Single Adults and the Loss of a Pet

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Abstract

Many American households include a pet and consider the animal an extended member of the family. When single adults lose a pet, the loss is intensified and grief may be prolonged because the pet may be the primary source of companionship, affection, and unconditional love. Through a recommended 10-week structured support group, therapists can assist single adults as they cope with grief after the loss of a pet. Group participants have an opportunity to socialize, process grief, and creatively honor their pets. The group consists of three primary components: mindfulness practice, psychoeducation regarding the mind-body-spirit connection, and the incorporation of Adlerian concepts into daily living. Group participants engage in weekly phone conversations with the group leader and can choose to participate in individual therapeutic sessions with an emphasis on dialectical behavioral therapy skills.

Keywords: Pet loss, grief and loss, single adults, Individual Psychology
Acknowledgements

First and foremost, I would like to acknowledge my beloved cat, Jackson, who died on April 28th, 2016, one day before my birthday. Jackson turned 12 years old just one week before he was euthanized, due to terminal cancer. Jack was a fifteen-pound orange tabby cat, incredibly loving, intelligent, and emotionally intuitive. I trained Jack to meow “Ma-Ma” and to this day many people find that hard to believe. He had many adventures that might sound more like those of a dog’s life. Jack rode on a speed boat, enjoyed car rides, rode in a cat stroller, went to an outdoor coffee shop with me, sat quietly on a leash, and checked out dogs. Every night I would say, “Jackson and mama go night night” and he would follow me into my room (or come after being called if I was already lying down). Jack would jump up on the bed and stay there all night. Many evenings he would snuggle on my chest for about forty-five minutes before he would end up lying next to me for the remaining hours. Jack always seemed to know if I was upset about something and made himself available to me. He was a once in a lifetime pet. My love and devotion to Jackson is what motivated me to write this paper. As a single person, who was profoundly bonded to my cat, and deeply grief-stricken, I can empathize with those who are experiencing the same kind of loss. This type of unconditional love with those we view as “furry people,” is difficult to put into words. Jackson will be forever in my heart, and in my soul. Hopefully, I will see him again in heaven. After all, heaven could not possibly be viewed as a place of purr..fection without cats. I am lucky to have so many friends, including my Mom and boyfriend, who were simply there for me during this time of writing. Some friends listened to my woes, prayed, and cheered me on. I would like to acknowledge Earl Heinrich (Media Center Coordinator), Rachelle Reinisch (my chair), and Meg Whiston (my reader) who encouraged me to finish. Thank you so much. I’m forever grateful.
Dedication

I dedicate this paper in part to my dear friend, Dianne Dutka, who passed away in July of 2016. Dianne was ill when Jackson died, but regardless of her struggle, she managed to send me flowers from out of state. Dianne was a bright, engaging, loving, hilarious, classy friend, and her death left a big hole in the heart of this world. Her caring and compassion will never be forgotten.
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Single Adults and the Loss of a Pet

According to the American Psychological Association, pets can serve as an important source of social and emotional support for all human beings, not just individuals facing significant health challenges (as cited in McConnell, 2011). Hartlin (2014) stated that having an animal companion can psycho-socially, emotionally, and physically benefit pet owners.

Ironside (2009) suggested that pets provide enormous comfort for people who do not have children. Pets may be viewed as “substitute children” because they are completely dependent upon owners for well-being. For single adults, pets frequently fill an emotional void and offer a deep sense of family connection (Lipshutz, 2013). Those who have not included a pet in the home may find the concept of loving an animal silly or difficult to understand. Others may not believe it is appropriate to be sad or depressed after losing a pet; however, for some individuals, the loss can be devastating (Cartwright, 2011). Additionally, when an individual becomes bonded to a pet, the power of that relationship should not be underestimated. According to Ironside (2009), an animal, and the character of an animal, is a blessing because animals provide joy, unconditional love, and ask very little in return. For some, the loss of comfort and love a person experiences with a pet may feel incomprehensible (Lipshutz, 2013). For single adults, pets ease loneliness and isolation and this may have an impact on the grief process after the loss of a pet (Yonan, 2012).

The purpose of this project is to explore grief and loss associated with the death of a pet. In an effort to manage the grief associated with pet loss, therapists could provide a structured support group incorporating mindfulness, mind-body-spirit psychoeducation, Adlerian concepts (Griffith & Powers, 2007), and creative tools to honor the deceased pet. Additionally,
participants may choose to attend weekly therapy sessions with an emphasis on the development of dialectical behavioral skills (Linehan, 2015).

**Benefits of Pet Ownership**

Animals play an important role in many people’s lives. Over 71 million American households (63%) have a pet, and most people think of their pets as members of their family (Casciotti & Zuckerman, 2016; Risley-Curtiss, Holley, & Wolf, 2006; Risley-Curtiss, Rogge, & Kawan, 2013). Considerable evidence exists to suggest companion animals certainly affect the quality of human life in a positive way, both physically and psychologically, by serving as an important source of social support for their owners (Casciotti & Zuckerman, 2016; McConnell, Brown, Shoda, Stayton, & Martin, 2011; Risley et al., 2006). For the purpose of this project, companion animals, or pets, will be limited to dogs and cats.

**Physical Benefits**

Research suggests there are physical benefits to owning a pet (Brzozowski, 2015; Casciotti & Zuckerman, 2016; Foster & Smith, 2016a; Hark, 2013). Companion animals regulate heart rate and lower blood pressure during stressful situations, which may improve overall heart health (Foster & Smith, 2016a; Robinson & Segal, 2017). Casciotti and Zuckerman (2016) reviewed blood pressure and heart rate among non-pet and pet owners. Specifically, Casciotti and Zuckerman noted heart rate and blood pressure while participants performed a timed math problem. Non-pet owners experienced higher resting heart rates and higher blood pressure, were more likely to experience a spike in both while performing the math task, and both measurements took longer to return to normal after the math task. Pet owners made fewer mistakes on the math problems when their pets were with them. Casciotti and Zuckerman (2016) found that owning a cat or dog lowered stress, improved performance, and lowered the risk of
heart disease. Casciotti and Zuckerman indicated that when participants experienced stress, having the owner’s dog in the room was of greater benefit than ACE (angiotensin converting enzyme) inhibitor drugs or blood pressure medications.

According to Foster and Smith (2016a), petting or stroking an animal lowered an individual’s cholesterol and blood pressure. The hormone oxytocin was released and helped reduce stress and anxiety levels. In addition to lowered stress and anxiety, pets increased the physical functioning and activity of their caretakers. Pet owners frequently experienced better physical health due to the need to exercise and care for a pet. A pet promotes an active lifestyle which could contribute to lower triglycerides, cholesterol, and blood pressure. Additionally, Foster and Smith suggested that when the physical body is stronger, people are less vulnerable to mental health issues.

In addition to what one might presume to be everyday normal benefits to owning a pet, there are benefits for special situations as well. For example, according to Foster and Smith (2016a, 2016b) pets have been known to help owners adjust to serious illness and death, protect people from intruders, increase longevity after heart attack, predict seizures, control freezing (i.e., the inability to move the feet) in Parkinson’s disease, reduce medical appointments and minor health problems in nursing home patients, reduce anxious outbursts in Alzheimer’s patients, and aid the blind (e.g., seeing eye dogs). In one instance, a Florida dog could detect cancer with almost 100% accuracy. In addition to the aforementioned benefits of pet ownership, animals can assist with speech therapy, occupational therapy, psychotherapy, and physical rehabilitation.
Psychological Benefits

According to Foster and Smith (2016b), there are many psychological benefits to pet ownership. Foster and Smith suggested that to have a well-balanced life, both humans and animals need structure and a regular routine. Animals require a feeding and exercise schedule, and regardless of a person’s mood, the need to care for a pet can provide balance and comfort for the pet owner. In other words, when people care for animals, life expands beyond the individual. As a result, the caretaking role creates a sense of purpose and responsibility for the pet owner.

Social and Emotional Benefits

Casciotti and Zuckerman (2016) posited that pets provide emotional and social support by lowering stress levels and increasing relaxation. Moreover, humans, and many animals, share a similar physiological basis of sociality, which explains the human-animal bond even further (Massen, Sterck, & de Vos, 2010). In some cases, Casciotti and Zuckerman (2016) believed that additional social support from animals was more beneficial than support from family and friends without the animal.

According to Brzozowski (2015), pets may help isolated people become more social and feel less lonely. Doheny (2012) stated if you have a pet, you are never alone. The empathy for, and connection with, animals is an important part of our social development (Akhtar, 2016). For example, when an individual engages in dog walking, this may increase social interaction with strangers. Hark (2013) hypothesized that pets become a natural icebreaker because pet owners enjoy talking about pets. Hark found that dog parks provided socialization opportunities for both pets and their owners. For instance, taking a dog to a park may encourage interaction with people in the same neighborhood. In addition, when people live alone (e.g., single adults) a pet provides a significant amount of companionship (Foster & Smith, 2016a).
In addition to increased opportunities to socialize and meet other people, dog and cat owners find companionship from the pet and do not feel alone at home (Foster & Smith, 2016a). If some individuals struggle with depression, and tend to isolate from family and friends, pets offer constant companionship and contribute to emotional well-being (Doheny, 2012). Hark (2013) stated pets can be extremely intuitive. For example, when a pet owner feels down, pets may refuse to allow the owner to remain in isolation. In addition, when people do not feel depressed, a pet offers unconditional love, which can reduce tension and improve mood.

Hark (2013) believed that nurturing and caring for a pet created a distraction and made personal issues appear manageable. For instance, pet owners talked to pets and considered the pet a constant source of comfort and enthusiasm—free from repercussions and judgment about previous personal mistakes. According to Hark, when an animal makes a person smile, it triggers neurotransmitters in the brain, and this response can heighten dopamine and serotonin levels. Dopamine and serotonin levels in the brain are associated with feelings of happiness and tranquility. Pets elicit patterns of behavior and emotion observed within human relationships. These feelings are visibly reciprocated by pets who display signs of contentment such as purring or tail wagging (Brown & Symons, 2016).

Grief and Loss

Packman et al. (2014) suggested pet loss is complex. The degree of mourning was contingent upon what the pet meant to the owner. Some pet owners considered the pet a child, a best friend, a protector, a toy, or a companion. The human reaction, both physical and emotional, may vary greatly depending on the type of attachment between the pet and owner (Rujoiu & Rujoiu, 2013c). Sife (2005) identified three types of bonding relationships owners have with pets. The first bonding type was *weakly bonded* which meant the owner provided bare
necessities for the pet (e.g., hygiene and food). The second type was moderately bonded. In this scenario, the pet owner understood the pet’s individual needs and spent more time with the pet; however, when the pet died, the owner was able to move past grief in a relatively short period of time. The third type of relationship was profoundly bonded. Pet owners in this category considered the pet a member of the family and would grieve the loss of the pet very deeply. The profoundly bonded pet owners experienced strong emotional involvement as evidenced by a deep conviction that the pet owner understood the feelings and needs of the pet companion. Eckerd, Barnett, and Jett-Dias (2016) stated that a close and bonded relationship with a deceased pet is usually associated with a stronger grief response. Single adults may find some component of personal identity by relying heavily on the social aspect of the pet relationship; therefore, when the pet passes, one might surmise that grieving involves not only the loss of the pet, but also a loss of oneself (Redman, 2015). Similarly, Chur-Hansen (2010) suggested that animals are an extension of the self. People project their personality unto a pet, and in turn, feel they lose part of their identity when they lose a pet.

Physical

Hanson (n.d.) stated that loss, and the grief it causes, can affect the physical body. Commonly reported symptoms after loss include: dry mouth, sleep disturbances, crying, listlessness, exhaustion, headaches or migraines, numbness, disorientation, trembling or shakiness, dizziness, shortness of breath, pain, overeating, poor appetite, and weight loss. Hanson stated that when grief takes a toll on the physical body, energy is depleted, and it becomes easy to give in to fatigue. At times, people may want to stay in bed rather than get up and face the day.
Some pet owners experience major depression, anxiety, and worry after the loss of a pet, especially if a pet owner and the pet were profoundly bonded (Kimura, Kawabata, & Maezawa, 2011; Rujoiu & Rujoiu, 2017c). Approximately 30% of bereaved pet owners in North America experience severe grief due to the loss of a pet (Kimura et al., 2014). Many pet owners find it very difficult to have a pet euthanized even when it is the humane thing to do (Christiansen, Kristensen, Lassen, & Sandøe, 2016; Rujoiu & Rujoiu, 2013b). According to Rujoiu and Rujoiu (2013c), people engaged in an emotional struggle when they knew the pet’s quality of life was greatly diminished; however, the pet owner had a strong desire to have more time with the pet (Rujoiu & Rujoiu, 2013a). On the other hand, pet owners may grapple with guilt when they choose death for their beloved animal companion or when they did not discover a pet’s illness in time to obtain lifesaving proper medical treatment.

Other emotional responses to the loss of a pet may include: the feeling that things will never be the same, feeling crazy, inability to tolerate the pain, ruminating endlessly about the pet’s final days and hours, intense tearfulness, disorientation, and isolation (Pet Loss Help, 2013). Stressful life events, combined with the loss of a pet, may increase the symptoms of bereavement, and create complicated grief (Kimura et al., 2011). Complicated grief occurs when people experience more than two losses, and the number of losses has a cumulative effect on the grief process (Castro & Rocha, 2012).

**Stages of Grief**

Kübler-Ross (1969) originally researched and interviewed patients regarding feelings associated with approaching the end of life. Kübler-Ross discovered and introduced five stages of grief: denial, anger, bargaining, depression, and acceptance. Over time, Kübler-Ross
generalized the five stages to other types of loss. For example, people moved through the grief process due to the loss of a job, a prized possession, or a pet (Kübler-Ross, 1969; Smith, Robinson, & Segal, 2017). Kübler-Ross (1969) suggested that people do not experience the five stages of grief in the same order. In addition, some people may not experience any or all stages of grief (Smith et al., 2017). For those who are truly attached to their pets, the process of grieving may be very like losing a human being (Packman et al., 2014; Smith et al., 2017; Yonan, 2012).

**Denial**

During the denial stage of grief, Kübler-Ross (1969) explained that people may be unable or unwilling to accept a loss. At this stage, the loss may feel like a bad dream. For instance, people expect to wake and life will be normal (Patricelli, n.d.). Kübler-Ross and Kessler (2005) stated when people experience the loss a loved one, denial is more symbolic than literal. For example, people may accept that a loved one has passed; however, it is difficult to imagine never seeing the loved one again. Additionally, people may feel numb or paralyzed with shock.

When one cannot accept that the pet is gone, they are experiencing denial (Allen, 2016). Allen stated it could be extremely difficult to walk into the house without the familiar greeting from a pet. Hartlin (2014) explained the loss of a pet includes the loss of a cuddle partner and something to nurture. Additionally, it may painful for the owner to bring a new pet into the home because it may feel disloyal to the deceased pet (Allen, 2016).

**Anger**

In the anger stage of grief, feelings of abandonment may occur, and anger is directed at the unfairness of loss (Patricelli, n.d.). Kübler-Ross and Kessler (2005) stated anger does not have to be logical or valid; furthermore, when people feel safe and able to survive the loss, anger
begins to surface. Initially, individuals are surprised they can survive the loss. After the initial surprise, anger surfaces in conjunction with loneliness, sadness, panic, and hurt.

Once individuals move past the initial wave of anger, it becomes a useful emotion (Kübler-Ross & Kessler, 2005). For instance, anger is the most immediate emotion and will prepare an individual to process grief at a deeper level. When people move past anger, they discover other hidden feelings. Kübler-Ross and Kessler posited that anger provided a temporary structure to the “nothingness” of loss. That is, anger affirmed that one could feel the loss of the loved one. Anger contributes to the denial of the emotional pain while attempting to accept a significant loss. When denial fades, denial is replaced with the reality of the loss.

According to Muns (n.d.) and Balk (2012), when pets die, anger could be directed at many things. For example, anger and guilt could be directed inward due to the lack of knowledge about an illness, for letting a pet outside—and the pet is hit and killed by a car, or for choosing to euthanize the pet. Anger could be directed toward the illness itself, or the veterinarian unable to save the pet. Anger could be directed at the pet when the owner feels lonely and abandoned.

**Bargaining**

In the bargaining stage of grief, people may plead with a higher power and promise to make significant life changes, or change behavior, in exchange for loss reversal (Patricelli, n.d.). Deep sadness often prompts a person to offer up these agreements with the hope that a pet would return, and life would be the way it was before the loss. For instance, negotiation tactics such as agreeing to walk a pet every day or never putting a pet in another kennel may be offered to deal with the pain (Muns, n.d.). Kübler-Ross and Kessler (2005) stated that bargaining helps the mind move from one state of loss to another. Bargaining provides the psyche the needed time to
adjust to the loss and keep the suffering at a distance. The bargaining process replaces strong emotions and explores “if only” and “what if” statements. Eventually, an individual concludes that the loved one is truly gone.

**Depression**

People enter the depression stage of grief when anger and bargaining fail to reverse loss (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005). People become depressed as they face the reality of what has transpired and the inability to change the situation. Possible responses to depression include: withdrawal from relationships and activities, feelings of helplessness, crying, lack of sleep, and change in diet. People may blame themselves for their contribution to the loss, even if this self-blame is not justified (Patricelli, n.d.).

Kübler-Ross and Kessler (2005) stated that in grief, depression is nature’s method of protection. Depression protects an individual because it shuts down the nervous system until a person can adapt to a current unbearable situation. Kübler-Ross and Kessler suggested that sadness must be accepted as a natural stage of loss; however, sadness and depression pose a threat when they interfere with the quality of life. In some cases, depression may need to be managed by using a combination of support, anti-depressant medications, and psychotherapy. During the process of grief, depression may be helpful because individuals slow down and take an honest look at the enormity of the loss. As a result, depression could assist in the rebuilding of a person’s life and allow for deeper personal reflection.

Losing a special pet may contribute to owner isolation and depression (Hartlin, 2014). For example, pets may help motivate single elderly people to follow through with structured daily activities and provide unconditional friendship. Another example would be the loss of a mobility assistance dog. For disabled people, losing a mobility assistance animal may represent
less freedom, companionship, and protection for the owner. Owners grieve the loss of the animal companion, the animal coworker, and independence provided by the animal (“Grieving the Loss of a Pet,” 2015).

**Acceptance**

Acceptance is the final stage of grief after initial emotions have been processed in response to the loss as a person begins to accept what has happened (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005). During the acceptance stage, people understand that the loss is permanent and that life will never be the same. Individuals are ready to plan for the future and engage in daily activities (Patricelli, n.d.).

Kübler-Ross and Kessler (2005) stated that during the acceptance stage an individual recognizes and accepts the reality that a loved one is permanently gone. If identity is strongly connected to the loved one that has passed, then it will be much harder to accept the loss. Kübler-Ross and Kessler found that people may need to reach out to others to develop connections and relationships. When lifestyle changes occur, and become a consistent part of existence, an individual is in the acceptance stage of the grief process.

Bruche (n.d.) found that when a person loses a pet, the time it takes to reach acceptance depends on various contributing factors (e.g., age of the animal and owner, circumstances of the animal’s death, and the nature of the pet and owner relationship). Final acceptance occurs when the individual is fully aware of what has happened and understands the need to accept reality and move forward (Kübler-Ross & Kessler, 2005). This involves withdrawing emotional energy surrounding a pet’s death and reinvesting the energy into other activities (Bruche, n.d.).
Disenfranchised Grief

Disenfranchised grief is a term used to describe grief that is typically unacknowledged by society (Balk, 2012; Cordaro, 2012; Packman et al., 2014; Packman, Field, Carmack & Ronen, 2011). When people experience disenfranchised grief, they receive minimal social support or validation from others. As a result, loss is not recognized, considered valid or legitimate, and people do not believe the person experiencing the loss has the right to be sorrowful or accept assistance from others. Disenfranchised grief prevents much needed support, and because of this, the grief, regardless of depth, may remain private.

Loss of a Pet for the Single Adult

Frequently, the death of a pet is not fully recognized as a significant loss (Packman et al., 2014). Because of this lack of recognition, those grieving may feel a lack of support and isolation. This type of disenfranchised grief can also be defined as empathic failure or the failure of one part of a system to understand the mourning and experience of another (Neimeyer & Jordan, 2002). In this scenario, empathic failure takes place when the owner’s social system fails to understand the depth and significance of the pet. For instance, constant companionship, support, and unconditional love provided by the pet remain unnoticed. When individuals live alone (e.g., a single adult), this empathetic failure can be especially traumatic when the pet owner considered the pet a member of the family. In some cases, a pet may have been the only family member (Stanley, Conwell, Bowen & van Orden, 2014).

Individual Psychology

Alfred Adler emphasized the uniqueness of people throughout the evolution and practice of Individual Psychology (as cited in Stoykova, 2013). For example, Adler viewed human beings as well-integrated systems of interconnections and a necessary part of larger systems
including families and communities. Adler was against defining specific types of individuals (with the exception of doing so for teaching purposes) since DNA variants made every person a unique human being. Adler suggested that the life process included the experience of childhood, the creation, or way of being in the world, and the perception and use of genetic circumstance and environmental opportunity (as cited in Griffith & Powers, 2007). Additionally, Adler believed that people narrate and process their own distinctive law of movement.

**Safety and Belonging**

Griffith and Powers (2007) defined *belonging* as the strongest motivating force within the context of a person’s social environment. Adler was extremely interested in the human condition and emphasized the importance of nurturing feelings of belonging (North American Society of Adlerian Psychology, 2015). Also, Adler believed this sense of belonging was important because he viewed behavior as socially embedded and that nothing happened to people in isolation. For example, through the lens of Adler’s Individual Psychology, unhappy or neurotic people had a childhood history of deprivation and were unable to develop the courage, optimism, feelings of community, and self-confidence achieved through a sense of belonging. Adler believed a sense of belonging was created through cooperation, involvement, experiences, and usefulness to others. Adler believed that out of this sense of belonging, genuine, lasting feelings of worthiness emerged (“Alfred Adler: Theory and Application,” n.d.). A person is more likely to reach out to others when there is a greater sense of community and belonging (Ferguson, 2010).

**Encouragement**

According to Adler, when individuals feel encouraged, they generally act in a cooperative and connected way, feel appreciated, and capable (“Alfred Adler: Theory and Application,”
n.d.). Adler believed that accepting and expressing encouragement, social interest, and respect increased individual fulfillment and optimism. In Adlerian terms, *encouragement* involves the needed steps to provide courage to another. In addition, one core value behind encouragement is that human beings are worthwhile simply because they exist. In other words, belonging is not achieved through accomplishments (“Alfred Adler: Theory and Application,” n.d.).

A lack of encouragement may play a major role in human problems such as: job loss, suicide, divorce, misbehavior, and countless other issues. Encouragement is key to all positive personal and professional relationships and promotes and activates social interest (Milliren, Evans, & Neubauer, n.d.). Adler stated that encouragement is a principle conviction within Individual Psychology and should be present in every step of the treatment process (as cited in Griffith & Powers, 2007).

**The Courage to be Imperfect**

When people realize they are good enough just as they are, they are at peace. This peace requires the *courage to be imperfect* (as cited in Griffith & Powers, 2007). Adler stated if individuals do their best, rather than strive for perfection, they will experience growth. Adler viewed perfection as an ideal that could never be reached. Adler stated that when people engage in *sound striving* for perfection, they do the best they can. On the other hand, when people engage in *neurotic striving* for perfection, they want to be perfect. Adler believed that in the psychotherapeutic process, people can learn to face their own imperfections and acquire the courage to be imperfect (as cited in Griffith & Powers, 2007).

**Contribution and Cooperation**

*Contribution* and *cooperation* are terms used to understand Adler’s assessment of a person’s movement on the *useful side* of life (as cited in Griffith & Powers, 2007). A useful
human being makes contributions, and these actions and attitudes align with social interest and community feeling. Adler believed that a child’s caregivers must cultivate contribution and cooperation. In turn, this supports personal development as human beings and the continued development of the human race (as cited in Griffith & Powers, 2007). Adler stated that he would not consider anything worthwhile—unless it was worthwhile for the whole of mankind (as cited in Overholser, 2013).

According to Overholser (2013) Adler believed that when people contributed to the welfare of mankind, they could move away from feelings of inferiority. Also, Adler stated mistakes are made if people do not see that individual significance consists of contributions to the lives of others. As a result, Adler viewed cooperation as the distinguishing characteristic of a successful human being.

Griffith and Powers (2007) stated that Adler believed humans are social beings; therefore, human problems are social problems. As a result, the ability to solve social problems requires cooperation. In addition, Adler believed that unsolved personal problems were a result of an individual’s failure, or hesitation, to cooperatively engage with others. According to Adler, all human judgments regarding success and value are founded on cooperation. Adler believed that cooperation was the great shared common place of the human race (as cited in Griffith & Powers, 2007). Smuts (1926) stated that when the whole person is cooperatively functioning toward the advancement of the whole community, there is a greater likelihood his or her interests will be served.

Social Interest and Community Feeling

The German word, *Gemeinschaftsgefühl*, can be translated as social interest or community feeling and tending to the needs of the community rather than tending to individual,
private concerns or interests (Wolf, Thompson, Thompson, & Smith-Adcock, 2014). Social interest involves authentic caring for others characterized by concern for the well-being of a community. Kronemeyer (2009) explained that an individual’s style of life is comprised of personal processes and the way in which an individual will perceive, interpret, and comprehend the world. These processes and beliefs are devised to cope with being in the world. If one has social interest, a useful style of life is exhibited. If one is self-absorbed, a useless style of life is exhibited and void of social interest. Welfare-enhancing (as opposed to welfare-reducing) actions would be evidence of social interest. Fulfilling ones designated social role enacts social interest.

Adler regarded social interest as the primary indicator for mental health, and that social interest was the ability to see, hear, and feel through the eyes, ears, and heart of another (as cited in Overholser, 2010). As a result of social interest, Adler stated people developed empathy, community feeling, a respect for others, and an attitude of doing no harm. Griffith and Powers (2007) stated Adler viewed social interest as the key to human success, health, and well-being (without social interest, Adler believed people experienced neurosis). The capacity to live in harmony with society, experience social connectedness, and feel genuinely secure may be the result of a deep sense of embeddedness and belonging in the social community (“Alfred Adler: Theory and Application,” n.d.). In addition, when individuals experience a strong feeling of connectedness and willingness to contribute, personal goals become beneficial to others (Hanna, 1996). Ansbacher and Ansbacher (1956) stated Adler believed social interest was the action created by community feeling. Similarly, Hanna (1996) suggested that the increased strength and meaning of social interest was determined by a deeper sense of community feeling.
The Creative Self

According to Griffith and Powers (2007), Adler presumed that when people are emotionally distraught, therapists should treat the reason people are symptomatic. Addressing the underlying cause of symptoms could lead to the root of specific problems and encourage the client to move forward. LaVoy, Brand, and McFadden (2013) stated that Adler believed emotionally healthy people were interested in reality and cooperation with others. That is, emotional healthy people lived their lives fully integrated in society and relationships. Griffith and Powers (2007) stated Adler believed people were confronted with problems that required social preparation in order to be solved.

Adler used the term the creative self when he stated an individual was responsible for his or his personality (as cited in Mitchell, n.d.). For instance, Adlerian therapists would facilitate a conversation with a client to aid in the understanding that one could not blame others for a current condition. Adler believed that every individual represents a unity of personality and that the individual fashions that unity. As both the picture and the artist, Adler believed that if self-concept could change, the picture of the person’s life could change as well (as cited in Mitchell, n.d.).

Coping with the Loss of Pet

Self-Care

Self-care is a constant repetition of small habits that provide mental, physical, and emotional comfort (Bard, n.d.). Thomas and Levitt (2010) stated that self-care may be viewed as personal accountability in maintaining a healthier lifestyle. The connection between physical, psychological, social, and spiritual well-being can support wellness when plagued with grief and pet loss. Simply stated, wellness is defined as the integration of mind, body, and spirit into
healthy balance (Meyers, Sweeny, & Witmer, 2000). Proactive steps toward self-care may include the examination of work and home life, exercise, diet, sleep habits, stress, and coping skills (Home Instead, 2013).

**Mind.** Seaward (n.d.) stated the mind can gather and store massive quantities of data and suggested that the ability to gather, process, recall, and communicate information constitutes mental well-being. Examples of self-care for the mind include: leaving one’s comfort zone, fixing a small annoyance at home, cloud-watching, changing a decision-making process, tackling a “to-do list,” creating a deliberate habit, completing a “mini-DECLUTTER” process, and editing social media feeds to remove negative people (Bard, n.d.).

**Journaling.** Mindful journaling is the practice of journaling emotion mind, rational mind, and wise mind (Linehan, 2015). This practice is beneficial because it helps clients maintain control of the mind instead of letting the mind control the client. The ability to control the mind is learning to control attention processes. In other words, paying attention, noticing what captures attention, and how long one pays attention.

According to Linehan (2015), reasonable mind is logical, thinking, and rational. Reasonable mind is calm and responsible for logical evaluation and creation of plans. For example, reasonable mind allows people to follow instructions, solve logical problems, run meetings, and understand science. Acting out the reasonable mind is difficult when people do not feel well.

When emotions are in control of behavior and thinking, Linehan (2015) referred to this as the emotion mind. The emotion mind may involve intense love, hate, devotion, or desire. Examples of emotion mind would include sacrificing oneself for others, hatred that fuels wars, or staying with very difficult tasks. When people are intensely engaged in the emotion mind, they
THE LOSS OF A PET

exhibit increased passion about other people, causes, and beliefs. The effects of the emotion mind may be positive in the short term; however, in the long term, when an experience is painful and it leads to additional pain, anxiety, and depression, the effects of the emotion mind become a negative experience.

Linehan (2015) stated an individual cannot create emotions with reason and cannot overcome the emotion mind with the reason mind. An integration of emotion and reason mind is referred to as the wise mind. In wise mind, the person knows and experiences truth in a centered way. The wise mind is almost always quiet and peaceful and integrates all ways of knowing. For instance, knowing by intuition, analyzing, observing, and experiences in the body are considered ways of knowing.

**Body.** Seaward (n.d.) stated that physical well-being is achieved when the body’s physiological systems are in optimal condition (the digestive, musculoskeletal, endocrine, reproductive, immune, nervous, cardiovascular, and pulmonary systems). Bard (n.d.) suggested that physical well-being could be achieved by making one small change to a weekly diet, engaging in a good laugh, fifteen minutes in the sun, inhaling energetic scents, taking a quick nap, oxygenating by taking three deep breaths, activating a self-soothing system, remaining still, running, or walking for a few minutes in the day.

**Sleep.** According to the Diagnostic and Statistical Manual for Mental Health Disorders (5th ed; DSM-5; American Psychiatric Association, 2013), one of the most common symptoms of depression is insomnia. A depressed person may fall asleep quickly, wake in the middle of the night, and experience difficulty resuming sleep. According to the American Academy of Sleep Medicine (http://www.aasmnet.org), sleep is an essential part of well-being. Without sleep, one can expect a decline in personal health and a lower quality of life. The American
Academy of Sleep Medicine recommends the following guidelines: (a) wake at approximately the same time every day, (b) go to bed only when sleepy, (c) exercise regularly, (d) maintain a regular schedule, (e) avoid caffeine within six hours of bedtime, (f) avoid smoking close to bedtime, (g) avoid day-time napping, (h) avoid sleeping pills, and (i) do not drink alcohol while taking sleeping pills.

**Exercise & nutrition.** According to Kübler-Ross and Kessler (2005), when an individual is grieving it would not be uncommon to be discouraged and neglect self-care. Exercise and nutrition are basic essentials that fight depression and anxiety during difficult times (“Patient Education: Self-Management,” n.d.). Simple steps can make a significant difference in the ability to manage depression and anxiety associated with bereavement issues. Limiting the amount of time in bed and maintaining normal daily activities would contribute to the effective management of symptoms associated with grief. The Physicians’ Diagnostics and Rehabilitation Clinics (http://pdrclinics.com) recommend that patients keep moving, stretching, and exercising because there are many cardiovascular benefits for the mind and body. Benefits may include: (a) decreased risk for diabetes, high blood pressure, obesity, and heart disease, (b) improved duration and quality of sleep, (c) decreased anxiety, depression, and stress, (d) increased release of endorphins that assist with improved mood, and pain management, (e) increased spinal mobility and flexibility, and (f) improved circulation. In addition, four to five servings of fruits and vegetables per day, avoiding inflammatory foods that promote aches and pains, five small meals a day with abundant protein and carbohydrates, and drinking half the body weight in ounces of water every day could decrease symptoms related to anxiety and depression.

**Massage.** During a therapeutic massage, the massage therapist presses, rubs, and manipulates the skin, muscles, ligaments, and tendons. Pressure can range from very light to
deep. Massage is a component of alternative medicine and is offered in conjunction with standard treatment for a variety of medical conditions (Mayo Clinic, 2015).

Mayo Clinic (2015) asserted that massage is effective in the treatment of stress, muscle tension, and pain. Massage may also be helpful for sports injuries, myofascial pain syndrome, insomnia related to stress, soft tissue injuries or strains, headaches, fibromyalgia, digestive disorders, temporomandibular joint pain, and anxiety. Additional benefits of therapeutic massage include feelings of connection, comfort, and caring. Although clients may receive significant benefits from massage therapy, Mayo Clinic recommends discussing massage therapy with a primary care provider as massage may not be appropriate for certain medical conditions.

The American Massage Therapy Association (2017) listed 25 reasons to get a massage. Benefits of massage include, but are not limited to, relieving postoperative pain, enhancing exercise performance, easing depressive symptoms, improving cardiovascular health, improving balance in older adults, increasing relaxation, lowering blood pressure, decreasing symptoms of carpal tunnel syndrome, increasing range of motion, decreasing frequency of migraines, reducing chemotherapy related nausea, and improving quality of life in hospice care

**Spiritual.** Seaward (n.d.) stated that spiritual well-being is defined as the development of a higher consciousness. Formation of spiritual well-being takes place through the coordination of (1) internal relationships, or the perception of self in relation a higher power, (2) external relationships, or the interaction and relationship with others and an individual’s personal value system and, 3) an established meaningful purpose in life.

According to Smith et al. (2017), turning to one’s faith can be very comforting in times of loss; however, people may be angry with God after the death of a loved one, so it may be beneficial for the bereaved to talk with someone within their faith tradition. Smith et al.
suggested that opportunities for spiritual growth, solace, and meaning may include: meditation and prayer, which could aid in the process of healing. In 1997, Richard and Bergin suggested that therapeutic change, and the understanding of personality, would occur only within an understanding of the human spirit as it is in relationship with God (as cited in Mansager, 2000). According to several concepts in the Bible, the wish to avoid suffering is buried deep in the soul, and when suffering is overwhelming, nothing makes sense, and God may seem very far away to those who believe in him. In general, the Bible states that with grace and hope, one can lean into faith to navigate treacherous times and regain hope. After the trauma of loss, re-evaluating and exploring beliefs could promote tremendous spiritual and psychological growth (Daniel, 2012).

As a result of exploring spiritual beliefs, loss may be embraced with gratitude. Due to a shift in perception, loss could be viewed as gift of personal growth.

**Relaxation Techniques**

Bard (n.d.) stated that taking the time to experience sensations, feelings, and thoughts, while focusing on breathing and awareness of the body, can refresh the mind and help an individual refocus. Examples of relaxation or mindfulness techniques include: body scan, progressive muscle relaxation, guided imagery, meditation, mindful eating, free relaxation script: floating on a cloud, and diaphragmatic breathing.

**Body scan.** During a *body scan* the client can sit, lie down, or choose another comfortable body position ("Body Scan Meditation", n.d.). Clark (2017) stated that the body scan is an investigation into the moment-to-moment experiences of the body. This acknowledgement and awareness of what one senses in the body can help with physical pain, anxiety, and stress. The object of the body scan is to have an “in-the-body” experience. One may notice a wide variety of physical feelings including firmness, lightness, aches, pain, tingles,
heaviness, neutrality, warmth, and cold. Three basic thoughts or emotions may also accompany this exercise: neutral, pleasant, or unpleasant emotions. The client becomes aware of thoughts, emotions, and physical sensations and would be taught to feel and acknowledge whatever sensations are present during the body scan. The client will bring his or her attention to the body in a sequential manner—beginning with the client’s feet and ending with the focus on the client’s head (Clark, 2017).

**Progressive muscle relaxation.** *Progressive muscle relaxation* is used to release stress (“Progressive Muscle Relaxation, n. d.”). It is a relaxation technique that can relax muscles, lower heart rate, respiration, and blood pressure. Progressive muscle relaxation is the tensing and relaxing of each muscle group of the body, one group at a time. The progressive muscle relaxation scripts are usually about 20 minutes long and can be completed while the client is sitting or lying down.

To begin, one would tense (but not strain) a group of muscles and hold for five to ten seconds. After tensing, the client would relax all the muscles at once and stay relaxed for ten to twenty seconds. The tensing and relaxing process is completed for the forearms and hands, upper arm, forehead, eyes, mouth, jaw, buttocks, abdomen, chest, back, neck and shoulders, thighs, lower legs and feet, ending with just the feet. One can repeat tensing and relaxing muscle groups to achieve further relaxation (“Progressive Muscle Relaxation, n. d.”). Individuals become more aware of muscle tension and other physical stress sensations as they learn relaxation techniques (Mayo Clinic, 2017). To reduce the physical impact of stress, relaxation techniques could be practiced as soon as an individual notices physical signs of stress.

**Guided imagery.** Dayton (2011) found that when chemotherapy patients engaged in *guided imagery*, it lessened somatic symptoms and the need for pain meds, decreased vomiting,
decreased anxiety and depression, and reduced the length of stay in hospitals. Overall, when patients practiced guided imagery they reported an improved quality of life and found it easier to share emotions. Dayton stated guided imagery involves relaxing and listening to a gentle voice that leads participants on a quiet inner journey. Guided imagery facilitates positive emotions and can have lasting positive effects.

**Meditation.** Smith (n.d.) stated clients can begin a meditation process with eyes closed and sitting in a comfortable position (i.e., the back erect, but not strained or overarched). Clients take a few deep breaths to relax the body and feel energy settle into the body and into the moment. During a recommended loving-kindness meditation (Smith, n.d.), individuals might have certain phrases emerge from the heart about things deeply wished for. Phrases may be repeated and the mind could rest in the phrases. If attention wanders, or an individual loses touch with the moment, he or she would gently let go, and begin the process again.

According to Smith (n.d.), examples of emerging phrases during a loving-kindness meditation might be:

- May I live in safety; may I be healthy and happy; may I live with ease.
- May all beings live in safety; may they be happy; may they be healthy; may they live with ease.
- May all beings everywhere live in safety; may they be happy; may they be healthy; may they live with ease. (para. 14)

**Mindful eating.** During *mindful eating* exercises, people acknowledge individual responses to food (“Principles of Mindful Eating,” 2013). For example, one becomes aware of feelings about the food (likes, dislikes, or neutral feelings) hunger cues, and satiated feelings. Individuals use the senses while eating and the increased awareness guides an individual when
making decisions about when to begin and end the eating process. Mindful eating can change a person’s relationship to food, encourage positive food selection, and healthy food preparation. According the Center for Mindful Eating (thecenterformindfuleating.org), those who eat mindfully become aware of the interconnection of earth, cultural practices and living beings, and the impact of food choices on those systems. Individuals learn how to make choices that support health and well-being (“Principles of Mindful Eating,” 2013). Kumar (2013) stated that in the process of mindful eating, people consider the extraordinary uniqueness of that moment. For instance, the same food could never be eaten again and the moment and experience cannot be replicated.

**Diaphragmatic breathing.** According to Connolly (n.d.), *Diaphragmatic breathing* is considered the breath of relaxation. Initially, the exercise is completed while lying on a firm surface to provide the best back support. In this position, it is easier to feel the movement of breath. Once an individual can breathe easily in this position, the sitting position may be used as well. In the sitting position, the individual is instructed to loosen tight clothing, place feet slightly apart, and allow the legs to fall open to the natural position. If a person has back pain, the spine can be in a neutral position (Kukowski, n.d.). The neutral position is accomplished by bending the knees to face the ceiling, placing feet flat on the floor, and using a firm pillow under the knees for support. The client places one hand on the upper chest at the base of the throat, and the other hand on the abdomen. When clients feel safe and comfortable, both eyes can be closed.

The client is instructed to inhale through the nose and then exhale through the nose. While inhaling, the client is asked to quietly allow the mind to follow the breath in through the nose, down the back of the throat, and into the mouth. The client is instructed to notice the hand
rising as the diaphragm pulls down toward the belly, and both sides of the lungs fill with air. At this point, the chest will rise as well.

During exhaling, clients are instructed to notice the air leaving the nose and the gentle release at the top of the ribcage as the diaphragm moves up into the lungs and pushes out the waste from the lungs. The belly will rise, and the chest will fall, as the diaphragm moves. Clients are taught to repeat the cycle several times. They are to become aware of the flow, the steadiness and slowness of the breath, and its repeated movement (Kukowski, n.d.).

**Free relaxation script: Floating on a cloud.** The *floating on a cloud* relaxation exercise is used to help people to learn to relax by imagining floating on a cloud (“Free Relaxation Script: Floating on a Cloud,” n.d.). First, the client would find a relaxed position and get comfortable (lying down is best). Beginning with the head and scalp, the client will begin to relax his or her body and with each breath, feel increased relaxation. As the relaxation process continues, clients are instructed to focus on the ears and face, shoulders and neck, arms and hands, back and chest, stomach and back, lower back, pelvis and hips, upper legs, and feet. Clients continue to breathe in relaxation and breathe out tension.

At this point, clients are asked to imagine floating on a white, fluffy, soft cloud and to create a picture of this in the mind (“Free Relaxation Script: Floating on a Cloud,” n.d.). Clients are asked to feel the cloud rising out of the surface and to imagine that surface becoming soft and cloud-like. Clients imagine the cloud surrounding them and providing protective support as the feel as if they are floating on the cloud. Clients are asked to see the walls and ceiling disappear as they float into the sky. Clients imagine the soft cloud as it supports the whole body. Clients begin to feel as if they are floating in the air and notice every part of the body touching the cloud. Clients are instructed to notice how the cloud feels (e.g., moist and a little cool, like fog) and to
notice the wonderful feeling of his or her heavy and very warm body sinking into the cloud. At this point in the relaxation exercise, clients create an image in the mind about where he or she is at that moment. Clients can choose to float wherever they like. For example, some may be floating barely above the ground. Clients are told the sky is sunny, inviting, and bright blue with the sun’s rays peacefully shining. As the client experiences the warmth and comfort of his or her cloud, other clouds lazily and gently float and pass by. As clients experience the sensation of floating on the cloud, they imagine sights and sounds. Clients are instructed to take note of other things they might see as they float on the cloud. Now, the facilitator of the relaxation exercise might ask questions about how it feels to float on a cloud and if clients can feel the movement. As the client continue to imagine floating on a cloud, the script continues as this technique brings the participating clients into a state of deep relaxation (“Free Relaxation Script: Floating on a Cloud,” n.d.).

Treatment Options

Dialectical Behavioral Therapy

Spira and Reed (2003) stated cognitive behavioral therapy (CBT) included specific techniques for symptom management of specific identified problems. For instance, CBT has been successful in the treatment of specific aspects of personality disorders, phobias, major depression, panic disorders, and anxiety. Spira and Reed stated that during CBT, specific skills are used to counter habitual affective, behavioral, and cognitive reactions in situations where maladaptive behaviors are triggered. When CBT is combined with mindfulness practice, it becomes dialectical behavioral therapy (Linehan, 2015).

Marsha Linehan, a psychology researcher at the University of Washington, developed dialectical behavioral therapy (DBT). Dialectical behavioral therapy combines concepts of
mindfulness awareness, acceptance, and distress tolerance, with cognitive behavioral techniques for emotion regulation and reality testing (Carey, 2011). Regulating emotions can be practiced alone, during individual therapy, or within the context of a group. Linehan’s (2015) DBT skills include: mindfulness (“What” skills and “How” skills), distress tolerance (accepting reality), and interpersonal effectiveness (emotion regulation).

Mindfulness is the awareness of physical sensations, thoughts, and emotions in the present moment (Linehan, 2015). Mindfulness is non-judgmental, deliberate attention in the present moment that promotes choice, wisdom, balance, and acceptance of reality. Mindfulness encompasses external environments and internal processes (“Principles of Mindful Eating,” 2013). Hjertaas (2013) stated that traumatized individuals have trouble tolerating intense emotions and entertaining upsetting cognitions without becoming overwhelmed. As a result, emotions no longer serve as a proper guide for action. Mindfulness practice could decrease reactive patterns that develop in thoughts, feelings, and behaviors (Linehan, 1993; “Principles of Mindful Eating,” 2013).

**What skills.** *What skills* include a three-part process to help an individual take control of the mind (Linehan, 2015). The three skills include: observing, describing, and participating. First, a client learns to observe or notice an experience without reacting to it. Second, the client develops a “teflon mind.” For example, a person would let thoughts, feelings, and experiences come into the mind, but then allow them to slip right out of the mind. Third, the client would be asked to control his or her attention; however, they would not attempt to control what they see. Clients would be instructed not to hold on to things or push things away. The client remains alert in every action, thought, and feeling that comes through the mind. Linehan (2015) instructed clients to be like a guard at a palace gate, to step inside, and to observe. Additionally,
clients are asked to watch thoughts come and go like clouds in the sky, take note of every feeling rising and falling like waves in the ocean, and notice exactly what he or she is doing during the rise and fall of the emotions. The client engages all senses (i.e., taste, touch, smell, sight, and sound) and is directed to watch the expressions and actions of others.

During the second part of the what skill (i.e., describing) clients would be asked to put words to an experience (Linehan, 2015). For example, someone might say, “Sadness swallowed me up,” or “My stomach muscles are tightening.” Second, the client would be asked to put an experience into words. The client would be asked to refer to a thought as just a thought, and a feeling, as just a feeling. Without a focus on content, the client would be asked to put a name to the feeling.

The third portion of the what skill (i.e., participation) begins when the client would be instructed to enter experiences and become involved in the moment (Linehan, 2015). Additionally, the client would be asked to discontinue ruminating about the experience and would be directed to become one with the experience. Clients would be directed to act intuitively from wise mind (i.e., the combination of the reasonable mind and the emotional mind) and do what is needed in each situation. The client would be instructed to actively practice the learned skills until the skills become part of the client. Additionally, clients practice self-acceptance, acceptance of any given situation, the ability to change harmful reactions to situations, and to change harmful situations (Linehan, 1993; 2015).

**How skills.** In DBT, how skills include three components that help individuals take control of the mind and are referred to as: non-judgmentally, one-mindfully, and effectively (Linehan, 2015). During the first how skill, non-judgmentally, clients are asked to refrain from evaluating a situation and to take a non-judgmental stance. That is, clients are directed to look at
the facts and focus on the “what,” not the bad or the good, the wonderful or the terrible, the should or the should not. During the non-judgmentally portion of the how task, clients would be asked to remove opinions from the facts, (i.e., who, what, where, and when). In addition, clients would be asked to accept each moment and acknowledge the harmful and the unwholesome. Then, clients would be asked to acknowledge the wholesome and the helpful and to refrain from labeling or judging anything as harmful, helpful, unwholesome, or wholesome. Also, when the client engages in judging behavior, he or she would be asked to refrain from placing judgement on the judging.

In the second portion of the how skill, one-mindfully, the client would be asked to do one thing at a time (Linehan, 2015). For example, the client would be directed to focus just on eating, thinking, or worrying. Whatever a person would be doing, they are to do that one thing with full attention. Additionally, the client would be asked to let go of distractions and repeatedly return to what they are doing. For example, the client would be directed to “concentrate the mind” and engage in just one thing at a time.

The third part of the how skill, effectively, would be when the client would be asked to focus on what works (Linehan, 2015). In other words, clients are asked to play by the rules, do what needs to be done in each situation, and stay away from should and should not, right and wrong, fair and unfair. Clients would be directed to act as skillfully as possible to meet the needs of the current situation and not attempt to create a more comfortable, or wished-for, situation. Clients would be instructed to remember personal objectives and do what is required to achieve those objectives. Finally, the client would be directed to let go of hurt, righteousness, anger, and vengeance (Linehan, 1993; 2015).
**Distress tolerance.** *Distress tolerance skills* help clients accept and find meaning in distress (Linehan, 1993). Clients learn to skillfully accept and tolerate the pain of stress. Distress tolerance skills teach clients self-acceptance in a non-evaluative and non-judgmental fashion. In addition, distress tolerance skills teach clients to calmly recognize the impact of negative situations. Clients learn to avoid the trap of destructive emotions and make wise decisions about how and when to act (Linehan, 1993).

Linehan (1993) suggested that freedom from suffering takes place through *radical acceptance* (i.e., acceptance deep within). Clients are instructed to discontinue the fight against reality by “letting go” of the situation. Linehan believed that acceptance is the ability to tolerate the moment and that this is the client’s only way out of suffering. That is, pain creates suffering only when clients refuse to accept the pain. Acceptance is acknowledging what is, not a judgment about whether or not something is good.

Linehan (1993) proposed that accepting reality requires an act of choice. In a process called *turning the mind*, Linehan referred to “a fork in the road” where clients choose to turn the mind away from the “rejecting reality road” and move to “the acceptance road.” Clients make an inner commitment to acceptance; however, clients must repeatedly choose acceptance and continue turning the mind. Clients may need to repeatedly choose the commitment within just the span of a few minutes (Linehan, 1993).

**Interpersonal effectiveness: Emotional regulation.** Linehan (1993) stated that *emotional regulation skills* help clients develop the ability to identify and label emotion, reduce vulnerability, increase mindfulness regarding current emotions, identify obstacles to changing emotions, increase positive emotional events, apply distress tolerance techniques, and take the opposite action when necessary. Emotion regulation helps clients manage intense emotions such
as anger, frustration, depression, and anxiety. Interpersonal effectiveness skills provide effective strategies for coping with interpersonal conflict, developing the ability to say no, and the confidence to ask for what one needs (Linehan, 1993).

Linehan (1993) taught emotional regulation skills by asking clients to remember “PLEASE Master.” Please Master refers to the following: (1) treat physical illness, (2) balance eating, (3) avoid mood-altering drugs, (4) balance sleep, (5) get exercise and, (6) build mastery. Linehan stated clients must take care of the body, take prescribed medications, and see a doctor when necessary. Linehan suggested that clients need to balance eating (i.e., not too much or too little) and avoid foods that trigger emotions. Linehan furthered that mood-altering drugs (e.g., non-prescribed medication or illegal drugs) can be harmful to the body and contribute to unpredictable emotional responses. Similarly, emotional responses can be regulated by maintaining a set sleep program, regular exercise, and engaging in one thing every day to promote a sense of control and competence. Linehan suggested that an individual could gain mastery of emotion regulation by doing the following: take the opposite action (or do the opposite of the current urge when the emotion is unjustified), engage in problem solving emotional responses, and observe, experience, accept and let go of the emotion.

In addition to the aforementioned DBT skills, other distress tolerance, emotion regulation, and interpersonal effectiveness skills include: distress tolerance-distract with ACCEPTS, distress tolerance-IMPROVE the moment, emotion regulation-story of emotion, interpersonal effectiveness-DEARMAN, and interpersonal effectiveness-give (Linehan, 2015).

When clients use the distress tolerance-distract with ACCEPTS skill, the client learns to self-soothe and engage in a temporary distraction from unpleasant emotions (Linehan, 1993). ACCEPTS refers to: activities, contributing, comparisons, opposite emotions, pushing away,
thoughts, and sensations. In summary, when clients remember Linehan’s ACCEPTS skill, clients choose to:

- enjoy activities, move away from self-absorption by doing something outside of oneself (this helps to redirect self-destructive energy),
- compare and reflect on the fact that life could always be worse (e.g., write in a gratitude journal),
- act opposite to the current emotional state and understand that the negative emotional state is temporary,
- visualize uncomfortable emotions shifting away and transform the emotion until one is able to process the emotion,
- use reasonable mind to move out of an intense emotional state and shift away from emotion mind,
- use the distracting power of physical sensations to provide temporary peace from intense negative emotional states (e.g., a hot bath or shower, smell favorite scents, or hold ice cubes in hands).

*Distress tolerance-IMPROVE the moment*, is used to teach the client how to temporarily distract themselves from unpleasant emotions (Linehan, 1993). Specifically, clients learn to engage in self-soothing. *IMPROVE* refers to imagery, meaning, prayer, relaxation, one thing in the moment, vacation or a brief break, and encouragement. Clients learn to practice these skills during moments of distress.

*Emotion regulation-story of emotion* is used to help clients understand what type of emotion they may be feeling. *Story of emotion* involves (1) a prompting event, (2) interpretation
of the event, (3) body sensations, (4) body language, (5) action urge, (6) action, and (7) emotion name (Linehan, 1993).

*Interpersonal effectiveness-DEARMAN* skills are used to help clients increase the chance of meeting goals in a specific situation while maintaining intact relationships (Linehan, 1993). *DEARMAN* refers to the following: describe your situation, express why this is an issue and how you feel about it, assert yourself by asking clearly for what you want, reinforce your position by offering a positive consequence if you get what you want, be mindful of the situation by ignoring distractions and focusing on what you want, appear confident even if you are not, negotiate with a hesitant person and come to a comfortable agreement.

The *interpersonal effectiveness-give-giving something* skill assists clients with the ability to maintain relationships (Linehan, 1993). Essential elements of this skill include: (a) use of appropriate language, facial expressions, and words, (b) maintaining a comfortable and calm disposition, (c) smiling and using humor as appropriate, (d) avoiding sarcasm, verbal, or physical attacks, (e) displaying interested, courteous, and non-judgmental behavior, and (f) practicing eye-contact and asking questions.

**Psychoeducation**

Psychoeducation refers to education about a certain condition or situation that causes psychological stress (“Psychoeducation,” n.d.). For the purpose of this project, psychoeducation refers to education offered within the context of grief and loss. When clients are educated about the grief process, they may be more likely to take part in relapse prevention programs and self-management techniques. As a result of psychoeducation, self-esteem increases, and clients initiate social changes that complement the individual’s self-efficacy and potential to benefit from other psychotherapies (“Psychoeducation, n.d.”). Typically, psychoeducation is
implemented by someone with expertise in a specific client condition. Knowledge and understanding may help clients feel more relaxed and in control of a situation. (“Psychoeducation,” n.d.)

**Individual Therapy**

When clients experience grief and loss, support is available through a therapist or grief counselor (Smith et al., 2017). An experienced mental health professional can help a client process emotion and overcome the hurdles involved with the grieving process. Smith et al. stated that the therapeutic relationship is more effective when clients feel comfortable and safe with a therapist. A sense of safety in the therapeutic relationship is essential to experience deep emotional change. Participating in individual therapy sessions can assist with symptom management through the development of client coping skills, stress management skills, and relaxation or meditation skills (Cordaro, 2012; “Grief, Loss, and Bereavement, 2016”).

An Adlerian therapist could facilitate the exploration of false beliefs and habits. The client and therapist could work to replace false beliefs with the truth about a situation. As a result, the client could disarm old patterns and engage in forward movement. (“Alfred Adler: Theory and Application,” n.d.). Perhaps, the client’s new vision could inspire and motivate the client toward better goals and increased life satisfaction (Griffith & Powers, 2007).

**Group Therapy**

After the loss of a pet, clients may find it difficult to express feelings of sadness and grief and obtain the much-needed support from others. While it may not be a comfortable thing to do, talking about thoughts and experiences with others can lessen the burden of grief and loss (“Grief, Loss, & Bereavement,” 2016; Smith et al., 2017). For example, accepting assistance and drawing close to others may ease distress and sadness. Therapy (or support groups) can
provide an opportunity for clients to share loneliness and pain with others who have experienced similar loss (“Grief, Loss & Bereavement,” 2016; Smith et al., 2017). That is, family and friends may be an integral part of the healing process, but clients may find additional comfort, healing, and understanding from others who have experienced similar circumstances.

**Beyond Depression After Pet Loss**

After the loss of a pet, clients may decide to engage in individual or group therapy. Additionally, the bereaved pet owners may become involved with “no-kill” shelters and foster an animal until a permanent owner adopts the pet. Without no-kill shelters and dedicated animal foster parents, thousands of animals would be euthanized each year (Best Friends, n.d.); however, pet fostering can be physically and emotionally demanding. For instance, providing love, attention, safety, and security requires much effort from the foster parent. In addition, some pets may have behavioral issues due to past abuse and inability to trust humans. Other animals may require time consuming medical attention. Pet fostering may involve special tasks such as transporting the animal to veterinary appointments, visiting a potential adoptive placement, and introducing the animal to potential owners. It is important to maintain some emotional distance (even though there is love for the animal) because eventually, the pet will be adopted. Adopting the fostered pet may be a better option for those who simply cannot seem to let go of the animal (Robins, Plotnick, Shelton, & Hartwell, 2014). Overall, adoption is a long term, serious responsibility. Robins et al. stated that shelters believe that if a person is willing to pay for an animal (to cover medical costs), they will be responsible and serious about pet ownership.

Although a pet owner will not forget the loss of a beloved pet, when the time is right, pet owners may be able to move forward in honor of the pet, and bless another animal with love
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(Hartlin, 2014). Brown and Symons (2016) stated that when people acquired a new pet after the loss of a pet, the new pet contributed to a decrease in overall depression. As a result, adopting a new pet may have a positive impact on an individual’s emotional adjustment and ability to cope with previous pet loss. Brzozowski, (2015) found that isolation could be harmful and dangerous. Socializing was important to well-being because isolation contributed to negative health issues such as depression, anxiety, obesity, heart disease, and panic-attacks. According to Doheny (2012), pets reduce symptoms of depression, improve health, offer companionship, and help owners begin and maintain new friendships.

**Discussion**

When clients engage in social interaction and contribute to society, they overcome feelings of insecurity and develop deeper feelings of connectedness (“Alfred Adler: Theory and Application,” n.d.). Adler stated that the foundation of all courage is *social courage* which is defined as courage in relationship with others. Adler stated that self-esteem and courage are natural consequences of a well-developed social feeling (as cited in Overholser, 2013).

Driskell (2009) stated that humans are not islands unto themselves and are part of a much larger community. Those experiencing loss may retreat and isolate from community for a variety of reasons. The combination of loss and isolation has the potential to create damaging emotional consequences. When coping with the loss of a pet, group therapy may be an effective approach to help clients move through the process of grief. Yalom and Leszcz (2005) suggested clients may obtain more benefits from group therapy than from other therapeutic approaches when developing coping skills or dealing with isolation. After the loss of a pet, it is common for the bereaved to struggle with coping skills and isolation (Yonan, 2012). This would appear to make group therapy a desirable option for the single adult grieving the loss of a pet.
According to Griffith and Powers (2007), humans hunger for connection, relationships, and understanding. Group therapy could offer bereaved clients a sense of belonging as they experience understanding through acceptance, encouragement, education, and motivation.

**Implications for Practice**

A proposed 10-week intensive group (see Appendix for group outline), along with individual therapy sessions, could have the power to create community and connectedness for single adults after pet loss. For the purpose of the project, the proposed group would consist of six to eight single females grieving the loss of a cat. The group would be a safe place where participants could be engaged in a variety of therapeutic activities, feel one another’s hurt and pain, share joy, and offer encouragement. The purpose of the group would be to promote a unifying restorative approach and improve the quality of life for grieving clients. Women face and express feelings about the loss so they can adapt and move on with their lives (Spira & Reed, 2003). The group would meet once a week for ten sessions; however, the proposed program encompasses an initial individual session or intake, followed by ten group sessions with all members present, and ending with another individual session for retesting and evaluation. The use of co-therapists would be critical in this process because it is important each member receive adequate personalized attention. Members would also have the option of weekly, as needed, individual therapy sessions.

**Intake.** The proposed program includes a pre-screening interview for all potential group members. The purpose of the initial individual session is to identify the status and well-being of individual participants and to develop the rapport between the client and therapist. If both parties decide to move forward, specific tests will be administered (after agreement from the client) and used to compare and contrast the individual’s wellness status before and after group.
Administered tests may include: The Pittsburgh Sleep Quality Index, Profile of Mood States (POMs), Beck Depression Inventory 11 (BDI-11), and The Spiritual Well Being Scale.

The Pittsburgh Sleep Quality Index assesses different aspects of sleep quality through the use of 19 self-report questions (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989). The questions determine sleep issues related to dreams and whether or not the participants use medicine to sleep. In addition, seven subscales are used to assess sleep duration, latency, sleep disturbances, subjective sleep quality, habitual sleep efficacy, use of sleeping medication, and daytime dysfunctions (Buysse et al., 1989). The Profile of Mood States (POMS) assesses transient, fluctuating mood states with questions directed at “right-now” feelings (e.g. worn out, shaky, unhappy). There are 65 items measured on a 0-4-point Likert scale. The POMS measures six core mood states including tension, depression, anger, vigor, fatigue, and confusion (Grove & Prapavessi, 1992). The Beck Depression Inventory 11 (BDI-11) assesses severity of depressive symptomatology (“Beck Depression Inventory,” n.d.; Steer, Ball, & Ranieri, 1999). Through a 21-item inventory rated on a 0-3 scale, depression is assessed as minimal, mild, moderate, or severe. The Spiritual Well-being Scale (SWBS) measures subjective well-being and overall life satisfaction (Bufford, Paloutzian, & Ellison, 1991). This is a 20 item self-report questionnaire with a six-point Likert scale. Higher scores indicate greater levels of well-being. The SWBS includes two subscales: religious well-being and existential well-being. The religious well-being subscale assesses an individual’s relationship with God, and the existential well-being subscale assesses the client’s sense of purpose and life satisfaction.

During pre-screening with potential clients, the therapist would introduce and discuss the group termination process and encourage clients to talk about what they need when the group is
about to end. Other recommendations may be given at the time of intake (e.g., if client feels the need to be in therapy or participate in an on-going support group).

**Week one.** The first task of the group facilitator is to welcome new members and share announcements. After welcoming members and sharing announcements, the group leader initiates a brief introduction process. Each member is asked to share why they came to the group, and what they hope to learn from the group process.

After introductions, the group facilitator begins a relaxation or mindfulness practice (Linehan, 2015). The relaxation practice for week one is a diaphragmatic breathing exercise (Connolly, n.d.). After the relaxation activity, the group leader begins the psychoeducation portion of the meeting. Every week, psychoeducation will encompass educational materials regarding the mind, body, and spirit. In addition, mind, body, and spirit handouts are placed within client notebooks at start of group (Bard, n.d.; Hanson, n.d.; Marks, 2016). The psychoeducational component for week one will be instruction on journaling (Linehan, 2015) and part one of Adler’s concept of safety and belonging (Griffith & Powers, 2007).

At this point, participants move to the *honoring your pet* segment of the session. Honoring your pet allows for sharing through a creative experience and during week one, participants will complete a kitty Mandala. All members choose a unique mandala and use colors with personal symbolic meaning. For example, red for strength, passion, and high energy; orange for self-awareness, intuition, transformation and creativity; yellow for laughter, happiness, wisdom, and learning; pink for intuition, love, and the feminine; purple for spiritual; black for mystery individuality, and deep thinking; white for spiritual focus; blue for inner peace, emotional healing, and meditation; and green for caring, love of nature, and physical healing (“Mandalas, What are they?” n.d.).
Prior to dismissing the group, the facilitator allows time for questions and final comments. Homework assignments include relaxation practices, handouts, and journaling throughout the group process. During the week, the leader will call participants to check on the client’s emotional status and answer any questions regarding preparation for week two.

**Week two.** After the welcome and announcements, the group facilitator will engage participants in the body scan relaxation activity (Clark, 2017). After the exercise ends, the psychoeducation component will begin with a focus on the process of grief (Kübler-Ross, 1969) and continued discussion regarding Adler’s concept of safety and belonging (as cited in Griffith & Powers, 2007). In week two, participants will bring a song to play for the honoring your pet segment of the group session. Participants will share thoughts and feelings about the song. As in week one, the final activity includes questions, comments, and reminders regarding homework (relaxation practices, handouts, and journaling). Prior to the next session, the leader will call all participants to check the emotional status and answer any questions regarding preparation for week three.

**Individual therapy: Session two.** The weekly therapy session will align with the weekly group sessions. Clients will practice the same relaxation exercise used at the beginning of each weekly session. For example, in group session two, participants use the body scan relaxation technique; therefore, the body scan technique is used in the second therapy session (Clark, 2017). In addition, the therapist will review and summarize the educational information around Adler’s sense of safety and belonging (as cited in Griffith & Powers, 2007). The added component for the second individual therapy session will be the introduction of the first DBT skill: What skills—observe, describe, and participate (Linehan, 2015). Clients will be asked to review the DBT handout for next session.
Week three. After the welcome and announcements, the group facilitator will complete a meditation exercise with participants (Smith, n.d.). After the exercise, the group leader will discuss the second segment regarding the stages of grief (Kübler-Ross, 1969). At this point, Adler’s concept of encouragement will be discussed with the group (as cited in Griffith & Powers, 2007). During week three, participants will honor their pets by bringing special memories to share with the group (e.g., a toy, collar, feeding bowl, etc.). Prior to the end of the session, the group leader will leave adequate time for comments, questions, and homework reminders. Between weeks three and four, the leader will call participants, answer questions, and ensure participants are prepared for week four.

Individual therapy: Session three. The weekly therapy session will align with the weekly group session and include a meditation practice (Smith, n.d.) at the beginning of the session. The therapist will review the stages of grief (Kübler-Ross, 1969) and Adler’s concept of encouragement (as cited in Griffith & Powers, 2007). In addition, the client will learn the new DBT Skill: How skills-non-judgmentally, one mindfully, effectively (Linehan, 2015). Individuals receive a DBT handout to review prior to the next session.

Week four. Following the same structure as previous group sessions, the facilitator welcomes participants, shares announcements, and then engages participants in the relaxation or mindfulness exercise. During week four, the group facilitator will lead participants in the free relaxation script: floating on a cloud (“Free Relaxation Script: Floating on a Cloud,” n.d.). Psychoeducation components for week four include DBT for Sleep (Christy, 2009) and the second discussion on the Adlerian concept of encouragement (as cited in Griffith & Powers, 2007). In the next segment, group participants discuss the previously assigned two-hour pampering session in honor of their pets. The group ends with questions, comments, and
homework instruction. During the week, the leader will call group members in preparation for week five.

**Individual therapy: Session four.** In alignment with the previous group session, clients will participate in the free relaxation script: floating on a cloud (“Free Relaxation Script: Floating on a Cloud,” n.d.). The therapist will review the concept of Adlerian encouragement (as cited in Griffith & Powers, 2007) and teach the new DBT skill: distress tolerance-distract with ACCEPTS (activities, contribute, comparisons, emotions, push away, thoughts, sensations) to distract oneself from unpleasant emotions (Linehan, 2015). As with previous individual sessions, clients are asked to review DBT handouts.

**Week five.** After welcome and announcements, the facilitator will lead the group in a mindful eating exercise (“Principles of Mindful Eating,” 2013) and move to the education component of group session. The facilitator will engage participants in a discussion around exercise, nutrition, and the courage to be imperfect (as cited in Griffith & Powers, 2007; “Patient Education: Self-Management,” n.d.). At the end of week four, group members were asked to designate a wall (or partial wall) to memorialize their pets. During the honoring your pet segment, participants will discuss the wall and what they chose to do with the wall. Dry erase boards, pictures, cutouts from magazines, and notes are examples of what might be used for this project. Participants could use a closet wall if it is too painful to see the memorial every day. At the end of the session, the facilitator will take questions, comments, and review homework assignments. As always, the leader will call participants and check-in with participants in preparation for the upcoming session.

**Individual therapy: Session five.** In alignment with group five, the therapist will facilitate a mindful eating exercise (“Principles of Mindful Eating,” 2013) and review previously
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presented information on exercise, nutrition, and the courage to be imperfect (as cited in Griffith & Powers, 2007; “Patient Education: Self-Management,” n.d.). The therapist will discuss the new DBT skill: distress tolerance-IMPROVE the moment (imagery, meaning, prayer, relaxation, one thing in the moment, vacation, encouragement) used in moments of distress to help the client reach a relaxed state. In addition, the client will review DBT handouts before the next session.

Week six. After the welcome and announcements, the group facilitator will lead participants in a progressive muscle relaxation exercise (“Progressive Muscle Relaxation, n. d.”). The educational component for week seven includes massage therapy, healing touch, and a continued discussion regarding the courage to be imperfect (as cited in Griffith & Powers, 2007; American Massage Therapy Association, 2017). During the honoring your pet segment of the group, members share three qualities they want people to remember about their pets. The group ends with questions, comments, and homework assignments. During the week, the leader calls all participants in preparation for week seven.

Individual therapy: Session six. In alignment with the previous group, the therapist will lead the client in a progressive muscle relaxation exercise (“Progressive Muscle Relaxation, n. d.”) and review the benefits of massage therapy and Adler’s courage to be imperfect (as cited in Griffith & Powers, 2007; American Massage Therapy Association, 2017). The therapist introduces the new DBT skill for week six: emotion regulation-story of emotion (Linehan, 2015) to increase the client’s understanding of emotions. Clients will review DBT handouts before the next session.

Week seven. After the welcome and announcements, the facilitator conducts the guided imagery exercise (Dayton, 2011). When the exercise is finished, the group leader will complete an educational segment about moving beyond depression in conjunction with Adler’s concepts of
contribution and cooperation (as cited in Griffith & Powers, 2007). The group facilitator encourages participants to consider the possibility of community involvement. During the honoring your pet segment of the group session, participants will share pet memories. Prior to week seven, group members were asked to bring three photos (or images in the mind) to share during the group. After questions, comments, and homework assignments, the session ends. In preparation for week eight, the leader will call all participants.

**Individual therapy: Session seven.** In alignment with the previous group, the therapist will complete a guided imagery exercise with the client (Dayton, 2011) and review Adler’s contribution and cooperation as it relates to moving beyond depression after the loss of a pet (as cited in Griffith & Powers, 2007). The therapist introduces the new DBT skill: emotion regulation-PLEASE Master (i.e., physical illness, eating, avoid mood altering drugs, sleep, exercise, mastery) to increase awareness of ineffective health habits that lead to increased vulnerability and emotion mind (Linehan, 2015). Linehan suggested people are more likely to have healthy emotions when the body is healthy. The client will review DBT handouts before next session.

**Week eight.** After welcome and announcements, one group member will volunteer to lead a favorite mindfulness practice. At this time, the group leader will continue the discussion regarding moving Adler’s concept of contribution and cooperation (as cited in Griffith & Powers, 2007) in conjunction with the ability to move beyond depression and foster a pet. Prior to week eight, participants were asked to honor their pet through “donations of the heart.” Group members will share acts of kindness, caring, or forgiveness during the past week in the honoring your pet segment of the group session. The session ends after questions, final comments, and the
homework review. Prior to week nine, the group leader will call participants in preparation for the next session.

**Individual therapy: Session eight.** In alignment with the previous group session, the client will choose a relaxation or mindfulness practice to begin the session. The therapist will review Adler’s contribution and cooperation (as cited in Griffith & Powers, 2007) and the ability to move beyond depression after the loss of a pet. The therapist will discuss the possibility of fostering a pet with the client. The therapist will then introduce the new DBT skill for session eight: interpersonal effectiveness-DEARMAN-(describe, express, assert, reinforce, mindful, appear, negotiate) to help clients ask for what they need from others (Linehan, 2015). Clients will review DBT handouts before next session.

**Week nine.** Once again, after welcome and announcements, one group member will volunteer to lead the group with a favorite relaxation or mindfulness practice. The group facilitator will continue the session with Adler’s concept of social interest and community feeling (as cited in Griffith & Powers, 2007). The therapist will engage participants in a discussion about moving beyond depression and the possibility of adopting a pet. Prior to week nine, participants were asked to create a visible “legacy” for their pets. For example, group members may plant a tree, start a scrapbook, photo album, or video. During the honoring your pet segment, participants will share this legacy with the group. After questions, final comments, and homework review, the session ends. During the week, the group leader will call group members in preparation for week ten.

**Individual therapy: Session nine.** In alignment with the previous group session, the client will choose the relaxation or mindfulness exercise to begin the session. The therapist will review Adler’s social interest and community feeling (as cited in Griffith & Powers, 2007) and
engage the client in a discussion about moving beyond depression and the possibility of adopting a pet. At this point in the session, the therapist will introduce the new DBT skill: interpersonal effectiveness-give-giving something skill used to assist with maintaining healthy relationships (Linehan, 2015). The client will review DBT handouts prior to next session.

**Week ten.** Session ten is the adjourning stage of the structured support group. After welcome and announcements, the group leader will ask, “Could you talk about your experience in your own words, and in your own way, beginning with the moment you knew you were losing your beloved pet? I am interested to hear how your loss changed the way you see the world, and what you believe is important. How have you grown personally through this loss?” After this discussion, one group member will volunteer to lead the group in a relaxation or mindfulness practice. After the exercise, the group leader will discuss moving beyond depression and socializing. This discussion will include continued thoughts regarding Adler’s social interest and community feeling (as cited in Griffith & Powers, 2007). Prior to week ten, members were asked to write a tribute letter (or letter of gratitude) to their pets. During the honoring your pet segment of this session, group participants will share the tribute letters with each other. This form of group closure will give each member an opportunity to talk about her feelings regarding the group and provide an opportunity to say goodbye. The group is over; however, participants are encouraged to utilize relaxation and mindfulness skills and to develop a personal care plan.

**Individual post group session.** During the final individual session, clients will complete a second set of the previously administered tests and assessments which may include: The Pittsburgh Sleep Quality Index (Buysse et al., 1989), Profile of Mood States (Grove & Prapavessi, 1992), Beck Depression Inventory 11 (“Beck Depression Inventory 11, n.d.), and The Spiritual Well Being Scale (Bufford et al., 1991). The therapist will introduce one final
DBT skill: radical acceptance and turning the mind (Linehan, 2015). Prior to the end of the session, the therapist will discuss pet loss survivorship and the importance of follow up care. In addition, the therapist will provide information about other groups and support services, beginning, ending, or continuing individual therapy, and moving beyond depression through social interest and community experiences.

Summary of the Sessions

Throughout the cat bereavement group process, participants compile a three-part notebook with information from all group sessions. This tool not only serves as a reference, but also a diary of experience, including the client’s notes and journal entries. This “manual” will encourage clients to review what they learn between sessions, and reinforce the learning in a powerful way. Information distributed at the end of group sessions inspires participants to come to group better prepared to move forward with the next phase of the group process.

Complementary handouts are designed to assist the bereaved client to become proactively involved in managing grief long after group ends. Handouts are created to reinforce the curative therapeutic factors of hope, altruism, and universality. Interpersonal interaction, group cohesiveness, and effective leadership serve as necessary components for positive outcomes (Yalom & Leszcz, 2005). The cat bereavement group mission statement will read as follows: To instill individual hope for a brighter tomorrow through encouragement to seek help and take the necessary steps to move forward after the loss of a pet.

Additional research is necessary to determine if a group comprised of Adlerian concepts, creative therapeutic tools, DBT skills, and psychoeducation involving the body, mind, and spirit will have lasting effects on all participants. Researchers and therapists need to continue with future research to determine the evidence-based utility of the proposed group.
Recommendations for Future Research

During the proposed 10-week group for single adults coping with pet loss, assessment tools include: The Pittsburgh Sleep Quality Index (Buysse et al., 1989), Profile of Mood States (Grove & Prapavessi, 1992), Beck Depression Inventory 11 (“Beck Depression Inventory 11, n.d.), and The Spiritual Well Being Scale (Bufford et al., 1991). These diagnostic tools could be used to conduct additional research regarding the effectiveness of the group intervention. For example, researchers could use these diagnostic tools during individual therapy sessions and compare the pre-group and post-group results with group participants. Researchers could examine the effectiveness of an integrative psychotherapeutic approach to enhance quality of life with single adults who have experienced pet loss. The hypothesis is that clients would show improved spiritual well-being, decreased stress related to bereavement issues, improved sleep quality, better mood (meaning more positive days than negative), reduction in anxious and depressive symptoms, and an overall improved quality of life.

Variations of research could include support vs. therapy groups for single adults after pet loss. One example would be the difference between group and individual therapy in contrast with stand-alone group work. Additionally, group participants could be monitored according to the outcomes of all male or all female groups, mixed cohorts, and participants at various stages of life. In addition, therapeutic outcomes could be measured and analyzed for existing differences after the loss of a cat, dog, or specific type of pet.

Another opportunity for research would include the concept of disenfranchised grief (Packman et al., 2014). For instance, researchers could compare human loss and pet loss utilizing a self-report method to determine length of time in various stages of grief (Kübler-Ross, 1969). Further research could include the length of time needed to heal from pet loss in relation
to the specific mental health conditions of the pet owner. For instance, one could evaluate the combination of a diagnosed mental health condition and pet loss and how this combination contributes to the probability of a complicated grief process.

**Conclusion**

When a bereaved single adult reaches the final acceptance stage of grief (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005), he or she may be able to consider new life opportunities. The pain of losing a beloved pet is still real; however, it becomes less intense and overwhelming when individuals move past grief and loss to purpose through social interest. For example, a new normal could include fostering or adopting a pet, socializing, or active engagement in the community. Hartshorne (2003) suggested that through the lens of Individual Psychology, grief serves a purpose. One purpose of grief would be to revise one’s world to account for the loss.

Within the process of grief and revision, people have the chance to explore new possibilities. Adler stated that people can use the creative self, and reinvent who they are at any time (as cited in Oberst & Stuart, 2003). When single people experience profound grief over the loss of a pet, they can participate in the grief process (Kübler-Ross, 1969) and create a new version of normal. The new normal could encompass new purpose, meaning, and the ability to employ skills and techniques to cope with the unexpected aspects of life.
References


Kukowski, J. (n.d.) Diaphragmatic breathing: The breath of relaxation [Handout].


Appendix

Intensive 10 Week Support Group and Individual Therapy
Single Females and Pet Loss

Intake: Individual Session One

1. Prescreening interview with therapist and potential group member
2. Identify client emotional status and develop rapport
3. Agreement to move forward with individual and group sessions
4. Administer appropriate assessments (choose from the following)
   a. Pittsburgh Sleep Quality Index
   b. Profile of Mood States (POMS)
   c. Beck Depression Inventory 11 (BDI-11)
   d. The Spiritual Well-Being Scale (SWBS)

Week One

Section One

I. Welcome
II. Announcements
III. Review: Purpose of group, guidelines, and description of group structure
IV. Brief Introductions: Why are you here? What do you hope to learn?

Section Two

I. Relaxation Exercise/Mindfulness Practice: Diaphragmatic breathing

Section Three

I. Psychoeducation: Journaling, Wise Mind, and Anxiety
II. Adlerian concept: Safety & Belonging
III. Honoring your pet

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Coloring: Kitty Mandala
Section Five

I. Checkout: Questions & Comments
II. Homework
   a. Review Psychoeducation and Adlerian handouts
   b. Review Prep sheet for Honoring Your Pet
   c. Practice relaxation and mindfulness
   d. Journal

Between Week One and Week Two

I. Group facilitator phone call
   a. Check member status
   b. Answer questions

Week Two

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: Body Scan

Section Three

I. Psychoeducation: Stages of Grief (part 1)
II. Adlerian Concept: Safety and Belonging

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Music: Play a song that reminds you of your pet and share

Section Five

I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
d. Journal

**Between Week Two and Week Three**

I. Group Facilitator Phone Call
   a. Check member status
   b. Answer questions

**Individual Therapy: Session Two**

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: “What Skills” Skills-Observe, Describe, & Participate
   Homework: Practice mindfulness and review DBT handout before next session

**Week Three**

**Section One**

I. Welcome
II. Announcements

**Section Two**

I. Relaxation Exercise/Mindfulness Practice: Meditation

**Section Three**

I. Psychoeducation: Stages of Grief (part 2)
II. Adlerian Concept: Encouragement

**Section Four**

I. Honoring Your Pet (Group Sharing Time)
II. Memories: Memories of pet to pass around (Toys, collar, etc.)

**Section Five**

I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
Between Week Three and Week Four

I. Group Facilitator Phone Call:
   a. Check member status
   b. Answer questions

Individual Therapy: Session Three

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: “How Skills” Skills-Non-judgmentally, One Mindfully, Effectively
    Homework: Practice mindfulness and review DBT handout before next session

Week Four

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: Free Relaxation Script: Floating on a Cloud

Section Three

I. Psychoeducation: DBT for Sleep
II. Adlerian Concept: Encouragement

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Pampering: Two hours pampering yourself in memory of your pet. Examples include:
    Getting a manicure or facial, buying favorite fancy coffee, listening to favorite music.

Section Five
I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
   d. Journal

**Between Week Four and Week Five**

I. Group Facilitator Phone Call
   a. Check member status
   b. Answer questions

**Individual Therapy: Session Four**

I. Adlerian Therapy, Mindfulness, and DBT
   II. Teach DBT Skills: Distress Tolerance-Distract with ACCEPTS (Activities, Contribute, Comparisons, Emotions, Push away, Thoughts, Sensations)
       Homework: Practice Mindfulness and review DBT handout before next session

**Week Five**

**Section One**

I. Welcome
   II. Announcements

**Section Two**

I. Relaxation Exercise/Mindfulness Practice: Mindful Eating

**Section Three**

I. Psychoeducation: Exercise and Nutrition
   II. Adler Concept: The Courage to be Imperfect

**Section Four**

I. Honoring Your Pet (Group Sharing Time)
II. Designated Wall: Choose a portion of one wall and designate to your pet. (e.g., a dry erase board, pictures, notes, or magazine clips.) Could choose a wall in a closet if it is too painful to look at every day. Share with group what you put on the wall.

Section Five

I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
   d. Journal

Between Week Five and Week Six

I. Group Facilitator Phone Call
   a. Check member status
   b. Answer questions

Individual Therapy: Session Five

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: Distress Tolerance-Distract with ACCEPTS (Activities, Contribute, Comparisons, Emotions, Push away, Thoughts, Sensations)
   Homework: Practice Mindfulness and review DBT handout before next session

Week Six

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: Progressive Muscle Relaxation

Section Three

I. Psychoeducation: Massage/Healing Touch
II. Adler Concept: The Courage to be Imperfect

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Memorial: Describe three qualities to remember about your pet

Section Five

I. Homework:
   e. Practice relaxation/mindfulness
   f. Review psychoeducation and Adlerian handouts
   g. Review prep sheet for Honoring Your Pet
   h. Journal

Between Week Six and Week Seven

I. Group Facilitator Phone Call
   a. Check member status
   b. Answer questions

Individual Therapy: Session Six

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: DBT skills: Emotion Regulation-Story of Emotion
Homework: Practice Mindfulness and review DBT handout before next session

Week Seven

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: Guided Imagery/Tape

Section Three

I. Psychoeducation: Moving Past Depression
II. Adler Concept: Contribution and Cooperation

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Precious Memories: Share three precious memories of your pet. Bring in three photos or three snapshots in your mind.

Section Five
I. Homework:
a. Practice relaxation/mindfulness
b. Review psychoeducation and Adlerian handouts
c. Review prep sheet for Honoring Your Pet
d. Journal

Between Week Seven and Week Eight

II. Group Facilitator Phone Call
c. Check member status
d. Answer questions

Individual Therapy: Session Seven

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: Emotion Regulation-Please Master (Physical illness, Eating, Avoid mood-altering drugs, Sleep, Exercise, Mastery)
   Homework: Practice Mindfulness and review DBT handout before next session

Week Eight

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: Volunteer to share favorite mindfulness practice

Section Three

I. Psychoeducation: Fostering
II. Adler Concept: Contribution and Cooperation

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Donations of the heart: Share acts of kindness, sharing, caring, forgiveness you were able to bestow upon yourself or someone else this past week in honor of your pet.

Section Five
I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
   d. Journal

Between Week Eight and Week Nine

I. Group Facilitator Phone Call
   a. Check member status
   b. Answer questions

Individual Therapy: Session Eight

I. Adlerian Therapy, Mindfulness, and DBT
II. Teach DBT Skills: DBT skills: Interpersonal Effectiveness-Dearman (Describe, Express, Assert, Reinforce, Mindful, Appear, Negotiate)
III. Homework: Practice Mindfulness and review DBT handout before next session

Week Nine

Section One

I. Welcome
II. Announcements

Section Two

I. Relaxation Exercise/Mindfulness Practice: One volunteer from group will share favorite practice with the group

Section Three

I. Psychoeducation: Adopting
II. Adler Concept: Social Interest and Community Feeling

Section Four

I. Honoring Your Pet (Group Sharing Time)
II. Legacy: Participants share the legacy they created (planting a tree, donating to a rescue, scrapbook, etc.)

Section Five
I. Homework:
   a. Practice relaxation/mindfulness
   b. Review psychoeducation and Adlerian handouts
   c. Review prep sheet for Honoring Your Pet
   d. Journal

Between Week Nine and Week Ten

II. Group Facilitator Phone Call
   c. Check member status
   d. Answer questions

Individual Therapy: Session Nine

I. Adlerian Therapy, Mindfulness, and DBT

II. Teach DBT Skills: DBT skills: Interpersonal Effectiveness-Dearman (Describe, Express, Assert, Reinforce, Mindful, Appear, Negotiate)

III. Homework: Practice Mindfulness and review DBT handout before next session

Week Ten

Section One

I. Welcome

II. Announcements

III. Check-In: Talk about individual experience going back to the time the pet became ill. How has that experienced changed how you see the world and what you believe is important? How has this group changed the way you see things?

Section Two

I. Relaxation Exercise/Mindfulness Practice: One volunteer from group will share favorite practice with the group

Section Three

I. Psychoeducation: Socializing

II. Adler Concept: Social Interest and Community Feeling

Section Four
I. Honoring Your Pet (Group Sharing Time)
II. Tribute: Letter of Gratitude – Share letters

Section Five

II. Homework:
   e. Practice relaxation/mindfulness
   f. Review psychoeducation and Adlerian handouts
   g. Review prep sheet for Honoring Your Pet
   h. Journal

Second Required Individual Session

I. Re-testing and evaluation
II. Information regarding continuation of group or individual therapy
III. Take away: DBT Skills – Radical acceptance and turning the mind