgeon says and does has a greater significance than would normally be the case. If the situation is handled well, the veterinary surgeon is in a unique position to facilitate a healthy grief response by helping to prevent anger and alleviate guilt, which, in turn, decreases the client's sense of isolation and helplessness. Insensitive handling helps to 'block' that response and may even intensify feelings of fear, guilt, anger and frustration, leading to despair[15,19,20]. The veterinary surgeon, almost by default, determines how a person reacts to the loss of his or her pet. Perhaps this last point is supported by the fact that the most common complaint received by the Royal College of Veterinary Surgeons about its members is that of insensitivity – most frequently in relation to the euthanasia of pets[21].

The need to train vets in grief counselling

A common theme throughout the literature is that a grief reaction following the death of a companion animal is natural and encountered regularly in veterinary practice. There is also a consensus that the attitudes and behaviour of the veterinary surgeon are significant factors determining a client's ability to cope with his or her feelings and that sensitivity on the part of the clinician at this time is paramount.

There appears to be a dichotomy here between the literature and what is everyday veterinary practice. This suggests that, while veterinary surgeons recognise that pet loss gives rise to human distress, they themselves remain relatively unaffected by it. The fact that coping with clients' grief is not identified as a key area in the formal curriculum of veterinary students may well give vets a sense of being exempt from responsibility for either the causation or the handling of pet owner's distress.

It is clear that every effort must be made to increase awareness of the key role that veterinary surgeons play in determining both the short- and the long-term experiences of bereaved pet owners. A major step towards achieving this would be to include a well-developed course in psychology and interpersonal communication as an integral part of the curriculum for veterinary students. In addition, it would seem most appropriate to ensure that members of the veterinary profession who are involved in treating companion animals are perceived – and perceive themselves – as central to a multi-disciplinary team, which can contribute greatly towards lessening the trauma associated with pet loss.

This team, which also includes psychologists, psychiatrists, sociologists, social workers, veterinary nurses as well as informed members of the public, must work in the longer term towards establishing the pet owner's right to grieve or towards what has been termed the 'enfranchisement of grief' following the loss of a companion animal[11].

Techniques for client assessment could be taught, dealing with the criteria for judging the client's ability to cope with bad news and the veterinary surgeon's ability to cope with the consequences of delivering bad news. Veterinary surgeons could also be made more aware that their own feelings of vulnerability may sometimes act as a barrier to communication. For example, they may be afraid of not knowing all the answers or of being blamed, which in turn may lead to resistance in answering a client's questions. A fear of unleashing a reaction will not only inhibit the veterinary surgeon but may also prevent the client from expressing fears, anxieties and emotions. If veterinary surgeons were taught simple techniques such as permission giving, acknowledgement and validation, this would help them to facilitate the grieving process and alleviate their fear of not knowing what to do and losing control.

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EMBRACING THE CHAOS: Theological Responses to AIDS

James Woodward (ed). London: SPCK, 1990. £6.99 pb.

To meet a Christian, especially a Catholic, living with HIV/AIDS is too often to encounter someone deeply wounded by the sense of being condemned, rejected or merely ignored by the Church. That many of these people will have experienced bitter prejudice from fellow-Christians, against either their life-style or their racial origin, is hardly unbelievable. But there are other problems. The approach to compassionate involvement can be beset by fear: 'Will I be so clumsily insensitive as to cause further pain?' And there are bristling defences against expected rejection. The man who initiated me as hospital chaplain unfolded his life story for an hour in ever-increasing detail without looking me in the face. After we had become friends, he admitted that he wanted to shock me into walking away; his inability to look at me arose from his hatred of me for being a priest.

This book is an attempt by various authors to tackle these problems and to underpin pastoral care and counselling with a theology penetrating the fullness of our humanity – one not content to remain with abstract ideas. Without this underpinning, our care will be stunted and unable to help the whole person.

To suggest that, under the stress of living with the virus, moral standards are relaxed or irrelevant is both patronising and untrue. But God, as revealed in Jesus Christ, deals with men and women as they are in order to strengthen and support them, through our ministry, and lead them to greater fulfilment as loving, and loved, persons. This involves, of course, a manifold exploration of the God we believe in. How far are we prey to fearing a God eager to punish sin, especially sexual sin, with disaster and disease? How can we enrich our sense of Christian community from the experience of support groups not necessarily Christian? How can AIDS challenge us to shedding our prejudices and loving people unconditionally in Christ? Are we justified in avoiding the terms 'suffering' and 'victim'? Here the real problem is the unfashionableness of preaching Christ's redeeming death with the force and conviction of St Paul, wherein alone these terms become acceptable.

Interspersed with the theological essays are biographical sketches of persons who have lived and died with AIDS. These moving interludes help us to reflect on the essays themselves.

The book makes a significant contribution to a Christian understanding of sexuality, guilt, disability, disease and death. For me, the heart of the book reveals the importance of friendship. 'In our friendships we come to know the friendship of God in Jesus the befriender'(p53).

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RC Chaplain

LIVING WITH LOSS: Understanding Death and Bereavement

Church Pastoral Aid Society. Warwick: CPAS, 1989. £65 + £2.95 p&p.

This pastoral training package is a course for those who wish to know about bereavement for themselves or to help others but without being counsellors. It is full of moments of insight and supportive good sense.

The finely designed, though brief, course book is accompanied by notes for the Minister and by two videos: one specifically designed to accompany some parts of the course; and the other – a Channel 4 production – shows a group of people speaking of their own experiences of bereavement. The course book is divided into six parts, some associated with sections from the videos:

- loss, death and bereavement as part of life – a very profound statement made with great clarity;
- experiences of grieving and the path to recovery – usefully divided into sections on, for example, the relief of talking, handling other people's advice, and dealing with regrets; the video for this part is of a group of people recounting their experiences;
- ceremonies and rituals, their importance as support and guidance in grieving;
- untimely deaths and tragedies – includes much valuable guidance on bereavements associated with children;
- our own reactions to death; and
- the Christian viewpoint, meeting fear with faith.

The package is designed for those with a religious faith – each part ending with a meditation. The fifth part, for example, is about the spiritual dimension in grieving. But within the whole book, the psychological process of grieving and the non-religious ways in which this process may be aided are clearly set out so that those who have no faith can still learn a great deal, and those with faith can see that there exists an important lay, psychological structure to grieving, which must be considered.

The role of the 'loving neighbour' is emphasised. He or she needs to understand the depth of the hurt, the possible turbulence of the emotional reactions to the death, the time scale, and the need for long-term support when helping others in their loss.

The whole package makes an excellent introduction to the nature of grieving and the difficulties imposed upon the bereaved by a community that has forgotten their needs. It does not, however, set out to train counsellors, although it could well be used to complement a bereavement counselling course; it is not suitable as a replacement.

LOOKING AT LOSS: A Bereavement Counselling Pack

Linda Machin. Harlow: Longman, 1990. £27.68.

In its early sections, this book has a structure similar to that of *Living with Loss*, but the text is fuller and there is less emphasis upon religion and more on those details that lead towards the last five sections, which are on counselling skills. Nor are there any videos – only one audio cassette.

The text offers clear, direct information. The sections on bereavement counselling are wonderfully concise and complete, but it is difficult to see how they could be used. To read about counselling is interesting, but to learn a skill requires practice. The text, and the separate Leader's Session Notes, try to generate the necessary activity, but do not do so. The tone is didactic, there are too few exercises and there is little encouragement towards inward questioning; references to cases are few and the cassette is inadequate.

BEREAVEMENT AND LOSS: A Skills Companion

Maggie Fisher, Jane Warman. Cambridge: National Extension College, 1989. £49.95

This National Extension College text manages to promote an extraordinarily strong awareness of the counselling approach, despite its lack of aids such as video or cassette. It is described as a 'skills companion', and case studies and the many activities encourage a self-help attitude and much inward searching as to how the readers would manage their counselling.

Although the text may be used alongside more specifically and analytically skills-orientated texts, the question remains, 'Can bereavement counselling skills be learnt without specific, observed and discussed interaction between the learner and a client (whether simulated or real)?' I doubt that they can, but this is wonderfully near to a skills-learning text – provided only that you have the sort of mind and inner discipline that can benefit from self-help texts.

The essence of training is in the relationships between trainer and trainee. In their different ways, these packages provide much that could be used, much insight, many ideas and indications of supportive attitudes and responses that could inform and might inspire a training team. It would