



**THE GRIEF EXPERIENCE OF PEOPLE WHO LOST  
THEIR PETS: MEDIATING ROLE OF SOCIAL  
CONSTRAINTS, PERCEIVED SOCIAL SUPPORT, AND  
ATTACHMENT**

**ÖYKÜ DEMİRCİ**

Master's Thesis

Graduate School  
Izmir University of Economics

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## ABSTRACT

### THE GRIEF EXPERIENCE OF PEOPLE WHO LOST THEIR PETS: THE MEDIATOR ROLE OF SOCIAL CONSTRAINTS, PERCEIVED SOCIAL SUPPORT AND ATTACHMENT

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Master's Program in Clinical Psychology

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This study examines the mediator roles of social constraints, perceived social support, and attachment in the relationship between grief and depression, anxiety, and stress following the death of a pet. The sample of the study consists of 210 adult participants who lost their pets in the last year due to death. Participant Information Form, Pet Bereavement Questionnaire, Lexington Attachment to Pets Scale, Multidimensional Perceived Social Support Scale-Revised, Social Constraints Scale, and Depression, Anxiety, and Stress Scale-21 were used to test the hypotheses of the study. Results of the mediation analysis revealed that social constraints mediated the relationship between grief and depression, anxiety, and stress however, perceived social support and attachment did not. The results indicated that despite the intensity of grief reactions related to the death of a pet if individuals feel like there is an environment where their loss is acknowledged, levels of depression, anxiety, and stress may be reduced. The findings of the study are discussed in terms of relevant literature. Limitations of the

study and suggestions were presented for future research.

Keywords: Pet Loss, Bereavement, Grief, Social Constraints, Perceived Social Support, Attachment



# ÖZET

## EVCİL HAYVANI VEFAT EDEN BİREYLERİN YAS DENEYİMİ: SOSYAL KISITLAMALAR, ALGILANAN SOSYAL DESTEK VE BAĞLANMANIN ARACI ROLÜ

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Bu çalışma, bir evcil hayvanın ölümünün ardından yas ile depresyon, anksiyete ve stres arasındaki ilişkide sosyal kısıtlamalar, algılanan sosyal destek ve bağlanmanın aracı rollerini incelemektedir. Araştırmanın örneklemini son bir yılda evcil hayvanını ölüm nedeni ile kaybeden 210 yetişkin katılımcı oluşturmaktadır. Araştırmanın hipotezlerini test etmek için Katılımcı Bilgi Formu, Evcil Hayvan Yas Ölçeği, Lexington Evcil Hayvanlara Bağlanma Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği-Gözden Geçirilmiş Form, Sosyal Kısıtlamalar Ölçeği ve Depresyon, Anksiyete ve Stres Ölçeği-21 kullanılmıştır. Elde edilen sonuçlara göre sosyal kısıtlamalar yas ile depresyon, anksiyete ve stres arasındaki ilişkiye aracılık etmiştir ancak algılanan sosyal destek ve bağlanmanın bu ilişkide aracılık rolü olmadığı tespit edilmiştir. Buna göre, bir evcil hayvanın ölümü ile ilgili yas tepkilerinin yoğunluğuna rağmen, bireylerin deneyimledikleri kayıp diğer insanların gözünde gerçek bir kayıp olarak kabul edildiği takdirde depresyon, anksiyete ve stres düzeyleri azalabilir. Mevcut çalışmanın sonuçları, sınırlamaları, güçlü yönleri ve etkileri tartışılmış ve gelecekteki

tartışmalar için öneriler bu çalışmada sunulmuştur.

Anahtar Sözcükler: Evcil Hayvan Kaybı, Yas, Sosyal Kısıtlamalar, Algılanan Sosyal Destek, Bağlanma



Dedicated to my beautiful children, İzmir and Wookie. I'll never stop loving and missing you.



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## TABLE OF CONTENTS

ABSTRACT.....	iii
ÖZET.....	v
ACKNOWLEDGEMENTS .....	viii
TABLE OF CONTENTS.....	ix
<i>LIST OF FIGURES</i> .....	xii
LIST OF TABLES .....	xiii
CHAPTER 1: INTRODUCTION .....	1
1.1. <i>Grief</i> .....	2
1.1.1. <i>Grief Responses and Bereavement Process</i> .....	2
1.1.2. <i>Worden’s Mediators of Grief</i> .....	4
1.1.3. <i>Grief After Losing a Companion Animal</i> .....	7
1.2. <i>Depression, Anxiety, and Stress</i> .....	9
1.2.1. <i>Depression, Anxiety, and Stress in the Context of Bereavement</i> .....	9
1.2.2. <i>Depression, Anxiety, and Stress Following the Death of a Companion Animal</i> .....	12
1.3. <i>Perceived Social Support and Social Constraints</i> .....	13
1.3.1. <i>Perceived Social Support and Bereavement</i> .....	13
1.3.2. <i>Social Constraints: Disenfranchised Grief</i> .....	16
1.3.3. <i>Pet Loss as Disenfranchised Grief and Inadequate Perception of Support Following the Death of a Companion Animal</i> .....	18
1.4. <i>Attachment</i> .....	20
1.4.1. <i>Theory of Attachment and Loss</i> .....	20
1.4.2. <i>Level of Attachment in Responses to Pet Loss</i> .....	23
1.5. <i>Aim of the Present Study</i> .....	24
1.6. <i>Hypotheses</i> .....	26
CHAPTER 2: METHOD .....	27
2.1. <i>Participants</i> .....	27
2.2 <i>Measurements</i> .....	28
2.2.1 <i>Personal Information Form</i> .....	29
2.2.2 <i>Pet Bereavement Questionnaire</i> .....	29
2.2.3 <i>Lexington Attachment to Pets Scale</i> .....	30

2.2.4 <i>Multidimensional Scale of Perceived Social Support-Revised</i> .....	31
2.2.5 <i>Social Constraints Scale</i> .....	32
2.2.6 <i>Depression, Anxiety, and Stress Scale-21</i> .....	33
2.3 <i>Procedure</i> .....	34
2.4 <i>Statistical Analysis</i> .....	34
CHAPTER 3: RESULTS .....	36
3.1 <i>Preliminary Analysis</i> .....	36
3.1.1 <i>Descriptive Statistic for the Scales</i> .....	36
3.2 <i>Main Analysis</i> .....	37
3.2.1 <i>Correlation Analysis for All Scales</i> .....	37
3.2.2 <i>Regression Analysis Regarding the Role of Age, Time Since Death, and Euthanasia on Grief and Guilt</i> .....	42
3.2.3 <i>Mediation Analysis</i> .....	42
CHAPTER 4: DISCUSSION .....	50
4.1 <i>Correlation Analysis</i> .....	50
4.1.1 <i>The Result of Correlations between Perceived Social Support, Social Constraints, Grief, and Depression-Anxiety-Stress</i> .....	50
4.1.2 <i>The Result of Correlation between Attachment, Grief, and Depression-Anxiety-Stress</i> .....	52
4.1.3 <i>The Result of Correlation between Grief and Depression, Anxiety, and Stress</i> .....	53
4.2 <i>The Evaluation of Simple Linear Regression Analyses for the Roles of Age of the Bereaved, Time Passed Since the Death, and Euthanasia on Grief Severity</i> ..	54
4.2.1 <i>The Role of Age of Bereaved on Grief Severity</i> .....	54
4.2.2 <i>The Role of Time Past Since the Death on Grief Severity</i> .....	55
4.2.3 <i>The Role of Euthanasia on Degree of Grief and Guilt</i> .....	56
4.3 <i>Interpretation of Mediation Analysis</i> .....	58
4.3.1 <i>Interpretation of the Mediator Role of Social Constraints and Perceived Social Support on the Relationship between Grief and Depression, Anxiety, and Stress</i> .....	58
4.3.2 <i>Interpretation of the Mediator Role of Attachment on the Relationship Between Grief and Depression, Anxiety, and Stress</i> .....	60
4.4 <i>Limitations and Future Suggestions</i> .....	62
CHAPTER 5: CONCLUSION .....	64

5.1. <i>Clinical Implications</i> .....	64
5.2. <i>Result</i> .....	64
REFERENCES.....	66
APPENDICES .....	81
<i>Appendix-A: Ethics Committee Approval</i> .....	81
<i>Appendix-B: Participation Consent Form</i> .....	82
<i>Appendix-C: Participant Information Form</i> .....	83
<i>Appendix-D: Pet Bereavement Questionnaire</i> .....	86
<i>Appendix-E: Lexington Attachment to Pets Scale</i> .....	87
<i>Appendix-F: Social Constraints Scale</i> .....	89
<i>Appendix-G: Multidimensional Perceived Social Support Scale-Revised</i> .....	90
<i>Appendix-H: Depression, Anxiety, and Stress Scale-21</i> .....	93

## LIST OF FIGURES

Figure 1. The parallel mediation model used in the present study .....	35
Figure 2. The simple mediation model used in the present study .....	35
Figure 3. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Depression.....	44
Figure 4. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Anxiety.....	45
Figure 5. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Stress .....	46
Figure 6. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Depression.....	47
Figure 7. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Anxiety.....	48
Figure 8. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Stress .....	49

## LIST OF TABLES

Table 1. Demographic Characteristics of the Participants and Deceased Pets .....	28
Table 2. Descriptive Statistics of the Measures (N= 210) .....	36
Table 3. Pearson's Correlation Analysis Results for All Measures.....	39
Table 4. Simple Linear Regression Analysis of the Effects of Age, Time Passed Since the Death, and Euthanasia on Grief and Guilt.....	42



## **CHAPTER 1: INTRODUCTION**

Bereavement is an unpleasant as well as common experience that most individuals go through due to losing a loved one (Bonanno and Kaltman, 2001). Acute grief is the healthy response (Corr and Coolican, 2010) to the death of a significant person and can be characterized by a variety of physical, emotional, cognitive, behavioral, social, and spiritual reactions (Stroebe, Schut and Boerner, 2017). As the reality and permanence of the loss experience are integrated into life, the severity of these normal grief symptoms begins to decrease over time (Arizmendi and O'Connor, 2015). The severity and duration of grief symptoms can vary by multiple factors (Zisook and Shear, 2009). Worden (2009) suggested several mediators which influence the bereavement process and grief reactions of bereaved individuals including the strength of the attachment to the deceased and the perception of social support following the loss. There are studies in the literature revealing that closer relationships with the deceased along with the perception of inadequate social support during the bereavement process are associated with more intense grief reactions as well as mental health issues such as depression, anxiety, and guilt (Vanderwerker and Prigerson, 2004; Walker, Hathcoat and Noppe, 2012; Mash et al., 2014; Chen, 2022).

People may also experience intense grief reactions as well as mental difficulties, behavioral disturbances, and physical symptoms due to the death of a pet (Rémillard, 2014; Kimura, Kawabata and Maezawa, 2014; Reisbig et al., 2017). Pets elicit emotional and behavioral characteristics comparable to human attachment relationships (Field et al., 2009). Accordingly, the degree of attachment to the deceased pet is one of the most important predictors of grief severity following the death of a companion animal. Specifically, closer relationship with the deceased pet prior to death leads to more intense and prolonged grief reactions (Packman et al., 2011; Barnard-Nguyen et al., 2016). However, individuals who have lost their pets often experience disenfranchised grief due to the social constraints. They don't feel supported regardless of the severity of their grief reactions (Spain, O'Dwyer and Moston, 2019). Disenfranchised grief is the loss experience that is not acknowledged by society (Doka, 1999). Doka (1999) suggested that every society has certain social norms in other words "grieving rules" that define legitimate loss experiences. If the characteristics of the loss do not conform to these norms, it won't be recognized as a

“real” loss and will be disenfranchised. The death of a companion animal is a typical of disenfranchised grief because it is not always regarded as a genuine loss (Doka, 1999). The nature of the bond between people and their pets and how important pets are to their human companions is often overlooked by society, therefore, the death of a pet may not be considered as a valid source of grief (Reisbig et al., 2017; Testoni et al., 2017). Bereaved pet owners who experience disenfranchised grief due to the social constraints and perceive inadequate social support may experience more intense grief reactions along with depressive symptoms, anxiety, somatization, and functional impairment (Adams, Bonnett and Meek, 2000; King and Werner, 2012; Habarth et al., 2017).

The grief experience following the death of a companion animal might become more intense and complicated depending on various factors, especially social constraints, and perception of support from others as well as closeness to the deceased pet prior to the death. Therefore, thoroughly examination of the bereavement process associated with the loss of a pet is important.

## ***1.1. Grief***

### ***1.1.1. Grief Responses and Bereavement Process***

The death of a loved one is an inevitable experience that every individual will go through at some point in their lives. The death of a loved one is a profoundly shocking experience that can be life-changing as well as brings intense psychological pain to those left behind (Vickio, Cavanaugh and Attig, 1990; Beder, 2005; Nakajima, 2018). In the literature, the terms grief and bereavement are used interchangeably (Worden, 2009). Bereavement is the state of being bereaved or deprived of something. Bereavement is often used to describe the situation of the people who lost someone through death (Mander, 2007; Corr and Coolican, 2010; Corr, Corr and Doka, 2018). Therefore, bereavement indicates the situation of an individual who has recently experienced the death of someone significant (Stroebe, Schut and Boerner, 2017). On the other hand, the term grief is often used to define one's reactions following the death (Zisook and Shear, 2009). Although grief involves feelings, one's reactions to death are not merely emotional. Grief is characterized by different physical, spiritual, behavioral, emotional, social cognitive, and responses (Weiss, 2001; Stroebe, Schut

and Boerner, 2017).

Grief reactions often indicates the distress felt as a result of an irreversible separation from a significant person, therefore, do not always have pathological features (Nakajima, 2018). Acute grief is the common, innate psychological response to bereavement (Shear, 2022) that occurs shortly after death. Acute grief symptoms are often characterized by uncommon behaviors and emotions, such as extreme sadness, weeping, constantly thinking about the deceased and their memories, changes in appetite and weight, sleep disturbances, fatigue, concentration difficulties, and inattentiveness to other people and everyday activities (Zisook and Shear, 2009). Also, feelings of helplessness, guilt, anger, fear, anxiety and depression are normal grief responses. The bereaved individual learns to cope with these unpleasant emotions in time and adapted to a life without the deceased on a psychological and social level (Brown and Stoudemire, 1983; Rosenberg et al., 2012; Freid et al., 2015). By integrating reality and permanence of the loss, the period of high or acute distress gradually fades into a state of low distress (Arizmendi and O'Connor, 2015).

It is considered that the bereavement process would eventually result in a balanced mood in which the bereaved individual may resume daily activities they enjoy; nonetheless, there may be extremes that can cause psychopathology as a result of the death of a loved one (Horowitz et al., 2003; Shear, Ghesquiere and Glickman, 2013). Complicated grief refers to unusual and unhealthy grief responses or bereavement processes that are severe, prolonged, and impairs functioning (Shear, 2015; Corr, Corr and Doka, 2018). Accordingly, complications hinder readjustment after the loss, leading to a time of extended and heightened acute grief (Shear, 2022). According to Prigerson et al. (1999), bereaved individuals who suffer from complicated grief have difficulties thinking of a life without the deceased, they avoid situations that remind the deceased, and they think a part of them has died. Besides, shock, disbelief, or anger about the death and constant feelings of longing, purposelessness, and meaninglessness are other features of complicated grief (Mitchell et al., 2004). It is also known that complicated grief is related to certain health problems such as insomnia, substance addiction, suicidal ideation/behavior, immune system dysfunction, and increased risk of heart disease and cancer (Shear, 2015).



While bereavement is often seen as a normal and natural experience that most people manage to acknowledge over time, it is also a devastating experience (Bonanno and Kaltman, 2001; Bonanno et al., 2005). Even though many individuals are able to adjust to a significant loss without experiencing long-term issues, there are bereaved people who have a hard time coping with the loss and continue to have problems (Bonanno and Mancini, 2008). Accordingly, Worden (2009) argued that there are certain risk factors that affect the grief experiences of people and that these factors should be known in order to better understand people's bereavement process. These factors will be thoroughly explained in the following section.

### ***1.1.2. Worden's Mediators of Grief***

Worden (2009) argued that there are some basic factors that affect the grief experiences of people and that these factors should be known in order to better understand people's bereavement process. These factors include who the bereaved person was, the nature of the attachment, how the person died, historical antecedents, personality variables, social variables, and concurrent stressors. These factors will be explained in detail.

#### **i. Who the Person Who Died Was**

People's grief reactions may vary based on who died. The grief experienced after the death of a distant cousin may differ from that experienced after the death of a child. Similarly, the death of a spouse and the death of a parent may not elicit a similar intensity of grief (Worden, 2009). This has also been found in the studies that, the death of a first-degree relative elicits more intense grief symptoms than distant relationships (Laurie and Neimeyer, 2008). In addition, women who lost a close relative or a friend more likely to experience increased stress, however, those who lost a children or grandchildren tend to experience increased anxiety. (Lu et al., 2020).

#### **ii. How the Person Died**

Causes and circumstances of death including the expectedness of the death, as well as whether the death was violent/traumatic, preventable, ambiguous, stigmatized, or the presence of other losses have an impact on the bereavement process (Worden, 2009). The sudden death of a loved one is associated with

more intense grief as well as impairment (Krychiw et al., 2018). In addition, people who experienced an unexpected death of a loved one can face with major depression, panic disorder, and post-traumatic stress more often at some point in their lives (Keyes et al., 2014). Further, people who lost a loved one due to traumatic deaths such as homicide, accident, and drowning, experience more intense and complicated grief symptoms than people whose loved one died as a result of illness (Prigerson and Jacobs, 2001). The idea that there was something that can be done to prevent the death of a loved one's death is also associated with complicated grief (Melhem et al., 2004a). Besides, people who lost their pets reported that they experienced stigmatization and therefore mask their grief reactions, thus, they suffer from more intense grief (Behler, Green and Joy- Gaba, 2020).

**iii. The Nature of the Attachment**

The grief experience can be affected by the nature of the attachment with the deceased. The nature of the attachment is the strength and the security of the attachment, the ambivalence in the relationship, conflicts with the deceased, or whether the relationship is dependent. It is possible for the bereaved to experience more difficult grief reactions if the lost person is an assurance to preserve the bereaved person's self-worth and may have difficulty re-adjusting to a world without the deceased. Because the bereaved's sense of security and the need for positive evaluations of oneself would be unsourced. Besides, conflicted relationships with the deceased may reveal intense guilt for the bereaved due to unresolved issues in their relationship (Worden, 2009). It can be also found in the literature that, closeness, or level of attachment to the deceased prior to death is associated with increased grief as well as complicated grief symptoms (Mash et al., 2014). In addition, a maladaptive dependent relationship with the spouse prior to death is associated with increased likelihood of chronic grief, despair, and prolonged grief disorder symptom severity (Bonanno et al., 2002; Sekowski and Prigerson, 2021). Furthermore, particular attachment to the deceased is different from the degree of attachment and relationship quality. Therefore, individuals with a preoccupied attachment style to their deceased partners, experience more adverse grief symptoms following the death of their partner (Smigelsky et al., 2019).

**iv. Historical Antecedents**

Historical antecedents include bereaved person's loss history. The bereavement process and adjustment to the loss can be influenced by whether the bereaved person has experienced previous losses in the past, how they grieved those losses, and whether the bereavement process for those losses has been resolved. In addition, bereaved's mental health history, and previous losses in the family history also affect the bereavement process and grief reactions. Especially, previous history of anxiety disorders and depression is related to complicated grief (Melhem et al., 2004a, 2004b).

**v. Personality Variables**

Personality variables refer to the bereaved's coping styles (active emotional coping, problem-solving coping, avoidant emotional coping), attachment style (secure attachment or anxious/preoccupied attachment, anxious/ambivalent attachment, avoidant/fearful attachment), cognitive styles, gender, ego strength (self-efficacy and self-esteem), and assumptive world beliefs and values (Worden, 2009). Grief reactions more likely to be complicated if the individual has difficulties coping with the intense emotional distress as a result of the loss experience due to these personality features. Bereaved people, who have problem-focused, active, and avoidant emotional coping style, are associated with complicated grief and post-traumatic stress disorder (Schnider, Elhai and Gray, 2007). In addition, anxious attachment is related to intense shame and guilt while avoidant attachment is correlated with complicated grief. Also, insecure attachment style is related to less post-traumatic growth, while secure attachment is associated with more flexible coping, less intense grief, and higher degree of post-traumatic growth. On the other hand, the avoidant attachment style is related to lower levels of post-traumatic growth. Also, people with anxious attachment style, experience severe shame and guilt, while avoidant attachment style is associated with complicated grief (Cohen and Katz, 2014). On the contrary, through intentional ruminations, attachment anxiety can provide post-traumatic growth while attachment avoidance is a risk factor for complicated grief (Huh et al., 2017).

**vi. Social Variables**

Bereaved person's perception of social support and satisfaction with it, involvement in multiple roles and religious resources, and ethnic expectations

affect the grief severity and adjustment to the loss (Worden, 2009). Social support has a predictive role on grief severity (Bonanno et al., 2002) and it is a protective factor against complicated grief (Vanderwerker and Prigerson, 2004). Accordingly, grief reactions and depression became related to each other in case of lack of social support (Eilersten et al., 2013).

**vii. Concurrent Stressors**

Changes and crises that occur simultaneously in the bereaved's life following the loss have an impact on the grief experience (Worden, 2009). There are studies in the literature that support Worden's view (Tomarken et al., 2008; Zishook and Shear, 2009).

Besides the loss of a significant person, the grief experience after the death of a pet is also discussed in the literature and will be addressed in detail in the next section.

***1.1.3. Grief After Losing a Companion Animal***

Pets can take on roles such as friends, family members, and even children in the eyes of their owners (Voith 1985; Cohen, 2002; Adrian, Deliramich and Freuh, 2009). Individuals often describe their pets as "baby," "daughter" / "son," or "friend" (Kemp et al., 2016). The death of pets that have such a special and important place in people's lives, causes serious emotional difficulties and psychological symptoms (Keddie, 1977; Hunt and Padilla 2006; Reisbig et al., 2017). The death of a companion animal can be as painful as losing a human loved one (Gerwolls and Labott, 1994; Margolies, 1999; Eckerd, Barnett and Jett-Dias, 2016). Rémillard (2014) specified the challenges that people who have lost their pets experience mental difficulties (e.g., regret, guilt, depressive mood), behavioral disturbances (e.g., taking time off from work, having difficulty performing daily activities, disrupting routines), and physical symptoms (e.g., difficulty falling asleep, feeling sick, loss of appetite). In addition, certain places that are reminders of the deceased pet as well as belongings, and photos of the deceased pet trigger grief reactions. Similarly, findings of the study conducted by Kimura, Kawabata, and Maezawa, (2014) revealed that bereaved pet owners experience major physiological dysfunctions, anxiety, insomnia, and depressive mood. The study conducted by Karasu and Yalçınkaya-Alkar (2020) explained the grief process of bereaved pet owners as emotional reactions, behavioral reactions, and cognitive reactions. Emotional reactions are sorrow, emptiness, longing, and yearning.

Cognitive responses on the other hand are shock, having dreams of the deceased pet, questioning, and crying. Behavioral reactions include not being able to look at the places where their pets once were, frequently looking at their photos, and loss of efficiency in daily life. Besides, bereaved pet owners cope with their loss through social support, helping and feeding stray animals, frequently memorializing the deceased pet, looking at its photos, and respecting its memory. In the study conducted by Adams, Bonnet, and Meek (2000) with bereaved pet owners, they reported that the majority of the participants experienced intense emotional and physical symptoms such as insomnia, loss of appetite, feeling of something died within, and occupation of thoughts about the deceased pet. Also, they felt like life had lost its meaning. Besides, unlike losing a human loved one, pet owners may experience multiple losses, anticipatory grief due to shorter life spans of pets, and disenfranchised grief, which occurs when pet bereavement is considered unacceptable by societal norms, and they may have to make euthanasia decisions (Adams, Bonnett and Meek, 2000; Reisbig et al., 2017; Cleary et al., 2021).

There are certain variables that affect the bereavement process following the death of a pet. The gender of the bereaved individual is one of these factors (Gosse and Barnes, 1994; Margolies, 1999; McCutcheon and Fleming, 2002; Wrobel and Dye, 2003; Yüksel, Apak and Demirci, 2022). Women are more likely to experience certain symptoms such as crying, and a sense of loneliness rather than men (Wrobel and Dye, 2003). Furthermore, women experience more depersonalization, death anxiety, rumination, and intense grief (Gosse and Barnes, 1994; Margolies, 1999; McCutcheon and Fleming, 2002; Yüksel, Apak and Demirci, 2022). In addition, the severity of grief symptoms following the death of a pet decrease with age (Planchon and Templer, 1996; Kimura, Kawabata and Maezawa, 2014; Yüksel, Apak and Demirci, 2022; Cowling, Isenstein and Schneider, 2020). Younger people are more likely to experience more intense guilt and loneliness (Cowling, Isenstein and Schneidern, 2020). The number of people whom bereaved pet owners live with also influences the grief experience over the loss of a pet. (Planchon and Templer, 1996; Archer and Winchester, 1994; McCutcheon and Fleming, 2002). Accordingly, people who live alone experience higher somatization symptoms (McCutcheon and Fleming, 2002), as well as higher grief severity (Planchon and Templer, 1996; Archer and Winchester, 1994). Besides, pet owners who do not have children have more intense grief reactions

(Gosse and Barnes, 1994; Nieburg and Fischer, 1982). Recent stressful life events are another variable that influences the bereavement process and significantly predicts grief responses (Gosse and Barnes, 1994). Accordingly, intense grief is related to somatic dysfunction, anxiety, insomnia, and severe depression (Kimura, Kawabata and Maezawa, 2014). Pet owners may experience more intense grief when they have a sense of responsibility in a caregiver-type role (Behler, Green and Joy- Gaba, 2020). Most grief responses due to the loss of a pet reflect the loss of a caregiving relationship (Kwong and Bartholomew, 2011). The relationship between grief severity and the time passed since the death is controversial. There are studies concluded that people experience more severe grief symptoms when the death is more recent (Wrobel and Dye, 2003; Behler, Green and Joy- Gaba, 2020; Cowling, Isenstei and Schneidern, 2020). However, some researchers argues that grief there is no relationship between grief severity and time since the death (Mccutcheon and Fleming, 2002; Eckerd, Barnett and Jett-Dias, 2016; Yüksel, Apak and Demirci, 2022). Finally, another factor influencing the bereavement process is whether the pet was euthanized or not. Since euthanasia is thought to prevent additional suffering, euthanizing the pet may result in less intense grief and guilt for the bereaved pet owner (Stokes et al., 2002; McCutcheon and Fleming, 2002; Tzivian, Friger and Kushnir, 2014; Yüksel, Apak and Demirci, 2022). On the other hand, it can cause more extreme feelings of grief, guilt, and shame (Pitcairn and Pitcairn-Hubble 1982; Quackenbush and Glickman, 1984; Adams, Bonnett and Meek, 2000; McCutcheon and Fleming, 2002; Sharkin and Knox, 2003; Hunt and Padilla, 2006; Behler, Green and Joy- Gaba, 2020).

People who have lost their pets may struggle with intense grief depending on a variety of factors. Losing a pet can also result in symptoms of depression, anxiety, and stress. Accordingly, in the next section, depression, anxiety, and stress will be examined in the context of bereavement as well as their relationship with pet loss will be addressed.

## ***1.2. Depression, Anxiety, and Stress***

### ***1.2.1. Depression, Anxiety, and Stress in the Context of Bereavement***

Even if the criteria for a diagnosis of major depression are met following the death of a loved one, it is controversial in the literature whether this is depression, which is a mental condition, or a grief reaction. At this point, it has been suggested that grief and grief-related depression symptoms are distinct but related to one another (Boelen and

van den Bout, 2005), in other words, people may experience both grief and depression symptoms at different levels (Tomita and Kitamura, 2002). Accordingly, Zishook and Kendler (2007) examined previous studies on key aspects that characterize standard major depression to determine whether they also define bereavement-related depression. It is revealed that bereavement-related depression is closely related to standard major depression in terms of risk factors (e.g., younger age, personal or family history of standard major depression, inadequate social support, poor health), clinical characteristics (e.g., impairment in psychosocial functioning, comorbid anxiety disorders, sense of worthlessness, psychomotor changes, suicidal ideation or behavior), biological characteristics (e.g., increased adrenocortical activity, impaired immune function, sleep disturbances), and treatment response (responsiveness to antidepressants). Therefore, bereaved people may experience grief-related mild depressive symptoms such as sadness, anhedonia, loss of appetite, weeping, and insomnia following the death of a loved one (Keller et al., 2007; Friedman, 2012; Freid et al., 2015). According to the study conducted by Fried et al., (2015) with people who lost their spouses, bereavement following the death of a spouse is associated with loneliness, sadness, depressed mood, loss of appetite, and anhedonia. They concluded that the activation of loneliness after the loss brings out other depressive symptoms. Harrison and Harrington, (2001) examined the grief reactions of bereaved adolescents and reported that the loss of first-or second-degree relatives or close friends is related to high levels of depressive symptoms.

A similar situation is also valid for anxiety. Bereavement-related anxiety is a feature of acute grief and one of the most common reactions to the loss of a loved one (Schwarzer, 1991; Mitchell et al., 2009; Rosenberg et al., 2012; Bergman et al., 2010; Zishook et al, 2014). Adults, as well as children, experience anxiety due to the separation from a loved one. It is the disquiet due to the loss of the safe haven and secure base along with the death of the loved one as well as encountering mortality (Shear and Skritskaya, 2012). According to the study by Prigerson et al. (1996), elderly individuals reported anxiety symptoms including nervousness, restlessness, anxiousness, fear, and worry 6 months following the death of their spouse. Another study conducted by Chen et al. (1999) with bereaved spouses found that there is a distinct anxiety symptom cluster for both men and women. Women experienced higher anxiety symptoms after the death of their spouses. On the other hand, high levels of

anxiety predicted suicidal ideation in men. In fact, Jacobs et al. (1990) reported that forty-four percent of people who lost their spouses reported at least one type of anxiety disorder, specifically, panic disorder and generalized anxiety disorder during the first year of bereavement. According to the study conducted by Mitchell et al. (2009) with people who lost their loved ones due to suicide, people who are closely related to the deceased had significantly higher levels of anxiety and lower levels of life quality. Therefore, anxiety symptoms can be severe and persist until the later course of grief (Zisook, Schneider and Shuchter, 1990).

The relationship between grief experienced following the death of a loved one and stress has also been studied (Harris, 1991; Bodnar and Kiecolt-Glase, 1994; Thomas and Striegel, 1994; Zisook, Chentsova-Dutton and Shuchter, 1998). Thomas and Striegel (1994) investigated parents' reactions to the death of a baby due to miscarriage or stillbirth. According to the findings of the study, both parents experienced stress due to their loss although, women experienced higher levels of stress than men. Harris (1991) examined the grief experience of adolescents following the death of a parent due to suicide, terminal illness, and unexpected deaths related to underlying conditions. Adolescents were followed through the year at 6 weeks, 7 months, and 13 months following parental death. According to the findings, all participants had moderate to high levels of intrusive and avoidant stress-related symptoms at the first assessment. Although more than half of bereaved adolescents still experienced moderate or high levels of distress after a year, these symptoms considerably diminished. Bodnar and Kiecolt-Glaser (1994) conducted a study with bereaved caregivers who had been taking care of an impaired relative before they died in order to analyze caregivers' adaptation to bereavement. Results revealed that bereaved caregivers experienced stress due to their loss as well as rumination about the caregiving led to higher levels of stress. Zisook, Chentsova-Dutton, and Shuchter (1998) argued that even though ordinary bereavement is not considered the type of stressor capable of producing PTSD rather than the sudden or unexpected death of a loved one. However, they found that, out of three hundred fifty participants, 10% of those whose spouses died due to chronic illness also met the criteria for PTSD.



### ***1.2.2. Depression, Anxiety, and Stress Following the Death of a Companion Animal***

Grief symptoms due to the loss of a pet are associated with depression (Archer and Winchester, 1994; Planchon and Templer, 1996; Sharkin and Knox, 2003; Bussolari et al., 2018; King and Werner, 2011; Habarth et al., 2017; Rémillard et al., 2017; Testoni et al., 2017; Hunt, Al-Awadi and Johnson, 2008). Planchon and Templer (1996) determined the correlates of the degree of grief people experience after the death of their dogs or cats and found that the loss of a cat was associated with a higher level of bereavement-related depression. Testoni et al. (2017) examined the effect of certain variables in the relationship between grief after the death of a pet and depression. They reported that representations of death and pet attachment may cause depression following the grief experienced. Specifically, considering death as an annihilation instead of as a passage to the afterlife and substituting pets as humans have a strong impact on grief, which influences depression. Bereaved pet owners experience depressive symptoms after the death of their animal companion such as depressive moods, physiological dysfunctions, sleep disturbances, feeling of emptiness, isolation, despair sadness, and changes in appetite, somatization (McCutcheon and Fleming, 2002; Tzivian, Friger and Kushnir, 2014; Kimura, Kawabata and Maezawa, 2014; Rémillard et al., 2017; Karasu and Yalçınkaya-Alkar, 2020).

Losing a companion animal is also associated with anxiety (Gerwolls and Labott, 1994; Archer and Winchester, 1994; McCutcheon and Fleming, 2002; King and Werner, 2012; Habarth et al., 2017; Adrian and Stitt, 2017). McCutcheon and Fleming (2002) found that bereaved pet owners experienced anxiety, and in fact, women experienced significantly higher levels of bereavement-related anxiety. Archer and Winchester (1994) examined the grief reactions of people following the death of a pet and found that anxiety is one of the symptoms people experienced after losing their pets. Similarly, Gerwolls and Labott (1994) reported a significant level of anxiety among bereaved pet owners at the time of the death of the pet.

Even though losing a pet may be a very stressful experience (Hunt, Al-Awadi and Johnson, 2008), the development of PTSD in humans as a result of pet loss is extremely rare (Adrian, Deliramich, and Freuh, 2009). However, according to the study conducted by Gage and Holcomb (1991) with couples who lost their family pet,

both spouses experience stress following the death of their pets. Further, men claimed that the death of their pets is equally stressful as losing a close relationship. However, women participants reported that losing their pets was way more stressful than losing a relationship with a close friend (Gage and Holcomb, 1991). Although stress following the loss of a human loved one is common, research on the relationship between the death of a pet and stress is limited.

People may experience depression, anxiety, and stress symptoms along with grief reactions following the loss of a loved one as well as the death of a companion animal. The grief experienced both following the death of a loved one and a companion animal can be affected by the perception of social support and society's attitude toward the loss. The following part will go through how these factors play an essential and unique role in pet bereavement and the way it affects people losing a loved one.

### ***1.3. Perceived Social Support and Social Constraints***

#### ***1.3.1. Perceived Social Support and Bereavement***

Social support is the perception or the real experience of being loved, cared for, and valued by others, as well as being part of a social network of mutual help and responsibilities to improve one's wellbeing (Cobb, 1976; Shumaker and Brownell, 1984; Wills, 1991). According to Rodriguez and Cohen (1998), through the support from social networks, people can utilize both psychological and material resources in order to improve the way they cope with stressful events, satisfy their social needs, and accomplish their goals. Social support can be conceptualized as received social support, which is the actual quantity and quality of the given support, as well as perceived social support, which is the perception of being supported or feeling that support is available and adequate. (Helgeson, 1993; Reblin and Uchino, 2008; Eagle, Hybels and Proeschold-Bell, 2018). In other words, social support may take the form of an actual exchange of benefits from one to another, or it can be the perception that such help is present and accessible (Taylor, 2011). Perceived social support is a notion that defines social support as the cognitive assessment of being connected to others with trust (Barrera, 1986). Perceived social support is a significant component that is linked to physical and psychological health and well-being, by providing individuals with the emotional and practical resources they need. (Hale, Hannum and Espelage, 2005; Nabi et al., 201).

Perceived social support promotes psychological adjustment to long-term stressors such as physical and mental health (House, Landis and Umberson, 1988; Taylor, 2011). Accordingly, a higher degree of perceived social support predicted a higher symptom reduction, lower levels of anxiety and depressive symptoms, and greater quality of life among people with generalized anxiety disorder, panic disorder, social anxiety disorder, or post-traumatic stress disorder (van Beljouw et al., 2010; Shrestha et al., 2015; Jakubowski and Bloch, 2016; Wang, Mann and Llyod-Evans, 2018). Also, low perceived social support predicted more severe depression (Leskela et al., 2006). In the study conducted by Hybels et al. (2016) with elderly patients diagnosed with major depression, patients with more severe and enduring symptoms had lower levels of perceived social support and higher levels of perceived stress. Kök-Eren and Demir (2018) examined the level of internalized stigma, self-esteem, and perceived social support in patients diagnosed with schizophrenia and bipolar disorder at a psychiatry outpatient clinic. Results of the findings revealed a relationship between patients' low self-esteem and internalized stigma. As perceived social support decreases, the level of internalized stigma increases. Thus, patients who lack perceived social support may feel isolated from their immediate environment and society and experience a greater level of internalized stigma. Ashton et al. (2005) analyzed the level of satisfaction with the social support of people living with HIV/AIDS as a predictor of HIV-related symptoms. Along with the completion of baseline assessments, physical symptoms were assessed again after 3, 6, and 12 months. According to the results, individuals who were more satisfied with their social support at the beginning of the study had fewer HIV-related physical health symptoms through the next year. Therefore, it is concluded that social support can buffer negative health outcomes in people with chronic illnesses. Perception of social support was also related to mental health and health-related quality of life among cancer patients. Eom et al. (2012) conducted a study in order to find out whether and how perceived social support is associated with depression and quality of life among cancer patients. Results indicated that low levels of perceived social support indicated high depression rates in cancer patients. Low perceived social support was also associated with low health-related quality of life which comprise several aspects such as functioning, physical symptoms, and perception of the financial effect of the disease and treatment.

Cohen and Wills (1985) argued that social support could influence the evaluation of stress. Along with the change in stress appraisal, maladaptive responses are inhibited, and adaptive ones are facilitated. Thus, knowing that one can rely on friends and family members for assistance and that one will not be alone, may help to lessen the impact of the loss and buffer one against the negative effects of grieving. In addition, even if social support fails to protect the individual from the consequences of bereavement by lessening the impact of stress, emotional support provided by the loved ones should help to cope with the loss by allowing the bereaved to express their feelings and responses related to the loss. Thus, social support increases bereaved people's ability to cope with death (Stroebe, Shut, and Stroebe, 2005). Vanderwerker and Prigerson (2004) investigated how social support affects the major depressive disorder (MDD), complicated grief (CG), posttraumatic stress disorder (PTSD), and quality of life among bereaved individuals. Results indicated that social support had a protective function on MDD, PYSD, and CG. Also, social support was associated with better quality of life in most of the domains. Schwarzer (1991) examined the impact of stressful life events on anxiety in the elderly and found that, while grief for older people often brings about a depressive mood, it may not necessarily be associated with anxiety. However, there was an association with anxiety only when there was a combination of bereavement with lack of support. Eilersten et al. (2013) assessed the perceived social support and anxiety of siblings who lost their brother or sister to cancer. Results indicated that siblings who consider their need for social support as unsatisfied during the month prior to their brother or sister's death, the time after death, and a year after the death may be at a higher risk of long-term anxiety. In addition, siblings who expressed more of their feelings with their relatives were less likely to experience anxiousness than those who did not. Chen (2022) provided evidence for the stress-buffering model in the study with individuals who lost someone close to them in the past five years. There was a strong positive relationship between grief responses and depression when they lack social support and a negative relationship when they receive higher levels of social support. Accordingly, as long as older people have a supportive network, traumatic events experienced in old age such as bereavement do not always result in poor mental health outcomes. In addition, according to the study by Murphy et al. (2003) with people whose children have died due to suicide, homicide, accident, and unknown reasons, the symptoms of PTSD such as are significantly influenced by the perception of social support.

### ***1.3.2. Social Constraints: Disenfranchised Grief***

Doka (1999) explained disenfranchised grief as “the grief that people experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (Doka, 1999, p. 37). To disenfranchise someone of grief indicates that the person does not have the right to be regarded or act as a bereaved person. The meaning of disenfranchised bereavement is beyond being unnoticed, forgotten, or hidden; it means socially disallowed and unsupported (Corr, Corr and Doka, 2018). Doka (1999, 2002) explained elements of disenfranchised grief as it follows:

#### **i. Relationships are Disenfranchised**

The relationships are disenfranchised when they are not based on recognizable kin ties. Even though the roles of lovers, friends, neighbors, co-workers, stepparents, counselors, and co-workers are recognized, bereaved people may not have the chance to grieve in public for their loss. Instead, they are mostly expected to support and help the family members. Also, people who are in extra-marital relationships or gay/lesbian relationships and have lost their partner may experience their relationships and their grief as not being publicly recognized or socially sanctioned. Loss of ex-spouses, past lovers, or former friends can also cause grief reactions even though these relationships existed in the past and contact with the deceased was previously lost or limited.

#### **ii. Losses are Disenfranchised**

The losses are disenfranchised when the loss itself is not considered significant by society. Perinatal deaths, losses associated with abortion, and giving up children for adoption or foster care can cause intense grief reactions. However, such losses are often dismissed or underrated. In addition, people may find themselves in a tough situation due to public controversy on these issues. The death of companion animals may also not be recognized as a serious loss even though it may be an important source of grief for anyone. Besides, there are losses that are not socially acknowledged but can generate significant grief reactions because the object of the loss is physically alive, but society fails to recognize the reality of such bereavement. For example, individuals who are brain-dead or in a coma are not conscious of their existence. In addition, dementia obliterates the individual's personality and causes significant others to perceive the person they loved as psychosocially dead, even though biological life continues. Similarly, a significant change in personality can

occur due to mental illness, organic brain syndrome, or addiction and conversion. In such cases, the person that he or she was before may be perceived as dead.

**iii. Grievors are Disenfranchised**

The grievors are disenfranchised when there is a failure to acknowledge that some people have a right and need to mourn. People may perceive that elderly, children, and people with mental disabilities may not adequately understand the death of a loved one or may not react much. As a result, their grief may be ignored, and they may be held back from certain ceremonies.

**iv. Death is Disenfranchised**

The death is disenfranchised when the circumstances of death may cause shame and embarrassment to the bereaved. In this case, even people in socially recognized roles such as spouses, children, or parents may be hesitant to seek social support and may feel a sense of strong criticism towards the cause of death of the deceased. Death from a disease such as AIDS, suicide, certain situations of homicide, drunk driving, or drug overdose are examples of such situations.

**v. Ways Individuals Grieve are Disenfranchised**

The ways individuals grieve are disenfranchised when they do not mourn in a socially acceptable way. Society often expects people to show their grief in an emotional way otherwise, it may be not perceived as a grief reaction but as the absence of it.

Accordingly, Social-Cognitive Processing (SCP) (Lepore and Helgeson, 1998) suggested that social constraints interfere with people's ability to process the emotional and cognitive repercussions of stressful life events, thus interfering with adjustment. Disclosure of thoughts and feelings about the stressful event facilitates the adjustment process that social constraints can hinder. Disclosure may result in social affirmation of feelings and thoughts associated with the traumatic event. Along with the disclosure, other people may provide new insights, help in making meaning from the stressful event, and offer useful coping strategies. During the process of expressing their thoughts and feelings to others, people may get more insight into these feelings and thoughts thus, it will result in the facilitation of the adjustment process. Disclosure can help to lessen arousal, which is commonly associated with trauma-related thoughts and

feelings, which in turn can reduce stress. These adaptive processes can be interrupted when people are faced with societal constraints, limiting, or impeding emotional recovery and resulting in maladjustment (Lepore and Helgeson, 1998; Juth et al., 2015). Accordingly, the qualitative data from the study conducted by Feigelman, Gorman and Jordan (2009) with parents who have lost their children to suicide revealed the pressure to recover and return to normal for bereaved parents. People within the support network of bereaved parents avoided any more talk of the deceased child, rarely asked about parents' well-being, and their suggestions overlooked the long-term and transforming aspect of the grief process following a suicide including statements such as "It is time to move on" or "Why are you still going to that support group?". Bereaved parents viewed the support from their social networks as limited and less satisfactory. They emphasized that other people who have not lost a family member to suicide can never understand them. Houck (2008) compared grief reactions of bereaved people who experienced one of the three different types of loss, namely cancer, HIV/AIDS, and suicide. Results revealed that people who lost a loved one due to HIV/AIDS experienced significantly higher stigmatization than people from cancer and suicide bereavement groups. Kelly et al. (1996) compared individuals bereaved by AIDS to a group bereaved by cancer in terms of psychological symptoms and bereavement distress. Even though the level of distress was similar for both bereavement groups, people who experience a loss due to AIDS reported other adverse factors such as lower levels of social support, more rejection from other people, and a greater tendency to hide the cause of death from others including their own family. According to the study conducted by Juth et al. (2015) social constraints were significantly related to increased depressive symptoms, perceived stress, physical symptoms, and poorer health in bereavement. Also, people who faced more social constraints had the highest depressive symptoms and perceived stress. It was concluded that social constraints encountered during bereavement were linked to poor loss adjustment.

### ***1.3.3. Pet Loss as Disenfranchised Grief and Inadequate Perception of Support Following the Death of a Companion Animal***

The relationship between people and their pets is often believed to be inferior to human relationships. Therefore, grief due to the loss of a pet may not be socially acknowledged (Reisbig et al., 2017). Society is still not able to grant the meaning of

death of a companion animal and accept the loss of a pet as a valid source of grief (Testoni et al., 2017). However, the psychological and social suffering due to the loss of a pet can be comparable to or stronger than the experiences when a valuable human relationship is lost (Packman et al., 2017). There are no socially sanctioned customs for bereaved pet owners to express their grief reactions, celebrate the life of the deceased pet, validate their loss, and help them to let go (Rennard et al., 2019; Cowling, Isenstei and Schneidern, 2020). Accordingly, bereaved people who lost their companion animals are expected to resolve their bereavement process quickly and adapt to daily life without any difficulties (Adams, Bonnett and Meek, 2000). Quackenbush and Glickman (1984) reported that bereaved pet owners may not receive much sympathy from their family, friends, or coworkers for their loss, they may even be teased for their intense feelings about the loss. They often deal with recommendations about getting another pet because people underestimate the nature of the attachment between the bereaved individual and the deceased pet (Hunt and Padilla, 2006). Neimeyer and Jordan (2002) argued that people often failed to approach empathically within the social support systems of individuals grieving the death of a pet.

The importance and frequency of social constraints have recently been identified following the death of a companion animal (Adams, Bonnet and Meek, 2000; Habarth et al., 2017; Bussolari et al., 2018; Spain, O'Dwyer and Moston, 2019; Behler, Green and Joy- Gaba, 2020). Behler, Green and Joy- Gaba (2020) examined how certain factors, including social support, influence the grief severity due to the loss of a pet. Participants who experienced both types of loss, the loss of their pet and a loved one, reported that they perceived more support after the death of a human than the death of a pet. Adams, Bonnet, and Meek (2000) identified predictors of grief and bereaved people's needs related to the death of their pets. According to the results, more than half of the participants experienced stigma due to their feelings and reactions to the loss of their pets and believed that society did not consider a pet's death to be a loss worth mourning. Consequently, bereaved pet owners thought that there was something wrong with them for experiencing grief following the death of their pets as well as they sought to keep themselves occupied and avoid disagreement with family or friends about whether it was appropriate to mourn a deceased pet. Habarth et al., (2017) reported that social constraints were related to more adverse outcomes



including somatization, depression, anxiety, and functional impairment following the death of a companion animal. Spain, O'Dwyer and Moston (2019) also found a significant interaction between disenfranchised grief and the grief severity of bereaved pet owners. Nilsson (2005) measured the grief symptoms of people who had lost their pet in the previous year and the social support from friends and family. The negative relationship between satisfaction with social support and the perception of a gap between expected and experienced social support revealed that people feel disenfranchised when they don't get the social support they expect (Adams, 2021). King and Werner (2012) reported that social support predicted the grief, depression, anxiety, and somatic symptoms associated with losing a companion animal due to death. Similarly, Field et al. (2009) reported that social support has a significant and negative relationship with grief severity after the death of a pet. In addition, according to the results of the study conducted by Gosse and Barnes (1994) the combination of the level of attachment to the deceased pet, the perceived degree of understanding from others about the loss, and the severity of other stressful life events significantly predicted grief severity. In other words, high levels of grief are related to a high level of attachment, a low level of social support, and an accumulation of other stressful life events.

The perceived support of bereaved pet owners, as well as the society's attitude toward them and the loss they have experienced, are important factors influencing grief responses. Besides, the degree of attachment to the pet prior to death also influences the grief severity. The influence of the closeness to the pet on the bereavement process will be discussed in the following section.

#### ***1.4. Attachment***

##### ***1.4.1. Theory of Attachment and Loss***

Bowlby (1980) states that “attachment behavior is conceived as any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual” (p. 39). The infant is equipped with species-specific signaling behaviors, such as crying, that function to initiate caregiving behavior and promote proximity to the caregiver. The baby begins to distinguish one person from another and to direct attachment behaviors that are initially emitted rather than directed toward any specific individual (Ainsworth, 1989). Attachment behavior is an

instinctive behavior that has emerged as a distinct trait of many species during the evolution process and helps an individual survive by keeping one connected to the caregiver. Attachment behavior leads to the development of attachment between child and parent during healthy development, as well as the attachment between adult and adult later in life (Bowlby, 1980). There are four characteristics of an attachment bond: 1) proximity maintenance, 2) separation distress, 3) secure base 4), and safe haven (Orsini, 2005). According to Ainsworth (1989), an attachment bond is a typical feature that is "entailing representation in the internal organization of the individual," rather than a dyadic relationship. Accordingly, a person can be attached to someone who is not attached to him or her (Cassidy, 2016).

Social interactions with attachment figures are internalized as mental representations of self and others, influencing psychological functioning and mental health (Zilcha-Mano, Mikulincer and Shaver, 2012) Interactions with responsive and supportive attachment figures provide a sense of protection and security, as well as the formation of positive mental representations of one's own worth and the goodness of others. If not, insecure attachment patterns develop along with worry about one's value and others' attitudes and intentions: attachment anxiety and attachment avoidance (Mikulincer and Shaver, 2021). People who are high in attachment anxiety are constantly seeking intimacy, concerned about others will not be there when they are in need (Macallum and Bryant, 2018). On the other hand, people with avoidant attachment, struggle to believe in other people's goodwill and actively try to maintain their own emotional and behavioral independence (Fraley and Shaver, 2000).

Bowlby (1980) argued that "many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships" (p. 40). Circumstances that appear to be threatening the attachment bond, prompt an effort to protect it, and when there is a higher risk of loss, there will be more severe and varied efforts such as clinging, crying, and angry coercion (Bowlby, 1980). Accordingly, it has been argued that people's grief reactions are similar to young children who have been separated from their primary caregivers (Tedeschi and Calhoun, 2004). Bowlby (1980) identified four phases in the normative grief process that bereaved people go through after losing a loved one: numbing, yearning and searching, disorganization and despair, and reorganization. The first

phase is numbing which includes immediate reaction to the loss, such as shock and refusing to accept the reality of the loss. The bereaved individual may feel outbursts of intense emotion such as panic attacks or anger. When the bereaved begin to face the loss, the yearning and searching begin, which is the second phase. The realization of the loss leads to longing, sobbing, and intense distress. The bereaved tend to interpret events as a signal from the deceased. Anger is a common feature of the second phase of mourning. The third phase is characterized by feelings of disorganization and desolation. The bereaved gradually realizes and accepts that the loss is irreversible and one's life must be reshaped. Finally, there is a progressive shift toward rearrangement. Bereaved start to recognize the need to begin a new life without the loved one and the separation is irreversible. Bowlby (1980) argued that these phases may occur several times throughout the grief process and might last different amounts of time. In addition, these phases may not occur in chronological order rather, they are interchangeable.

Love is one of the determinants of the intensity of grief experienced after the loss. The strength of the relationship between the deceased and the bereaved increases the severity of the grief reactions (Worden, 2009). According to Bugen (1977), the more central the former relationship to the lost one was for the identity or functioning of the bereaved, the more intense and long-lasting the grief experience would be (Smigelsky et al., 2019). On the other hand, a close relationship between the deceased and the bereaved is more likely to predispose to complicated grief (Mitchell et al., 2004; Mash et al., 2014). Research supports the role of the relationship and the closeness in the grief experience (Holland and Neimeyer, 2011; Walker, Hathcoat and Noppe, 2012; Mash et al., 2014). More specifically, the closeness of the relationship had a positive link with grief severity, indicating that the closer the relationship with the deceased was, the more difficult the mourning process will be (Mash et al., 2014). In addition, closeness to the deceased is associated with mental health issues after the loss of a loved one, including depression, anxiety, and guilt (Walker, Hathcoat and Noppe, 2012). Losing an attachment figure was related to long-term grief symptoms, which were predominantly marked by separation distress (Holland and Neimeyer, 2011).

#### ***1.4.2. Level of Attachment in Responses to Pet Loss***

A relationship with a living other than another human being provides a wide range of behaviors and communications (Zilcha-Mano, Mikulincer and Shaver, 2011). As mentioned earlier, pets play the roles of friends, family members, and even children in the family (Voith, 1985; Cohen, 2002; Adrian, Deliramich and Freuh, 2009). Pets can ensure an attachment bond that provides a sense of well-being and safety (Sable, 1995). Attachment bonding between different species is thought to develop in the same way that human bonding does in arousing an instinct to offer security and protection, or reciprocal attachment security (Field et al., 2009). People seek and appreciate emotional closeness with their pets, and they frequently believe that their pets provide support, comfort, and relief in times of need. Pets also provide a secure base for their owners to explore the world with more confidence. Therefore, the loss of a pet causes feelings of distress and leads to the mourning process (Zilcha-Mano, Mikulincer and Shaver, 2012).

Although it is argued that the bond between people and their pets is an affection bond and that, unlike an attachment bond, it is more likely to meet the criteria for a caregiving relationship (Kobak, 2009; Kwong and Bartholomew, 2011), it is clear that the core features of the attachment relationship which are proximity maintenance, separation distress, secure base, and safe haven are frequently present in the pet-human relationship (Sable, 1995; Prato-Previde et al., 2006; Kurdek, 2008; Zilcha-Mano, Mikulincer and Shaver, 2012). Margolies (1999) has argued that any relationship can become an attachment bond if it provides a sense of safety and security (Sharkin and Knox, 2003). The relationship between humans and pets cannot be overlooked, and attachment theory provides an important framework to explain this relationship (Karameşe, 2014).

The level of attachment is one of the most important predictors of grief severity (Packman et al., 2011). Cowles (1985) argued that the level of attachment between people and their pets affects the psychological impact of the loss after the death of a pet (Wrobel and Dye, 2003). The strength of the attachment to the deceased pet is a strong predictor of grief severity, therefore, a close relationship with a deceased pet often leads to stronger grief reactions (Gosse and Barnes, 1994; Gerwolls and Labott, 1994; Field et al., 2009; Eckerd, Barnett and Jett-Dias, 2016; Barnard-Nguyen et al.,

2016;) such as higher levels of despair, anger, loss of control, depersonalization, somatization, and rumination (McCutcheon and Fleming, 2002). Barnard-Nguyen et al. (2016) conducted a study to identify pet owners who are at risk for higher levels of both adaptive and complicated grief after the death of their pet and to recommend veterinary interventions during the euthanasia process. Results obtained through measures specific to pet loss and pet attachment revealed that the attachment is a predictor of grief/sorrow and anger. Consequently, the higher the attachment level, the higher the feelings of grief/sorrow and anger. Closer and more bonded relationships with the deceased pets can also lead to a more prolonged period of grief as well as more severe grief reactions (Sharkin and Knox, 2003; Cordaro, 2012).

### ***1.5. Aim of the Present Study***

The death of a companion animal may be an extremely painful experience for bereaved pet owners, causing similar grief reactions to losing a human loved one (Hunt and Padilla 2006; Eckerd, Barnett and Jett-Dias, 2016). People who have lost a go through a normal bereavement process, as well as they, may experience more complicated grief (Wrobel and Dye, 2003; Adrian, Deliramich and Frueh, 2009). It is important to understand the attachment that exists between humans and their companion animals, in order to understand the impact of this loss. The attachment bond with pets can provide a sense of security and well-being, and may involve unconditional love and acceptance, which is difficult to attain and maintain in interpersonal relationships (Whipple, 2021). Pets, to many people, mean more than just an animal; people can have strong and profound ties with their companion animal, just like a close family member (Adrian, Deliramich and Frueh, 2009). Also, it is known that level of attachment to the deceased pet often leads to intense grief reactions (McCutcheon and Fleming, 2002). In this regard, it was thought that attachment is an important variable to consider when studying the bereavement experience due to the death of a pet. Furthermore, bereaved pet owners often experience social constraints, and feel that they do not have adequate support from their social network following death of a beloved pet (Bussolari et al., 2018; Behler, Green and Joy- Gaba, 2020). People who have lost their pets are usually expected to overcome their bereavement process quickly, not to experience severe difficulties due to their loss, or to be encouraged to get a "new" pet (Hess-Holden et al., 2017; Adams, Bonnett and Meek, 2000). Thus, bereaved pet owners often believe that society does not consider

their pet's death to be worthy of grieving (Adams, Bonnet and Meek, 2000). Therefore, they have to work through their grief alone (Mohanti, 2017). Bereaved pet owners who are unable to express their grief reactions and perceive inadequate support during the bereavement process tend to experience complicated grief, leading to higher levels of depression and anxiety (Adrian and Stitt, 2017; Spain, O'Dwyer Moston, 2019).

Taking all of these into account, it is thought that investigating the bereavement experience of people whose pets have died and the factors relating to more severe and complicated grief responses during the bereavement process is essential. The relationship between grief severity, level of depression, anxiety, and stress, satisfaction with the perceived support, and degree of social constraint has been studied separately associated with the loss of a pet, although it has not been conducted a comprehensive study covering all these variables. Although social constraints may occur following the loss of a human, the concept of social constraints is one of the most important aspects that distinguish the bereavement process experienced as a result of the death of a pet from the experience of the death of a person (Cordaro, 2012; Redmalm, 2015). Furthermore, people who experienced both pet loss and human loss, tend to think that they receive less support after the death of their pets (Behler, Green and Joy- Gaba, 2020). There are also other variables that influence grief severity and the level of guilt bereaved pet owners experience such as age of the bereaved, time passed since the death, and euthanasia. Therefore, these factors were thought to be important in evaluating the bereavement process experienced after the loss of a pet. In addition, intense grief has been related to a closer relationship between people and their pets prior to the death and low perceived social support (Gosse and Barnes, 1994) it was decided to include the attachment variable in the model.

Accordingly, it is expected that the association between grief severity and level of depression, anxiety, and stress will be mediated by attachment to the pet, level of social constraints, and perceived social support. In other words, the severity of grief experienced by bereaved pet owners would predict higher levels of depression, anxiety, and stress. Therefore, it was planned to perform mediation analyses in order to examine the mediating roles of social constraints, perceived social support, and attachment in the relationship between grief and depression, anxiety, and stress,

respectively. In this way, the experience of losing a pet due to death will be thoroughly examined. The primary goal of this study is drawing attention to the importance of the bereavement process following the death of a pet by explaining the negative experiences of bereaved pet owners through being subjected to social constraints and could not receive the support they need. Also, it is expected to contribute to the change of society's devaluing attitudes towards the experiences of people who lost their companion animals. The impact of social constraints on the bereavement process following the death of a human has been studied in the literature. However, despite the fact that social constraints have a serious influence on people's grief experience in the context of pet loss, research in this area is very limited. For this reason, the impact of social constraints on the bereavement process should be better understood.

It is aimed to search for one research question and four hypotheses in this study. These are presented below.

### ***1.6. Hypotheses***

Based on the literature, the following hypothesis was proposed for the present study;

H1: There will be a significant correlation between grief, depression-anxiety-stress, social constraints, perceived social support and attachment.

H2: Age will significantly predict grief.

H3: Time passed since the death will not significantly predict grief.

H4: Euthanizing the pet will significantly predict both grief and guilt.

H5: Social constraints will significantly mediate the relationship between grief and depression, anxiety, and stress.

H6: Perceived social support will significantly mediate the relationship between grief and depression, anxiety, and stress.

H7: Attachment will significantly mediate the relationship between grief and depression, anxiety, and stress.

## **CHAPTER 2: METHOD**

In this section, first, the sample of the study will be introduced. Then, information will be given about the measurement tools used in the study which are, Personal Information Form, Pet Bereavement Questionnaire, Lexington Attachment to Pets Scale, Social Constraints Scale, Multidimensional Scale of Perceived Social Support-Revised, and Depression, Anxiety, and Stress Scale-21. Finally, the research procedure and the statistical analysis used in the study will be explained.

### ***2.1. Participants***

Using the convenience sampling technique, a total of 210 participants took part in this study. Participants were reached through various social media platforms such as Instagram, WhatsApp, Twitter, and mail groups. Inclusion criteria for this study were: 1) experiencing pet loss due to death in the last year, 2) being 18 years old and above, and 3) participating voluntarily. The data consist of 181 females (86.2%) and 29 males (13.8%). The age range of the participants was between 18 and 67 years ( $M= 37.23$ ,  $SD= 12.32$ ).

Regarding the educational status of the participants, 2 participants graduated from primary school (1.0%), 2 participants graduated from secondary school (1.0%), 21 participants graduated from high school (10.0%) and 185 participants graduated from university (88.0%).

The marital status of the participants is as followings; 85 participants were married (40.5%), 79 participants did not have a relationship (37.6%), and 46 participants were in a relationship (21.9%).

The majority of the participants in the study experienced the loss of cats and dogs. 131 participants lost their cat (62.4%) and 64 participants lost their dog (30.5%). In addition to this, 13 participants lost their bird (6.2%), 1 participant lost a hamster (0.5%), and 1 participant lost a fish (0.5%).

More detailed demographic characteristics of participants and their deceased pets are shown in Table 1.



Table 1. Demographic Characteristics of the Participants and Deceased Pets

Study Variables		<i>N</i>	%
Gender	Female	181	86.2
	Male	29	13.8
Level of education	Primary school	2	1.0
	Secondary school	2	1.0
	High school	21	10.0
	Bachelor's degree	185	88.1
Marital status	In a relationship	46	21.9
	Not in a relationship	79	37.6
	Married	85	40.5
Species of deceased pet	Cat	131	62.4
	Dog	64	30.5
	Hamster	1	0.5
	Bird	13	6.2
	Fish	1	0.5
Cause of death	Old age	47	22.4
	Illness	88	41.9
	Accident	26	12.4
	Malpractice/Post-treatment complication	16	7.6
	Poisoning/Attack	11	5.2
	Unknown	18	8.6
	Other	4	1.9
Was it an expected death?	Yes	64	30.5
	No	146	69.5
Have your pet euthanized?	Yes	37	17.6
	No	173	82.4

## 2.2 Measurements

Data was collected using six measurement tools. Personal Information Form includes participants' demographic variables and questions about their deceased pets. Pet Bereavement Questionnaire was used to evaluate the degree of bereavement of the participants after the loss of their pets. Lexington Attachment to Pets Scale was used to assess the emotional bond between participants and their pets while they were still alive. Multidimensional Scale of Perceived Social Support-Revised was used to

determine the level social support that the participants have received from their social environment after the death of their pets. Social Constraints Scale was used to find out the level of constraints participants have experienced while they were grieving as a result of the death of their pets. Finally, Depression Anxiety Stress Scale-21 was used to examine to level of depression, anxiety, and stress due the loss of their pets. In this section, more detailed information about the scales will be given.

### ***2.2.1 Personal Information Form***

The personal information form consists of questions about participants and their deceased pets. Questions about participants include gender, age, marital status, educational status. Questions about the deceased pets and death of these pets include age at the time of death; type of the pet, cause of the death; whether it was an expected death, whether euthanasia was applied, and the time passed since the loss.

### ***2.2.2 Pet Bereavement Questionnaire***

Pet Bereavement Questionnaire (PBQ) (Hunt and Padilla, 2006) is a self-assessment scale developed to evaluate the reactions relating to pet loss. It is a 16-item 4-point Likert scale (ranging from 0= *Strongly Disagree* to 3= *Strongly Agree*). The total score obtained from the scale ranges between 0 to 48. Higher scores on the scale indicate a higher rate of grief symptoms. PBQ has a 3-factor structure: grief (My life feels empty without my pet), anger (I feel angry at the veterinarian for not being able to save my pet), and guilt (I feel bad that I didn't do more to save my pet). Factors contain unequal numbers of items. Therefore, factor scores were calculated by averaging the ratings on each item. Thus, each factor score can range from 0 to 3 and the overall scale scores range from 0 to 48. PBQ consisted of four factors and 20 items initially. However, two items loaded equally on two different factors, two additional items did not strongly load with any other items, and the fourth factor consisted of only one item in the initial factor. Therefore, through a second factor analysis, a 3-factor structure including grief, anger, and guilt was obtained, as well as the initial four items were deleted because they did not load on any factor. In the original study, the internal consistency coefficient for the total scale was found .87 (Hunt and Padilla, 2006).

Turkish validity and reliability studies were applied by Yüksel, Apak and Demirci (2022). Turkish version of the Pet Bereavement Questionnaire (PBQ) preserved its

structure of 16 items and three factors. The items in the Turkish version are mostly consistent with the original factor structure of the scale. However, the two items in the Anger factor were included to the Grief factor in the Turkish form of PBQ: item 4 (I have had nightmares about my pet's death) and item 14 (Memories of my pet's last moments haunt me). The internal consistency coefficient of the total scale was found .87. The internal consistency coefficients of the subscales were .85 for the grief subscale, .81 for the guilt subscale, and .70 for the anger subscale (Yüksel, Apak and Demirci 2022).

In the current study, Cronbach's alpha internal consistency was calculated as .86 for the whole scale, .86 for the grief subscale, .80 for the guilt subscale, and .56 for the anger subscale.

### ***2.2.3 Lexington Attachment to Pets Scale***

Lexington Attachment to Pets Scale (LAPS) (Johnson, Garrity and Stallones, 1992) is a self-assessment scale developed to evaluate the emotional bond between people and their pets. It is a 23-item 4-point Likert scale (ranging from 0= *Totally Disagree* to 3= *Totally Agree*). The total score obtained from the scale ranges from 0 to 69. Higher scores on the scale indicate a higher level of attachment to the pet. Items 8 (I think my pet is just a pet) and 21 (I am not very attached to my pet) are reverse coded. LAPS has a 3-factor structure: general attachment (My pet knows when I'm feeling bad), people substituting (My pet means more to me than any of my friends), and animal rights/animal welfare (I believe that pets should have the same rights and privileges as family members). Factor loadings in the 3-factor structure were examined considering the items loaded the most on each of the factors and it was concluded that "general attachment" was the first factor. In addition, since the items in the second factor suggest that the pet is more central in the owner's life, it was called "people substituting". Finally, the third factor includes items related to the pet's status at home, therefore it was named "animal rights/welfare". In the original study, the internal consistency coefficient for the total scale was found .93. The internal consistency coefficients of the subscales were .90 for the general attachment subscale, .85 for the people substituting subscale, and .80 for the animal rights/ animal welfare subscale (Johnson, Garrity and Stallones, 1992).

Turkish validity and reliability studies were applied by Karameşe (2014). Turkish version of the Lexington Attachment to Pets Scale (LAPS) preserved its structure of 23 items and three factors. The items in the Turkish version are compatible with the original factor structure of the scale. Items 8 and 21 are also reverse coded in the Turkish form. The internal consistency coefficient of the total scale was found .91. The internal consistency coefficients of the subscales were .78 for the people substituting subscale, .70 for the animal rights/ animal welfare subscale, and .86 for the general attachment subscale (Karameşe, 2014).

In the current study, Cronbach's alpha internal consistency was calculated as .91 for the whole scale, .85 for the general attachment subscale, .80 for the people substituting subscale, and .70 for the animal rights/animal welfare subscale.

#### ***2.2.4 Multidimensional Scale of Perceived Social Support-Revised***

Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) is a self-assessment scale developed to evaluate the perceptions of social support adequacy. It is a 12-item 7-point Likert scale (ranging from 1= *Strongly Disagree* to 7= *Strongly Agree*). The total scale score is estimated by adding the factor scores which are obtained by adding the scores of the items in each factor. Higher scores on the scale indicate a higher level of perceived social support. MSPSS has a 3-factor structure: family (My family really tries to help me), friends (I can count on my friends when things go wrong), and significant other (There is a special person who is around when I am in need). The internal consistency coefficient of the total scale was found .88. The internal consistency coefficients of the subscales were .87 for the family subscale, .85 for the friends subscale, and .91 for the significant other subscale. Test-retest reliability for the whole scale was found to be .85 (Zimet et al., 1988).

Turkish validity and reliability studies were applied by Eker and Arkar (2001). Multidimensional Scale of Perceived Social Support-Revised (MSPSS-R) preserved its structure of 12 items and three factors. The items in the Turkish MSPSS-R are mostly compatible with the original factor structure of the scale. However, in revised form, family was defined by including parents, spouse, children, and siblings. Also, the term "significant other" which has a rather special meaning in Turkish culture, has been taken out and defined as someone who is outside of family and friends (e.g., date,

fiancée, relative, neighbor, doctor). Thus, a more culturally appropriate scale was obtained. The internal consistency coefficient of the total scale for sum of the three samples in which the study was conducted was found .89. The internal consistency coefficients of the subscales were .85 for the family subscale, .88 for the friends subscale, and .92 for the significant other subscale (Eker and Arkar, 2001).

In the current study, Cronbach's alpha internal consistency was calculated as .92 for the whole scale, .92 for the family subscale, .94 for the friends subscale, and .97 for the significant other subscale.

### **2.2.5 Social Constraints Scale**

Social Constraints Scale (SCS) (Lepore et al., 1996) is a self-assessment scale developed to evaluate the social constraints of the bereaved in disclosing their thoughts and feeling. It is a 10-item 5-point Likert scale (ranging from 1= *Almost Never* to 5= *Almost Always*). There are five questions about the perceptions of social constraints asked twice for the "most important person" (When you talked about the loss of \_\_\_\_\_, how often did you get the idea that the person you care about the most didn't want to hear about it?) and "other people" (How often have you felt like you had to hide your feelings about the loss of \_\_\_\_\_ because those around you were annoyed?) separately. The total scale score is estimated by adding the scores of each item. Higher scores indicate a higher level of social constraints. At first, it was tested a two-factor structure in the original study, however, exploratory factor analysis results revealed a one-factor structure. The internal consistency coefficient of the total scale was found .77 (Lepore et al., 1996).

Turkish validity and reliability studies were applied by Aksöz-Efe and Erdur-Baker (2018). Social Constraints Scale (SCS) preserved its structure of 10 items and one factor. The items in the Turkish version are compatible with the original factor structure of the scale. Item 2 (How often did feel you could share your feelings about the loss of \_\_\_\_\_ with those around you?) and item 7 (How often did you feel you could share your feelings about the loss of \_\_\_\_\_ with the person you care about the most?) were reverse coded in the Turkish form. The internal consistency coefficient of the total scale was found .72 (Aksöz-Efe and Erdur-Baker, 2018).

In the current study, Cronbach's alpha internal consistency was calculated as .92.

### ***2.2.6 Depression, Anxiety, and Stress Scale-21***

Depression, Anxiety, and Stress Scale-21 (DASS-21) (Lavibond and Lavibond, 1995a) is the short version of the 42-item questionnaire (Lovibond and Lovibond, 1995b) and it is a self-assessment scale developed to assess people's psychological states of being. It is a 21-item 4-point Likert scale (ranging from 0= *Strongly Disagree* to 3= *Strongly Agree*). The total scale score is calculated separately for depression, anxiety, and stress. Cut-off scores for each sub-dimension were determined as normal, mild, moderate, severe, and very severe. In order to determine a level according to the cut-off scores, the scores from each subscale should be multiplied by two. DASS-21 has a 3-factor structure: depression (I realized that I could not experience any positive emotions), anxiety (I felt scared for no apparent reason.), and stress (I had difficulty unwinding and relaxing.) (Lavibond and Lavibond, 1995a). The internal consistency coefficient was found 0.94 for the depression subscale, 0.87 for the anxiety subscale, and 0.91 for the stress subscale (Anthony et al., 1998; Henry and Crawford, 2005). DASS-21 is also associated with general psychological distress and negative affect dimensions (Clara, Cox, and Enns, 2001; Henry and Crawford, 2005).

Turkish validity and reliability studies were applied by Yılmaz, Boz and Arslan (2017) with a non-clinical sample consisting of university students. Turkish version of the Depression, Anxiety and Stress Scale-21 preserved its structure of 21 items and three factors. The items in the Turkish version were consistent with the original factor structure of the scale. The internal consistency coefficient of the subscales was .82 for the depression subscale, .81 for the anxiety subscale, and .76 for the stress subscale (Yılmaz, Boz and Arslan 2017). In addition, Sarıçam (2018) examined the psychometric properties of DASS-21 with both non-clinical and clinical samples consisting of formation education certificate program students as well as psychiatry patients. The internal consistency coefficient of the subscales was found .87 for the depression subscale, .85 for the anxiety subscale, and .81 for the stress sub-scale in the clinical sample.

In the current study, Cronbach's alpha internal consistency was calculated as .91 for the depression subscale, .89 for the anxiety subscale, and .88 for the stress sub-scale.

### ***2.3 Procedure***

Ethics committee approval was obtained for the current study from the Scientific Research and Publication Ethics Committees of the Izmir University of Economics (Appendix A). It was considered as more appropriate to collect data online via Google Forms due to the Covid-19 pandemic. In addition, it was decided that collecting data online was more convenient in order to reach more participants who would be suitable for the research inclusion criteria. Therefore, each scale was converted into an online survey format, and people were invited to participate in the research using different social media platforms such as Instagram, WhatsApp, Twitter, and mail groups.

Before starting the survey, people were informed about the purpose of the study, criteria for participating in the study, length of the survey, voluntary participation, and right to withdraw. In addition, it was clearly stated that answers of the participants will be kept confidential and will be used for research purposes only.

Finally, contact information of the researcher was given so that the people could ask questions about the study. Participants who accepted the informed consent form containing all this information were directed to the questionnaires. The questionnaires that the participants were asked to fill in are as follows: Personal Information Form, Pet Bereavement Questionnaire, Social Constraints Scale, Multidimensional Scale of Perceived Social Support-Revised, Lexington Attachment to Pets Scale and Depression Anxiety Stress Scale-21.

### ***2.4. Statistical Analysis***

The Statistical Package for Social Sciences (SPSS) version 26 and PROCESS v3.5 (Hayes, 2013) were used for the statistical analyses. Before carrying out the main analyses preliminary analyses were conducted including, normality analysis, reliability analysis, and descriptive statistics. The data were examined if there were any missing values. At first, there were 233 participants with no missing values. Twenty-two participants were excluded from the analysis due to being under the age of 18, completing the questionnaire for multiple pets, and not meeting the pet loss time criteria. In addition, one outlier was eliminated from the dataset because of its extreme scores. Therefore, the analyses were conducted with 210 participants.

Skewness and kurtosis values were used to assess for normality. In the current study, skewness and kurtosis values fell between -1.50 and +1.50 for every measuring tool. These are the critical values for affirming the normality assumption (Tabachnick and Fidell, 2007). Cronbach's Alpha reliability assessments revealed that all scales in this sample were highly reliable. Mean, standard deviation, minimum and maximum scores were calculated for descriptive statistics.

Correlation analyses were carried out in order to check the relationship among main variables (grief, attachment, social support, social constraints, depression, anxiety, and stress). Simple linear regression analysis was used to determine the predictors of the grief variable. Finally, parallel mediation analysis was applied to examine the mediating roles of social constraints and social support, and simple mediation analysis was applied to examine the mediating role of attachment in the relationship between grief and depression, anxiety, and stress respectively.

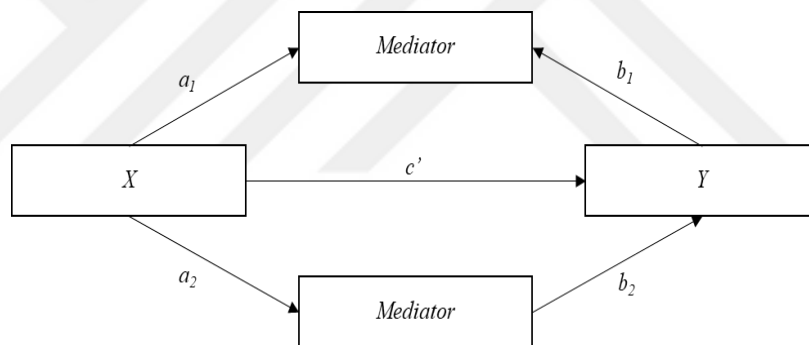


Figure 1. The parallel mediation model used in the present study

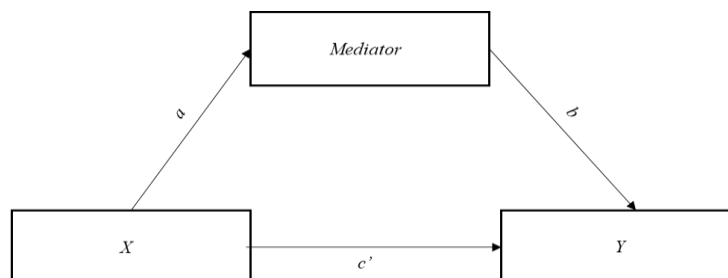


Figure 2. The simple mediation model used in the present study



## CHAPTER 3: RESULTS

This chapter includes the statistical analysis of the data. The results of the descriptive statistics correlation analysis, simple linear regression analysis, parallel mediation analysis, and simple mediation analyses of the variables are shown below.

### 3.1. Preliminary Analysis

#### 3.1.1. Descriptive Statistic for the Scales

Table 2. Descriptive Statistics of the Measures (N= 210)

Variables	<i>M</i>	<i>SD</i>	<i>Max</i>	<i>Min</i>
PBQ	27.54	9.43	47	3
PBQ-Grief	2.14	0.63	3	0
PBQ-Guilt	1.57	1.01	3	0
PBQ-Anger	0.68	0.74	3	0
LAPS	59.24	9.60	69	29
LAPS-People Substituting	2.32	0.61	3	1
LAPS-Animal Rights/Welfare	2.78	0.38	3	1
LAPS-General Attachment	2.64	0.41	3	1
MSPSS-R	65.00	16.57	84	12
MSPSS-R-Family	22.83	6.04	28	4
MSPSS-R-Friends	22.17	6.31	28	4
MSPSS-R-Significant Other	20.00	8.87	28	4
SCS	21.15	9.62	49	10
DASS-21-Depression	6.62	5.91	21	0
DASS-21-Anxiety	4.14	4.86	20	0
DASS-21-Stress	6.40	5.26	21	0

*Note:* PBQ: Pet Bereavement Questionnaire, PBQ-Grief: Pet Bereavement Questionnaire Grief Subscale, PBQ-Guilt: Pet Bereavement Questionnaire Guilt Subscale, PBQ-Anger: Pet Bereavement Questionnaire Anger Subscale, LAPS: Lexington Attachment to Pets Scale, LAPS-People Substituting: Lexington Attachment to Pets Scale People Substituting Subscale, LAPS-Animal Rights/Welfare: Lexington Attachment to Pets Scale Animal Rights/Welfare Subscale, LAPS-General Attachment: Lexington Attachment to Pets Scale General Attachment Subscale, MSPSS-R: Multidimensional Scale of Perceived Social Support Revised, MSPSS-R-Family: Multidimensional Scale of Perceived Social Support Revised Family Subscale, MSPSS-R-Friends: Multidimensional Scale of Perceived Social Support

Revised Friend Subscale, MSPSS-R-Significant Other: Multidimensional Scale of Perceived Social Support Revised Significant Other Subscale, SCS: Social Constraints Scale, DASS-21: Depression Anxiety Stress Scale-21, DASS-21-Depression: Depression Anxiety Stress Scale-21 Depression Subscale, DASS-21-Anxiety: Depression Anxiety Stress Scale-21 Anxiety Subscale, DASS-21-Stress: Depression Anxiety Stress Scale-21 Stress Subscale

### **3.2. Main Analysis**

#### **3.2.1. Correlation Analysis for All Scales**

Pearson correlation analysis was conducted to determine the relationship between grief, social support, social constraints, attachment, depression, anxiety, and stress. Findings regarding the correlations are given in Table 3.

Results revealed a significant negative relationship between grief and social support, indicating that individuals with higher social support experienced lower grief,  $r = -.30$ ,  $p = .000$ . Findings also showed a significant positive relationship between grief and social constraints,  $r = .39$ ,  $p = .000$ . Individuals who experienced higher social constraints also experienced higher grief. Another significant positive relationship was found between grief and attachment,  $r = .55$ ,  $p = .000$ . Individuals who were more attached to their deceased pet experienced higher grief. Findings related to the correlations among grief and depression, anxiety, and stress showed that there was a significant positive relationship between grief and depression, anxiety and stress,  $r = .53$ ,  $p = .000$ . These results indicated that individuals who reported higher grief also reported higher depression, anxiety, and stress.

Results indicated that there was a significant negative relationship between social support and depression, anxiety, and stress,  $r = -.37$ ,  $p = .000$ . Accordingly, individuals who reported higher social support reported lower depression, anxiety, and stress. Findings also showed a significant positive relationship between social constraints and depression, anxiety, and stress,  $r = .47$ ,  $p = .000$  indicating that individuals who reported higher social constraints also reported higher depression, anxiety, and stress. In addition, a significant positive relationship was found between attachment and depression, anxiety, and stress,  $r = .29$ ,  $p = .000$ . Individuals who had a higher attachment reported higher depression, anxiety, and stress.

According to the correlations among social constraints, social support, and attachment, results revealed that there was a significant negative relationship between social constraints and social support,  $r = -.53, p = .000$  indicating individuals who had higher social support experienced lower social constraints. However, no significant relationship was found between social support and attachment,  $r = -.127, p = .067$ , as well as between social constraints and attachment,  $r = .13, p = .058$ .



Table 3. Pearson's Correlation Analysis Results for All Measures

	1	2	3	4	5	6	7	8	9	10	11	12
1 PBQ	1											
2 PBQ-1	.88**	1										
3 PBQ-2	.79**	.46**	1									
4 PBQ-3	.58**	.31**	.35**	1								
5 LAPS	.55**	.67**	.22**	.23**	1							
6 LAPS-1	.48**	.61**	.15**	.21**	.93**	1						
7 LAPS-2	.52**	.61**	.25**	.21**	.91**	.71**	1					
8 LAPS-3	.44**	.53**	.18**	.17*	.80**	.68**	.62**	1				
9 MSPSS-R	-.30**	-.18*	-.31**	-.26**	-.13	-.01	-.20**	-.15*	1			
10 MSPSS-R-1	-.28**	-.16*	-.30**	-.21**	-.15*	-.05	-.21**	.17*	.73**	1		
11 MSPSS-R-2	-.29**	-.19**	-.25**	-.29**	-.15*	-.04	-.25**	-.12	.80**	.54**	1	
12 MSPSS-R-3	-.16*	-.08	-.19**	-.14**	-.03	.03	-.06	-.09	.80**	.30**	.42**	1
13 SCS	.39**	.25**	.34**	.42**	.13	.04	.23**	.03	-.53**	-.44**	.53**	-.31
14 DASS-21	.53**	.45**	.43**	.33**	.29**	.21**	.32**	.23**	-.37**	-.28**	-.30**	-.29**
15 DASS-21-1	.52**	.42**	.44**	.33**	.27**	.19**	.30**	.22**	-.38**	-.28**	-.30**	-.30**
16 DASS-21-2	.46**	.41**	.36**	.28**	.27**	.21**	.30**	.20**	-.31**	-.25**	-.25**	-.24**
17 DASS-21-3	.51**	.42**	.42**	.33**	.26**	.20**	.30**	.20**	-.34**	-.26**	-.29**	-.26**

Table 3. Pearson's Correlation Analysis Results for All Measures (Continued)

	13	14	15	16	17
1 PBQ					
2 PBQ-1					
3 PBQ-2					
4 PBQ-3					
5 LAPS					
6 LAPS-1					
7 LAPS-2					
8 LAPS-3					
9 MSPSS					
10 MSPSS-1					
11 MSPSS-2					
12 MSPSS-3					
13 SCS	1				
14 DASS-21	.47**	1			
15 DASS-21-1	.46**	.945**	1		
16 DASS-21-2	.41**	.903**	.760**	1	
17 DASS-21-3	.43**	.950**	.865**	.791**	1

\*\* $p < .01$ ; \* $p < .05$ ; N = 210; PBQ: Pet Bereavement Questionnaire, PBQ-1: Pet Bereavement Questionnaire Grief Subscale, PBQ-2: Pet Bereavement

Questionnaire Guilt Subscale, PBQ-3: Pet Bereavement Questionnaire Anger Subscale, LAPS: Lexington Attachment to Pets Scale, LAPS-1: Lexington Attachment to Pets Scale Attachment Subscale, LAPS-2: Lexington Attachment to Pets Scale People Substituting Subscale, LAPS: Lexington Attachment to Pets Scale Animal Rights/Welfare Subscale, MSPSS-R: Multidimensional Scale of Perceived Social Support Revised, MSPSS-R-1: Multidimensional Scale of Perceived Social Support Revised Family Subscale, MSPSS-R-2: Multidimensional Scale of Perceived Social Support Revised Friend Subscale, MSPSS-R-3: Multidimensional Scale of Perceived Social Support Revised Significant Other Subscale, SCS: Social Constraints Scale, DASS-21: Depression Anxiety Stress Scale-21, DASS-21-1: Depression Anxiety Stress Scale-21 Depression Subscale, DASS-21-2: Depression Anxiety Stress Scale-21 Anxiety Subscale, DASS-21-3: Depression Anxiety Stress Scale-21 Stress Subscale

### 3.2.2 Regression Analysis Regarding the Role of Age, Time Since Death, and Euthanasia on Grief and Guilt

The simple linear regression analysis was used in order to predict grief based on age, the time passed since the death and euthanasia, and additionally, guilt based on euthanasia. The impact of euthanizing the pet was examined after the euthanasia variable dummy was coded. The simple linear regression was given in Table 4.

Results of the analysis on the predictive role of age in grief indicated a significant model and found that age accounted for 17% of the variance in grief,  $R^2 = .167$ ,  $F(1, 208) = 41.58$ ,  $p = .000$ . Accordingly, age negatively and significantly predicted grief,  $\beta = -.41$ ,  $p = .000$ . However, the time passed since the death did not significantly predict grief,  $\beta = .00$ ,  $p = .969$ , as well as euthanizing the pet did not significantly predict both grief,  $\beta = .07$ ,  $p = .267$ , and guilt,  $\beta = -.09$ ,  $p = .222$ .

Table 4. Simple Linear Regression Analysis of the Effects of Age, Time Passed Since the Death, and Euthanasia on Grief and Guilt

Predictor	Dependent Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>
Age	PBQ	-.31	.05	-.41	-6.45
Time since death	PBQ	.00	.01	.00	.04
Euthanasia	PBQ-Grief	.13	.11	.08	1.11
Euthanasia	PBQ-Guilt	-.22	.18	-.09	-1.23

Note: PBQ: Pet Bereavement Questionnaire, PBQ-Grief: Pet Bereavement Questionnaire Grief Subscale, PBQ-Guilt: Pet Bereavement Questionnaire Guilt Subscale

### 3.2.3. Mediation Analysis

In order to examine the mediating role of social constraints and perceived social support on the relationship between grief and depression, anxiety and stress, a parallel mediation analysis was conducted separately for three outcome variables. In this

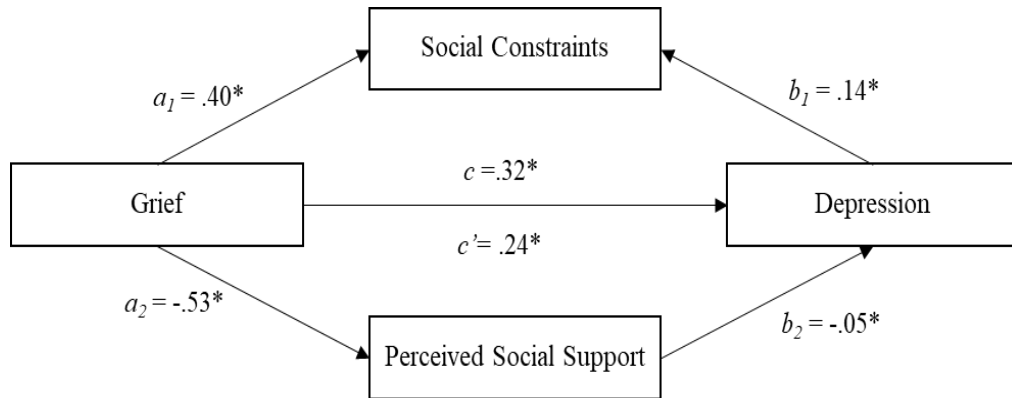
analysis, grief was the predictor, depression, anxiety, and stress were the outcomes, and social constraints and perceived social support were the mediators. In addition, a simple mediation analysis was performed to examine the mediating role of attachment on the relationship between grief and depression, anxiety, and stress. In this analysis grief was the predictor, depression, anxiety, and stress were the outcomes, and attachment was the mediator. Simple Mediator Analysis suggested by Hayes (2013) was run through PROCESS Model 4. The significance of the mediating variables was determined by 5000 bootstrap samples and a 95% confidence interval.

### ***3.2.3.1. Results of Mediating Roles of Social Constraints and Perceived Social Support on the Relationship between Grief and Depression***

The first mediation analysis was performed to investigate the mediating role of social constraints and perceived social support on the relationship between grief and depression. The mediation model was given in Figure 2.

According to the analysis, the model significantly predicted and explained %36 of the variance in depression,  $R^2 = .36$ ,  $F(3, 206) = 38.08$ . Specifically, grief significantly predicted ( $a_1$  path) social constraints,  $b = .40$ ,  $t = 6.17$ ,  $p = .00$ . Grief explained 16% of the variance in social constraints. Grief significantly predicted ( $a_2$  path) perceived social support,  $b = -.53$ ,  $t = -4.52$ ,  $p = .00$ . Grief explained 9% of the variance in perceived social support. On the other hand, ( $b_1$  path) social constraints,  $b = .14$ ,  $t = 3.33$ ,  $p < .05$  and ( $b_2$  path) perceived social support,  $b = -.05$ ,  $t = -2.14$ ,  $p < .05$ . significantly predicted depression. The total effect of grief on depression ( $c$  path) was significant,  $b = .32$ ,  $t = 8.70$ ,  $p = .00$ . Moreover, the direct effect of grief on depression ( $c'$  path) was also significant,  $b = .24$ ,  $t = 6.27$ ,  $p = .00$ . The results indicated the significant indirect effect of ( $a_1b_1$  path) social constraints,  $b = .06$ , 95% CI = [.018, .099] on the relationship between grief and depression. However, no significant indirect effect was found of ( $a_2b_2$  path) perceived social support on the relationship between grief and depression,  $b = .03$ , 95% CI = [-.000, .061]. Therefore, we can conclude that only social constraints is a mediator in this model.





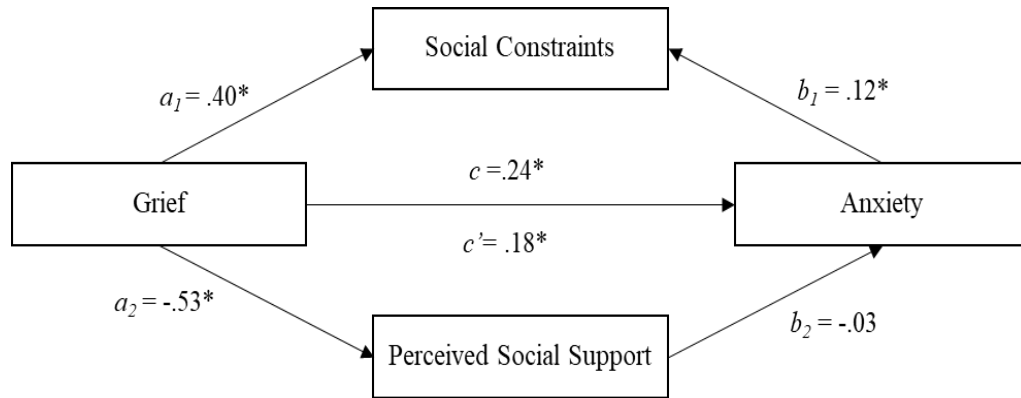
\* $p < .05$

Figure 3. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Depression

### 3.2.3.2. Results of Mediating Roles of Social Constraints and Perceived Social Support on the Relationship between Grief and Anxiety

The second mediation analysis was performed to investigate the mediating role of social constraints and perceived social support on the relationship between grief and anxiety. The mediation model was given in Figure 3.

Results of the analysis revealed that, the model significantly predicted and explained %28 of the variance in anxiety,  $R^2 = .28$ ,  $F(3, 206) = 27.15$ . As given in the previous model, grief significantly predicted ( $a_1$  path) social constraints, and ( $a_2$  path) perceived social support. Furthermore, ( $b_1$  path) social constraints significantly predicted anxiety,  $b = .12$ ,  $t = 3.15$ ,  $p < .05$ . However, ( $b_2$  path) perceived social support did not  $b = -.03$ ,  $t = -1.26$ ,  $p = .21$ . The total effect of grief on anxiety ( $c$  path) was significant,  $b = .24$ ,  $t = 7.55$ ,  $p = .00$ . In addition, the direct effect of grief on anxiety ( $c'$  path) was also significant,  $b = .18$ ,  $t = 5.38$ ,  $p = .00$ . The results indicated the significant indirect effect of ( $a_1b_1$  path) social constraints,  $b = .05$ , 95% CI = [.013, .085], on the relationship between grief and anxiety. However, no significant indirect effect was found of ( $a_2b_2$  path) perceived social support on the relationship grief and anxiety,  $b = .01$ , 95% CI = [-.007, .041]. Therefore, we can conclude that only social constraints is a mediator in this model.



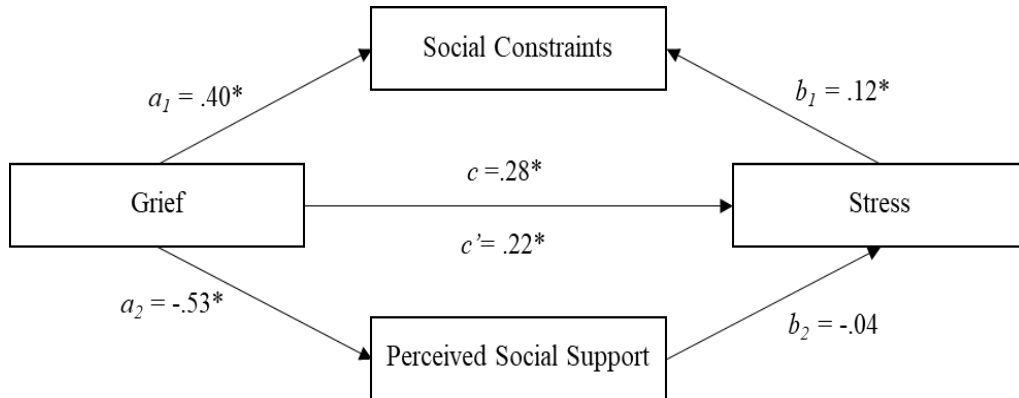
\* $p < .05$

Figure 4. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Anxiety

### 3.2.3.3. Results of Mediating Roles of Social Constraints and Perceived Social Support on the Relationship between Grief and Stress

The second mediation analysis was performed to investigate the mediating role of social constraints and perceived social support on the relationship between grief and stress. The mediation model was given in Figure 3.

Results of the analysis revealed that, the model significantly predicted and explained %33 of the variance in stress,  $R^2 = .33$ ,  $F(3, 206) = 33.81$ . Grief significantly predicted ( $a_1$  path) social constraints, and ( $a_2$  path) perceived social support as given in both models before. Furthermore, ( $b_1$  path) social constraints significantly predicted stress,  $b = .12$ ,  $t = 3.18$ ,  $p < .05$ . However, ( $b_2$  path) perceived social support did not  $b = -.04$ ,  $t = -1.62$ ,  $p = .11$ . The total effect of grief on stress ( $c$  path) was significant,  $b = .28$ ,  $t = 8.48$ ,  $p = .00$ . In addition, the direct effect of grief on stress ( $c'$  path) was also significant,  $b = .22$ ,  $t = 6.19$ ,  $p = .00$ . The results indicated the significant indirect effect of ( $a_1b_1$  path) social constraints,  $b = .05$ , 95% CI = [.016, .090], on the relationship between grief and stress. However, no significant indirect effect was found of ( $a_2b_2$  path) perceived social support on the relationship grief and stress,  $b = .02$ , 95% CI = [-.003, .046]. Therefore, we can conclude that only social constraints is a mediator in this model.



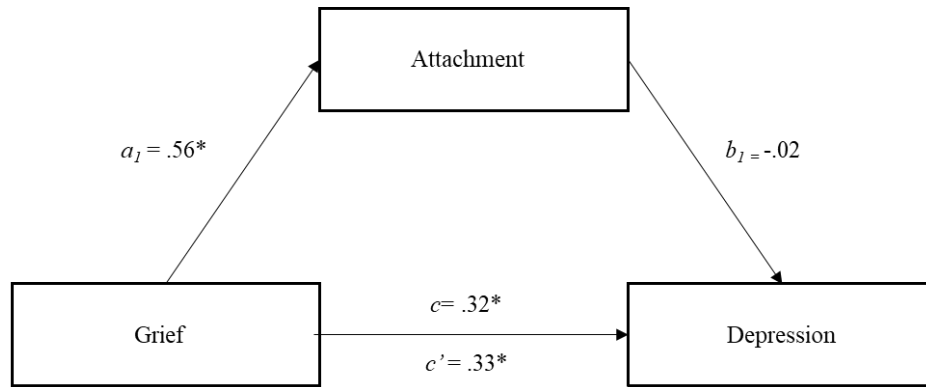
\*p < .05

Figure 5. Parallel Mediation Analysis Model for Social Constraints and Perceived Social Support on the Relationship Between Grief and Stress

#### 3.2.3.4. Results of Mediating Role of Attachment on the Relationship between Grief Depression

A mediation analysis was performed to investigate the mediating role of attachment on the relationship between grief and depression. The mediation model was given in Figure 6.

Results of the analysis revealed that, the model significantly predicted and explained %27 of the variance in depression,  $R^2 = .27$ ,  $F(2, 207) = 37.77$ . Specifically, grief significantly predicted ( $a_1$  path) attachment,  $b = .56$ ,  $t = 9.44$ ,  $p = .000$ . Grief explained 30% of the variance in attachment. On the other hand, attachment did not significantly predict ( $b_1$  path) depression  $b = -.02$ ,  $t = -.35$ ,  $p = .72$ . The total effect of grief on depression ( $c$  path) was significant  $b = .32$ ,  $t = 8.70$ ,  $p = .000$ . In addition, the direct effect of grief on depression ( $c'$  path) was also significant,  $b = .33$ ,  $t = 7.46$ ,  $p = .000$ . However, no significant indirect effect was found of attachment on the relationship between grief and depression  $b = -.01$ , 95% CI = [-.051, .031]. Therefore, we can conclude that attachment is a not a mediator in this model.

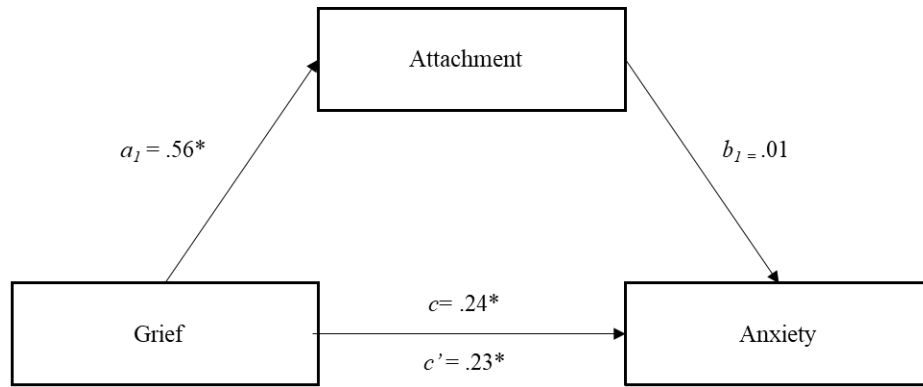


\* $p < .05$

Figure 6. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Depression

### 3.2.3.5. Results of Mediating Role of Attachment on the Relationship between Grief Anxiety

Results of the analysis revealed that, the model significantly predicted and explained %22 of the variance in anxiety,  $R^2 = .27$ ,  $F(2, 207) = 28.46$ . As given in the previous model, grief significantly predicted ( $a_1$  path) attachment. On the other hand, attachment did not significantly predict ( $b_1$  path) anxiety,  $b = .01$ ,  $t = .37$ ,  $p = .71$ . The total effect of grief on anxiety ( $c$  path) was significant  $b = .24$ ,  $t = 7.55$ ,  $p = .000$ . In addition, the direct effect of grief on anxiety ( $c'$  path) was also significant,  $b = .23$ ,  $t = 6.10$ ,  $p = .000$ . However, no significant indirect effect was found of attachment on the relationship between grief and anxiety  $b = .01$ , 95% CI = [-.024, .039]. Therefore, we can conclude that attachment is a not a mediator in this model.

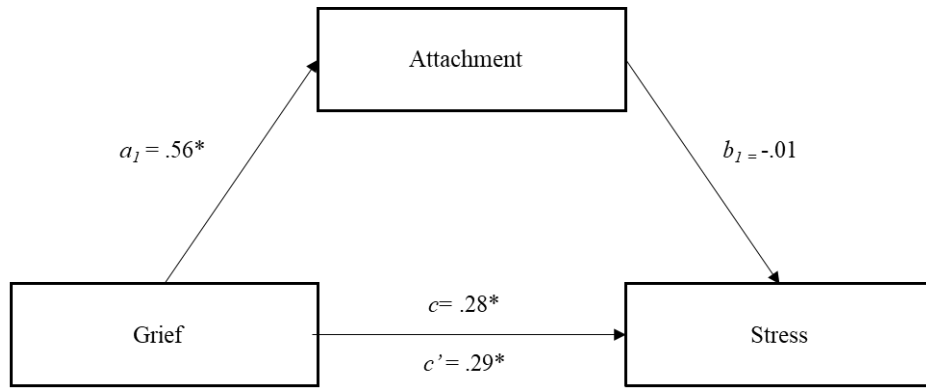


\* $p < .05$

Figure 7. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Anxiety

### 3.2.3.6. Results of Mediating Role of Attachment on the Relationship between Grief Stress

Results of the analysis revealed that, the model significantly predicted and explained %26 of the variance in stress,  $R^2 = .27$ ,  $F(2, 207) = 35.81$ . As given in the previous model, grief significantly predicted ( $a_1$  path) attachment. On the other hand, attachment did not significantly predict ( $b_1$  path) stress,  $b = -.01$ ,  $t = -.27$ ,  $p = .79$ . The total effect of grief on stress ( $c$  path) was significant  $b = .28$ ,  $t = 8.48$ ,  $p = .000$ . In addition, the direct effect of grief on stress ( $c'$  path) was also significant,  $b = .29$ ,  $t = 7.23$ ,  $p = .000$ . However, no significant indirect effect was found of attachment on the relationship between grief and stress  $b = -.01$ , 95% CI =  $[-.042, .028]$ . Therefore, we can conclude that attachment is a not a mediator in this model.



\* $p < .05$

Figure 8. Simple Mediation Analysis Model for Attachment on the Relationship Between Grief and Stress

## **CHAPTER 4: DISCUSSION**

This study indicated a significant and negative relationship between grief severity and level of perceived social support. In addition, there was a significant positive relationship between grief severity and level of social constraints, degree of attachment, and level of depression, anxiety, and stress in relation to the death of a pet. Similarly, level of depression, anxiety, and stress was significantly and negatively associated with perceived social support. Further, level of depression, anxiety, and stress are significantly and positively associated with level of social constraints and degree of attachment. The findings also revealed that the age of the bereaved was a significant predictor of grief severity, however, euthanasia was not. Furthermore, the degree of social constraints was found as significantly mediate the relationship between grief severity and level of depression, anxiety, and stress, although perceived social support and attachment did not. These findings of the current study will be discussed in detail in the following paragraphs.

### ***4.1. Correlation Analysis***

This study's first hypothesis was on the relationships between mediator variables and outcome and independent variables. The results of the correlation analysis will now be discussed in detail.

#### ***4.1.1. The Result of Correlations between Perceived Social Support, Social Constraints, Grief, and Depression-Anxiety-Stress***

The relationship between grief severity and the level of social constraints experienced as a result of the death of a pet was found to be significant and positive. It was also found that the relationship between the level of social constraints and the level of depression, anxiety, and stress has the same properties. In addition, the relationship between grief severity after losing a companion animal and the level of perceived social support were significant and negative in the current study. The same situation is also valid for the level of depression, anxiety, and stress. Due to the idea that grief experienced in response to the loss of a companion animal is not a valid source of bereavement (Testoni et al., 2017), there is often a lack of understanding within the social support system of bereaved individuals who lost their companion animals (Neimeyer and Jordan, 2002). Most people feel ashamed of their feelings and reactions

following the death of their pets and they tend to think that they shouldn't feel these emotions (Adams, Bonnet and Meek, 2000). They may even be teased for their intense feelings related to the death of their pets (Quackenbush and Glickman, 1984). Therefore, bereaved pet owners may perceive less support after the death of their companion animals (Behler, Green and Joy- Gaba, 2020). The attenuating nature of social support influences stress appraisal and facilitates the adaptive reactions in response to the death of a loved one and increases the ability to cope with the death (Cohen and Wills, 1985). Also, Lepore et al. (1996) argued that, along with the disclosure of the bereavement experience, intense emotions related to the death of a loved one can be relieved. It is known that the death of a pet can have similar consequences to the loss of a human loved one (Packman et al., 2017).

Considering these, it is assumed that people who have lost their pets may be deprived of the facilitating effects of disclosure since they are often unable to express their thoughts and feelings about the death of their pets. Consequently, individuals may have more intense grief reactions as well as depression, anxiety, and stress symptoms. Also, it is thought that bereaved pet owners' perception of support from their loved ones as sufficient can enable them to undergo the bereavement process healthier; otherwise, it may worsen the grief-related symptoms. Specifically, people's grief severity is assumed to increase as a result of their lack of support and feeling alone in such an experience, and they would have depressive feelings. It is also thought that attempting to deal with this bereavement alone would reveal signs of anxiety and stress.

These assumptions are also consistent with the literature. In the study conducted with four hundred twenty-nine people who had lost their cats or dogs due to death within the previous year, King and Werner (2012) found that the perceived social support has a negative relationship with grief, depression, anxiety, and somatization. In addition, according to the result of the study with bereaved pet owners who lost their dogs or cats by Field et al. (2009), social support was found to be negatively correlated with the severity of the grief symptoms. In order to better understand the bereavement processes of people who lost their pets, Packman et al. (2014) conducted a study using both qualitative and quantitative methodologies. According to the responses to the open-ended questions about the bereavement experience of the



participants, people who experience intense grief symptoms to the extent of clinical depression and suicidal ideation can't find enough space to express their thoughts and feelings about their experience and can't receive adequate support for their loss. Thus, their grief was disenfranchised. In addition, Habarth et al., (2017) reported that higher levels of psychosocial symptoms such as depression, anxiety, somatization, and functional impairment after the death of a pet were associated with higher degree of social constraints. Despite the study's significant findings, no studies have been found in the literature that examines the association between social support, social constraints, and stress in the context of pet loss.

#### ***4.1.2. The Result of Correlation between Attachment, Grief, and Depression-Anxiety-Stress***

The result of the current study showed a significant positive relationship between the level of attachment people have with their pets and the intensity of grief as well as the level of depression, anxiety, and stress. The importance of the relationship with the deceased to the bereaved person's identity and functioning influences the intensity and duration of the grief experience (Smigelsky et al., 2019). In other words, the degree of attachment to the deceased has a positive relationship with grief severity (Mash et al., 2014) as well as associated with mental health issues including depression, anxiety, and guilt (Walker, Hathcoat and Noppe, 2012). In addition, after losses involving closer relationships, people may experience intrusive and avoidant stress-related symptoms (Harris, 1991; Thomas and Striegel, 1994).

The degree of attachment between people and their pets also influences the grief experienced after the loss of a companion animal (Wrobel and Dye, 2003; Eckerd, Barnett and Jett-Dias, 2016). Cowling, Isenstein and Schneider (2020) found that people who have had higher levels of attachment to their deceased pets experience more severe grief. Also, grief severity is associated with how the bereaved pet owners have been seeing their pets. People who have been calling their pets their “child” or “best friend” experienced more intense grief reactions than people who call their pets “good companions”. Wrobel and Dye (2003) also conducted a study to investigate the course of bereavement of people who lost their cats or dogs and concluded that people who were highly attached to their pets experience more intense and prolonged grief reactions. Testoni et al. (2017) examined the influence of the attachment on

bereavement process and found that high levels of attachment to the deceased pet may cause depression.

Since attachment with pets has similar aspects to human attachment relationships (Field et al., 2009), it is assumed that people's level of attachment to their deceased pets prior to the death is also associated with more severe grief, depression, anxiety, and stress-related symptoms. In addition, many other aspects may be considered while evaluating the attachment relationship between humans and their companion animals in relation to the death of a pet. It is possible to say that people who have close relationships with their pets are very much concerned about their pets' well-being, they often view their pets as more important than most people in their lives, and they are most likely to have a unique bond with their pet based on pure love. When all of these factors are considered, it is possible to conclude that the loss of a beloved pet also implies the loss of a very special relationship in many ways. In this case, in addition to the increase in the grief severity, depression, anxiety, and stress-related symptoms may also increase.

#### ***4.1.3. The Result of Correlation between Grief and Depression, Anxiety, and Stress***

In the current study, a significant and positive relationship between grief severity and the level of depression, anxiety, and stress due to the death of a pet was found. Grief reactions following the death of a significant person can also include symptoms of depression such as isolation, despair, depressed mood, loss of appetite, and anhedonia (Fried et al., 2015). In addition, losing a loved one can elicit anxiety symptoms such as nervousness, restlessness, anxiousness, and fear due to the separation from a loved one (Prigerson et al., 1996; Shear and Skritskaya, 2012). Stress is also a common symptom during the bereavement process (Bodnar and Kiecolt-Glase, 1994).

Due to the similarities between the bereavement process and grief reactions following the death of a human loved one and a companion animal (Margolies 1999), the current study examined the relationship between the severity of grief after the loss of a pet and the level of depression, anxiety, and stress. The results of the analysis were compatible with the literature. Accordingly, Rémillard (2017) analyzed the call notes from bereaved pet owners to the pet loss support hotline to evaluate the bereavement process of people who lost their pets. It was found that bereaved pet owners experienced

depressive symptoms such as depressed mood, concentration difficulties, poor motivation, sleep disturbances, and loss of appetite. Similarly, Kimura, Kawabata and Maezawa, (2014) found that people who lost their pets experience major physiological dysfunctions, anxiety, insomnia, and depressive mood. On the other hand, in the study by McCutcheon and Fleming (2002) conducted with one hundred-three bereaved pet owners, it was reported that they experience anxiety due to the death of their pets. Also, Gage and Holcomb (1991) conducted a survey with 242 couples whose family pets have died 3 years prior to the study. Results of the study revealed that the loss of a pet is a source of “quiet” or “extreme” stress for both spouses. In addition, the death of a pet was not as stressful as the death of a first-degree relative or a close friend although, it was more stressful than the death of another more distant member of the family for both spouses. More specifically, male participants felt that the death of their pets is equally stressful as losing a close relationship. On the other hand, female participants reported that losing their pets was more stressful than losing a relationship with a close friend.

#### ***4.2. The Evaluation of Simple Linear Regression Analyses for the Roles of Age of the Bereaved, Time Passed Since the Death, and Euthanasia on Grief Severity***

One of the hypotheses of the current study was that age of the bereaved individual, the time passed since the death of the companion animal, and euthanasia will predict the severity of grief symptoms. In order to test this hypothesis, three different simple linear regression analyses were performed. The results of the analyses will be discussed in detail.

##### ***4.2.1. The Role of Age of Bereaved on Grief Severity***

The results of the analysis revealed that the severity of grief symptoms was negatively predicted by the age of the bereaved individual, which is consistent with the literature (Planchon and Templer, 1996; Adams, Bonnett and Meek, 2000; McCutcheon and Fleming, 2002; Kimura, Kawabata and Maezaw, 2014; Cowling, Isenstei and Schneidern, 2020; Yüksel, Apak and Demirci, 2022). Specifically, the intensity of grief symptoms decreased with aging. In the study conducted by Yüksel, Apak and Demirci (2022) which is analyzing the psychometric properties of the Turkish version of the Pet Bereavement Questionnaire grief severity was found to be negatively associated with the age of the bereaved pet owner that the intensity of grief decreases

with age. Cowling, Isenstei and Schneidern (2020) conducted a study in order to discover different variables associated with the grief severity after the death of a pet. They found that younger people experience more severe grief symptoms. Kimura, Kawabata and Maezaw, (2014) examined the neurotic symptoms of bereaved pet owners such as somatization, anxiety, sleep disturbances, social impairment, and depression by giving a survey to one hundred people who have visited four animal cremation services facilities in Japan.

According to the results of the study, grief was associated with young age. Younger participants in the present study experienced more severe grief symptoms following the death of a companion animal. This is assumed to be related to the differences between young and old people's coping skills and coping styles. According to Folkman et al. (1987), effective coping must be able to adapt to possibilities and the absence of possibilities in a particular circumstance. Young people tend to view stressful situations as changeable and use problem-focused coping. Older people, on the other hand, evaluate stressful situation as less changeable and more realistic, and their coping patterns is emotion-focused including distancing, acceptance of responsibility, and positive reappraisal. Accordingly, older people may be able to cope with an irreversible and permanent stressor better, such as death, than younger people. Furthermore, older people may be more experienced than younger people due to their age, and as a result, they may have encountered more negative situations and even losses in their lives, making it easier for them to cope. Also, as people become older, their coping strategies may become more mature.

#### ***4.2.2 The Role of Time Past Since the Death on Grief Severity***

The results indicated that time passed since the death of the pet was not a significant predictor of grief severity. The "time passed since the death" variable has been found to be inconsistent in the literature. There are studies that found that the level of grief experienced by bereaved pet owners was substantially related to the time passed since the pet's death, specifically, it was found that bereaved pet owners experienced more intense grief when the loss was more recent (Wrobel and Dye, 2003; Behler, Green and Joy- Gaba, 2020; Cowling, Isenstei and Schneidern, 2020). Behler, Green and Joy-Gaba (2020) examined the grief responses of bereaved pet owners who had lost solely their cats or dogs and compared them with the bereavement experience due to the death

of a human loved one. While investigating this relationship it was also found that the time since the pet's death was a significant predictor of grief reactions. In other words, people experienced more intense grief if their pets have died a short time ago. In addition, Cowling, Isenstei and Schneidern (2020) investigated the variables that may be associated with the intensity of grief and found that time is a significant predictor. According to the findings, the grief severity decreased as the time passes after the death of the pet.

There are also studies in the literature that support the result of the current study (Archer and Winchester, 1994; Mccutcheon and Fleming, 2002; Eckerd, Barnett and Jett-Dias, 2016; Yüksel, Apak and Demirci, 2022). McCutcheon and Fleming (2002) also explored the effect of time since the death of the pet on grief severity. Although the time since the death was not a significant predictor of grief severity, it significantly predicted the level of anger and social isolation. Accordingly, while people whose pets died within 1 month and more than a year ago felt experienced less anger, the severity of anger increased dramatically from 6 months to 1 year. Further, people whose pets died more than a year ago experience less social isolation than those whose pets' death was 1 to 6 months ago as well as 6 months to 1 year ago.

This finding could imply that everyone's bereavement experience is unique, therefore, the bereavement process may not occur in the same manner or direction for each individual. It also brings into question the idea that the impact of losing a companion animal will fade with time. When we consider this in the context of the social constraints that bereaved pet owners are subjected to, we can conclude that the bereavement following the death of a companion animal may not be resolved in a short time, even the effect of the loss can last for long periods of time, unlike the social norms regarding the grief reactions and grieving processes of the individuals who lost their pets.

#### ***4.2.3. The Role of Euthanasia on Degree of Grief and Guilt***

It was found that the degree of guilt and grief severity was not significantly predicted by euthanizing the pet. There are conflicting findings in the pet loss literature about the level of grief and guilt experienced as a result of deciding whether or not to euthanize a pet due to unexpected or anticipated circumstances (e.g., illness, accident).

For some pet owners, euthanasia prevents pets from further suffering and thus, provides relief for bereaved pet owners resulting in less severe grief and guilt (Stokes et al., 2002; McCutcheon and Fleming, 2002; Tzivian, Friger and Kushnir, 2014; Yüksel, Apak and Demirci, 2022). Tzivian, Friger and Kushnir (2014) investigated the cognitive and emotional responses of people who had to have their dogs euthanized. Accordingly, those who have their dog euthanized have a multifaceted experience that differs from the typical grief reactions. Researchers argued that this process began with the realization of people that their dogs are not able to continue their lives healthily anymore and considering euthanasia. Further, this process has been linked to a variety of physical symptoms as well as psychological distress in dog owners. Similarly, Yüksel, Apak and Demirci (2022) examined different variables associated with the death of a pet and found that people who did not euthanize their pets experienced higher levels of guilt. In addition, in the study of McCutcheon and Fleming (2002), analyzing the post-lost adjustment, it was discovered that people who euthanized their pets experienced significantly less severe grief reactions. Findings also revealed that people who euthanized their pets were significantly more attached to their pets.

Furthermore, some pet owners who had to have their pets euthanized felt far more grief, guilt, and shame as a result of their sense of responsibility than people whose pets died naturally (Pitcairn and Pitcairn-Hubble 1982; Quackenbush and Glickman, 1984; Adams, Bonnett and Meek, 2000; Sharkin and Knox, 2003; Behler, Green and Joy- Gaba, 2020). Behler, Green and Joy- Gaba (2020) reported that people experience significantly more intense grief when they euthanized their pets. Adams, Bonett and Meek (2000) identified euthanasia as a risk factor for grief severity. Further, they concluded that half of the participants who took part in the study reported that they had second thoughts about euthanizing their pets, and around sixteen percent felt like they were murdering their pets.

The current study found a considerably different finding from previous studies since euthanasia was not a significant predictor of grief. This may be related to the small number of research participants who had to have their pets euthanized. Furthermore, there may be some other variable that predict the degree of grief and guilt as a result of euthanasia. For instance, the approach of the veterinary staff to pet owners during the euthanasia. The amount and quality of the information about euthanasia

procedures along with the support from veterinary staff may be related to pet owners' level of grief and guilt. Knowing how the euthanasia procedure was carried out, providing detailed information about whether this procedure was truly necessary, and knowing whether the pet will feel any pain during this process can have an impact on grief and guilt.

### ***4.3. Interpretation of Mediation Analysis***

This study examined whether social constraints, perceived social support, and attachment have a mediating role in the relationship between grief and depression anxiety, and stress. In this part of the study, the findings regarding the mentioned mediation relationship will be discussed.

#### ***4.3.1. Interpretation of the Mediator Role of Social Constraints and Perceived Social Support on the Relationship between Grief and Depression, Anxiety, and Stress***

Regarding the mediating role of social constraints and perceived social support, it was found that the degree of social constraints bereaved pet owners experience significantly mediates the relationship between grief severity and level of depression, anxiety, and stress, however level of perceived social support did not.

Grief severity, level of depression-anxiety-stress, degree of perceived social support, and level of social constraints had previously been explored separately in the literature and their relationships with each other. In the current study, these variables were examined as a whole. Following the death of a beloved pet, people may experience symptoms of depression, anxiety, and stress, along with grief reactions (Habarth et al. 2017; Spain, O'Dwyer and Moston, 2019). It was assumed that the relationship between grief severity and level of depression, anxiety, and stress can be explained to some extent by the level of social constraints and perceived social support. Specifically, although the grief reactions are intense due to the death of a pet, depression, anxiety, and stress levels may be reduced if individuals believe there is an environment where they can go through their pain and believes they will receive support. Otherwise, this level may be quite high. In short, it was hypothesized that the association between grief severity and depression, anxiety, and stress following the death of a companion animal may be mediated by social constraints and perceived social support. However, this hypothesis was only partially supported. Unlike social

constraints, perceived social support did not mediate the relationship between grief and depression, anxiety, and stress. However, it was found that perceived social support negatively predicted the level of depression. This can be explained by the fact that bereaved pet owners may feel lonely in the bereavement process because they often cannot receive adequate support, or they may think that they are not able to receive support from others due to the social constraints related to the death of a pet. Accordingly, Fried et al. (2015) argued that depressive symptoms emerge from the activation of loneliness following the loss. Besides, the fact that perceived social support did not mediate the relationship between grief and depression, anxiety, and stress when it was included in the same model with social constraints, may indicate that perceived social support has a smaller effect on this relationship than social constraints. It is reasonable to assume that social constraints play a greater role in the bereavement process than social support because people's experience of support can be influenced by the social constraints to which they are subjected. The loss is almost completely ignored when people are exposed to social constraints. This is especially true following the death of a pet. People may have an inadequate perception of social support or may be reluctant to seek support from their social environment due to the fact that their experience is not recognized as a real loss and disregarded, as well as grief reactions caused by losing a pet are considered inappropriate or even funny.

On the other hand, social constraints was found to be a significant mediator in the relationship between grief severity and level of depression, anxiety, and stress. The results of the analysis were mostly compatible with the literature. In the study by Spain O'Dwyer, and Stephen (2019) conducted with people who lost their pets, a significant interaction was found between disenfranchised grief and grief severity. Also, Packman et al. (2014) conducted a cross-cultural study with bereaved pet owners. While the participants' level of attachment to their deceased pets and grief reactions were measured using standardized scales, there was an open-ended question in which they were told they could share whatever thoughts and feelings they wanted to share about the loss they experienced. One of the themes obtained from the answers given to this question was the "lack of validation of support". They wrote things like "One of the hardest parts is now when you feel so alone" and "I feel that people don't take it as seriously as I would like. I feel that people are sick of me being sad and lonely. I feel guilty expressing how alone I am." In addition, the results of the analyses, along with



the open-ended question, it was found that people who have intense depressive symptoms and suicidal thoughts after the death of their pets are the people who think they don't have enough space to express their feelings. In addition, Habarth et al. (2017) conducted a study with people who lost their pets within the past year to evaluate the bereavement experience after losing a pet. Results showed that social constraints are related to more adverse outcomes such as functional impairment, somatization, depression, and anxiety. It has been argued that sharing thoughts and feelings about a stressful event, such as loss, can help to decrease the level of arousal related to the stressful event and therefore stress can be reduced (Lepore et al., 1996). In addition, disclosure about a stressful event may result in social affirmation of feelings and thoughts, provide new perspectives, help in making meaning and offer useful coping strategies, therefore facilitating adjustment (Lepore and Helgeson, 1998). Due to social constraints, people may not be able to openly express their grief reactions and talk about their thoughts and feelings about the loss because they may get nervous about being teased, ignored, and being a burden to other people about such an “insignificant loss”. In addition, it may not be possible to talk about these facilitating factors for the bereavement processes of people who lost their pets because they have difficulties in sharing their bereavement experiences and often do not encounter social affirmation when they do. Therefore, grief-related arousal may persist and can be associated with symptoms related to depression anxiety, and stress. Also, ignoring people’s loss experiences can lead to self-doubt about the feelings they are experiencing, and loneliness, which in turn result in more severe grief symptoms along with depression, anxiety, and stress.

#### ***4.3.2. Interpretation of the Mediator Role of Attachment on the Relationship Between Grief and Depression, Anxiety, and Stress***

Regarding the mediating role of attachment, it was found that the level of attachment to the deceased pet does not significantly mediate the relationship between grief severity and level of depression, anxiety, and stress.

It is known in the literature that the degree of attachment to the deceased pet is one of the most important predictors of more intense grief reactions following the death of a companion animal (Field et al., 2009; Barnard-Nguyen et al., 2016). More close and bonded relationship with the deceased pet prior to the loss may lead to more complicated and prolonged grief reactions (Sharkin and Knox, 2003; Barnard-Nguyen

et al., 2016). Based on previous research, it was assumed that the severity of grief reactions experienced due to the death of a companion animal may be associated with depression, anxiety, and stress symptoms in the existence of a closer and more bonded relationship with the pet prior to the death. This hypothesis, however, could not be confirmed. In the current study degree of attachment to the deceased pet was not a significant mediator in the relationship between grief severity and level of depression, anxiety, and stress.

The insignificant result of the present study could imply that attachment level alone is a determining factor in loss experience and grief severity. At the same time, the fact that grief severity becomes associated with depression, anxiety, and stress may be due to the attachment styles towards the pet rather than the degree of attachment to the pet. Since pets are also attachment figures, adult attachment styles can be used to explain attachment to pets and can be examined in the same manner as attachment styles for other humans (Brown and Symons, 2016). Accordingly, Zilcha-Mano, Mikulincer and Shaver (2011) discovered pet attachment anxiety and avoidance which are related to the same dimensions for human attachment figures. People with high attachment anxiety rely on their relationships with other people to feel safe, therefore they feel intensely anxious if the attachment figure is not available when they need them. Anxiously attached people put a lot of effort to be close to the attachment figure in a stressful situation and they experience extreme distress if the proximity could not be ensured (Mikulincer, Shaver and Pereg, 2003; Macallum and Bryant, 2018). On the other hand, individuals with avoidant attachment do not trust others to provide comfort when they are in need, avoid intimate relationships, and tend to minimize emotional pain (Fraley and Shaver, 2000). In a stressful situation such as the death of a loved one, depression, anxiety, and stress symptoms may be seen together with grief reactions and may increase in relation to each other. Accordingly, literature suggests that bereavement process of individuals with anxious and avoidant attachment styles, due to the death of a loved one, is more complicated and they also have major depressive symptoms (Wayment and Vierthaler, 2002; Meier et al., 2013; Schenck, Eberle and Rings, 2016). Similar findings have been found in the literature regarding the death of a pet; people who are high on anxious and avoidant attachment styles regarding their companion animals experience more intense complicated grief symptoms (Field et al., 2009; Brown and Symons, 2016). According to these findings,

the association between grief severity and level of depression, anxiety, and stress can be mediated by the attachment style rather than the degree of attachment.

#### ***4.4. Limitations and Future Suggestions***

The research has several limitations in addition to its contributions to the literature. The sample of the study did not show an equal distribution in terms of gender, the sample comprises mostly of women. Although significant differences were found in grief, depression, anxiety, and stress levels between men and women as a result of the death of a pet (Gage and Holcomb, 1991; McCutcheon and Fleming, 2002; Wrobel and Dye, 2003; Yüksel, Apak and Demirci, 2022), this could not be examined in the current study because of the unequal gender distribution. It is thought that conducting future studies with a more equal sample in terms of gender may increase generalizability.

In this study, the mediating role of social constraints, in the relationship between grief and depression, anxiety, and stress following the death of a pet was investigated. Although statistically significant results were obtained and the findings were discussed considering the literature, it is thought that a qualitative study can better examine the social constraints and stigmatization that people experience after the loss of a pet and the effects these have on the bereavement process. Semi-structured interviews can be used to evaluate this experience in greater detail by asking participants about their thoughts and feelings about the death of their pets as well as how people around them have responded to their loss. The same can be also valid for the attachment. The bond between humans and their pets will be better understood through the interviews with the participants.

Although attachment level was investigated in this study, it is thought that working with attachment styles rather than attachment level in the context of bereavement will better explain the association between grief and depression, anxiety, and stress. It has been found in the literature that anxious attachment to pets is significantly and positively related to complicated grief (Brown and Symons, 2006; Field et al., 2009).

The perceived social support scale used in the current study was not sensitive to a stressful situation rather, it assesses the general perception of support from the social

environment. It could be beneficial to use a tool that focuses more on social support during a particularly difficult life event, like pet loss.

The data of the study were collected during the pandemic. Therefore, it is possible that many people have lost someone they know or love due to Covid-19 during this process, which could have had an impact on the bereavement process



## **CHAPTER 5: CONCLUSION**

### ***5.1. Clinical Implications***

The present study offers more comprehensive findings regarding the bereavement experience of individuals by looking at the mediating role of social constraints, perceived social support, and attachment. It has been demonstrated in the literature, as well as in the current study, that the death of a pet can elicit depression, anxiety, and stress-related symptoms that may cause impairment. People who have experienced this type of loss prefer not to talk about it because they are worried about the reactions they will receive and that their experience will be underestimated. It is thought to be crucial to understand the bereavement process of people who have lost their pets in the therapeutic setting, since the mental health professionals may also have the mindset toward this loss that is common in society. Regarding this, the acknowledgment of the loss by mental health professionals is thought to be important in helping people cope with the loss. Bereaved pet owners should be encouraged to talk about their loss, such as the causes or circumstances of the death or their relationship with their pet. Thus, they feel comfortable talking about their experience, realize that their grief is acknowledged, and start to work on their bereavement. The consequences of this loss for people should be well recognized in order for mental health specialists to develop a safe environment that will provide all of these for bereaved pet owners. In addition to mental health professionals, it is discussed in the literature that the attitude of the veterinary staff has a substantial impact on the bereavement process since they are with the bereaved owners for most of the process. Therefore, it is thought to be critical to inform the veterinary staff about the pet bereavement experience. Considering all these, it is thought that the existence of studies that examine this experience in detail is important.

### ***5.2. Result***

The present study was the first that examined the mediator roles of social constraints, perceived social support, and attachment in the relationship between grief severity and depression, anxiety, and stress following the death of a pet. Thus, the bereavement experience of people whose pets died was thoroughly examined.

In conclusion, this study showed that the level of social constraints experienced during the bereavement process had a significant mediating role in the relationship between

grief severity and level of depression, anxiety, and stress. Thus, the study offers an insight into the consequences of societal attitudes towards the bereavement experience related to the death of a companion animal by concluding that being subjected to social constraints after the death of a pet result in higher levels of depression, anxiety, and stress along with the increased grief severity. In addition, this study concluded that the age of the bereaved is a significant predictor of grief severity. Accordingly, younger people experience more severe grief.

Overall, the finding of the study provides a more comprehensive understanding of the bereavement experience of people who lost their pets and contribute to the literature.



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## APPENDICES

### *Appendix-A: Ethics Committee Approval*

#### Etik Kurul Onayı

**SAYI** : B.30.2.İEÜ.0.05.05-020-191

25.02.2022

**KONU** : Etik Kurul Kararı hk.

**Sayın Dr. Öğr. Üyesi Yasemin Meral Öğütçü ve Öykü Demirci**

“Evcil Hayvan Yas Şiddeti ve Yas Tepkileri Arasındaki İlişkide Sosyal Kısıtlamalar, Sosyal Destek ve Bağlanmanın Aracı Rolü” başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 27.01.2022 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve Etik Kurul üyeleri projeleri incelemiştir.

Sonuçta 27.01.2022 tarihinde “Evcil Hayvan Yas Şiddeti ve Yas Tepkileri Arasındaki İlişkide Sosyal Kısıtlamalar, Sosyal Destek ve Bağlanmanın Aracı Rolü” konulu projenizin etik açıdan uygun olduğuna oy birliğiyle karar verilmiştir.

Gereği için bilgilerinize sunarım.

Saygılarımla,

**Prof. Dr. Murat Bengisu**  
**Etik Kurul Başkanı**

## ***Appendix-B: Participation Consent Form***

### **Katılımcı Bilgilendirme Formu**

Sayın Katılımcı,

Bu çalışma, İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans programı kapsamında, Dr. Öğretim Üyesi Yasemin Meral Öğütçü danışmanlığında, Psikolog Öykü Demirci tarafından yürütülen bir tez çalışmasıdır.

Çalışma yaklaşık olarak 15 dakika sürecektir. Çalışmaya katılabilmemiz için 18 yaş ve üzeri olmanız ve son 1 yıl içerisinde ölüm sebebi ile bir evcil hayvan kaybı deneyimlemiş olmanız gerekmektedir.

Bu araştırma, son 1 yıl içerisinde evcil hayvanı vefat etmiş kişilerin yas süreçlerini değerlendirmeyi amaçlamaktadır.

Bu çalışmaya katılmak tamamen gönüllülük esasına göre olup, katılımınızı istediğiniz zaman sonlandırma özgürlüğüne sahipsiniz. Çalışma yürütülürken sizden hiçbir kimlik bilgisi talep edilmeyecektir. Formlar aracılığıyla sizden toplanacak bilgiler ise gizli tutulacak ve yalnızca araştırmacı tarafından değerlendirilecektir. Bu formlardan elde edilecek bilgiler tamamen bilimsel amaçlar doğrultusunda, bu çalışma kapsamında kullanılacaktır.

Formlardaki sorulara vereceğiniz yanıtların doğruluğu araştırmanın niteliği açısından oldukça önemlidir. Lütfen formların başındaki yönergeleri dikkatle okuyarak sorulara sizi en iyi ifade eden cevapları vermeye çalışınız. Soruların doğru veya yanlış cevapları yoktur. Her madde ile ilgili görüş, kişiden kişiye değişebilir.

Katılımınız için teşekkür ederiz. Araştırma ile ilgili herhangi bir bilgi edinmek veya sorun bildirmek için [psk.oykudmrc@gmail.com](mailto:psk.oykudmrc@gmail.com) e-posta adresinden araştırmacı ile iletişime geçebilirsiniz

Bu çalışmaya tamamen gönüllü olarak katılmayı kabul ediyorum ve verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Evet  Hayır

## Appendix-C: Participant Information Form

### Kişisel Bilgi Formu

**Açıklama:** Aşağıda sizinle ve son 1 yıl içerisinde vefat etmiş olan evcil hayvanınızla ilgili bazı sorular yer almaktadır. Son 1 yıl içerisinde birden fazla evcil hayvan kaybı yaşadıysanız, lütfen soruları kaybı sizi en çok etkileyen evcil hayvanınızı düşünerek cevaplayınız.

1. Yaşınız:
2. Cinsiyetiniz: ( ) Kadın ( ) Erkek ( ) Diğer (belirtiniz).....
3. İlişki durumunuz: ( ) Evli ( ) Bekar ( ) Romantik ilişkim var
4. Öğrenim durumunuzu belirtiniz.  
( ) İlkokul Mezunu  
( ) Ortaokul Mezunu  
( ) Lise Mezunu  
( ) Üniversite-Yüksekokul Mezunu
5. Çocuğunuz var mı? ( ) Evet ( ) Hayır
6. Çocuğunuz varsa kaç tane? ( ) 1 ( ) 2 ( ) 3 ( ) 3'ten fazla
7. Evinizde siz dahil olmak üzere kaç kişi yaşıyor?  
( ) Tek başıma yaşıyorum.  
( ) 2 Kişi  
( ) 3 Kişi  
( ) 4 Kişi  
( ) 5 Kişi ve üzeri

8. Dini/manevi bir inancım vardır.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Katılmıyorum**

**Katılıyorum**

9. İnanduğım dinin gereklerini yerine getirmeye çalışırım.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Katılmıyorum**

**Katılıyorum**



10. Ölümünden sonra bir yaşamın var olduğuna inanırım / ümit ederim.

1 2 3 4 5

**Katılmıyorum**

**Katılıyorum**

11. Kaybettiğiniz evcil hayvanınızın türünü belirtiniz.

- ( ) Kedi  
( ) Köpek  
( ) Hamster  
( ) Tavşan  
( ) Kuş  
( ) Diğer (belirtiniz).....

12. Evcil hayvanınızın kaybının üzerinden kaç AY geçti? (Yanıtınız 1 aydan kısa ise geçen zamanı HAFTA şeklinde yazınız/örn. 2 HAFTA).....

13. Evcil hayvanınızın ölümü beklenen bir durum muydu? ( ) Evet ( ) Hayır

14. Evcil hayvanınızın ölüm sebebi neydi?

- ( ) Yaşlılık/yaşlılığa bağlı sağlık sorunu  
( ) Hastalık  
( ) Kaza  
( ) Yanlış tedavi/Tedavi sonrası komplikasyon  
( ) Zehirlenme/Saldırı  
( ) Bilinmiyor  
( ) Diğer (belirtiniz).....

15. Evcil hayvanınızla ilgili ötenazi/uyutma işlemine onay vermek durumunda kaldınız mı? ( ) Evet ( ) Hayır

16. Evcil hayvanınız vefat ettiğinde kaç yaşındaydı? .....

17. Evcil hayvanınızla ne kadar süredir birlikteydiniz? (1 yıldan az ise ay olarak, fazla ise yıl olarak belirtiniz.) .....

18. Evcil hayvanıma...

- ( ) Temel bakım veren kişi bendim / Temel bakım veren kişilerden biriydim.  
( ) Temel bakım veren kişi başka biriydi.

19. Evcil hayvanım hayatıma girdiğinden beri onunla...

- ( ) Hep aynı evde yaşadık.  
( ) Çoğunlukla aynı evde yaşadık.  
( ) Kısa bir süre aynı evde yaşadık.  
( ) Hiç aynı evde yaşamadık.

20. Kaybettiğiniz evcil hayvanınız için bir cenaze/anma töreni hazırladınız mı?

- ( ) Evet ( ) Hayır

21. Daha önce başka bir evcil hayvan kaybı deneyimlediniz mi?

- ( ) Evet ( ) Hayır

22. Cevabınız evet ise, kaç kere? .....

23. Evcil hayvanınızı kaybettiğiniz dönemde başka herhangi bir stresli yaşam olayı deneyimlediniz mi? (örn. iş, sağlık veya aile ile ilgili v.b)

- ( ) Evet ( ) Hayır

24. Evcil hayvanınızın ölümü sizi ne kadar etkiledi?

**1 2 3 4 5 6 7**

**Hiç etkilemedi**

**Çok etkiledi**

25. Evcil hayvanınızın kaybının üstesinden nasıl geldiniz?

- ( ) Kendi kendime  
( ) Ailem ve arkadaşlarımla desteği ile  
( ) Profesyonel destek ile (örn. psikolog, psikiyatrist)  
( ) Üstesinden gelebildiğimi düşünmüyorum.  
( ) Diğer (belirtiniz).....

26. Evcil hayvanınızın kaybindan sonra yeni bir evcil hayvan edindiniz mi?

- ( ) Evet ( ) Hayır

## Appendix-D: Pet Bereavement Questionnaire

### Evcil Hayvan Yas Ölçeği

NO	Lütfen aşağıdaki soruları vefat eden evcil hayvanınızın ardından yaşadığınız deneyimi düşünerek cevaplayınız.	Kesinlikle Katılmıyorum			Kesinlikle Katılıyorum
1	Evcil hayvanımı kurtaramadığı için veterinerlere öfkeliyim.	0	1	2	3
2	Evcil hayvanım öldüğü için çok üzgünüm.	0	1	2	3
3	Evcil hayvanım olmadan hayat boş geliyor.	0	1	2	3
4	Evcil hayvanımın ölümü ile ilgili kabuslar gördüm.	0	1	2	3
5	Evcil hayvanım olmadan kendimi yalnız hissediyorum.	0	1	2	3
6	Evcil hayvanıma kötü bir şey olabileceğini bilmeliydim.	0	1	2	3
7	Evcil hayvanımı aşırı derecede özleyorum.	0	1	2	3
8	Evcil hayvanıma daha iyi bakmadığım için kendimi çok suçlu hissediyorum.	0	1	2	3
9	Evcil hayvanımı kurtarmak için daha fazlasını yapmadığım için kendimi kötü hissediyorum.	0	1	2	3
10	Evcil hayvanımı düşündüğümde ağlıyorum.	0	1	2	3
11	Diğer insanlara, evcil hayvanımın ölümünde katkıları olduğu için öfkeliyim.	0	1	2	3
12	Evcil hayvanımın ölümünden dolayı çok üzgünüm.	0	1	2	3
13	Arkadaşlarıma/ aileme, daha fazla yardımcı olmadıkları için kızgınım.	0	1	2	3
14	Evcil hayvanımın son anları ile ilgili hatıralar aklımdan çıkmıyor.	0	1	2	3
15	Evcil hayvanımın kaybını asla aşamayacağım.	0	1	2	3
16	Evcil hayvanıma daha fazla sevgi göstermiş olmayı dilerdim.	0	1	2	3

*Appendix-E: Lexington Attachment to Pets Scale*

**Lexington Evcil Hayvanlara Bağlanma Ölçeği**

NO	Lütfen ifadeleri evcil hayvanınız hayatta iken onunla olan ilişkinizi düşünerek yanıtlayınız.	Kesinlikle Katılmıyorum	Biraz katılmıyorum	Biraz Katılıyorum	Kesinlikle Katılıyorum
1	Evcil hayvanım benim için herhangi bir arkadaşımın daha değerlidir.	0	1	2	3
2	Evcil hayvanımla sınırlarımı sıklıkla paylaşıyorum.	0	1	2	3
3	Evcil hayvanlar, aile üyeleriyle aynı hak ve ayrıcalıklara sahip olmalıdır.	0	1	2	3
4	Evcil hayvanımın en iyi arkadaşım olduğuna inanıyorum.	0	1	2	3
5	İnsanlara karşı duygularım, onların evcil hayvanıma davranışlarından etkilenir.	0	1	2	3
6	Evcil hayvanımı seviyorum çünkü o bana hayatımdaki insanların çoğundan daha sadıktır.	0	1	2	3
7	Evcil hayvanımın resimlerini başka insanlara göstermekten zevk alırım.	0	1	2	3
8	Bence evcil hayvanım sadece bir hayvandır.	0	1	2	3
9	Evcil hayvanımı seviyorum çünkü o beni asla yargılamaz.	0	1	2	3
10	Evcil hayvanım, kendimi ne zaman kötü hissettiğimi anlar.	0	1	2	3
11	Sık sık evcil hayvanım hakkında diğer insanlarla konuşurum.	0	1	2	3
12	Evcil hayvanım beni anlar.	0	1	2	3
13	Evcil hayvanımı sevmemin sağlıklı kalmama yardım ettiğine inanırım.	0	1	2	3
14	Evcil hayvanlar da insanlar	0	1	2	3

	kadar saygıyı hak ediyor.				
15	Evcil hayvanımla çok yakın bir ilişkimiz var.	0	1	2	3
16	Evcil hayvanıma iyi bakabilmek için hemen hemen her şeyi yaparım.	0	1	2	3
17	Evcil hayvanımla sık sık oynarım.	0	1	2	3
18	Evcil hayvanımı mükemmel bir dost olarak görüyorum.	0	1	2	3
19	Evcil hayvanım beni mutlu eder.	0	1	2	3
20	Evcil hayvanımın ailemin bir parçası olduğunu hissediyorum.	0	1	2	3
21	Evcil hayvanıma çok bağlı değilim.	0	1	2	3
22	Evcil bir hayvana sahip olmak mutluluğuma mutluluk katar.	0	1	2	3
23	Evcil hayvanımı bir arkadaş olarak görüyorum.	0	1	2	3

## Appendix-F: Social Constraints Scale

### Sosyal Kısıtlanmışlık Ölçeği

	1	2	3	4	5
Lütfen aşağıdaki soruları son bir haftanızı düşünerek yanıtlayınız. Aşağıdaki sorularda bir boşluk (____) gördüğünüz zaman, lütfen bu soruları boşluğun olduğu yerde VEFAT EDEN EVCİL HAYVANINIZIN ADI yazılmış gibi cevaplayınız.					
1. Çevrenizdekiler rahatsız oldu diye ____'nın kaybı hakkındaki duygularınızı ne sıklıkla saklamak zorundaymış gibi hissettiniz?	1	2	3	4	5
2. İstediginizde çevrenizdekilerle ____'nın kaybı hakkındaki duygularınızı paylaşabileceğinizi ne sıklıkla hissettiniz?	1	2	3	4	5
3. ____'nın kaybı hakkında konuştuğunuzda, çevrenizdekilerin bunları duymak istemediği fikrine ne sıklıkla kapıldınız?	1	2	3	4	5
4. Çevrenizdekilerden yeteri kadar ilgi ve destek görmediğinizi düşünerek ne sıklıkla hayal kırıklığına uğradınız?	1	2	3	4	5
5. Çevrenizdekiler ne sıklıkla gerçekten sinirinize dokundu?	1	2	3	4	5
6. Kendinizi en yakın hissettiğiniz kişi rahatsız oldu diye ____'nın kaybı hakkındaki duygularınızı ne sıklıkla saklamak zorundaymış gibi hissettiniz?	1	2	3	4	5
7. İstediginizde kendinizi en yakın hissettiğiniz kişiyle ____'nın kaybı hakkındaki duygularınızı paylaşabileceğinizi ne sıklıkla hissettiniz?	1	2	3	4	5
8. ____'nın kaybı hakkında konuştuğunuzda, en yakın hissettiğiniz kişinin bunları duymak istemediği fikrine ne sıklıkla kapıldınız?	1	2	3	4	5
9. Kendinizi en yakın hissettiğiniz kişiden yeteri kadar ilgi ve destek görmediğinizi düşünerek ne sıklıkla hayal kırıklığına uğradınız?	1	2	3	4	5
10. Kendinizi en yakın hissettiğiniz kişi ne sıklıkla gerçekten sinirinize dokundu?	1	2	3	4	5

**Appendix-G: Multidimensional Perceived Social Support Scale-Revised**

**Çok Boyutlu Algılanan Sosyal Destek Ölçeği Gözden Geçirilmiş Form**

Aşağıdaki soruları lütfen evcil hayvanınızın vefatı sonucundaki kayıp deneyiminizi düşünerek cevap veriniz.

1. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

2. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVE**

4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

5. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**

9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

1 2 3 4 5 6 7

**Kesinlikle**

**HAYIR**

**Kesinlikle**

**EVET**



10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

**1**      **2**      **3**      **4**      **5**      **6**      **7**

**Kesinlikle**

**Kesinlikle**

**HAYIR**

**EVET**

11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir.

**1**      **2**      **3**      **4**      **5**      **6**      **7**

**Kesinlikle**

**Kesinlikle**

**HAYIR**

**EVET**

12. Sorunlarımı arkadaşlarımla konuşabilirim.

**1**      **2**      **3**      **4**      **5**      **6**      **7**

**Kesinlikle**

**Kesinlikle**

**HAYIR**

**EVET**

*Appendix-H: Depression, Anxiety, and Stress Scale-21*

**Depresyon, Anksiyete ve Stres Ölçeği-21**

NO	SON 1 HAFTADAKİ DURUMUNUZ	Bana uygun değil	Bana biraz uygun	Bana genellikle uygun	Bana tamamen uygun
1	Gevşeyip rahatlamakta zorluk çektim.	0	1	2	3
2	Ağızımda kuruluk olduğunu fark ettim.	0	1	2	3
3	Hiç olumlu duygu yaşamadığımı fark ettim.	0	1	2	3
4	Soluk almada zorluk çektim ( <i>örneğin fizik egzersiz yapmadığım halde aşırı hızlı nefes alma, nefessiz kalma gibi</i> ).	0	1	2	3
5	Bir iş yapmak için gerekli olan ilk adımı atmada zorlandım.	0	1	2	3
6	Olaylara aşırı tepki vermeye meyilliyim.	0	1	2	3
7	Vücudumda ( <i>örneğin ellerimde</i> ) titremeler oldu.	0	1	2	3
8	Sinirsel enerjimi çok fazla kullandığımı hissettim.	0	1	2	3
9	Panikleyip kendimi aptal durumuna düşüreceğim durumlar nedeniyle endişelendim.	0	1	2	3
10	Hiçbir beklentimin olmadığı hissine kapıldım	0	1	2	3
11	Kışkırtılmakta olduğumu hissettim	0	1	2	3
12	Kendimi gevşetip salıvermek zor geldi	0	1	2	3
13	Kendimi perişan ve hüzünlü hissettim	0	1	2	3
14	Beni yaptığım işten alıkoyan şeylere dayanamıyordum	0	1	2	3
15	Panik haline yakın olduğumu hissettim	0	1	2	3
16	Hiçbir şey bende heyecan uyandırmıyordu	0	1	2	3
17	Birey olarak değersiz olduğumu hissettim	0	1	2	3
18	Alıngan olduğumu hissettim	0	1	2	3
19	Fiziksel egzersiz söz konusu olmadığı halde kalbimin hareketlerini hissettim ( <i>kalp atışlarımın hızlandığını veya düzensizleştiğini hissettim</i> )	0	1	2	3
20	Geçerli bir neden olmadığı halde korktuğumu hissettim	0	1	2	3
21	Hayatın değersiz olduğu hissettim.	0	1	2	3