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Managing Pet Owners' Guilt and Grief in Veterinary Euthanasia Encounters

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Abstract

Through examining the emotion-laden encounters between veterinarians and bereaved pet owners, this study focuses attention on a group of medical professionals who manage the emotions of their clients in light of opposing contextual goals. While negotiating possible outcomes for animal patients, veterinary emotion work is designed to assuage guilt and grief to facilitate timely and rational decisions. However, after clients make the difficult decision to euthanize their pet, veterinary emotion work is geared toward creating "safe" emotional space for grieving clients. This study illustrates that veterinarians have a growing commitment to comforting the owners of euthanized animals and to validating their feelings of grief, pain, and sorrow. On a broader, theoretical level, this study also applies and extends concepts developed in previous sociological analyses of emotion management and human–animal relationships.

Keywords

emotion management in the workplace, euthanasia, socioemotional economy, sociozoologic scale, human-animal relationships, veterinary medicine

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Introduction

> Euthanasia is different for today's vets. Today people have varying relationships with their pets, but very often they will see their pets as members of their family. . . . This is kind of a new paradigm with regard to euthanasia. The old way of doing things was when a person wanted to euthanize their dog, you would take it in the back and it gets euthanized. . . . The client was really not involved in the process at all. We are really getting away from that, but there are still veterinarians [who] do that. There are still some veterinarians where it is a business thing. You go up front and pay the money and the dog goes in the back and gets euthanized. It is not warm at all. Most people now, however, want to be more *intimately* involved with euthanasia. They want it to be a *nice* experience.
>
> —Forty-four-year-old male, veterinary professor discusses euthanasia in a lecture to his seniors

Inspired by Hochschild's (1983) groundbreaking analyses, much of the literature analyzing emotions in the workplace focuses on how individuals manage their own emotions to meet cultural or occupational feeling norms (Smith and Kleinman 1989; Sutton 1991). This research has sparked interest in how paid professionals and volunteers try to influence the emotions of others. In a variety of workplace settings, researchers note how workers use emotion management strategies to achieve interactional and organizational goals (DeCoster 1997; Jones 1997; Thoits 1996). For example, search-and-rescue workers count on particular emotion management strategies to minimize awkward interactions with tearful family members and distressed victims (Lois 2001). Also, bill collectors manipulate debtors' emotions in order to recover their employers' lost revenue—an obvious organizational goal (Rafaeli and Sutton 1991).

Although scholars have turned their attentions to the strategies workers use to manage the emotions of others in the workplace, few have sought to untangle the larger conditions that shape the application of emotion work. In other words, how do competing occupational demands and opposing situational goals influence emotion management? Recent research in emotion work suggests that workers strategically apply emotion management techniques as dictated by contextual demands and goals. For example, when studying search-and-rescue staff, Lois (2001) found that they manage the emotions of victims and their family members in qualitatively different ways. The targeted emotion work of rescuers allows for the successful rescue of distressed victims in one context and minimizes awkward interactions with tearful family members in another context.

Drawing on Goffman's insights regarding tight and loose social situations, Lois describes how rescue workers tightly controlled victims' emotions, but

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created loose emotional guidelines for family members. Goffman (1963) argues that all social situations are marked by a certain degree of "tightness" or "looseness." He describes *tight* occasions "as ones in which the participants have many onerous situational obligations" and *loose* occasions as ones in which participants are "relatively free of these constraints" (207). When interacting with family members desperately awaiting news of their missing or endangered loved ones, rescue workers allowed them to "express a variety of emotions related to their grief, such as guilt or joy about the past, uncertainty or faith about the present, and fear or hope about the future" (Lois 2001, 155). Given that families are relatively free of behavioral and emotional obligation, rescue workers create loose emotional situations for anxious families. However, when interacting with victims in a rescue context, workers construct rigid behavioral and emotional expectations for them.

During rescue situations, workers "wield a great deal of authority in defining the situation and, thus, the norms and roles that correspond to it. They establish power by taking control and demanding specific emotional reactions from others, from whom they allow little input" (Lois 2001, 139). Rescue workers act as tight emotion managers in this context because they fear certain emotions might interfere with successful rescue attempts. For example, tight emotion work helps victims to "save face" when they feel embarrassed about their predicament and remain focused when they feel anxious during the rescue. As such, workers tightly transform and suppress problematic emotions in the rescue context but they loosely manage the emotions of family, allowing for the open expression of vulnerable emotions. The tight and loose emotion management strategies of rescue workers facilitate contextual goals, resolve problematic interactions, and help both family members and victims "arrive at particularly healthy and useful emotions for their situation" (Lois 2001, 152). Guided by Lois's findings, this article explores how veterinarians strategically apply emotion management techniques as dictated by contextual demands and interactional goals.

Although scholarly interest in veterinarians has increased in recent years (e.g., Arluke 1997, 2004; Atwood-Harvey 2005; Gauthier 2001; Irvine and Vermilya 2010; Sanders 1994, 1995; Stanford and Keto 1991), relatively few studies have focused attention on the work of these medical professionals. While scholars have focused extensively on how physicians manage the emotions of various types of patients (Coates and Lo 1990; DeCoster 1997; Groves 1978) as well as patients' grieving families (Fuller and Geis 1985), only a few analysts have investigated emotions in veterinary interactions. For example, Sanders (2010) has focused on how veterinarians deal with the least appealing features of their emotional and physical tasks, and Swabe (1994) has highlighted how the display of emotions in euthanasia encounters differs from the typical, "unemotional" veterinary interaction between client and

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professional. Although Swabe's work pioneers the discussion of emotions among veterinarians, she does not discuss any of the specific strategies that veterinarians adopt to manage clients' emotions.

In the following pages, I delineate how physicians and veterinarians rely on similar forms of emotion management to deal with the feelings of their respective patients/human clients. In doing so, I draw on Lois's (2001) innovative use of Goffman's distinctions between tight and loose social situations to describe the emotion management strategies veterinarians use to address competing situational goals. My analysis reflects the symbolic interactionist perspective, especially the notion that human interaction is guided by, derived from, and modified through people's interpretations and definitions of each other's actions (Blumer 1969; Sandstrom, Martin, and Fine 2010). Thus, in accord with Francis's (1994) concept of interpersonal emotion management, the analysis that follows assumes emotional exchanges occur anytime individuals allow others to direct, mold, induce, or alter their emotions.

My analysis of veterinary euthanasia provides me with an opportunity to synthesize concepts drawn not only from sociological analyses of emotion work but also from sociological studies of human–animal relationships. For example, I apply Clark's (1997) notion of the *socioemotional economy* in combination with Arluke and Sanders's (1996) concept of a *sociozoologic scale* to analyze euthanasia-related interactions that take place between veterinarians and pet owners. As Clark observed when discussing the socioemotional economy, sympathy is an important emotional resource that people exchange according to culturally prescribed rules. Clark (1997, 131) noted that "people limit sympathy depending on what they know, think they know, or suspect about a person's social value. Social value entitles a person to sympathy margins. The greater one's social value the wider and deeper the margins others create for him or her."

When elaborating the notion of the sociozoologic scale, Arluke and Sanders pointed out that the social value of any species is determined by their position along a culturally defined continuum. With humans at the top, an animal's relative position establishes whether or not we, as a society, worship, protect, segregate, or seek to destroy others of its kind. Although any human or animal's place along the scale is flexible, the higher an animal falls along the "sociozoologic scale," the less we tolerate their mistreatment (and the more we evaluate their death as worthy of grief). Most crucially, by combining the insights of Arluke and Sanders with Clark's ideas, I demonstrate how societal attitudes regarding nonhuman animals shape the socioemotional exchange of veterinary euthanasia.

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Setting and Method

This discussion draws on data gathered through approximately 18 months of ethnographic research immersed in the day-to-day activities of Doctors of Veterinary Medicine (DVMs). This research was approved by my university's Institutional Review Board. In addition to interviewing participants about their experiences with euthanasia, I also observed their interactions with human clients, animal patients, veterinary technicians, and colleagues. My initial fieldwork, secured through my friendship with an employee, consisted of spending three months in a large veterinary teaching hospital in New York. Based on that experience, I was invited to attend several classes at a New England veterinary college, including a half-day seminar specifically focused on euthanasia. Next, I timed my fieldwork at a large teaching hospital in Massachusetts to coincide with their thirteen-month internship program. Finally, I compared what I had learned in the northeast with two months of fieldwork in an emergency hospital in Santa Barbara, California.

To develop the analysis presented in this article, I used the inductive process of grounded theory (Glaser and Strauss 1967). In order to allow themes to develop inductively from participants, I initially used a semistructured interview guide. However, consistent with a grounded theory approach, I modified my interview guide over time, asking questions in follow-up interviews that were based on recursive analysis of the themes that emerged from previous interviews and field observations. Throughout my time with veterinarians, I regularly compared key themes from my fieldnotes and transcribed interviews to my earlier expectations and assumptions. By collecting and analyzing data in an ongoing, interactive process, I repeatedly tested the accuracy of my analysis and ensured that it was firmly grounded in both participants' narratives and observable experiences.

The fact that my findings were consistent across multiple settings suggests they are credible beyond the specific organizational culture of one hospital. However, given that my participants were not selected in a way intended to represent all DVMs, I do not claim to offer a comprehensive or broadly generalizable view of veterinary euthanasia as it is practiced everywhere in the United States. My research is limited in scope to "small-animal" veterinarians who exclusively administer care to pets or companion animals (as opposed to "large-animal" veterinarians who treat copiously sized farm animals). In regard to the terminology used in this article, I refer to those who pay for veterinary services as clients, owners, and caretakers and those who receive veterinary care as patients, companion animals, and pets. I also refer to the veterinarians I observed and interviewed as participants. As small-animal veterinarians, my

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participants were not especially unique. In fact, between 65 and 70 percent of U.S. veterinarians' earnings in 2008 came from treating small animals, while less than fifteen percent of all veterinarians work exclusively in large-animal practices (AVMA 2008b).

The majority of my participants differ from typical American veterinarians because they practice in large, teaching hospitals rather than small, locally owned clinics (AVMA 2010). With state-of-the-art technology and board-certified specialists, teaching hospitals usually offer clients the most advanced veterinary care available in their area, including emergency or critical care, ophthalmology, neurology, and oncology services as well as cardiovascular and orthopedic surgery. In addition to these sophisticated referral services, teaching hospitals provide the same preventive and basic health care offered by most small-animal clinicians. As such, teaching hospitals exposed me to a large number of clients seeking care for animal patients with a wide variety of medical conditions.

Teaching hospitals also exposed me to a large number of veterinarians who reflected diversity in gender, age, and expertise. Although 70 percent of the participants I interviewed were women, the demographics of my settings reflect those of the profession. Women make up approximately half of practicing veterinarians (AVMA 2010) and nearly 80 percent of veterinary students (Chieffo, Kelly, and Ferguson 2008). Given that teaching hospitals host a large number of residents and interns who recently graduated from veterinary school, I expected to have a greater percentage of female participants. In terms of expertise and age, I captured a wide range of perspectives from novices to skilled specialists with nearly forty years of experience, ranging in age from twenty-five to sixty-two years. All told, my data consisted of eighty-one formal interviews with fifty-four veterinarians and more than six hundred hours of participant observation.

During my fieldwork, I was especially concerned with how I might influence the behavior of those I observed (Lofland et al. 2005). However, many factors suggest that my presence did not significantly alter the actions of my participants. First, because I essentially played the role of a pseudo-student, I believe my presence was minimally invasive and not especially conspicuous to veterinary participants or their clients. Staff members employed in teaching hospitals are accustomed to student observers taking diligent notes and spending time in their workspace. Clients were never told of my identity as a researcher; however, they probably assumed that I was a veterinary student or technician because I often borrowed lab coats, dressed in hospital scrubs, and helped veterinarians with simple tasks.

Although some participants did not feel immediately at ease with me or see me as a person they could trust, as time unfolded I believe I built the necessary

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rapport known to facilitate authentic data collection (Warren and Karner 2005). First, I spent a great deal of time with participants, and we shared both the frustration of difficult cases and the joy of heroic life-saving events. Observing as many cases as possible on day, evening, and overnight shifts helped me to build rapport and established my genuine interest in their work. While no employee refused to allow me to observe them at work, I was unable to schedule formal interviews with every veterinarian employed at the hospitals because of time constraints. Given my participants' demanding schedules, a few of the interviews took place in break rooms or hallways during slow shifts. In most cases, however, the interviews took place while participants were off duty in isolated areas of the hospital, such as the library or private office. I conducted the majority of interviews for approximately one hour but some lasted for as long as three hours.

In addition to spending many hours with participants, I built rapport by sharing in the daily "grind" of the profession (Arluke and Sanders 1996). My duties included cleaning exam tables, bathing animals, monitoring equipment, delivering charts across the hospital, and assisting in noncritical procedures such as restraining patients or taking their temperatures. In fact, I once sustained a semiserious injury while helping to control a very agitated feline patient. Admittedly, I wore short sleeves proudly for a week after that incident with hopes that others would notice my wounds and interpret the injury as a sign of my commitment to the project. Over time, I became especially good at an unpopular task known as "expressing" anal glands. Without going into much detail, suffice it to say the oily secretions one must gently coax out of the swollen gland have a very disagreeable odor to humans. Thankfully, the sometimes painful and pungent tasks helped build rapport with participants and facilitated discussion of emotionally uncomfortable work-related experiences.

Humor also greatly aided my transition from "outsider" status to acceptance in the private workspace of veterinarians. Participants publically analyzed my character through the telling and retelling of two particularly embarrassing events that happened to me early in my fieldwork. The first story involved a horrific accident that occurred while transporting a large, wheeled container packed full of animal cadavers to the crematorium. When tipping back the wheeled container, I lost my balance and slipped, causing the bodies to spill out on top of me. Told with increasingly exaggerated detail and humorous glee by many participants, this story, which recounted lifeless animals falling on my face, always elicited a hearty laugh. The second comedic event involved a devilishly planned practical joke in which I was asked to feel inside the rectum of a Bullmastiff for foreign objects. This dog had rendered himself unable to defecate by consuming an unsupervised birthday cake which had been artfully decorated with pieces from a Civil War chess set. As I stuck my fingers into his rectum, I managed to grab a missing rook

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which helped the patient release a sudden gush of black diarrhea all over my face and clothes. Anticipating this explosion, the entire clinic erupted in laughter and cheers.

My willingness to laugh at these emotionally troubling and embarrassing situations reinforced my reputation as someone who can withstand the difficult parts of the job and who can be trusted with sensitive "insider" information. Similar to Sanders's (2004) experience as a researcher among sex workers, in every setting I became the source of jokes, gags, and funny stories aimed at testing my willingness to "play along." For example, participants often playfully implied that I was macabre or morbid because of my research interest in euthanasia. Interns particularly enjoyed making me the target of humor by asking me technical questions in front of clients so that they could later take mischievous pleasure laughing at my awkward and unscientific responses. Although such teasing may seem alienating, it made me feel welcome. Workplace researchers repeatedly note humor as a key part of socializing newcomers, relieving tension, and building a sense of group camaraderie (Francis 1994). As such, participating in playful repartee and good-humored teasing not only reinforced my acceptance as an insider but also helped participants become more comfortable with me (and I with them).

Eventually, participants came to see me as a confidant, and I became increasingly certain that I could trust their descriptions and see their actions as genuine. As time passed, participants brought up sensitive matters without my prodding and sometimes went out of their way to find me in the hospital to share stories they thought relevant to the project. For example, after noticing my interest in the euthanasia-related cards, letters, and gifts displayed around their offices, participants often saved them to share with me during our interviews. Although I did not do an official content analysis of these cards and letters, I transcribed some of the key content in my fieldnotes. While my fieldwork was often emotionally upsetting and physically exhausting, my use of ethnographic methods gave me direct access to the private and emotionally charged interactions between veterinarians and their clients.

Results

Pet Owners' Emotions: Guilt and Grief

Today's "companion" or "small" animal veterinarians must attend not only to the death of their patients but also to the emotions of their human clients. Until the middle of the twentieth century, veterinarians worked almost exclusively to maintain the optimal physical condition of economically valuable

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transportation and farm animals (Bryant and Snizek 1976). Early pet owners assumed the duties of caring for their pets' health and well-being and, when it came to ending the lives of suffering or unwanted animals, they "put them down" at home. Over time, however, pet owners began to regard home methods such as shooting or drowning as inconvenient, distasteful and, in some cases, cruel or inhumane (Grier 2006). Concerned with how best to alleviate (or simply evaluate) their animals' suffering, pet owners progressively turned to veterinarians for assistance, not only in managing their pets' health but also in attending to their deaths.

As euthanasia became an increasingly common task for veterinarians, the procedure typically took place in the backrooms of clinics, far from the view of pet owners. As late as 1981, articles in veterinary journals strongly discouraged practitioners from allowing client access to the death of their pets (e.g., Bustad, Hines, and Leathers 1981). Apprehensive that grieving clients would become an additional time-consuming burden, veterinarians also expressed concern that witnessing the death of beloved companions might be emotionally disturbing for clients. While some veterinarians continue to ban pet owners from euthanasia procedures, many criticize such policy as old-fashioned and inconsiderate of clients' wishes and expectations. In fact, surveys confirm that the majority of pet owners strongly believe veterinarians should allow clients the option to remain with their animals during euthanasia procedures (Adams, Bonnett, and Meek 2000; Martin et al. 2004). Thus, many veterinarians today interact with emotionally distraught clients leading up to and after they have made the difficult decision to end the life of their pet.

Unlike the typical "unemotional" veterinary consultation, euthanasia-related conversation between the veterinarian and client are often marked by at least some degree of emotional distress (Swabe 1994). Although I witnessed some pet owners make seemingly callous decisions regarding the death of their animals, I more often observed emotionally distraught owners who request to hold their companion animals during the euthanasia and spend time with their bodies after they die. This pattern held true not only for owners of dogs and cats but also of birds, mice, ferrets, hamsters, and even an iguana. Veterinarians classified pet owners' troubling emotions into two main categories: those associated with grief (e.g., sadness, distress) and those associated with guilt (e.g., doubt, regret).

For many pet owners, the death of a companion animal can feel similar to the loss of a human relationship (Gerwolls and Labott 1994). In fact, researchers have found similar grief reactions among people mourning the death of animals and those experiencing a human loss (Carmack 1985; Quackenbush 1985). Wrobel and Dye's (2003) study of adults whose pet recently died

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found that 86 percent initially experienced at least one symptom of grief while 35 percent continued to experience a symptom at six months and 22 percent at one year. Gage and Holcomb (1991) found males rated pet loss about as stressful as the loss of a close friendship and females rated the loss about as stressful as losing touch with their married children. As one might suspect, a person's experience of grief following the death of a pet is related to their level of emotional attachment to the animal (Brown, Richards, and Wilson 1996; Field et al. 2009). However, evidence suggests the deaths of companion animals have become increasingly significant stressors in the lives of pet owners (Chur-Hansen 2010; Gosse and Barnes 1994; Planchon and Templer 1996; Stern 1996).

The decision to end the life of a companion animal can intensify the grief process and cause many pet owners to experience troubling feelings of guilt. While some pet owners feel guilty about simply considering the option of euthanasia, others report feeling guilt and failure long after the animal's death (Ross and Baron-Sorenson 1998). Scholars repeatedly document conflicting feelings that often emerge from giving consent for euthanasia (Hetts and Lagoni 1990; Meyers 2002; Stewart et al. 1985; Weisman 1991). Pet owners report a significant amount of regret and guilt when they believe they contributed to the medical problem that led to the decision to euthanize or when they made the decision to euthanize based primarily on financial considerations (Hart, Hart, and Mader 1990). Even when pet owners view euthanasia as a humane option, they often feel guilty about their decision or question whether they made the right decision (Adams, Bonnett, and Meek 2000). In fact, pet owners, concerned about their choice to euthanize, often phoned veterinarians to seek reassurance that they had made an "appropriate" and "reasonable" decision.

Managing Owners' Guilt: Veterinarians' Use of Tight Emotion Work

Euthanasia decision making can also be a frustrating and stressful experience for the veterinarian. For example, hours may feel like days for veterinarians when they believe that an animal is suffering, but the owner needs time to decide between euthanasia and expensive life-saving treatment. One such case involved a feline patient who, struck by a car, suffered serious but treatable injuries. Although the owner could not afford the emergency fee or the funds necessary to repair the injuries, he did not want to end his companion's life. After "doping the patient up" on pain medication, the veterinarian does her best to convince the client to authorize the surgery or the euthanasia. The veterinarian firmly believes her client's emotions prevent him from making a

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difficult choice: "This man is suffering from serious grief at the thought of losing his cat, but he also feels guilty because he let her get outside the house. . . . You can't waffle on something like this. . . . It is inhumane to leave this animal the way it is, and it can be agonizing on us when they won't make a decision!" Participants often felt their clients' emotions (particularly guilt and grief) had the potential to impair their ability to make timely medical decisions.

Circumstances in which guilt is not easily managed are often particularly frustrating for the veterinarian as demonstrated by the case of Daisy, a Golden Retriever, who swallowed a toothpick accidentally left inside her owner's hamburger. When the toothpick perforated her gastrointestinal tract, she developed a debilitating case of peritonitis. After Daisy's first surgery to correct the damage, she relapsed. Because of the severity of her condition, the intern assigned to her case strongly recommended euthanasia. However, Daisy's owner responded, "I can't kill her. It is my fault she ate the toothpick. I have to give her another chance." Unable to change his client's mind, the intern reluctantly agrees to another surgery. After three weeks of intensive care and two major surgeries, the peritonitis returns. Despite a spiraling bill upwards of 10,000 dollars and the surgeon's prediction that Daisy would likely not survive another surgery, the client wants to try again. At this point, a supervisor calls the intern into her office to discuss the mounting bill and the owner's refusal to euthanize. The intern, clearly frustrated with the situation, loudly exclaims, "What do you want me to do? Put a gun to his head? He just feels too damn guilty over that fucking toothpick!" Thus, veterinarians fear a client's guilt can prevent them from making the right choice for the animal's welfare.

In the decision-making stage, the veterinarian's goals are typically instrumental; that is, he or she strives to help clients assuage problematic emotions and make rational choices. Veterinarians tightly manage feelings of guilt by strictly requiring clients to conform to specific emotional directives. In fact, the veterinarians in this study relied on the same repertoire of emotion management strategies that DeCoster (1997) observed in his study of physician–patient interaction. These strategies include reinterpretation, redirection, and rationalization. Veterinarians *reinterpreted* their clients' guilt in favor of more constructive emotions. For instance, one participant encouraged her clients to reinterpret guilt as love for the animal: "Lots of owners who choose euthanasia feel guilt and they doubt their decision, but that's just a sign of your love for Scratchers. It is not a sign that you are making a bad decision, but that you care deeply for Scratcher's best interest."

After the client makes the difficult decision to euthanize his or her companion animal, veterinarians continue to suppress their client's feelings of

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guilt. In fact, participants used the same strategies to neutralize guilt after euthanasia they previously relied on to facilitate timely decisions. For example, clients often felt guilty considering euthanasia for terminally ill pets out of the fear they might make the decision "too soon." To facilitate timely decisions, veterinarians might *redirect* their client's guilt toward the negative emotions they would unquestionably feel in the future if they allowed the animal to suffer needlessly. However, even after the death of the animal, veterinarians continued to *redirect* their client's expressions of guilt into concern for the animal's feelings by focusing on how euthanasia ended the pet's suffering: "We did everything we possibly could, and at least she is not suffering anymore. No more chemo. No more needles. No more throwing up."

Rationalizing was an especially helpful tactic in facilitating timely decisions and alleviating guilt after euthanasia. In the decision-making phase, veterinarians *rationalize* euthanasia as one justifiable outcome among other equally legitimate alternatives. However, after the client makes a choice, the veterinarian may immediately *rationalize* that option as the best choice. Consider the case of a Rottweiler named Spike. At first, Spike's veterinarian validates both the option of continuing life-sustaining treatment and the choice to euthanize: "Though Spike could certainly respond to the new treatments, 12-years-old is really old for a Rottweiler. It is obvious that you took really good care of him and gave him a great life. So, I know whatever decision you make, it's the right one." Yet, after the client makes the decision to euthanize Spike, the veterinarian exclusively *rationalizes* his client's choice: "You did the right thing. . . . This was the right call in my opinion. Many people make the mistake of waiting too late. A big problem we run into is when people won't make timely decisions and the animal suffers. It is obvious that you love Spike and you didn't want him to suffer."

Even in cases when euthanasia seemed irrefutably in the best interest of the animal, simply thinking about ending the life of his or her pet can threaten a client's identity as a good and loving pet owner. In fact, anxious pet owners expressed considerable relief when hearing their veterinarian corroborate their decision to end their animal's life. Thus, as medical experts in animal health and well-being, veterinarians wield a great deal of authority in defining the best interest of animals. The veterinarians I observed relied on this authority to define euthanasia as a positive, medically appropriate choice, thereby engaging in tight control of owners' emotions. In fact, as the following participant demonstrates, veterinarians even rationalized euthanasia when they had hoped for a different outcome for their patient: "As long as you feel like [euthanasia] is somewhat medically justifiable. . . I will transition from

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having potentially—usually kind of tactfully—argued for the other side, to supporting them and making them feel good about their decision."

In their role as tight emotion managers, veterinarians strove not only to help clients resolve guilt emotions but also to shape euthanasia as a loving option for animals. In fact, participants so tightly controlled the meaning of euthanasia that they outright refused to allow any disparaging remarks from their clients regarding euthanasia. For example, in the following exchange recorded in field notes, a veterinarian transforms her client's pessimistic statement regarding euthanasia into a positive sentiment shared by many participants:

> After the euthanasia of a couple's cat, the wife tearfully remarks, "You must hate this part of your job?" The veterinarian thoughtfully responds, "You know it is really a blessing to be able to end suffering of animals and to help people say goodbye to their pets. I am fortunate to be able to do this for my patients. We went through heart failure with my granddad and it was a horrible way to go. Really it [euthanasia] can be a special time for me because I get to see how much people love their animals."

The tight emotion work of veterinarians helped clients resolve their guilt and reconstruct their identity as good pet owners who, by choosing euthanasia for their animal, made a kind and loving decision.

In addition to the instrumental goals of "getting the job done" and shaping euthanasia as a positive practice, some veterinarians sought to manipulate or exploit clients' feelings of guilt for financial, personal, and professional gain. For example, a few participants subtly encouraged guilt in their clients with the hope of persuading them to pay for expensive life-saving procedures. Novice interns occasionally "played on the client's guilt" in order to coax them into treatments or procedures they were eager to learn. However, when most participants claimed to "use the client's emotions to *my* advantage," they were typically referring to the psychological benefit they feel when advocating the best interest of their patient. For example, veterinarians may enhance guilt emotions if they believe it will help encourage clients to make the decision to euthanize a suffering patient. Although participants sometimes viewed "gently pushing clients towards the best interest of the animal" as justifiable, most regarded preying on client emotions *simply* for professional or financial gain as unethical, unsavory, and unprofessional behavior.

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Managing Owners' Grief: Veterinarians' Use of Tight and Loose Emotion Work

Veterinarians have similar goals when managing owners' grief as they do when managing owners' guilt; that is, they strive to help owners assuage this problematic emotion to facilitate rational, timely choices. However, after clients make the difficult decision to euthanize their companion animals, they are no longer expected to suppress, rationalize, or disregard their feelings of grief. In fact, they are allowed to express a wide range of grief-related emotions (except for guilt). These emotions range from joy or happiness (based on imagining good times with their companions) to relief, anxiety, sadness, anger, and nonchalance. As such, veterinarians managed owners' grief far more loosely after euthanasia took place than they did during the decision-making phase. Thus, in contrast to the tight management of guilt, participants engaged in both tight and loose management of their clients' grief.

Participants tightly shaped the definition of the negotiation process as a nonemotional, rational situation. When clients express grief-related emotions at this time, veterinarians ignored, disregarded or avoided this emotion. For instance, in the following case the veterinarian briefly acknowledges her client's emotional expression but then *disregards* it and encourages the client to concentrate on the medical problem at hand: "I know that this is upsetting for you, but now is not the time to get upset. We need to focus. We have to think about making the best decision we can for Dolce. We either need to go ahead with the surgery or decide it is time to stop." Another veterinarian *avoids* his client's emotional expression by ending the interaction: "I can see that you need some time to collect yourself and think about this decision. Feel free to use the phone if you need to discuss things with your son. Dial this number when you are ready, or if you have any questions."

Although it was frequently difficult for participants to disregard their clients' grief emotions, they often did so out of concern for their patients, as Dr. Arford explained:

> It is no good [for the patient] to try and sugar-coat it and be all touchy-feely stepping around the truth for the owners. . . . Based on your medical knowledge, if you think the animal is suffering you sometimes have to use the word suffering and not sugar-coat it because you think it might hurt some feelings.

Veterinarians frequently described this process of ignoring, disregarding, and avoiding clients' grief as "medicalizing" their interactions with clients, as Dr. Hill explains:

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> The intense philosophical questions [of euthanasia] are naturally emotion-laden, but we try to get the owners to calm down and focus so they make the most informed decision. Sometimes they are so distraught. . . . You have to go over it as rationally and calmly as you can—over and over until their emotions are no longer in the way of the medical facts. You just have to help them push through their emotions until they understand what is at stake for their animal.

In light of a common belief that emotions are at odds with good decision making, medicalizing is a tight emotion work strategy designed to encourage an owner to see the veterinarian as an impartial and rational expert whose advice is based on science and rationality rather than sentiment and personal attachments.

Once a client chooses euthanasia, veterinarians shift their demeanor from that of a detached medical professional to a sympathetic moderator of the euthanasia experience. No longer concerned with the potential influence of emotions on the outcome of negotiations, veterinarians acknowledge grief and the fact that coming to such a decision is often an exasperating and agonizing experience. Dr. Miller describes how she moves into "euthanasia mode":

> I make this conscious transition. . . . I may go from a very business-like or intellectual or even slightly argumentative. If I feel that they are giving me shit and they're not really listening to me, I'm going to be pushing for my point just a little. But once they've made that decision and it's clear, then I'm transitioning to the totally supportive, totally compassionate person—to try and help them out emotionally [and] let them know it is okay to let their feelings out.

As Dr. Miller implies above, participants often had to suppress their own anger, sadness, and disappointment in order to transition into euthanasia mode. Although most considered patient advocacy an important part of their job, they also saw it as their job to help owners deal with the death of their animal or, at least, to "help them feel their grief is appreciated and appropriate." No longer concerned with negotiating the best possible outcome for patients, the veterinarian's goal moves toward "providing a safe space to grieve for animals" and toward "creating an atmosphere conducive to the expression of emotion."

To achieve their new goals, veterinarians use a variety of *loose* emotion management techniques outlined in Table 1. They express empathy and sympathy, listen to owners, reassure them, offer a comforting touch on the arm or stroke the animal's fur, and, in some cases, even hug the owners. Not

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surprisingly, the veterinarian's choice of strategy was influenced by factors such as the type of relationship built between client and veterinarian, the perceived personality of the client, and the disposition of the veterinarian. For example, physical strategies such as a hug were more frequently used with clients with whom the veterinarian had established some rapport. Participants relied heavily on the strategy of listening when they felt less confident in their ability to offer "proper" or effective counsel to a grieving client.

By strictly requiring pet owners to conform to only a nonemotional definition of reality in the negotiation phase, veterinarians *tightly* suppress client's grief to achieve instrumental goals. However, when veterinarians allow owners to express their grief in almost any way they need during the euthanasia process, their emotion work becomes more *loose* and expressive, allowing for a cathartic release of emotions. Loose emotion work encourages clients to see the veterinary office as a safe space to express deep sadness over the loss of an animal and feel comfortable enough to "let their feelings out." Thus, in the negotiating phase, veterinarians asserted significant authority in shaping sentiments and defining the situation but, after the death of the animal, they allowed clients greater freedom in expressing their feelings.

Although the expression of such intimate emotions disrupts the emotional order by breaching the norms of emotional expression typically expected between client and professional (Goffman 1959), the emotion work of veterinarians helps to repair the interactional breakdown. In the negotiation context, for example, the veterinarian's *tight* emotion management is designed to restore this emotional order by discouraging emotional expression. However, in the context of euthanasia, the veterinarian's *loose* emotion work redefines the emotional order by normalizing the clients' feelings of grief. For example, despite the veterinarian's permission to express their emotions more freely, pet owners frequently apologized for their behavior with disparaging remarks such as "This is so embarrassing. I can't believe I am crying like this." In fact, most clients openly dismissed their expressions of grief as "stupid," "crazy," or "ridiculous." In response to such remarks, veterinarians helped embarrassed clients "save face" (Goffman 1959) by reassuring them that their behavior is permitted, understandable, and normal given their significant loss.

While the veterinarian's tight and loose emotion work helps to resolve awkward interactions with grieving clients and negotiate timely outcomes for patients, emotion work may also strengthen veterinary–client relationships. For example, in a lecture to third-year veterinary students on euthanasia, one veterinary professor emphasizes the importance of offering sympathy, comfort, and counsel to clients:

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Table 1. Strategies for Loosely Managing Client Grief *After* the Decision to Euthanize[a]

Strategy	Definition	Example
Catharsis	Coaxing the client to express/talk about felt emotions.	"If you need to talk about anything, I am here for you. . . . Would you like me to stay with you?"
Empathizing	Understanding/identification with the client's experience by the verbal proclamation of similar emotion(s). This strategy may include listening attentively to a client's stories about their animals or whatever they choose to talk about.	"I lost my cat of nine years to the same kind of cancer just last year. It was a terrible process. I know exactly what you are feeling right now." "I think just being there makes them feel better to some extent. Even though I am really busy I try to let them talk. It seems like the right thing to do. There is only so much you can say to comfort a person. You don't really know them but you can listen to them. That is a gift too."
Sympathizing	Stating or expressing an emotion for the owner (feeling for the owner). This strategy may include using "body language" or gestures to provide emotional support or convey sympathy.	"It looks like this was very painful for you. You obviously care deeply for Scratchers. It was a terrible accident." "I just try to look sympathetic and convey through body language that I'm sorry. Taking the time to give them a Kleenex is a form of communication. You are bonding with them through interaction without words."
Reassurance	Talking to instill confidence in the owner (that their grief is "normal" and legitimate).	"I can see that you really loved him and it is natural to cry and grieve when we experience loss. Lots of people really grieve for their pets. They are important parts of our families."
Redirecting	Encouraging owners to focus on positive memories of their pet rather than thinking about their death.	"I ask the owner have you had them since they were a kitten or a puppy? And then I try to get them to think of those moments—the good times when they weren't sick."
Comforting touch	Putting a hand on the owner's body (shoulder or hand) or offering a hug. Touch may also include touching the animal.	"If you are not the kind of person who feels comfortable touching the person, then make sure you touch or pet the animal in the process. . . to let the owners know that you care."

a. Several strategies (catharsis, empathize, sympathize, and reassure) mirror those operationalized by DeCoster's (1997) study titled "Physician Treatment of Patient Emotions."

When I graduated from vet school . . . one of the first things a vet told me was, "You know Ray, there is only one thing that you need to do well as a veterinarian." I said, "What is that?" He said, "How to euthanize an animal. . . . If you can euthanize an animal well, gracefully, and

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> with respect and compassion, when they [clients] go home and have that visceral response, they will think, 'My God. I really *love* my veterinarian. He really understands how I feel.' Even though it was a negative experience or an extremely emotional experience, they will feel that way. They absolutely will remember that compassion when their future pets need services."

While this research does not explore the pet owner's perspective, many of the veterinarians I studied strongly argued that "dealing with client emotions" is essential to client satisfaction and building long-term relationships with clients. Although most participants denied the instrumental goal of profit as their primary motivation for emotion work, they contended that emotion work is a critical component to client satisfaction and, by extension, a veterinarian's financial success.

During my research, it became clear that small-animal veterinarians believe that veterinary service includes *both* maintaining the health and well-being of animals *and* attending to the emotional needs of their clients. In addition to engaging in the emotion work outlined above, the participants in this study also provided literature on pet loss and recommend books to their clients. They also worked in veterinary clinics that often offered referrals to local therapists specializing in pet loss, and some even employ full-time counselors to assist grieving pet owners (Dunn, Mehler, and Greenberg 2005; Mercer 2007). Small-animal veterinary clinics commonly sell urns, caskets, jewelry, and other products designed for memorializing deceased pets. Although veterinary hospitals tend to make little profit on the urns and other memorial items they sell, offering such acts of veneration suggests that animals are worthy of such honor, ceremony, and grief (and, by extension, worth the cost of expensive medical care). Finally, veterinarians increasingly invest in designer spaces for euthanasia known as meditation, comfort, or grieving rooms with soothing wall colors, comfortable seating, and low lighting. Thus, in addition to emotion work that allows for grief, veterinarians create literal spaces for grief.

Euthanasia and Veterinary–Client Interaction: A Unique Socioemotional Exchange

The affective role veterinarians assume in comforting bereaved pet owners initiates an unexpected response. Relative to times when veterinarians cure the animal or restore it to health, clients are far *more* likely to offer their veterinarians gratitude for ending the lives of companion animals. In fact,

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participants typically received four to five times more cards or gifts from clients after a euthanasia service compared to any other type of veterinary consultation. Thus, the majority of cards, letters, photographs, gift certificates, gourmet food, flowers, gift baskets, and monetary donations to special hospital funds come from clients after euthanasia procedures. While I witnessed the desks of novice interns quickly fill with displays of euthanasia-related gratitude, many of the more experienced participants estimate that they have received several hundred such gifts over the course of their careers. Although appreciative of their clients' gestures, many veterinarians feel baffled by the level of gratitude they receive for providing an "unsuccessful" service that culminates in the death of the pet.

To make sense of the seemingly paradoxical response of pet owners, we must briefly explore the larger cultural context surrounding human–animal relationships. Researchers have long documented ambiguous societal attitudes and ambivalent emotions toward nonhuman animals (Arluke and Sanders 1996; Herzog 2010). For example, people train dogs to fight to their death, race them for gambling purposes, leave them chained to fences in the backyard, breed them in "puppy mills," train them for dog shows, take them on family vacations, buy them designer accessories, pamper them with spa treatments, or leave them substantial inheritances. As medical providers to nonhuman animals, veterinarians encounter clients with widely disparate views and attitudes regarding animals in their charge. However, an animal's position along a continuum from valued subject (patients deserving of quality medical care) to functional object (the client's property) has clear implications for the kind of treatment it receives.

As subjects, companion animals provide valued emotional support to pet owners, who consider them cherished friends or even family members (Albert and Bulcroft 1988; Gosse and Barnes 1994; Katcher 1989). These animals may receive hundreds or thousands of dollars worth of veterinary care. In fact, according to a 2006 national survey on pet ownership, U.S. households spent approximately 24.5 billion on veterinary care specifically for dogs and cats (AVMA 2008a). Moreover, pet owners increasingly travel great distances to bring their beloved companions to state-of-the-art veterinary facilities offering the most sophisticated veterinary care available. For example, animals receive advanced medical, dental, and surgical care, including dialysis, root canals, hip replacements, chemotherapy, cataract extractions, and even pacemakers.

As objects, companion animals are legally their owners' property. Some animals are subjected to cosmetic and medically unnecessary services, including the surgical amputation of their ears, tails, or claws for the benefit of their owners. Some pet owners are unwilling to spend even minimal

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financial resources on their animal's health care because they see the animal as easily replaceable. Frustrated pet owners request euthanasia when their animal barks too loudly, scratches the furniture, digs holes in the yard, or urinates outside the litterbox. Healthy, well-behaved companion animals can be "put down" or euthanized at their owners' request. For example, pet owners request euthanasia because they have simply grown tired of the demands of pet care, their new boy/girlfriend is allergic to the animal, or they are moving to a new residence that does not allow pets.

Recall the unexpected finding of this research that veterinarians are far *more* likely to receive gratitude for euthanasia compared to times when they cured animals or restored their health. This finding stands in sharp contrast to the gratitude pattern encountered by Lois's (2001) rescue workers. When rescue workers saved victims, family members lavished gratitude on the workers. Yet, when death occurred, family members rarely offered gratitude for the service rescue workers provided them. Lois (2001, 173) speculates that, when the victim died, family members did not feel obligated to provide gratitude because "socioemotional norms dictated that the families' emotional grief and bad fortune far outweighed the emotional support the rescuers had provided during the mission." By comparison, why did clients send so many more gestures of gratitude when their companion animals died compared to when the veterinarian successfully "saved" the animal? Moreover, shouldn't the pet owner's bad fortune—the loss of their pet—outweigh the emotional support they were provided by the veterinarian?

Arluke and Sanders's (1996) concept of a *sociozoologic scale* coupled with Clark's (1997) notion of the *socioemotional economy* help to answer these questions. Because of our different positions on the sociozoologic scale, grief over the death of any companion animal is rendered less socially legitimate compared to the grief over the loss of a human. In light of the ambiguous societal attitudes regarding the value of animal life discussed above, pet owners certainly encounter others who simply do not understand their intense feelings of grief over the death of a companion animal. Some people consider grieving for animals silly or overly sentimental and respond to the loss with an insensitive remark such as, "It's *only* a cat. What's the big deal?" Friends and family may want to comfort loved ones after the death of a beloved animal, but their actions demonstrate that they may not fully understand or appreciate the loss. For example, although well-intended, telling a pet owner "You might feel better if you just go get another dog" can evoke the same reaction as telling a grieving widower "Don't worry, you can easily get a new wife."

Because dogs and cats sit much higher along the sociozoologic scale compared to mice, those who cherish their canine or feline companions may not

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understand the grief felt by mice enthusiasts over the loss of such an animal. Consider the case of a young software engineer and his pet mouse named Sam. Upon hearing that his companion would likely not survive, the young man was inconsolable. Behind closed doors, some staff members jokingly whispered to each other, "This guy is nuts. He is crying about a mouse!" Although the veterinarian herself struggled to understand this man's emotional attachment to a mouse, she quickly chastised her staff: "That mouse meant a great deal to this guy and, if we in the veterinary profession think that his grief is strange, who else is going to understand what he is going through? It is our *job* to support his feelings about this mouse and make him feel like it is okay to cry over the death of a mouse." While many of us try to keep mice out of our homes, exterminating them as pests, others cherish their companionship and consult veterinarians to ensure their health and well-being.

The sociozoologic scale suggests that, despite some people's attraction and dedication to the mouse, most people in society will relate to the death of mice in the same way the veterinary technicians did, thinking "It's no big deal, it's *just* a mouse." Although some pet owners experience greater bonds with animals than they do with humans (Barker and Barker 1988; Carmack 1985), scholars note a broad societal tendency to trivialize grief over the loss of an animal companion (Chur-Hansen 2010; Hart, Hart, and Mader 1990; Meyers 2002; Weisman 1991). In one survey of pet owners, for example, more than 50 percent of respondents believed that society did not view the death of a pet as a loss worthy of grief (Adams, Bonnett, and Meek 2000). When a human family member dies most people are surrounded by nurturing friends and family, but they rarely receive the same attention when their animal dies.

The socioemotional economy suggests that the differing sympathy reactions to deaths of humans and nonhuman animals reflect the fact that society creates narrow sympathy margins for the loss of those deemed less worthy. Nevertheless, as shown in the death of "Sam the mouse," veterinarians assume an affective role in comforting all bereaved pet owners. Although the vet was bewildered by her client's grief, she took him to the grieving room and tried her best to offer sympathy and inspire confidence that grief over the death of *any* animal is "normal" and legitimate. Therefore, according to the combined logic of the socioemotional economy and the sociozoologic scale, pet owners felt obligated to provide veterinarians gratitude because reciprocity norms dictated that they were not owed the sympathy and emotional support they received from veterinarians for their loss.

Hochschild's (1989) concept of the "economy of gratitude" offers further explanation for why veterinarians received many more gestures of gratitude related to euthanasia compared to other services. Hochschild argues that

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people offer each other gratitude only when their behavior is thought to go "above and beyond" what is expected. Thus, perhaps clients feel obligated to respond to euthanasia with gratitude because they believe they are getting something extra that is not paid for in the typical fee-for-service exchange. In the typical veterinary consultation, no extra gratitude is deemed necessary because veterinarians receive monetary fees in what the client perceives to be an equal exchange for services. However, when it comes to euthanasia, clients are never billed for the "extras" such as the time veterinarians spend providing emotional support. In this light, the seemingly paradoxical response of pet owners becomes a logical, appropriate reaction to a valuable service—veterinary emotion work.

Moreover, the content of euthanasia-related cards and letters sent by clients demonstrate that clients recognize and appreciate the emotion work of their veterinarians. For example, clients wrote, "Thank you for helping us through such a tough time," "Thank you for your kindness, compassion, and understanding," and "Thank you for helping us come to such a difficult decision." In fact, clients often mention specific emotion-management strategies such as listening and "being there for me." For instance, pet owners often note their appreciation for the veterinarian's validation of their grief, stating: "You really get my loss in a way that other people who don't have pets just can't understand—that bond we have with our animals." In addition to grief, clients also frequently mention the veterinarian's efforts to help them resolve feelings of guilt. As Dr. Turner's client wrote:

> I just had so much guilt over not catching his cancer earlier, but you helped me know how difficult it is to see when some animals are sick because they are stubborn or brave like Dawson. You helped me to finally say goodbye to my beloved friend.

Discussion

Although the work experience of veterinarians has drawn relatively little attention from social scientists, emotion-laden encounters between veterinarians and bereaved pet owners provide a rich context to examine emotion management in the workplace. This study provides further empirical evidence for the significance of the role of interpersonal emotion management. In a novel health care setting, the veterinarian's repertoire of emotion management techniques overlaps considerably with many of the strategies utilized by physicians (DeCoster 1997). The analysis of veterinary emotion work not only substantiates the findings of other scholars, it expands our understanding of interpersonal emotion management as contextually and emotionally

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dependent. Through the lens of Lois's (2001) innovative distinctions between *tight* and *loose* emotion management, this research directs our attention to a group of workers who manage the emotions of others in light of opposing situational and occupational goals.

When negotiating possible outcomes for patients, veterinarians facilitate timely, "rational" decisions by strictly managing problematic emotions. Specifically, veterinarians medicalize, ignore, and avoid manifestations of grief and reinterpret, redirect, and rationalize their clients' guilt. After clients make the difficult decision to euthanize their pet, veterinarians continue to tightly manage feelings of guilt while also allowing for cathartic expression of grief. By consistently denying the legitimacy of guilt, veterinarians reassure pet owners that they made a loving decision in the best interest of the animal. Veterinary emotion work also validates grief over the death of an animal companion as normal, appropriate, and indicative of a good and loving pet owner. Thus, through the management of guilt and grief after euthanasia, veterinarians help clients construct positive moral identities.

This study firmly situates the emotion work of veterinarians within the literature on interpersonal emotion management and human–animal relationships. Although veterinarians are often baffled by the level of gratitude they receive for euthanasia, evidence from this study suggests that clients respond, at least in part, to the affective role veterinarians assume in validating grief over the death of animals. According to the combined logic of the sociozoologic scale and the socioemotional economy, pet owners are not owed the same kind of sympathy accorded to those who experience a death in the family because U.S. society creates restricted sympathy margins for the loss of nonhuman animals. Thus, veterinarians must manage their clients' grief within a cultural context that often fails to provide pet owners with sufficient emotional support for the loss of a beloved animal companion. Although I believe that such emotion work is enhanced by the use of designer spaces in veterinary hospitals, my findings invite further sociological investigation into how newly created veterinary bereavement zones inform their emotion work.

My research also suggests that the study of veterinarians could provide fertile ground for scholars interested in the connections between emotional labor, self-conception, and identity. Scholars suggest that workers perform emotional labor not only to meet job requirements but as a way to shape a positive identity and fulfill important commitments to self (Hochschild 1983; Wolkomir and Powers 2007). Time and time again, veterinarians described euthanasia as both "the best and worst part of my job." Although most participants in this study were quick to point out how the practice of euthanasia is fraught with dilemmas and frustrations, they simultaneously depict it as a rewarding and gratifying part of their work. In fact, for many veterinarians

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the ability to help clients during the stressful time of pet loss is part of what attracted them to the profession in the first place. Likewise, having empathy and, more importantly, the ability to convey it effectively to clients is a key part of their moral identities as a professional—that is, these qualities establish them as "good" and competent veterinarians.

Significant for scholars interested in human–animal interaction, veterinary emotion work underscores the importance of human–animal bonds for many of today's pet owners. Pet owners frequently experienced intense guilt and grief when confronted with end-of-life decisions for beloved companion animals. Subsequent research is needed to explore the pet owner's perspective of veterinary emotion work. For example, while my participants argued that dealing with client emotions is essential to building long-term relationships with clients, more research is needed to establish the client's point of view. Interviews with pet owners might investigate client satisfaction with emotion management techniques outlined in this research. This type of research could aid grief counselors who wish to better understand grief associated with pet loss. In addition, veterinary practitioners who seek to improve client satisfaction would also benefit from this research.

Finally, this research has important implications for veterinary practitioners as it illuminates an often veiled or ignored aspect of the profession. Although managing client's emotions is not generally considered an official aspect of a veterinarian's job description, my research suggests that small-animal veterinarians are doing emotion work. For example, not only do veterinarians believe they provide important emotional support to clients (Pilgram 2010), but pet owners in this study thanked their veterinarians specifically for providing them comfort and counsel. Although some veterinarians consider such emotion work outside of the domain of knowledge, experience, and responsibility of veterinarians, my research reveals that many veterinarians are rethinking old notions of professional responsibility to include managing the emotions of clients whose animals they euthanize.

This research reveals veterinarians' growing commitment to recognize the intense feelings of grief, pain, and sorrow resulting from the death of a pet. For some veterinarians, caring for the emotional needs of clients feels natural because they are extremely empathetic to animals and the bonds people share with them. However, others report considerable anxiety and stress related to this important aspect of their work. Despite the fact that veterinary students repeatedly identify dealing with owner emotions as one of their greatest concerns, veterinary schools have been slow to incorporate training around this issue into the formal curriculum (Cohen-Salter et al. 2004; Herzog, Vore, and New 1989; Pilgram 2010). Academic coursework related to recognizing and managing the emotional states

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of clients has the potential to improve veterinary–client relationships and help relieve future practitioners' stress over this aspect of their work.

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Bio

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