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Death or Declaw: Dealing with Moral Ambiguity in a Veterinary Hospital

ABSTRACT

The medical practice of declawing has received much political debate over the past few years. Yet, empirical and theoretical research on how this practice is maintained and the ethical positions of those who actually participate in this work is lacking. Drawing from 9 months of ethnographic fieldwork in a feline-specific veterinary hospital and open-ended interviews with veterinarians and staff, this study examines veterinary staff members' attitudes toward, and strategies for, dealing with the medical practice of declawing. Specifically, findings show that a number of staff felt uncomfortable with their participation in onychectomy (declawing) and relied heavily on organizational support structures to cope both with these feelings and the moral ambiguity about the practice. Relying on these structures, the veterinarians and their staff are able simultaneously to define felines as subjects worthy of respect for their quality of life, protect their own self-identity as people who work toward the best interest of animals, and paradoxically support action toward felines that they find morally objectionable.

The medical practice of declawing has been the subject of recent political controversy. Yet, empirical and theoretical research on how this practice is maintained and the ethical positions of those who actually

participate in this work is lacking. Without such research, the resulting social policy might be dangerously simplistic, focusing strictly on individual solutions and neglecting structural arrangements.

I address this oversight drawing from data derived from nine months of participant observation of human-feline encounters in a veterinary hospital and open-ended interviews with veterinarians and staff. Drawing from this data, I found that the medical practice of onychectomy is an ambiguous practice. Following this finding, I asked how participants dealt with this ambiguity and the moral discomfort that result for those who define this practice as "harm." Answers to this question move us beyond policy issues to a more general sociological understanding of collective moral agency and human-animal relations.

Social Distancing

Social theorists long have noted that physical, emotional, and/or psychological social distance is an important factor in how humans conceptualize and treat other humans (Bogardus, 1968; Schutz, 1944; Simmel, 1950). Those whom we define as similar to us are accorded higher moral status and more "humane" treatment. In contrast, increasing the social distance from other groups has been evidenced throughout human history as a strategy that enables humans to engage in practices such as genocide, war, slavery, and torture of human others (Eisler, 1987, 1995; Grossman, 1996; Spiegel, 1996). According to Adams (1995), nonhuman animals too "must be kept as strangers" (47) to do them harm.²

Over the last several decades, the social distance between companion animals and humans has decreased for a significant portion of the North American public. Once popularly defined as unfeeling objects, companion animals increasingly are constructed socially as "members of their family" (Albert & Bulcroft, 1987; Beck & Katcher, 1983; Katcher & Beck, 1991; Sabloff, 2001) and interactive subjects (Alger & Alger, 1997, 1999; Arluke & Sanders, 1996; Sanders, 1993). Following Adams's (1995) reasoning, this decrease in social distance toward some animals³ may help explain why many animal practices, which once were unquestioned (or questioned only by ethical minorities) are enjoying significant public attention and political debate in the last decade. The

most recent controversy was fanned by the discussion and passing of a city ordinance against onychectomy in West Hollywood in 2003.

Onychectomy is a veterinary medical term. It refers to the “disarticulation” of the “distal phalanx.” This “elective surgery” (meaning that it is unnecessary for the health and well being of the individual involved) is described clinically in Slatter (2002), the textbook of small animal surgery. Below is an excerpt from this description:

The claw is extended by pushing up under the footpad or by grasping it with Allis tissue forceps. A scalpel blade is used to sharply dissect between the second and third phalanx over the top of the ungual crest. The distal interphalangeal joint is disarticulated, and the deep digital flexor tendon is incised. . . . Both techniques effectively remove the entire third phalanx. (p. 352)

What do we learn from this description? We learn that a part of veterinary medical socialization regarding this practice entails an emotional distancing from both their own agency and the subject that this action is being done to. As Birke (1994, 1995) argues in her analysis of other scientific texts, the passive voice and the invisibility of the feline subject used in the description above distances the actors from what they are doing and from the feline subject. Continuing on Adam’s (1995) line of reasoning, this might help explain why veterinary medical practitioners, who are charged with the “relief of animal suffering,” filed suit against the city of West Hollywood in 2004 claiming that the ordinance contradicts state law—thereby supporting the ability to practice onychectomy.

Declawing is the word people use in everyday discourse. Even the more common language of declawing is misleading. It is not the practice of removing a cat’s claws. Rather, if you put your hands up in front of you and look at your first knuckle—where your nails begin—think of them chopped off. It is the amputation of that first knuckle.

Language is a powerful force in human life. It helps to shape human thought and action. In a large way, it is through language that reality can be obscured and institutional violence can remain unchecked and unchallenged. According to both sociologists and psychologists, the use of “euphemistic language” (Bandura, Barbaranelli, Caprara, Vittorio & Pastorelli) or “false naming”

(Adams, 1995) is an action strategy that enables individuals or large populations to ignore, dismiss, and “morally disengage” (Bandura et al., 1996) from actions that they otherwise might find objectionable. It also is a way to deal with feeling ambiguous about behavior toward animals. In this way, consuming dead animal flesh is rendered “meat consumption” (Adams, 1990, 1995), killing animals for this consumption (Serpell, 1999) or for laboratory research (Arluke, 1988; Serpell, 1986) is transformed into a “sacrifice,” and amputation becomes sanitized through the everyday language of declaw.

The use of social distancing, decontextualized texts, and euphemistic language, although partially responsible for the social production of problematic animal practices, does not wholly remove the uncertainty and moral discomfort that participating in such a practice entails. Otherwise, researchers such as Frommer and Arluke (1996) would not have found that both surrenderers and shelter employees heavily relied on “blame-management strategies” to shift blame for “euthanasia” onto each other.⁴ Nor would Serpell (1999) have found that farmers and laboratory technicians developed complex distancing strategies to “deflect criticism, shift blame or expiate guilt,” to “sacrifice” animals under their care.

Assuming that people seek to define themselves and have others define them in a culturally favorable way (Goffman, 1959), people generally rely on these strategies to protect their social identity and align their action in such a way as to avoid anticipated or real social and personal disapproval (Hewitt, 1997; Hewitt & Stokes, 1975; Scott & Lyman, 1968; Sykes & Matza, 1957). Following this theoretical perspective and extending the research discussed above by including issues of power and authority, I share with the reader that declawing is a particularly ambiguous practice among staff.

However, despite the ambiguity and moral discomfort, participants are able to maintain their participation and protect their identities because of two organizational mechanisms that limit employee autonomy but support moral distancing. Recognizing that moral distancing strategies can be socially coordinated and controlled helps us to understand the social basis of moral agency. Finally, analysis of these organizational support structures lends insight into social policy regarding declawing.

Setting and Method

The findings and discussion for this article are based on data collected during nine-months (450 hours) of ethnographic fieldwork in a feline-specific veterinary hospital in the Midwest. The ethnographic method is a form of participant-observation to which the researchers, in various degrees, immerse themselves in the everyday lives of the participants. This method maximizes the researcher's ability to understand, analyze, and to translate the ongoing social processes within a place, as well as the perspectives of participants (Emerson, 1983, 2001; Lofland & Lofland, 1995; Prus, 1996, 1998).⁵ This is done through a "reflexive process of appreciation and experiential learning rather than through the collection of facts or the controlled observation of objective events" (Arluke & Sanders, 1996, p. 33).⁶

On average, the practice services 125 clients and 150 patients each week. Clients were predominately Caucasian females between the estimated ages of 26-50. Patients were predominantly domestic shorthaired; however, both sexes, all ages, and many breeds were represented. Along with patients and clients, 11 staff members participated in this research. For the purposes of this article, their participation is central. The status of the staff members include the following persons: one owner-veterinarian, a part-time veterinarian who works full time as an animal welfare investigator, the office manager, three receptionists, two veterinary technicians, two veterinary technical assistants, and one cleaner.

My involvement changed throughout the process of my research; ranging from client to an "active membership role" as described by Adler and Adler (1987). This active role meant that I went through a similar socialization process (Holy, 1984) and participated in "core activities" in the field. In contrast to a "complete membership role," I generally assisted others in their work and performed many of the same tasks as a volunteer would perform: cleaning, helping to restrain patients for blood work, answering phones, checking in clients, and comforting patients. However, all staff members were aware of my role as a researcher and provided allowances when I wished to stand back and observe clinical consultations and surgical procedures.

In addition to the participant-observation and field interview data, I also conducted semi-structured, open-ended interviews with all 11 staff participants. These pre-constructed interview schedules provided more in-depth background information and ethical standpoints relating to declawing, neutering, and euthanasia. These interviews also enabled me to double-check the accuracy of my field notes. The structure of the interviews allowed me to ask consistent questions of each staff participant. However, because they were open-ended, staff participants could elaborate on their thoughts without being unduly constrained.⁷

My analysis of the empirical evidence was multi-layered. What I mean by this is that it did not occur in a uni-directional fashion from the gathering of data to coding to analysis. Rather, I moved back and forth between the data collection, coding, analysis, and the development of research questions. This is akin to the grounded theory method first developed by Glasner and Strauss (1967).

Moral Ambiguity

The official position statement of the American Veterinary Medical Association regarding digital amputation can be found on their website. “Declawing of domestic cats should be considered only after attempts have been made to prevent the cat from using its claws destructively or when their clawing presents a zoonotic risk for its owner(s).”⁸ In other words, the official voice of veterinary medicine in the United States is that declawing is not ideal for feline interests. The Association recommends that veterinarians ought to be cautious in complying with declawing upon client request; yet, it is not condemned as abuse as in other countries.⁹ In practice, this equates to leaving it up to owners of private practices to decide how to handle declaw cases.

While some veterinary hospitals¹⁰ and private practitioners¹¹ will not provide declawing upon client request, many do. Although I watched the owner of the hospital on many occasions wincing as he tore away at the bones of helpless felines, and despite the fact that he argued that this practice was not ideal, he provided declaws upon client request. When I asked him where he stood on declawing, he stated “It is up to the client to make that decision.

I don't encourage it or discourage it." Upon further prodding during a declaw procedure he stated. "You have to see it from the patient's perspective." Below is an excerpt of my field notes. Here he clarifies what "seeing it from the patient's perspective" means to him:¹²

Well [my name] I have to tell you . . . I don't like it . . . [he depresses the handles and I hear a sickening snap]. I really think that [he pulls the bone out] . . . a person ought to accept the reality and the responsibility [he drops the bone onto the metal table and it makes a clinking noise] . . . that cats have claws and they will need to be trimmed and may slice up the furniture before getting a cat . . . [he begins on a new toe]. But . . . you know . . . [snap] . . . many people get cats [pull] . . . and then they realize that their furniture is being ruined [clink] or that people are getting scratched and believe that they have . . . [snap] . . . one of four . . . options . . . [pull] . . . animal control [clink] . . . and as you probably know most animals are put to sleep there,¹³ . . . they could kick the cat outside which happens all the time . . . [pull] . . . and outside they usually get hurt . . . [clink] . . . they have a much shorter life span and often die because they don't know how to survive out there. The third option is euthanasia . . . [snap] . . . and the last option [pull] . . . is declaw . . . [clink]. [He sets down the tool]. You know if I was a cat, I would look at the options that a person is giving me . . . Death or Declaw . . . and you know . . . I would pick declaw for sure!

By comparing amputation to a more harmful consequence (death), the owner cognitively transforms his moral action from behavior that is less than ideal into one that serves a higher purpose (Bandura et al., 1996). Viewing declawing as necessary to promote their quality of life among people who are ignorant of alternatives, he deflects any guilt from participation in a practice that he "does not like" by shifting the blame onto both the animal and the client. This redirection of blame is consistent with research findings (Frommer & Arluke, 1996) on how other (euthanasia) problematic animal practices are maintained in places designed to care for animal suffering (shelters).

As the owner of the hospital, Dr. Curtis¹⁴ had the power and authority to determine unilaterally what medical practices to offer at his hospital. Declawing was provided upon client request. However, some staff members wholeheartedly disagreed with the practice. The boarding personnel argued

that “it should be outlawed! If animals—any animal was meant to be without claws they would have been born without ‘em.”

Many staff expressed discomfort about their participation. According to a number of staff participants, declawing “hurts them,” it “is painful,” it leaves a “wide gaping hole in their paws,” and it is “particularly hard on adults.” During declaw procedures, all but one staff at some point lamented over the “need to declaw.” A veterinary technician who was in the process of bandaging a cat’s toes stated, “people should really think about the fact that cats scratch before getting them . . . I just feel so bad sometimes.” A receptionist who was present responded similarly, “yeah . . . you know . . . I wish people would learn how to trim their cat’s nails . . . it is less harmful.” Overhearing their conversation, the owner responded, “I know, it is not ideal . . . but what can we do?”

Given that so many staff participants disagreed with, and often felt guilty about, their participation, how did the practice continue? How did employees cope with the disjunction between personal ideals and occupational demands? I found that in the face of moral discomfort and ambiguity, participants relied on collective accounting schemes and organizational support structures.

Collective Accounting

In the face of moral ambiguity, participants argued that declawing was not a black and white issue but rather a complex ethical decision that must take into account the degree of suffering, client motivation, and the situation. Participants appeared to have constructed an ethical structure organized around these three factors. Rather than informing their decision-making process, the elements of this structure provided a collective accounting scheme that enabled staff participants to rationalize the practice and displace blame for their participation.

Rationalizing

Although “not ideal,” the front declawing of kittens, particularly combined with neutering, was judged the most legitimate procedure. With younger patients, because they are smaller and, therefore, less weight is placed on

their paws, staff members argued that there was minimal suffering. In the context of an open-ended interview about her ethical stance on declawing, the office manager stated,

I know it is not ideal . . . but . . . it is ok . . . if the surgery is done before the kitten is four months old. Really because the healing time is faster . . . also if it occurs at the same time that they do another surgery . . . you know neuter them.

In this same context, a veterinary technician pointed out that although she would not amputate her own cats' toes, if clients were going to have their cats declawed, then "the younger the better." A receptionist argued that, "it is painful yes, [no prompt] but if it gets done at an early age, well, then I guess I really have nothing against it."

Most veterinarians define digital amputation as a painful procedure. Evidence of this is that declawing is the optimal procedure used to test analgesics (pain medication) (Dodman, 1997). During my analysis of JAVMA, two out of three clinical studies were designed to do just that (Carroll et al., 1998; Franks et al., 2000). For staff participants, interaction with patients after the surgery supports their belief that the procedure is both painful and traumatic. While tending to a kitten during recovery of a front-declaw, one staff member stated:

More so than many procedures, cats do not seem interested in playing anymore, they try so hard not to put any weight on their paws . . . it is just so sad . . . they don't know what is going on . . . all of a sudden they can't grab stuff like they used to.

Yet, staff members could effectively dismiss this pain by focusing on the brevity of the suffering. The part-time veterinarian argued that "the pain is only temporary . . . they will get over it." This in effect renders the feline subject voiceless. Their pain is dismissed because they eventually learn how to accommodate for the partial loss of their toes.

Twenty amputations on a kitten (front and rear) was defined as less acceptable than ten, "because it leaves a cat defenseless," but better for a kitten than a cat "because they bounce back faster." Similar to way in which the owner of the hospital draws upon advantageous comparisons to personally

rationalize his decisions to declaw upon client request, staff members argued that although rear-declawing of kittens is even more traumatic than front declaws, at least it is a kitten and not a cat.

Adult front amputations were less acceptable for many staff members than kitten declaws because staff believed that it caused more emotional and physical trauma and increased the risk of "behavioral complications." In the context of an informal discussion on declawing, the owner voiced just such a concern:

Often a student will get a cat and not have it done when the cat is young because they really don't have furniture that they care about. But then the student gets older and graduates, gets nice stuff that they don't want wrecked . . . have children . . . then they decide to have their cats declawed. This is worse than if they would have done it in the first place . . . when the cat was younger. Now the patient will have a longer recovery time and it is much more traumatic because the cat is used to having their claws . . . it's much more traumatic for the cat when they are older both physically and emotionally. So, if a client would ever consider having it done, then I think that they should early and not later.

In the context of an interview, a veterinary technical assistant suggested that it would be important to warn clients about these complications. "With adults I would like to warn clients that the cat may start biting and it is painful . . ."

Veterinary studies support the concern that unintended consequences such as house soiling and biting might result from declawing feline who have become accustomed to the use of their claws (Bennett & Houpt, 1988).¹⁵ Despite this concern, staff members could focus on the common rationalization "that clients will just go somewhere else." This type of rationalizing also is evidenced in Sander's (1999) study; veterinarians leaned on this device to account for tail docking and ear cropping. From this perspective, even if staff were encouraged to warn clients about possible complications, clients "wouldn't listen anyway" because "clients just don't want to know."

Blame Displacement

The practice of digital amputation on adults was more difficult to dismiss because the physical and emotional consequences became more salient. Over the nine-months of my fieldwork, a number of declawed patients had been brought in because they had “gotten outside” and had been hurt. This particularly upset staff members. While tending to abscesses or other injuries resulting from “being defenseless out there,” staff members typically discussed it among themselves with notes of astonishment and disgust. While cleaning out an abscess, a veterinary technician looked at the doctor and said, “I can’t believe that they let him outside! Why did they [clients] declaw an indoor/outdoor cat?” Her theory was that they “must be mean.” In this way, staff could use another element of their ethical structure: They could focus on client motivations to reduce their guilt.

From the perspective of the staff, by far the least legitimate motivation for having a cat declawed was to protect furniture. Clients who offered this motivation for amputation were conceptualized as defining their cats as “disposable objects” rather than sentient subjects. Consider the following conversation between a number of staff:

I am standing in the back room speaking to some of the patients waiting surgery when Pam (boarder) walks in. Pam smiles at me as she reaches to the top of the cages to get the small cardboard box that holds cat toys. Inadvertently, she leans close to My Guy’s cage; he spits at her and lunges forward. Pam responds, “oh goodness. You are unhappy aren’t you?” Looking at his chart, she notes that he is scheduled for a rear declaw. “Oh, I see why. Poor Boy.”

Anna (receptionist) walks in and hears Pam. “Yes, he had his front ones done when he was a kitten. The client wants the rear done because they [mimicking tone] ‘just got new pine furniture and does not want him wrecking it.’” Pam shakes her head and looks at My Guy who is now growling at her with his ears flat against his head. Anna continues, “I tried to explain to her . . . that it is traumatic and painful . . . especially for an adult cat . . . but she just did not care.” Anna looks in at My Guy. “Poor guy, I tried to tell her that it is probably not the back claws that will hurt her precious furniture and she would hear nothing else . . . was adamant about the declaw.”

Angie (receptionist) joins us in front of My Guy's cage and says in a disgusted tone of voice, "I just can't believe some people. I mean I am really angry about this! How can the client be so unfeeling?"

Overhearing part of the conversation, Marcie (veterinary technician) came in from the prep room. "I totally agree, why don't people think about this kind of thing before they even get a cat?" The office manager pokes her head in and explains what she thinks. "Some people just think of their cats as disposable objects!"

Here the client is constructed as valuing inanimate property above sentient beings. Redirecting our attention from our behavior to the client's "unethical" value structure, enabled us to partly believe, that like My Guy, we too are forced into it, thereby absolving ourselves of moral agency.

According to Frommer and Arluke (1996), focusing on client motivations in these situations enables the staff to do two interrelated things: displace the blame and take what they refer to as "the moral high ground." By blaming the clients for declawing through the focus on their motivations, staff members "set themselves apart from and above" the clients. Staff argued that they personally would never do such things. Our experience with trying to anesthetize My Guy was particularly traumatic (for him and us).¹⁶ To further relieve the guilt involved in our participation, several of us sat in the back room talking about what we would do instead:

After our experience with My Guy, several of us were standing in the prep room talking about how horrible it was that "someone could do this to him." This sparked a new discussion about furniture and declawing. Dr. Curtis said that when he and his wife had built their house, that practical flooring and furniture was built into the house and that people "ought to consider this" before getting pets. Marcie (veterinary technician) agreed, adding that the flooring and furniture should either be able to be destroyed without concern or are built strong enough not to be destroyed and are highly scratch resistant.

Dr. Curtis adds that hardwood flooring throughout the whole house made from scratch-resistant wood would be ideal. Anna pokes her head into the prep room and imitates the client she had earlier that day, "yes, but I really wanted new pine furniture!" We laughed and then, shaking our heads, discussed how people could value their cats less than their furniture.

Of course, other motivations were more difficult to dismiss as morally dysfunctional. Unlike shelter workers, staff members at a veterinary clinic often got to know their clients. Greater time involvement with these clients meant that staff members were more likely to empathize with their frustrations—particularly when it came to concern for children or health. Most staff emphasized the need to balance interests between clients and patients. As such, declawing was defined as more legitimate when a client's or their human family member's quality of life was threatened by scratching behaviors.

I understand that in some situations it needs to be done . . . older clients . . . especially with geriatric diabetes can't get scratched or they could really get hurt . . . people must look out for their own interests too.

Concern for a child and the unexpected consequences that scratching might incur also were regarded by some as a legitimate motivation. The owner of the hospital argued that he would weight the digits of any new kitten's fingers as less important than his child's safety.

I have a three-year-old and we are definitely going to have another baby. And I just don't want to deal with a corneal scratch. Now, this cat [his present cat] is 15 and she pretty much stays away from [his daughter]. But, with another cat, you never know how they are going to interact, and for the cat it really is not the end of the world. They get over it in a couple of weeks and if it is done well and at the appropriate age . . . and they don't go outside . . . well, yes I would do it myself.

Situational factors, such as housing restrictions and relationship expectations also were considered an important factor in judging the legitimacy of the practice. In the context of an interview, the newest receptionist responded:

Declawing? eeeehhh. . . I don't agree with it! . . . Well . . . unless . . . well . . . but I understand at work . . . why . . . I mean . . . you know, it can be necessary. Like in an old folk's home. Some people can't keep a cat unless it's declawed because of the rules of the place. I would rather see them declawed than have to put them out or give them away . . . make people get rid of their cat . . . that would be worse for both of them.

In the context of a discussion about why people have their cats declawed, the owner suggested that gendered relational issues might be an important factor:

Many times a woman . . . ah . . . not to be sexist here . . . but it usually is a woman . . . will come in here and ask to have her cat declawed because her husband will not allow her to have the cat inside or even keep the cat if she does not get it declawed . . . I hear that story quite often.

He further argued that declawing in some home contexts given the structural inequality between humans and felines, actually helps to preserve a patient's quality of life.

Really, I think that it diminishes the abuse of the animal. They are not getting yelled at or punished for ripping up curtains or furniture . . . they are not hurting children . . . if they are getting punished and cowering it does little for their quality of life and eventually the client gets frustrated enough the cat gets kicked out of the house or worse . . . you know . . . I get that story all the time. In this society . . . animals are property. Although I may not like it . . . really . . . what is the alternative?

In such cases staff would focus less on the client's morality and more on the motivational or situational factors involved. This does not enable them to take the "moral high ground," but it does offer a convenient displacement for their actions. Although less anger usually is involved, this too enabled them to view their actions as springing from social, natural, or structural forces. In this way, rather than distancing themselves from the subject or the consequences of their actions, they could distance themselves from their own moral agency.

Participants argued that this ethical structure and where each member personally stood on this structure was crafted out of experience and veterinary socialization rather than some abstract standard of right and wrong. Many argued that declawing was not a salient issue for them until they began to work in veterinary medicine. One veterinary assistant said:

I never really thought about it before working here . . . /so I had no stance on it./Since I began and learned about it . . . I guess I have mellowed.

I don't think of it as either wrong or right anymore. There are circumstances that I did not see before. I don't judge now.

The part-time veterinarian argued that his perspective "changed with experience."

Before I started going to veterinary school I don't remember any clear-cut beliefs about this but as I went through veterinary school and then moved on with more experience practicing medicine I have become more for it.

For some members, experience with balancing interests between humans and felines fostered greater empathy for the client's situations.

I am more for it now that I have worked here for awhile. I find that I have more empathy with the client than I used to. After seeing the surgery, I think that the scalpel method is worse, it is more painful, but you know . . . if a cat bounces back in three days . . . I don't know.

Other staff participants claimed that experience with declawing decreased their acceptance:

Well, I really didn't know about it 'till I saw it. Now I really don't like it. I saw one claw removed and it was horrible. And their paws afterwards! They wake up and find that they don't have them and don't understand. I am more against it now that I know what it is all about.

For others, experience with the consequences of the practice influenced their stance on the practice more so than experience with veterinary medicine. In the interview response below, the office manager argued that her stance on the continuum changed from experience with the traumatic loss of her companion.

As I said before, under the age of four months it's ok. Over that forget it! I have personal experience with this and that is why. I once got a cat a four foot and even though I thought she would never get outside, she got outside and was torn apart by a dog. I swore to myself, for myself, I would never get it done again. I am not against it when they are young . . . but you have to keep them inside and not get the back done. When they are young they heal faster and only go through the anesthesia once.

Compartmentalizing Identity

The evidence that staff members disagree over where personally to stand on this structure suggests that this structure does not exempt participants from having their own ethical positions; rather, it organizes their professional perception of the legitimacy of the practice. This is important because it points to the other function of this structure: It enabled staff members to maintain a disjunction between their work identity and their personal identity. Consider the distinction that the newest receptionist made when she discussed the importance of considering situational factors above: “eeeehhh. . . I don’t agree with it! . . . but I understand at work . . . why . . . I mean . . . you know, it can be necessary.” This disjunction allowed staff members to maintain a sense of their own ethical standards while simultaneously accounting for other community member’s ethical positions.

Preventive Moral Distancing

In her study of the emotion-management strategies employed by floor instructors of a shelter for disabled adult employees, Copp (1998) finds that those in positions of power do not passively avoid problems or rely on after-the-fact strategies like supporting collective accounting schemes. Rather, they “tried to manage how the employees felt . . . before they perceived any problems” (p. 317).

In a similar regard, the owner of the hospital provided preventive moral distancing frameworks to manage possible conflict between staff members and his clients. He did this in the form of scripts.

There were two types of scripts relating to declawing that staff members were expected to use: short scripts and longer conversational scripts. The short scripts “we don’t encourage it or discourage it” and “it is up to the client to decide” were the expected responses when a client asked if the hospital recommends declawing. In the context of an interview, a staff participant discussed the short script “we don’t encourage it or discourage it.”

You know that we are not allowed to explain that it’s an amputation of the toe . . . people have no idea that it leaves a gaping wide hole . . . unless they

ask specifically what the procedure entails, but no one asks . . . we simply have to say that we don't encourage it or discourage it.

Another participant explained how she was informally sanctioned for not following the "its up to the client to decide" script:¹⁷

I have tried to talk them [clients] out of this till I was told not to try to talk clients into or out of it . . . to not recommend it but also not to not recommend it. Supposedly, the clients are really supposed to come to that decision on their own . . . that it is really up to them and I can't influence them in any way . . . but if I could I would because I don't agree with it . . . they should know what it is about!

Longer conversational scripts appear to filter information gradually to more inquisitive clients. When I called the hospital to verify my field observations regarding the information clients received, the receptionist outlined the script:

We always start by telling the client that we offer the procedure and how much it is. {What if someone asks if the hospital recommends the procedure?} Oh, we don't encourage it or discourage it. It is up to you to decide . . . we are supposed to say that you know. {What do you actually say about declawing when a client inquires about it?} About the procedure you mean? {Yes} Well . . . they don't ask often, but we say . . . that the claws are taken out at the nail bed . . . if you think about it, it's like removing the first knuckle of the finger. {[Seeking confirmation]} So, that is what you say when a client calls up and asks about declawing? Yes, but . . . ehh . . . [short laugh] . . . actually I will only say that the claws are taken out at the nail bed first. Wait hold on a second . . . [long pause] . . . we next say that . . . the . . . nails . . . are . . . extracted . . . at the joint of the first knuckle [sounding like she is repeating someone else]. Background voice: tell [my name] that we cut off their fingers . . . tell her that is what we say [laughter]. Did you hear Lisa [office manager]? {Yes, should I say that?} [More laughter] No. I really just give them the first sentence unless they ask more questions. {You mean that when someone calls up asking about what the procedure is about, you tell them 'we take the claws out at the nail bed' and you stop there?} Unless they ask for more details. {Do a lot of clients ask for more details?} Some

do . . . though . . . not many. If they ask for more details then I tell them that the nail is extracted at the joint at the first knuckle.

The office manager's joke is particularly significant. "Tell [my name] that we cut off their fingers . . . tell her that is what we say." While her comment indicated that she recognized that I was uncomfortable about this practice, it also provides evidence that there was a wrong way to respond to client's questions.

Dr. Curtis argued that the function of these scripts was to refrain from judging clients for their choices because he did not "know the context of the situation at home" and did not wish them to feel guilty. This might help to explain why clients did not receive written explanations for the procedure until after amputation was accomplished.

For staff members, scripts had a number of social consequences. These scripts limited and controlled their autonomy. Although many staff members wanted to better equip clients to make informed decisions about declawing, the expectation that they would follow the scripts or be sanctioned if they did not was cause for hesitation. This hesitation did not come solely from economic interest; rather, many staff feared disappointing the owner. He was highly regarded by both clients and staff. As one staff member said, he was "a brilliant, very kind and very generous man." Kivisto and Pittman, (2001) explain that scripts make everyday life easier:

In everyday life . . . some elements of conversation are pretty well scripted . . . we are so used to employing that it feels automatic . . . scripts can allow us a great deal of convenience; they constitute a taken-for-granted quality which, rather than creating our lines out of whole cloth, we borrow from a stock of well-worn scripts. (p. 317)

In this way, scripts helped keep staff members from having to think about what to say each time they were presented with moral conflict. Scripts provided employees with another way to detach their personal selves from a professional role. Any tension that they felt could be dispelled onto the owner of the hospital: The staff member was not choosing declawing—the doctor was. Moreover, since it was "ultimately up to the owner to decide," the guilt about their participation could be redirected at them and their lack of inquiry.

Discussion

In his ethnographic research on the death work of veterinarians, Sanders (1999) found that “the decision to euthanize companion animals and the feelings associated with this decision depend on a kind of social calculus” (p. 87). In part, these findings lend credit to his analysis that ethical decisions often are grounded in a type of moral calculus. Participants weighted the legitimacy of declawing on the probability that a feline will suffer as a result of the physical and emotional consequences that a practice might incur against the interests of others on whom they depend within the background of situational and structural forces. However, while the ethical structure of euthanasia guides veterinarians in their life or death decisions, the ethical framework for declawing does not organize decisions about whether or not to engage in a practice. Instead, the elements of this structure provide organizational support for moral distancing such as rationalization and redirecting blame.

Recognizing that many of his staff members were uncomfortable with this practice, the owner preventively limited employee resistance and provided staff members with further organizational support for redirecting responsibility onto both the client and the person with the most authority (himself). These devices enabled participants to continue to define themselves as working for the best interest of feline health while paradoxically supporting a practice that they define as morally ambiguous and “painful.”

Given my findings that staff members are encouraged to use scripts that sift information regarding the practice of declawing to only the most inquisitive clients, I would briefly like to discuss the need for institutional policy in this regard. In human medical institutions, informed consent has become a major policy issue. Ideally, informed consent requires open communication between doctor and patient. The patient (in our case the client) ought to be fully informed about the nature of a procedure and possible complications. In practice, however, informed consent often is complicated by social barriers such as class and education; nevertheless, it is important for doctors to work toward transcending them (Anspach, 1997).

It ought to be equally important for veterinary doctors to inform clients fully about the nature and possible complications of medical services for the client’s

companions. The owner of this hospital argued that he limited knowledge about declawing because he did not want clients to feel guilty about their decisions. This makes sense: Guilt does not feel good, and guilty clients might not return. Yet, paradoxically, because he limited information to the most inquisitive, many clients were not making informed decisions.

Given the misleading nature of the name (declawing), we cannot expect clients to understand automatically the nature of onychectomy. In addition, many clients put their faith in their veterinarian's to serve the best interest of the animal (Rollin, 1999), trusting that if a veterinarian practices declawing, it "can't be too bad." Since the rise in popularity of civil suits, being particularly explicit about this practice and possible consequences¹⁸ (along with a signed consent form outlining the procedure), would better protect veterinarians from the legal ramifications if an uninformed client later became aware of complications.

Although we might be inclined to point fingers at the owner for placing his staff in this uncomfortable position and—more important—helping to maintain a practice that many define as abuse, I think that it is important to consider that his decision was made within a certain structural framework. Earlier, I noted that many people increasingly are coming to define companion animals as family members. However, legally, companion animals remain private property (Francione, 1995, 2004; Tannenbaum, 1991, 1993, 1995).

Given their legal status as the property of the client, the "ultimate responsibility" of patient care rests with the client. The income for the hospital then is generated through clients who use their "discretionary" dollars to pay for health service for their companion animals. Because of the dependency on the clients' income, veterinarians must serve the interests of patients under the economic position of having to please their customers (Rollin, 1999; Tannenbaum, 1991, 1993). Because of the marginal position of animals, enabled by law, and the owners' positions within a capitalist economic structure, owners make the decision unilaterally to practice declawing because they structurally are enabled to weight human interest over animal interest in some circumstances and feel constrained to balance the interests between the two parties in others.

Although participants used elements of this contextually developed ethical structure to distance themselves morally from something that they defined

as less than ideal, this does not negate the fact that these motivational, structural, and situational concerns are very real. As my participants point out, one needs to take into account the contextual complexities of the issue in order to recommend policy or regulation of the practice.

If declawing is outlawed to preserve a companion animal's quality of life, then many felines may find themselves stressed within the home when their natural tendencies to scratch conflict with the human desire for "order" in the household. This conflict, as the doctor suggests, may increase the likelihood of that cat's chance of becoming a "disposable" member of human society and joining the ranks of those already mass-murdered for the convenience of human control.¹⁹ In addition, housing restrictions need to be attended to before we can even discuss a total ban on declawing. Almost all federal housing qualifications and rental properties, if cats are allowed, require cats to be declawed. A ban on declawing might further oppress those who already are poverty-stricken or struggling economically. Finally, a total ban on declawing might further oppress the elderly and the sick (specifically those with geriatric diabetes or HIV) who can not afford to put their lives at risk for the sake of preserving the fingers of their beloved animal. In such cases, the doctor's rationalization that the cat might choose this option may have some merit. Policy that fails to consider the structural, relational, and situational roots to this harmful animal practice is problematic.

Some feminist theorists (Gilligan, 1982; Gruen, 1993; Manning, 1996) argue that ethical decisions are not followed by some "transcendent moral principles that . . . govern behavior" but rather are "sensitive to relationships" and are "open to the possibility of compromise and accommodation" (Manning, 1996, p. 105). In other words, ethical decisions are based on relational and contextual reality; it is a weighing out of interests and an attempt (not always a conscious one) at balancing the needs of the various actors within structural walls. The finding—that participants drew from everyday experience to construct a local, ethical structure to cope with moral ambiguity and balance the interests between clients and patients—lends credit to this theoretical position.

Sociologically, my findings suggest that moral agency is socially organized, controlled, and creatively used. People do not act as their conscience dictates; rather, situational and structural factors limit and constrain this action. Faced

with these constraints, people simultaneously can creatively use and reproduce the social structure and problematic social practices.

Earlier, I implicitly asked how humans come to harm animals? One of Adam's (1995) answers to this question was that, "animals must be kept as strangers to do them harm." This research indicates that animals do not have to be kept as strangers to do them harm. Rather, humans collectively and strategically can rely on moral distancing devices to relieve their moral discomfort and to maintain problematic animal practices such as digital amputation. However, they do this within structural forces that enable and constrain them to behave in such ways. My ethnographic research in a veterinary hospital leads me to look at this question from another angle: How, given the structural arrangements and an animal's marginal position, do humans not harm animals?

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Notes

- ¹ Correspondence should be sent to Dr. Dana Atwood-Harvey, Department of Anthropology and Sociology, University of Wisconsin Colleges-Sheboygan, One University Drive, Sheboygan, WI, 53081.
- ² For similar arguments, see Arluke and Sanders, 1996; Church, 1996; Hirschman, 1994; Hirschman & Sanders, 1997; Spiegel, 1996.
- ³ For simplicity and article length only, I use the term "animal" to designate animals other than human. This is problematic because humans too are animals. For an interesting discussion on language use regarding animals other than human, see Birke (1995).
- ⁴ See also Arluke (1991, 1994).
- ⁵ See also Ferrell, 1998; Fleisher, 1998; Kraska, 1998; Lareau & Shultz, 1996.
- ⁶ See also Prus, 1998; Reinhartz, 1992; Emerson, 1983, 2001; and Fleisher, 1998.
- ⁷ My original data source included a qualitative content analysis of eleven years of the *Journal of the American Veterinary Medical Association*. Although I used empirical evidence from this Journal, I omitted the institutional analysis portion for this specific topic for a more localized focus of this topic.
- ⁸ www.avma.org/onlnews/javma/apr03/030415c.asp. Interestingly, unlike other practices (i.e. neutering, vaccinations, euthanasia), I could not find an "official position statement on declawing" during my analysis of JAVMA.

- ⁹ A number of countries including Great Britain (Dodman, 1997), Scotland, Finland, Brazil, Australia and New Zealand define declawing as abuse.
- ¹⁰ According to Dodman (1997), Tufts University will not offer this practice to clients
- ¹¹ In the U.S. 23 states have at least one veterinarian who refuses to declaw or declaws with the utmost reluctance (http://cats.about.com/cs/declawing/a/nodeclaw_2.htm).
- ¹² (. . .) indicates a pause in speech and (/) indicates editing.
- ¹³ According to the United States Humane society 4 to 6 million animals are “put to sleep” in shelters and control offices annually.
- ¹⁴ All names (client, patient, staff, and hospital) have been changed to protect member anonymity.
- ¹⁵ See also Borchelt and Voith (1987) and Landsberg (1991).
- ¹⁶ The patient was highly resistant and aggressive. He had escaped and it took a number of staff and I a half an hour to calm him down enough to get him back into the cage. Then we decided to “pole him”—which meant that we had to put the syringe on a long stick and shoot him with anesthesia. The veterinary technician was very upset about further traumatizing the patient.
- ¹⁷ The bracketed sentences are my questions.
- ¹⁸ I already mentioned some of the behavioral complications, however, some clinical studies (Tobias, 1994; Lin, Benson & Thurman, 1993; Martinez, Hauptmann & Walshaw, 1993; Fowler & McDonald, 1982) also suggest that short-term complications are reported in about half of the cats who undergo this procedure. These complications may include “pain, lameness, bleeding, swelling, incisional dehiscence [swelling of the tissue around the surgical opening], nerve trauma secondary to the use of a tourniquet, and tissue necrosis resulting from improper bandaging” (Jankowski et al., 1998:370). Long term complications are reported in about a fifth of the patients. These long term complications include “lameness, infection . . . development of chronic draining tracts from remnants of the distal phalanx, protrusion of the second phalanx, and development of palmargrade stance (Jankowski et al., 1998:370).
- ¹⁹ Here I would like to suggest future research. What are the chances of declawed cats being surrendered to shelters compared to non-declawed cats?

References

- Adams, C. J. (1990). *The sexual politics of meat: A feminist-vegetarian critical theory*. New York: Continuum.

- Adams, C. J. (1995). *Neither man nor beast: Feminism and the defense of animals*. New York: Continuum.
- Adler, P., & Adler, P. (1987). *Membership roles in field research*. Beverly Hills: Sage.
- Albert, A., & Bulcroft, K. (1987). Pets and urban life. *Anthrozoös*, 1, 9-23.
- Alger, J., & Alger, S. (1997). Beyond mead: Symbolic Interaction between humans and felines. *Society & Animals*, 5, (1) 65-81.
- Alger, J., & Alger, S. (1999). Cat culture, human culture: An ethnographic study of a cat shelter. *Society & Animals*, 73, 199-218.
- Anspach, R. R. (1997). *Deciding who lives: Fateful choices in the intensive-care nursery*. Berkeley: University of California Press.
- Arluke, A. (1988). Sacrificial symbolism in animal experimentation: Object or pet? *Anthrozoös*, 2 (2), 98-117.
- Arluke, A. (1991). Coping with euthanasia: A case study of shelter culture. *Journal of the American Veterinary Medical Association* 198, 7, 1176-1180. Arluke, A. 1994. Managing emotions in an animal shelter. In A. Manning, & J. Serpell (Eds.), *Animals and society: Changing perspectives* (pp. 145-165). London: Routledge.
- Arluke, A., & Sanders, C. (1996). *Regarding animals*. Philadelphia: Temple University Press.
- Bandura, A., Barbaranelli, C., Caprara, G., V., & Pastorelli, C. (1996). Mechanisms of moral disengagement in the exercise of moral agency. *Journal of Personality and Social Psychology*, 71 (2) 364-374.
- Beck, A., & Katcher, A. (Eds.). (1983). *Between pets and people*. New York: G. P. Putnam's Sons.
- Bennett, M., & Houpt, K. A. (1988). Effects of declawing on feline behavior. *Companion Animal Practitioner*, 2, 7-12.
- Birke, L. (1994). *Feminism, animals and science: The naming of the shrew*. Philadelphia: Open University Press.
- Birke, L. (1995). Exploring the boundaries: Feminism, animals, and science. In C. J. Adams & J. Donovan (Eds.), *Animals and women: Feminist theoretical explorations* (pp. 32-55). Durham: Duke University Press.
- Borchelt, P. L., & Voith, V. L. (1987). Aggressive behavior in cats. *Compendium on the Continuing Education of the Practicing Veterinarian*, 9, 49-57.

- Bogardus, E. S. (1968). Comparing racial distances in Ethiopia, South Africa, and the United States. *Sociology and Social Research*, 52, 149-156.
- Carroll, G. L., Howe, L. B., Slater, M. R., Haughn, L., Martinz, E. A., Hartsfield, S. M., & Matthews, M. S. (1998). Evaluation of analgesia provided by postoperative administration of butorphanol to cats undergoing onychectomy. *Journal of the American Veterinary Medical Association*, 213 (2) 246-250.
- Church, J. H. (1996). In focus: How the media portray animals. *Animals' Agenda*, 16 (1), 24-28.
- Copp, M. (1998). When emotion work is doomed to fail: Ideological and structural constraints on emotion management. *Symbolic Interaction*, 21 (3), 299-328.
- Dodman, N. H. (1997). *The cat who cried for help: Attitudes, emotions, and the psychology of cats*. New York: Bantam Books.
- Eisler, R. (1987). *The chalice and the blade: Our history, our future*. New York: Harper.
- Eisler, R. (1995). *Sacred pleasure: Sex, myth, and the politics of the body*. New York: Harper.
- Emerson, R. M. (1983). *Contemporary field research: A collection of readings*. Boston: Little Brown.
- Emerson, R. M. (Ed.). (2001). *Contemporary field research: Perspectives and formulations*. Prospect Heights, IL: Waveland Press, Inc.
- Ferrell, J. (1998). Criminological verstehen: Inside the immediacy of crime. In J. Ferrell & M. S. Hamm (Eds.), *Ethnography at the edge: Crime, deviance, and field research* (pp. 20-42). Boston: Northeastern University Press.
- Fleisher, M. S. (1998). Ethnographers, pimps, and the company store. In J. Ferrell & M. S. Hamm (Eds.), *Ethnography at the edge: Crime, deviance, and field research* (pp. 44-64). Boston: Northeastern University Press.
- Fowler, M. E., & McDonald, S. E. (1982). Untoward effects of onychectomy in wild felids and ursids. *Journal of the American Veterinary Medical Association*, 181, 1242-1245.
- Francione, G. L. (1995). *Animals, property and the law*. Philadelphia: Temple University Press.
- Francione, G. L. (2004). Animals—Property or persons? In C. R. Sunstein & M. C. Nussbaum, (Eds.), *Animal rights: Current debates and new directions* (pp. 108-142). New York: Oxford University Press.

- Franks, J. N., Boothe, H. W., Lathrop T., Geller, S., Carroll, G. L., Cracas, V., & Boothe, D. (2000). Evaluation of transdermal fentanyl patches for analgesia in cats undergoing onychectomy. *Journal of the American Veterinary Medical Association*, 217 (7), 1013-1019.
- Frommer, S. S., & Arluke, A. (1999). Loving them to death: Blame-displacing strategies of animal shelter workers and surrenderers. *Society & Animals*, 7 (1), <http://www.psyeta.org>.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Glasner, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Doubleday Anchor Books.
- Grossman, D. (1996). *On killing: The psychological cost of learning to kill in war and society*. Boston: Back Bay Books.
- Gruen, L. (1993). Dismantling oppression: An analysis of the connection between women and animals. In G. Gaard (Ed.), *Ecofeminism: Women, animals, nature*. Philadelphia: Temple University Press.
- Hewitt, J. P. (1997). *Self and society: A symbolic interactionist social psychology*. Needham Heights, MA: Allyn & Bacon.
- Hewitt, J., & Stokes, R. (1975). Disclaimers. *American Sociological Review*, 40, 1-11.
- Hirschman, E. C. (1994). Consumers and their animal companions. *Journal of Consumer Research*, 20, (3), 616-632.
- Hirschman, E. C., & Sanders, C. R. (1997). Motion pictures as metaphoric consumption: How animal narratives teach us to be human. *Semiotica*, 115, 53-79.
- Holy, L. (1984). Theory, methodology and the research process. In R. F. Ellen (Ed.), *Ethnographic research: A guide to general conduct* (pp. 13-34). Orlando: Academic Press.
- Jankowski, A. J., Brown, D. C., Duval, J., Gregor, T. P., Strine, L. E., Ksiazek, L. M., & Haines-Ott, A. (1998). Comparison of effects of elective tenectomy or onychectomy in cats. *Journal of the American Veterinary Medical Association*, 213 (3), 370-373.
- Katcher, A. H., & Beck, A. (1991). *Animal companions: More companion than animal*.

- In M. Robinson, & L. Tiger (Eds.), *Man and beast revisited* (pp. 265-278). Washington, DC: Smithsonian Institute Press.
- Kivisto, P., & Pittman, D. (2001). Goffman's dramaturgical sociology: Personal sales and service in a commodified world. In P. Kivisto (Ed.), *Illuminating social life: Classical and contemporary theory revisited* (pp. 311-335). London: Pine Forge Press.
- Kraska, P. B. (1998). Enjoying militarism: Political/personal dilemmas in studying U.S. police paramilitary units. In J. Ferrell & M. S. Hamm (Eds.), *Ethnography at the edge: Crime, deviance, and field research* (pp. 88-110). Boston: Northeastern University Press.
- Landsberg, G. M. (1991). Feline scratching and destruction and the effects of declawing. *Veterinary Clinic of the North American Small Animal Practitioners*, 21, 265-279.
- Lareau, A., & Shultz, J. (Eds.). (1996). *Journey's through ethnography: Realistic accounts of fieldwork*. Boulder: Westview Press.
- Lin, H. C., Benson, G. J., & Thurmon, J. C. (1993). Influence of anesthetic regimes on the perioperative catecholamine response associated with onychectomy in cats. *American Journal of Veterinary Research*, 54, 1721-1724.
- Lofland, J., & Lofland, L. H. (1995). *Analyzing social settings: A guide to qualitative observation and analysis*. Belmont, CA: Wadsworth.
- Manning, R. (1996). Caring for animals. In J. Donovan & C. J. Adams (Eds.), *Beyond animal rights: A feminist caring ethic for the treatment of animals* (pp. 103-125). New York: Continuum.
- Martinez, S. A., Hauptmann, J., & Walshaw, R. (1993). Comparing two techniques for onychectomy in cats and two adhesives for wound closure. *Veterinary Medicine*, 88, 516-525.
- Prus, R. (1996). *Symbolic interaction and the ethnographic tradition*. New York: State University of New York Press.
- Prus, R. (1998). Respecting the human condition: Pursuing intersubjectivity in the marketplace. In S. Grills (Ed.), *Doing ethnographic research: Fieldwork settings* (pp. 21-47). Thousand Oaks, CA: Sage Publications.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Rollin, B. E. (1999). *An introduction to veterinary medical ethics: Theory and cases*. Ames: Iowa State University Press.

- Sanders, C. R. (1993). Understanding dogs: Caretakers attributions of mindedness in canine-human relationships. *Journal of Contemporary Ethnography*, 22 (2), 205-226.
- Sanders, C. R. (1999). *Understanding dogs: Living and working with canine companions*. Philadelphia: Temple University Press.
- Sabloff, A. (2001). *Reordering the natural world: Humans and animals in the city*. Toronto: University of Toronto Press.
- Schutz, A. (1944). The stranger. *American Sociological Review*, 69, 449-507.
- Scott, M., & Lyman, S. (1968). Accounts. *American Sociological Review*, 33, 46-62.
- Serpell, J. (1986). *In the company of animals*. Oxford: Basil Blackwell.
- Serpell, J. (1999). Sheep in wolves' clothing? Attitudes to animals among farmers and scientists. In F. L. Dolins (Ed.), *Attitudes to animals: Views in animal welfare* (pp. 26-33). UK: Cambridge University Press.
- Simmel, G. (1950). The stranger. In K. H. Wolff (Ed.), *The sociology of Georg Simmel*. New York: Free Press.
- Slatter, D. H. (2002). *Textbook of small animal surgery* (3rd ed.). San Diego: W. B. Saunders Company.
- Spiegel, M. (1996). *The dreaded comparison: Human and animal slavery*. New York: Mirror Books.
- Sykes, G., & Matza D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review*, 22, 664-670.
- Tannenbaum, J. T. (1991). Ethics and animal welfare: The inextricable connection. *Journal of the American Veterinary Medical Association*, 198 (8), 1360-1376.
- Tannenbaum, J. T. (1993). Veterinary medical ethics: A focus of conflicting interests. *Journal of Social Issues*, 49 (1), 143-156.
- Tannenbaum, J. T. (1995). Animals and the law: Property, cruelty, rights. *Social Research*, 62 (3), 539-607.
- Tobias, K. S. (1994). Feline onychectomy at a teaching institution: a retrospective study of 163 cases. *Veterinary Surgery*, 23, 274-280.
- Yeon, S. C., Flanders, J. A., Scarlett, J. M., Ayers, S., & Houpt, K. A. (2001). Attitudes of owners regarding tendonectomy and onychectomy in cats. *Journal of the American Veterinary Medical Association*, 218 (1), 43-47.