

## **EQUINE-FACILITATED GROUP PSYCHOTHERAPY: APPLICATIONS FOR THERAPEUTIC VAULTING**

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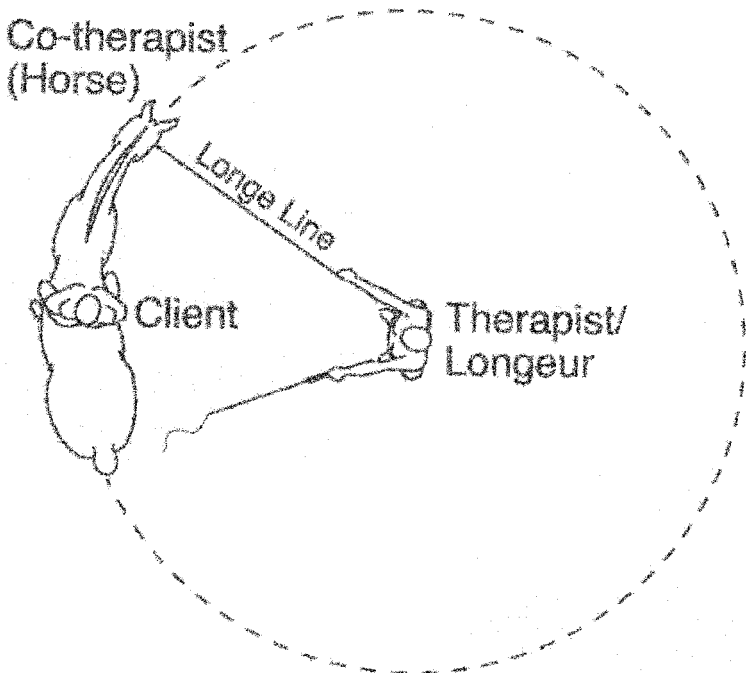
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*In this day of high-tech, managed-care service delivery with an emphasis on medication and brief treatment, it is important for nurses to be aware of nontraditional treatment options that may be uniquely beneficial for some clients. Although it may still be considered a novelty, including animals in the healing milieu is not a new idea. Florence Nightingale herself suggested that "a small pet animal is often an excellent companion for the sick, for long chronic cases especially" (Nightingale, 1969, p. 102). Healing, according to one recent nursing article, can be seen as "a gradual awakening to a deeper sense of the self (and of the self in relation to others) in a way that effects profound change" (Dorsey & Dorsey, 1998, p. 36). Equine-facilitated psychotherapy, while not a new idea, is a little-known experiential intervention that offers the opportunity to achieve this type of awakening. In this article, the reader is introduced to equine-facilitated psychotherapy's theoretical underpinnings, techniques, and outcomes as illustrated by actual clinical vignettes and research findings.*

Equine-facilitated psychotherapy (EFP) refers to the inclusion of a horse in the psychotherapy session (Equine-Facilitated Mental Health Association, 1998). It is not to be confused with hippotherapy, which is a physical, occupational, or speech therapy session that includes the horse, or therapeutic horsemanship/therapeutic riding, which is a riding or horsemanship lesson adapted to participants' special needs. Typically, the EFP horse is a specially-selected and trained horse with whom the psychotherapist has a trusting relationship. The psychotherapist is ideally very knowledgeable about and comfortable with horses, and is a seasoned therapist with training in experiential approaches. Horse Time, a nonprofit equine-facilitated mental health and wellness center near Atlanta, Georgia, was founded and is staffed by two such therapists: a licensed Clinical Psychologist and a certified Psychiatric-Mental Health Clinical Nurse Specialist. Horse Time provides individual, group, and family psychotherapy in the context of a 120-acre family-owned horse farm.

Since the founding of the practice, Horse Time has employed vaulting as the group therapy activity of choice. Vaulting, which is "the art of dance/gymnastics on the back of a moving horse" (Coburn, 2001, p. 25), is an ancient sport that was featured in the games of early Rome along with chariot and horse racing. During the Middle Ages knights practiced jumping onto horses and performing elegant exercises on horseback while in armor. During the Renaissance, vaulting was a preparatory exercise for riding but evolved into an independent discipline in which the horse was replaced by a wooden model.

Modern vaulting, as it is practiced today, is heavily utilized in European countries to prepare equestrians for riding and as therapy for special needs individuals. Vaulting was first included in the World Equestrian Games in 1990, and in 1996 it was featured in an exhibition at the Olympic equestrian events in Conyers, Georgia. Because the longeur, at the center of the ring, controls the horses' direction, speed, and gait, the vaulter is freed of these responsibilities and is able to focus on the body-to-body experience of shared energy, impulsion, rhythm, and balance. Therapeutic vaulting is based on the structure and techniques of competitive vaulting but emphasizes the developmental sequence of the compulsory moves, teamwork in horse care, communication in doubles and triples moves, and self-expression in the freestyle (*kur*) moves. While advanced vaulting requires years of preparation, therapeutic vaulting is ideal for beginners. Exercises are individually tailored to the participants' needs and success at some level can be virtually guaranteed. All vaulting moves are first mastered on a stationary barrel and are first (and sometimes only) performed on the horse at



**FIGURE 1.** Constellation of therapist, client, and horse in vaulting as equine-facilitated group psychotherapy (courtesy Debra DeWitt).

a walk. Therapeutic vaulting strives for comfort, balance, and success for each vaulter rather than stressing competition. Figure 1 illustrates the constellation of horse, therapist, and vaulter/client during mounted work.

## REVIEW OF THE LITERATURE

The general topic of animal-facilitated therapy has been fairly well-published for the past two decades. In 1980 an animal-facilitated therapy paper first appeared in a recognized medical journal. That study showed that pet owners experienced a statistically significant degree of increase in 1-year survival after discharge from a coronary care unit when compared to nonowners (Beck, 2000). Studies specific to equines in psychotherapy are much more difficult to find; however, a few papers do refer to clinical applications for vaulting or general horse experiences. Kroeger (1992) provides a practical description of a vaulting class for

elementary school students with special needs, but does not specifically discuss vaulting as experiential psychotherapy. Cole (1992) explores symbol and metaphor embedded in equine experiences within a Jungian framework. As a psychotherapist herself, Cole introduces concepts that can be applied in a clinical setting. However, she does not specifically address vaulting in this article. Rector (1992) describes the integration of equine experience into an inpatient psychiatric and substance abuse treatment program. She accentuates the power of the horse in teaching humans to send congruent messages with spoken and body language. Tedeschi (1991) wrote of including the horse in the provision of individual and group psychotherapy services for children and adolescents requiring behavior modification and motivation, but does not specifically mention vaulting.

Schultz (1999) beautifully illustrates the fundamental connection between movement and human development in an article that describes a form of mounted activity that more closely resembles vaulting than riding. In this paper, Schultz outlines four basic ways that mounted equine experience can influence the development of self-identity. She reminds the reader of the importance of rhythm as one of the first experiences of the developing child and also as an essential aspect of the mounted equine experience. She describes the ways in which a "holding environment" is created in the horse-human dyad, and draws a connection between "preverbal movement dialogue between mother and child to the movement dialogue between rider and horse" (Schultz, 1999, p. 46). Schultz explains that "the skin as a media for self-experience and communication is important for building up body-identity" and relates this directly to "getting into close skin contact to a big and supporting living being" in mounted activities (Schultz, 1999, p. 47). Space orientation and structuring are essential for the development of stimulation modulation and object permanence, according to this author, and movement experiences allow for their development, correction, and reinforcement. Lastly, Schultz argues that mounted experience lays a foundation for the personal integration of time orientation, which provides for a feeling of predictability and security in the child's world.

The unique attributes of horses as members of the therapeutic milieu are enumerated by McCormick and McCormick (1997). As in the Schultz article, the parallels between the human-infant and horse-human relationships are underscored, along with an emphasis on the importance of touch and rhythm. Because people can actually ride horses, there is a unique opportunity to experience the deeper dimensions of the human-animal relationship. The McCormicks propose that "the Equine Experience, either through riding or simply watching the

movement, sweeps us into a realm of feeling... we are enabled to circumvent our entrenched defenses and habitual reactivity... we become far more receptive to new ideas and behaviors" (McCormick & McCormick, 1997, p. 64). The McCormicks echo our own experience of horses as very large mirrors that promote consciousness by reflecting our behaviors. Because we interact with them in such a physical way, we must learn to congruently communicate with the horse, who may weigh somewhere between 800 and 2,000 pounds. The human cannot depend solely on verbal language, which necessitates an authentic awareness and sharing of body awareness and intention. Animal-assisted therapy pioneer Aaron Katcher shares a perspective on this size differential that is particularly thought-provoking: "The ratio between body weight of a horse and a person is not unlike the ratio between body weight of mother and infant" (Personal communication, June 8, 2001). Beck, Hunter, and Seraydarian (1986) suggested that a therapist who conducts therapy with an animal present may appear less threatening and, consequently, the client may be more willing to reveal him- or herself.

Retrievable quantitative studies on equine-facilitated psychotherapy in the English language are almost nonexistent. Most publications on the subject are case studies, anecdotal data, uncontrolled or poorly constructed, in a non-English language, or awkwardly translated. What reports are available are described as examining the effects of therapeutic riding or horsemanship rather than treatment facilitated by a therapist. Cawley, Cawley, and Retter (1994) studied therapeutic horseback riding and self-concept in 29 adolescents with special educational needs. Using a one group pre- and posttest design, their study revealed statistically significant increases on the behavior cluster of the Piers Harris Children's Self-Concept Scale, indicating that the participants felt their behavior had improved. Krawetz and DePrekel (1993) examined the effects of therapeutic horseback riding on 46 5th and 6th grade girls with emotional and behavioral problems. Statistically significant increases were achieved in social acceptance, close friendships, and global self-worth on Harter's Self-Perception Profile. Emory (1992) examined the effects of therapeutic horsemanship on the self-concept and behavior of 20 asocial adolescent males. Statistically significant improvement in self-concept was achieved utilizing the Achenbach Child Behavior Checklist and Teacher Report Form and The Piers-Harris Self-Concept Scale.

The use of experiential psychotherapy is supported by the theoretical constructs of therapeutic metaphor and body-based treatment approaches. Caldwell (1996, p. 13), in her book on body-based therapeutic

approaches, postulates that “any event that occurs—whether physical, emotional, cognitive, or spiritual—impacts our whole being.” She also proposes that simply having a witness to our sensory and somatic experience is a powerful healing tool: “What we need is a Witness—to reclaim our curiosity, our openness, our awakeness to life... a witness is someone who is present, who observes. We are all born with the ability to witness, and for some it is savored, while for others it is closed down” (Caldwell, 1996, p. 97). It seems reasonable to conceptualize the horse as a silent witness to the client’s sensory and somatic experience. Siegel (1984), in her ground-breaking book on dance-movement therapy, reminds us that “a powerful element, motility itself, creates a whole new dimension to transference” (p. 88). She details six basic working hypotheses for dance-movement therapy which also have relevance to equine-facilitated treatment, including: “Concern for recreating the harmonious whole of psyche and soma by extending help toward more adequate physical functioning and through building a better body image” and “Skeleto-muscular inhibitions are seen as an attempt to express and control aggressive impulses” (p. 19).

Mills and Crowley (1986) make a convincing case for the effectiveness of therapeutic metaphor as described by Jung, Milton Erickson, Sheldon Kopp, and other clinicians in the last 50 years. Particularly relevant to equine-facilitated psychotherapy is their description of split-brain research. It appears that metaphor is “the language of the right brain,” which implies that therapeutic metaphor (such as experiential therapy) allows direct communication with the “imagistic, implicative, contextual, and fluid” half of the brain; the side that processes information in a “simultaneous, holistic, and implicative” fashion (Mills & Crowley, 1986, pp. 24–25). For children, the developmentally delayed, treatment-refractory, or guarded patients, this type of approach seems more appropriate than traditional, insight-oriented, literal language-based therapies as it bypasses the left brain’s ego defenses and detailed analysis.

Jung’s theory of symbols and their corresponding archetypal energies is applied by Mills and Crowley as they speak of “metaphorical prototypes” that are “to our spirit what our organs are to the body” (Mills & Crowley, 1986, p. 13). The archetypal energy of horses is widely known and celebrated—Pegasus, winged horse of creativity; Epona, Celtic horse goddess and protectress; magical unicorns of ancient myth; The Black Stallion; and even modern-day Misty of Chincoteague, the maternal spotted pony—myth, literature, fairy tales, fables, and modern media are filled with images of the magical, the brave, the loyal, the strong,

and the beautiful horses that inhabit our psyche. Carl Jung's archetypal formulations of animals are analyzed in detail by Hannah (1992) and include the horse as a symbol of the power of human consciousness, a symbol of time, a metaphor for the process of individuation, and finally a symbol of the entire world. She goes on to actually diagram the various archetypal aspects of the horse: Worker/Bolter, Helper/Victim, Imparter of Vitality and Destruction, and ESP/Panic. In conclusion, she reminds us of "the great danger of not being in connection with our horse instinct" (Hannah, 1992, p. 124).

The use of a group approach for children and adolescents is supported by developmental psychologists such as Erik Erikson and L. S. Vygotsky. Both hold that the best vehicle for childhood psychosocial growth and development is social interaction. Erikson (1963) theorizes that social interactions influence the success with which children negotiate traumas and crises at each developmental stage. He believes that each successive stage is influenced by the acquisition of strengths at the stage that precedes it. The primary developmental crisis, trust vs. mistrust, involves the quality of the parental relationship. If a sense of trust is created by the parents or parental figures, the child develops a healthy personal and social identity which then prepares the child to navigate the stressors associated with subsequent developmental crises of childhood: autonomy vs. shame, initiative vs. guilt, industry vs. inferiority, and identity vs. role confusion. Vygotsky (1962) contends that the development of thought is determined by language and the sociocultural experience of the child. He explains that children grow intellectually through feedback from their environment. Therefore, all significant others such as teachers, peers, and parents have an enormous impact in assisting the child to expand and modify existing cognitive structures. Vygotsky particularly emphasized the significance of language as a social means of thought, which is role modeled, practiced, and reinforced during group therapy with children.

Several resources assist with practical considerations associated with vaulting programs. The Equine-Facilitated Mental Health Association (2000), a specialty section of the North American Riding for the Handicapped Association (NARHA), has developed standards for facilities offering equine-facilitated psychotherapy. While these do not provide specific suggestions for therapy techniques, other parameters for terminology, facilitator credentials, assistant training, participant screening, safety guidelines, emergency procedures, and clinical documentation are helpful. NARHA has also recently approved therapeutic vaulting standards for field-testing (Haartz, 2000). These standards primarily provide guidelines for technical aspects of a vaulting program: proper equipment,

footing, horse type and training, and facilitator skills and preparation. The American Vaulting Association (AVA) oversees competitive vaulting in the United States and is an excellent resource for materials (see e.g., AVA, 1998) related to technique, teaching, and safety in all aspects of vaulting.

## **THE HORSE TIME MODEL**

The decision to treat children and adolescents in groups at Horse Time is guided by both practical and clinical considerations. In general, it is much easier logistically to facilitate a vaulting experience for a group than an individual. For example, many participants learn better through having the opportunity to watch others and they do not tire as easily because they are taking turns. Because they are working as a team, the process of getting the horse ready is much quicker and easier and preparatory stretching exercises are more enjoyable. Group members can help each other on and off the horse, spot each other, and can eventually perform doubles and sometimes triples moves with peers.

All of these elements of Horse Time group require communication, teamwork, and trust—not only in the horse, but also trust in the therapist, their support staff, their peers, and, most importantly, trust in themselves. Additionally, developing a relationship with a horse helps to teach caring and empathy. Indeed, vaulting is best facilitated as a group activity, which may be a shortcoming of this technique in terms of its integration into other treatment settings. It would not be appropriate for clients who are not medically, psychiatrically, or behaviorally able to participate in a vigorous activity in an outdoor setting.

A major benefit of therapeutic vaulting is motivation. As clinicians are all aware, the best treatment plan will not be effective if the client is not motivated to participate. If there are any difficulties in a vaulting group therapy session, natural consequences, such as missing a turn vaulting if they were not paying attention, effectively replace traditional time outs. Horse Time clients have been so motivated that several have even joined a competitive vaulting team and competed successfully at the national level. One such young man, who had previously been in a gang, said “vaulting is more fun than getting in trouble.”

Vaulting is a very structured experience, which helps many clients with organizational skills, spatial relations, and body awareness while



satisfying the need for excitement. As previously described, the vaulter is not responsible for directing or controlling the horse while mounted. This results in significantly less frustration and power struggles when compared with riding lessons, and greatly enhances the likelihood of clients being able to independently participate in mounted activities. The authors have noted that the novelty of vaulting enhances the “prestige factor” with clients’ peers and decreases chances of the clients having had previous negative experiences with the sport.

From a symbolic perspective, the configuration of vaulting places the therapist at the center, literally connected to the horse and vaulter. The horse, actually functioning as cotherapist, provides a living foundation for the client’s growth and development. The horse interacts with the client in a very physical way, which the therapist cannot. The circle, the pattern repeated throughout the group in opening circle, stretching, vaulting, and closing circle, is the universal symbol of wholeness and has a powerfully unifying effect.

Why horses? Working with horses as cotherapists is a very deliberate decision in equine-facilitated treatment. Ideally, the horse and human therapists have a close relationship based on mutual trust and respect. Both know what they can expect of the other. At Horse Time we work with horses of different ages, breeds, sizes, and sexes as a matter of practicality but also to offer a variety of opportunities for transference. As discussed earlier, many clients have powerful responses to the “big black horse” or “magic white pony.” In addition to their archetypal energies, however, there are other unique attributes of the therapy horse. They are prey animals, not predators (unlike cats and dogs, who typically function as cotherapists in other types of animal-assisted therapy activities). Many clients can relate to the horses’ instinctual hypervigilance and tendency to flee when afraid, and many are relieved when they learn horses are vegetarians and are not interested in eating people! Because of this biological programming, they also offer immediate, unbiased, nonverbal feedback and they do so in a big way. When they “mirror” body language and feelings back to a client, it is hard not to pay attention to it. Horses are, by and large, naked and unashamed. They get dirty and eat off the ground; they are hairy and, at times, sweaty and breathing hard. They relieve themselves when they need to, their genitals are visible, yet clients can safely physically interact with them on a fairly intimate basis (wrap their legs around them, brush them, hug and kiss them) at a pace they control.

Horses also provide unconditional positive regard. There are unencumbered by ego issues, and they are not judgmental. Horses do not know or care if you are small for your age, have crooked teeth, have

no friends, have messy hair or failed your spelling test. Additionally, working as a partner with the horse allows the human therapist a chance to role-model safe, respectful, yet firm and consistent limit-setting as well as advocacy for the horse—behaviors many of our group members are not accustomed to seeing adults exhibit.

## **CLINICAL DESCRIPTION OF A TYPICAL VAULTING GROUP**

A typical children's group at Horse Time includes clients that are 7–10 years old. Although chronological age is a consideration, developmental level, intellectual functioning, physical size, and psychosocial issues also are factored into decisions about group structure and goals. We have enjoyed greatest success when the group is relatively heterogeneous in terms of specific diagnoses, ethnicity, and gender, but the members still share some other aspect of their lives (e.g., they are all in foster care, residing in similar residential treatment settings, receiving outpatient mental health services, or are all dealing with anger management, grief, school problems, or other similar challenges). Group members are carefully screened through a comprehensive application packet including medical, mental health, substance use, developmental, social, and legal information. Medical and behavioral precautions and contraindications are screened for by a registered nurse familiar with the program, and additional information is obtained as required.

The length of each group session, the number of times a week the group meets, and the total number of times the group meets are all determined before the group starts based on the treatment goals and special needs of the group. The group is offered as a closed group, with all participants expected to attend each group meeting. The typical schedule for a group of 7–10-year-olds is a one and one-half hour group per week for 8 to 10 weeks. The group is facilitated by a licensed psychotherapist assisted by specially trained assistants. Typically college students studying a health profession, these assistants are trained in confidentiality guidelines, safety rules, and behavioral intervention. They are asked to commit to consistent group attendance and are offered the opportunity for informal clinical supervision. They are aware of the children's individual and group goals and are asked to assist with group activities such as snacks, stretching, spotting vaulting moves, helmet-fitting, and turn-taking.

One of the most clinically helpful aspects of vaulting is its inherent structure. With the addition of an opening and closing circle, the classic vaulting practice routine can be applied in its entirety (see Table 1) At

**TABLE 1.** Benefits of Vaulting as Equine-Facilitated Group Psychotherapy

Group activity	Description	Suggested clinical benefit
Opening circle	Roll call, sharing feelings, announcements, group planning, goal-setting, snacks	Enhances group cohesion and awareness of other's feelings and needs, encourages planning, nurturing, and self-care
Tacking and grooming the horse	Brushing the horse and outfitting with required equipment	Responsibility, discipline, teamwork, boundaries, memory, empathy
Stretching	Group members and staff stand in a circle with each group member leading a warm-up exercise of their choosing	Relaxation, focusing, enhancing body and sensory awareness, social exchange, leadership
Learning new moves on the stationary barrel prior to performing on the horse	The barrel is a substitute for the living horse	Empathy, sequencing, safe mistake-making, skills practice, mastery, confidence development
Helping the horse warm up	Group members walk with horse with one hand on the horse, matching footfalls, ducking under the longeline, observing horse's movement and temperament	Body awareness, sensory integration, rhythm, attunement to another being
Taking turns (tallest to smallest) practicing compulsory moves	Group members practice basic moves at the gait which they have mastered, moving on to a faster, more difficult gait as they are ready	Emphasizes memory, discipline, visual, and kinesthetic learning skills, patience
Taking turns (tallest to smallest) practicing kur moves, doubles, triples, and special dismounts as they are able and as clinically appropriate	A kur is a collection of freestyle movements performed in sequence to music	Sequencing, motor skills, creativity, sensory integration, trust, body awareness, memory, self-esteem

*(Continued on next page)*

**TABLE 1.** Benefits of Vaulting as Equine-Facilitated Group Psychotherapy  
(Continued)

Group activity	Description	Suggested clinical benefit
Take turns walking the horse in and stopping for a drink of water	Horse is allowed to drink at water trough after mounted work is completed	Pride, boundaries, control, respect for horses' behavioral choices, empathy
Take turns carrying the whip in	A whip is used as an audio-visual aid for the horse	Discipline, respect, responsibility, pride
Thanking the horse, saying goodbye and giving him a treat	Group members are taught safe methods for feeding carrots and horse cookies	Empathy, generosity, gratitude, nurturing, "good touch"
Closing circle	Group members are encouraged to share feelings and accomplishments from group and to evaluate self and group	Closure, safe container in which to share/process feelings, listening, self-reflection and evaluation, giving/receiving constructive feedback

the end of the 8- to 10-week group, members perform a graduation exhibition for friends, family, foster families, and caseworkers and receive certificates and T-shirts. For some, this is the first time they have been able to convene their significant others for a happy, positive event revolving around themselves.

During actual psychotherapy groups at the farm, members were noted to appear more comfortable with the environment and the animals over time. Interestingly, the children became trusting of the horse they consistently worked with, but most were still not sure all horses were trustworthy. In general, they did demonstrate less fear of other horses but remained cautious and (as requested) asked if they could pet unfamiliar horses. This can be seen as appropriate threat appraisal and help-seeking behavior, especially desirable in the children who had been abused by humans.

Most clients became very invested in the structure of the vaulting session. They never complained of boredom and, in fact, were quick to point out any deviation from the routine, for example, missing their snack, or the horse not being given an opportunity to drink from the trough. It was noted that the foster children, who have generally led chaotic lives with too many unwelcome surprises, may particularly crave order and consistency in their lives. Clients loved the responsibility of

giving “leg-ups” (a boost to assist with mounting) to peers, which also required earning the trust of the peer they were helping. Conversely, clients being given the “leg-up” sometimes initially refused to be helped by a peer, preferring the help of staff. By the end of the group, however, nearly every child had widened their circle of trust and was able to expand the list of people they trusted to support them in this way. Group members were very proud to be able to carry the whip; even if they initially could not handle that responsibility they eventually were able to carry it quietly and correctly. Collecting and carrying helmets back to the tack room was a coveted job as well.

One group struggled with the responsibility of transitioning to a younger, more responsive horse from an elderly school pony. Although reminded that they had earned the privilege to work with the new horse, the group was not sure that they could handle the new horse, who picked up on their behaviors and energy level and would become fidgety and distractible if their own behavior escalated. The group members, who ultimately decided they could meet this challenge, reminded themselves and each other to be quiet and move slowly for the benefit of the younger, more sensitive horse.

The group participants’ interpersonal interactions and relationship development with peers, group assistants, and the human therapist were notable as well. Group members wondered out loud if our college student assistants were in foster care, as they were separated from their families and had to share a room with people they did not know. The children asked if they missed their families and if it was hard for them to be away from home. Some siblings in the group were in separate foster homes and rarely got to see each other, especially in the context of a fun activity. Members became upset if their sibling did not attend a group. Siblings also tended to choose each other as doubles partners in vaulting. Peers shared perspectives on being in foster homes, as they discussed self-generated topics such as “do they treat you like one of the family?,” “do you have your own room?,” “do they take you when they go on vacation?,” and “how many times have you moved?”

Group members were exposed to their therapist drawing a parallel between childcare and horse care as she framed wiping the horse’s nose, brushing, and feet cleaning as necessary, though sometimes unpleasant tasks that must be done for beings that cannot totally care for themselves. Clients were exposed to the give and take of the therapist-horse relationship. While the therapist actively advocated for the horse (for example, “we cannot go faster because he is tired now”), she also made the horse do things for his own good. For example, one young horse named Scotty had to be moved to a wooden paddock to prevent him

from escaping from the wire fencing so he would be safe. In turn the group members were then seen demonstrating empathy for the horse by asking if a certain vaulting move would hurt the horse, noticing if the horse was hot and sweaty, and brushing flies off of him.

The children often saw their own lives, issues, and feelings reflected in the lives of their horse friends. When a new horse came to the farm and was placed in a paddock with a horse of the same breed, a group of foster children decided that the two horses were biological siblings now happily reunited after extended stays in separate foster homes. The group members were often more verbally expressive with the horse than with each other or the staff. They praised the horse, shared their behavioral expectations of the horse, and were never observed saying unkind or negative things to the horse. One child was having great difficulty discussing an upcoming move to a different foster home. She was, however, able to offer many suggestions for how to help a horse that was being sold feel more comfortable in his new environment. To further reinforce the embedded therapeutic metaphor, it was explained to the client that the horse was being sold so that he could get more attention in his new home.

As clients became more comfortable in the farm environment, they were noted to be appropriately physically affectionate with both the horse and the staff. Even boys who were seldom seen expressing physical affection with humans were observed hugging and kissing their horse. Occasionally mild physical aggression between peers was seen, but seldom with the staff and never with the horses. Participants demonstrated improved posture and body awareness during the series of groups. Girls who had been sexually abused, who had the most difficulty relaxing into a sitting trot on the horse's back, seemed to benefit from the unique biofeedback mechanism provided by the moving horse. When they were tense, they bounced, then the horse tensed his back muscles in response, then the client bounced even more, and so on. When they relaxed they reversed that cycle. Off the horse, clients developed improved behavioral self-modulation: they remembered to talk quietly and walk instead of run.

Part of the farm experience's therapeutic potential lies in its unpredictability. It is by no means a sterile, controlled environment. Groups had to problem-solve around the weather and horse issues such as illness or missing shoes. The "controlled chaos" of the farm invited creativity and trial and error. It provides a "good enough" environment filled with incidental learning opportunities such as a visit from the horse dentist, vet, or blacksmith. It offered unforeseen opportunities to process feelings about death, such as when Misty the horse died. Group members

gathered at her grave and asked if the other horses would miss her, if her owner would miss her, and if there had been a ceremony around her burial. They then shared how the death of animals and humans had been handled in their own families.

Parents and significant others share their assessment of the role equine-facilitated psychotherapy has played in these children's lives: "My kid's never done anything right . . . until . . . now" (a client's parent). "When a child was hysterical about moving from one placement to another, the only thing that helped was to show him photos from Horse Time and he calmed down and was able to tell stories about the horses" (a client's caseworker). "He stopped beating up his brother and started showing him vaulting moves on the back of the couch" (a client's grandmother). "This is the most motivating thing in my life" (an 11-year-old client).

A qualitative study conducted at Horse Time explored the experiences of children participating in equine-facilitated group psychotherapy as described above. Owen-Smith (2000) found that several themes emerged. Each child discussed the risks in vaulting and their trust in their horse as well as their experience of the horse as providing a significant source of approval, acceptance, and affection (despite their initial assumptions of the horse's malevolence). Owen-Smith postulates that this sense of being valued by a nonjudgmental other appeared to be related to the experience of feeling safe with the horse. This in turn appeared to be linked to constructive risk-taking in a cyclical relationship.

Other major themes that emerged in Owen-Smith's (2000) study were the children's descriptions of the movement of the horse, talking with the horse and the feel of the horse in both grooming and mounted work. Owen-Smith invites us to consider the metaphorical meaning embedded in the children's experiences, stating: "The horse may have provided a fantasy that lifted the children up and carried them forward" (Owen-Smith, 2000, p. 11). One child described the experience of vaulting as "sort of like flying." "I can fly," she said, (making reference to her therapy horse, Angus), "because he has all of his big feet on the ground" (Owen-Smith, 2000, p. 11).

For many of the children interviewed, especially those from abusive and violent homes, there appeared to be a particular sensitivity to a feeling of comfort in the presence of strength. Expressions such as "rocking back and forth," "flying slowly," and "walking high" were commonly used by the children to describe their mounted experiences at Horse Time (Owen-Smith, 2000, p. 7).

The emotional tone of the children's language as they discussed touching the horse was strongly suggestive of empathy, yet many of these children had a history of antisocial and asocial behaviors. Owen-Smith

(2000) points out that the children participating in her study seemed to experience a qualitative difference in human-animal interaction as compared to interactions with other humans, which are typically conditional even in their most ideal state. Owen-Smith suggests that placing adults in the role of initial mediators for children who have been violated and greatly harmed by adults is an assumption that merits rethinking. For these children, nonthreatening interactions with adults might be a contradiction in terms and process.

In conclusion, therapeutic vaulting offers a unique opportunity for experiential group psychotherapy experience. Participants are able to address developmental, personal, and social needs in the context of a somatically engaging, challenging, and enjoyable activity. However, despite compelling testimonials and the growing popularity of equine-facilitated psychotherapy, the lack of quantitative evidence may limit its acceptance by the mainstream American medical community and accessibility to consumers. Both because this treatment is unique among animal-assisted and experiential approaches and because preliminary research, while promising, has yielded little quantitative evidence of benefit, the following steps are suggested to further its investigation. First, the papers available in Italian, French, German, and other non-English languages need to be translated and systematically reviewed for implications for treatment and further research. Guided by this body of data, qualitative studies across a variety of treatment settings and with a variety of clinical populations and types of equine-facilitated treatment are suggested as a means to provide a broad-brush portrait of the phenomenon. Next, findings from the qualitative studies can be categorized and a national or international research agenda can be established. In that context, EFP's benefits can then be captured in focused, multisite quantitative studies with a greater chance for sufficiently sized study populations, successful design, enhanced interest from scholars and universities, and increased funding opportunities. As nurses continue to look for new and better ways to promote psychosocial healing and growth, the potential of equine-facilitated psychotherapy will continue to warrant further exploration through both clinical practice and research.

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